




Original Article

Challenges to Elderly People in Quetta City (Balochistan) Pakistan

Nudrat Mushtaq¹, Rabia Ali^{*1} 

¹ Department of Sociology, International Islamic University Islamabad, Islamabad, Pakistan

*** Corresponding Author:** Department of Sociology, International Islamic University Islamabad, Islamabad, Pakistan.
Tel: +92519019851, **Email address:** rabi.ali@gmail.com

ABSTRACT

Article history

Received 28 Jun 2019
Accepted 26 Sep 2020

Citation: Mushtaq N, Ali R. Challenges to elderly people in Quetta city (Balochistan) Pakistan. *Elderly Health Journal*. 2020; 6(2): 91-97.

Introduction: The present study aims to examine challenges encountered by elderly people in Quetta city of Balochistan. The socio-economic problems faced by elderly and the attitude of family members towards them were explored in this study.

Methods: A random sample of 200 respondents comprising both women and men of age 60 years and above was selected and data was collected through semi-structured interview schedule. The data collected has been processed through SPSS and simple frequency designed tables.

Results: The results show several problems were encountered by elderly including discrimination (65%), limited decision making power (44%), acts of neglect and maltreatment from families (42%), verbal and physical abuse (41%), reduced social interaction (68%) and economic dependency (55.5%). These challenges were reported to have serious implications on the lives of elderly.

Conclusion: The findings of this study imply that the majority of problems faced by elderly were largely due to breakdown of traditional family system of the country. To address these issues the attention of the state is needed especially in providing alternative means of living for the elderly who spend their lives in serving the nation. This may include setting up elderly homes, introducing elderly allowances and increasing pension amounts.

Keywords: Aged, Socio-economic, Decision Making, Abuse, Economic Dependency, Financial Burden

Introduction

Aging of the population is amongst the most imperative demographic issues arisen in the 21st century. In 2015, one person in eight was aged 60 years or over, globally. By 2030, elder people are estimated to account for one in six persons worldwide. In the middle of the 21st century, one person in every five will be 60 years old or over (1). Aging has been defined as the total constellation of social, biological and psychological changes that occur in last stage of life (2). Old age determined by both physical besides socio-economic conditions remains the inevitable stage of human lifecycle. Aging thus has three correlated courses: physical, psychological and social. Old age is a chain of transition as of one set of social roles to a different set designed via the social system relatively

than simple biological one (3). Aging does not have the same meaning in all societies. In many parts of the world, persons are considered old as of definite changes in their activities or communal roles for instance individuals possibly will be thought old as soon as they become grandparents, otherwise after they begin to do less of different work-retirement. Yet in many parts of world, people are usually well-thought-out aged if they have lived a definite chronological age; number of years lived (2). Other than chronological age aging has three dimensions; biological, psychological, and social (3).

In addition to the varying effects of elderly on a number of main aspects of the society for instance family relations, education, health, business

opportunities, social security and different socio-cultural activities (4), there exist several factors creating problems for elderly persons. The most important factor amongst is the varying responsibilities of family institution, though family still holds a central position in gratifying emotional, social and economic needs of old people. How well a person of old age manages the health disparities and copes with changed income then social activities depends considerably on the support and care given to the individual from his/her family (5).

Aging brings in its wake a number of problems for the older people in various spheres of life. For an elderly person, loss of employment means not only exposure to financial instability but also reduction in status. Similarly, loss of spouse may lead to loss of home and prestige once enjoyed as head of family. The loss of friends and diminishing energy create in them a feeling of loneliness. Further, due to unsympathetic attitude of society, many of the senior citizens do not get an opportunity to utilize their mature talents and thus get a feeling of frustration, being unwanted. Their idleness not only creates emotional problems for themselves but also for the family.

Further, age usually brings in its wake curtailed participation in productive and economically gainful work. In a quite large number of cases, family groups may also find it difficult to provide for the aged. Prevailing inflationary trends may add to the problems of the aged by eating their savings or pensioner benefits (6). Older people additionally have diverse socioeconomic needs that must be deliberated; for instance, healthcare accessibility, nutritional requirements, shelter, transport, clothing, community services besides different forms of abuses. Muhammad et al. (7) concluded from their study on the basis of qualitative and quantitative data together that the aged persons in the city of Peshawar, Pakistan had numerous socioeconomic problems including non-participation in all sort of family matters, lack of entertainment or excursion/outing opportunities, no interaction with relatives or neighbors in customarily besides purely strange urban settings, in addition to incapacity of supporting their families financially in accomplishment of their monetary needs.

Abuse of elderly by caregivers is reported as an issue and it has been acknowledged both in the mass media also in academic writing since the 1970s (8). The prevalence data available on domestic elderly abuse demonstrates that those sufferers are mostly maltreated, neglected and abused by their unpaid caregivers i.e. family and relatives residing with them (9-14). The grownup children of abused old people stand to be the most probable committers Choi (11).

Healthy aging stresses on maintaining healthy relationships with others besides staying socially active. Studies have observed that strong relationship with family and friends' support provide excessive emotional support to elderly people then help in healthy aging (15). The health of old people is deleteriously affected because of the breakdown of joint family into nuclear family is having a deleteriously effect on the overall health of the elderly

(16). Social linking seems less in old age compared to younger age however it is imperative for older people as it helps in preventing elderly from anxiety, depression or mental disorders. It has also been demonstrated that joint family system and available support inherent in such a system protects the elderly from psychiatric illness such as depression (17).

Literature shows isolation and lack of empowerment in decision making is a problem faced by elderly people. Alam et al. (18) disclosed the fact from the collected data that aged persons (above 60 years) faced discrimination accompanied by disaffection in the targeted area, resulting in the elderly isolation. For instance, 10 respondents (22%) of the total told that they are discriminated and disavowed in family decisions because of age. Correspondingly, family members take old people as a burden and maltreat them old people being the destitute from the rest of populace. Older people, in terms of economic productivity are mostly non-productive for their family and for the rest of community. As a result, their position at the home and also in communal relations is not well adjusted and they fall in the feeling of anomie.

The above discussion illustrates that elderly people encounter numerous problems in their personal and social problems in their lives. At personal level these may include isolation, involvement in decision making while social problems include dealing with the changing social values. In the Pakistani culture, the institution of family plays a vital role in providing care for the elderly. However, recently the tradition of extended and joint family is decreasing, and the trend of nuclear family is increasing and hence vulnerability of old people is substantially increasing (19, 20).

Rationale of the Study

Elderly population in Pakistan remains under researched in Pakistani academia. In the context of Balochistan only one study was found that had explored the factors contributing to social isolation of elderly. Since the elderly remain an important part of the society so it is important to understand how they experience life; the challenges they face and the moments they cherish. This study was conducted to address this issue in the Balochistan Province of Pakistan. The paper aims to highlight the socio-economic problems faced by elderly in Quetta city of Balochistan. It also seeks to investigate the attitude of family members have towards the elderly. This will deepen our understanding about the life they experience which will be a valuable contribution to the existing studies on elderly in similar contexts.

Methods

Study area

The study was conducted in Quetta city which is not only the provincial capital of Balochistan but is also the 10th largest city of Pakistan with a population of 1,001,205 according to 2017 Census. The city has a Pashtun plurality followed by Balochs, Brahuis, Hazaras and the settlers from other regions of Pakistan (Punjabis and Muhajir) (20).

Study design

A descriptive study design with the aim of identifying characteristics and frequencies was applied (21). The descriptive designed helped in describing the summary of data and central tendency which showed the intensity of specific problems for respondents.

Data collection

A household survey for the collection of data was conducted. Data was primarily gathered through face to face interview using a structured interview guide. As majority of the respondents didn't understand English the researcher conducted interviews in Urdu. Each interview lasted for 15 to 20 minutes. Once all interviews were completed the process of data analysis begun.

This study was carried out in five residential areas of Quetta city as per the convenience of the researcher and availability and willingness of respondents. The simple random technique with the intention of unbiased data collection was applied. A household survey was conducted to draw the sampling frame comprising both women and men of age 60 years or above, residing in those areas, either with their children or alone was included and a total population of 401 respondents was estimated. The sample size determined was 200 after calculating by applying Yamane formula. His formula has been set as: $n = N / 1 + Ne^2$ where n = sample size, N = population size, e = margin of error. $N = 401 / 1 + 401 * (0.05)^2$, $n = 401 / 2.0025$, $n = 200$.

Instrument

An interview schedule containing structured questions was used for data collection as it provides immediate response, accurate data and can be applied to both educated and uneducated people and allows researcher to observe the respondents. A 2 point Likert scale consisted of 17 items was used as the study instrument. Each item offered two responses Yes and No and was scored individually. The items covered different variables of elderly life i.e. economic, family and social life issues.

Ethical considerations

Ethical considerations are undertaken to ensure that data and information provided by respondents is protected and only shared with respondents' consent. An informed consent form explaining the purpose of data collection and nature of required data was prepared and was got signed by the respondents before the interview. The consent form also included the confidentiality of provided data, respondents' right to withdraw and estimated interview time.

Statistical analysis

The collected data was processed through SPSS and simple frequency designed tables representing the summary of collected are presented.

Results

In this section we would present the key findings from this research. The study findings suggest that elderly despite of their age and social background differences face a lot of domestic, social and economic problems mainly lowered social status, maltreating families, less authority in decision making, verbal and physical abuse, discrimination, infrequent social and family interaction and financial dependency.

Table 1 shows that majority of the elderly respondents in present study were male. The data related to respondents' age shows that most respondents belonged to young old stage of elderly; 60-65 years of age. The table also highlights the marital status of the respondents illustrating that majority of the respondents were married with both partners alive.

Table 2 confirms that contrary to the belief that elderly are excluded in the decision making process the data from this study shows that majority of the elderly reported being included in decision making process. Although they believed that their opinions were not always respected but they were asked to make their share in important family decisions. However, some of the elderly reported being maltreated by their families. Maltreatment here referred to neglecting, nonfulfillment of basic needs and absence of emotional support to elderly.

The findings of the present study highlight abuse as a problem being faced by elderly along with several others. Literature has suggested that among several types of abuse verbal and physical abuses are also included (22, 23). Although the majority of the elderly did not face any verbal or physical abuse but they encountered discrimination and decreased status in their family as indicated by the above data. The respondents were also subjected to family conflicts and disputes (Table 3).

Table 4 displays the social activities of the respondents including attending family functions, social gatherings and interacting with friends. As indicated it seems that the elderly had limited interaction with friends and family, as they admitted that their social relations had been limited contributing to several factors i.e. health and mobility.

Table 5 highlights the economic problems faced by the elderly. The majority seemed to be dependent on their children and had issues related to property distribution. The table also illustrates that number of respondents who were satisfied with their lives despite of several issues was higher than the number of respondents dissatisfied with their lives.

Table 1. Demographic characteristics of the respondents

Gender	Frequency	%	Age group	Frequency	%	Marital status	Frequency	%
Male	111	55.5	60 - 65	89	44.5	Married	114	57
			66 - 70	50	25	Unmarried	8	4
			71 - 75	36	18	Widow	52	26
			76 - 80	17	8.5	Widower	25	12.5
Female	89	44.5	Above 80	8	4	Divorced	1	0.5
Total	200	100	Total	200	100	Total	200	100

Table 2. Perceptions of respondents about them being treated in private spaces

Problems	Yes	%	No	%
Participation in decision making	112	56	88	44
Opinion respected	104	52	96	48
Respect	105	52.5	95	47.5
Maltreating families	84	42	116	58

Table 3. Social problems of respondents

Problems	Yes	%	No	%
Verbal or physical abuse	82	41	118	59
Decreased status	81	40.5	119	59.5
Family conflict	79	39.5	121	60.5
Discrimination	130	65	70	35

Table 4. Perceptions of respondents about their family and social activities

Problems	Yes	%	No	%
Attending functions	99	49.5	101	50.5
Have friends	46	23	154	77
Meetings with friends	46	23	154	77
Less social interaction	136	68	64	32

Table 5. Perceptions of respondents about their economic problems

Problems	Yes	%	No	%
Financially dependent	111	55.5	89	44.5
Burdon on family	84	42	116	58
Property distributed	119	59.5	81	49.5
Change in behavior	51	42.85	68	57.18
Life satisfaction	108	54	92	46

Discussion

This study results exhibit several social and economic problems faced by elderly in the study area of Quetta city. Previous studies have shown that in Pakistan older people face an array of problems including social, physical, and psychological health issues (24, 25), decreased social status (7), economic dependency (26), and dissatisfactory life (27), less time spend with children and grandchildren (28), and mobility problems (29).

Participation in decision making is an important indicator of being included in family affairs and being considered as a valuable member of the family. A study conducted in Peshawar, Pakistan found that (55%) respondents did not have any decision-making power. The status of elders as advisor or guide is no longer in existence. They are neither consulted nor even allowed to interfere in family affairs. Their role of "decision maker" may turn into "decision followers". Financial dependency, health distortion, and decreased social status were reported to be few among the causes of this change (7). However, in the present study it was found that most elderly people were included in decision making process in the family and their opinion was also valued.

Respecting and honoring aged people is a tradition of Pakistani society but the data of present study shows that high number of respondents don't gain due respects from their family while a relatively large number of respondents 52.5% are respected by their families. Maltreatment and neglect were also found to be faced by many respondents these results are closed to the findings made by Dildar and Saeed where 80% respondents reported getting neglected by their families (30). Similar findings were made by Cassum et al. where the study participants shared the feelings of being mistreated and devalued because their children and family couldn't provide emotional support to them (31).

The present study also demonstrated the prevalence of physical and verbal abuse among study respondents. In Pakistan reliable data of elder abuse doesn't exist probably because of it happening behind closed doors i.e. within domestic setting or elderly care institutions and remain unreported which makes abuse difficult to be quantified (30, 32). Few population-based studies on the topic suggest that between 4%-6% of aged people have experienced some form of abuse in their homes (33). A qualitative study on elder abuse in District Gujrat, Pakistan confirmed that neglect and

physical abuse existed in studied sample and most of the respondents experienced more than one type of abuse (30). The present study however focused only on physical and verbal abuse and the results showed high prevalence of verbal abuse (62.2%) comparing to physical abuse (38.7%). Verbal abuse includes scolding, name-calling, mocking, complaining, accusations, criticizing and blaming. Physical abuses include hitting, false imprisonment, confinement, neglecting health conditions of old people. The reasons behind the abuse of old aged persons are multifaceted besides complex, and might incorporate many factors i.e. social, psychological, physical, health, legal as well as environmental factors and multiple systems (34). Old age also brings changes in the social status of people. According to data a large number of elderlies reported that their status had been declined and they also reported discrimination. Ashiq and Asad have also shown that decline in social status is very seriously taken by elderly people and create emotional and psychological problems for them (35).

The results of this study show that elderly respondents felt isolated. Social roles give old people pleasure and if social linkages like friends or peers decreases elderly people turn out to be unhappy. A number of studies illustrated that pleasure in old age is increased with neighbors and friends more than the spouse and immediate family (36-39). However Shah et al. exhibited through their study that among several factors of quality of life and psychological health in the pensioners family and friends was the strongest factor (40). The results of present study demonstrate that for the majority of the elderly social relations had decreased. They didn't attend family gatherings or social functions very often, they didn't have many friends and those who had friends didn't get to meet or interact with their friends often. This seemed to be largely due to economic problems, illness and physical disabilities, less mobility and death of close friends or relatives. Although the research has exposed that social interactions and relationship as significant components in elder people care settings as these provide protection from isolation and illness (41) most study respondents shared that their interaction has become very limited pushing them to isolation and loneliness. Similar results were found by Nasir et al. where loneliness was found most common in elderly (42).

The findings of the present study also suggest that the elderly face enormous economic and financial issues similar to the findings of previous studies (24, 26, 42) that found most elderly were less educated, financially weak, and dependent on their families especially on their married sons (24, 26, 42). The economic dependency created many problems for the elderly i.e. financial dependency led to maltreatment and deprivation of basic life necessities similar to findings in a previous study where study participants shared that sometimes their unsympathetic children didn't even provide them any food or other basic requirements (31). Many respondents felt themselves a burden on their family because of the attitude of their

family members the results are compatible of the study done by Alam and Kareem where elderly reported little or no support from their sons (26). A definite number of respondents reported negative change in the behavior of their family members after they distributed their property.

Although study findings revealed a number of problems experienced by elderly that resulted in elderly dissatisfaction for many respondents however majority of the respondents were satisfied with their life. These findings are compatible with the findings of Ashfaq and Mohammad who suggested that level of satisfaction of elderly people is increased with care provided by the family yet some feel dissatisfied due to the nonfulfillment of their needs (27).

Conclusions

Based on data analysis, it is concluded that in the target area aged persons had numerous socio-economic difficulties. These problems included discrimination, disrespect, family conflicts, lowered social status, limited social relationships, verbal and physical abuse, inability to economically contribute in family, economic dependency and taking themselves as burden on their family especially in economic terms. The study recommends the formation of a National Council on Aging to minimize the problems, which was mentioned in Pakistan's Sixth Five Year Plan. Family institution should be strengthened as most of the elderly problems are due to break down of traditional joint family system. Elderly care homes need to setup and old age allowance scheme should be introduced for the aged above 60. Economic dependency in elderly can be overcome by the increase in pension amount.

Study limitations

This study has some limitations. Considering the resources and time constraints only 200 respondents were selected from one specific location. It is recommended that further studies could be conducted in other areas. Qualitative research could be carried out for more in-depth understanding of the problems of elderly.

Conflict of interest

The authors do not have any conflict of interest to declare.

Acknowledgement

The authors would like to thank all the participants for their participation in this study.

Authors' contributions

The first author designed this research, and wrote the initial draft. The second author contributed in writing the literature, discussion and conclusion sections.

References

1. United Nations. Department of Economic and Social Affairs, Population Division. World Population Ageing 2015 [Internet]. Available from: https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf
2. Schaie KW, Willis S, editors. Handbook of the psychology of aging. 7th ed. Academic Press; 2010.
3. Novak M. Issues in aging. 3rd ed. New York: Routledge; 2015.
4. Kocaman, Tuncer. The situation of elderly population in turkey and national plan of action on aging. State Planning Organization; 2007 [cited 26 May 2019]. Available from: https://unece.org/fileadmin/DAM/pau/_docs/age/2007/AGE_2007_MiCA07_CntrRprtTUR_e.pdf
5. Sivamurthy M, Wadakannavar AR. Care and support for the elderly population in India: results from a survey of the aged in rural North Karnataka (India). Proceedings of the 24th IUSSP General Population Conference; 2001 Aug 8th-24th Salvador, 2001. [cited 30 May 2019]. Available from: <https://www.silverinnings.com/old/docs/Ageing%20Indian/CARE%20AND%20SUPPORT%20FOR%20THE%20ELDERLY%20POPULATION%20IN%20INDIA.pdf>
6. Morrow-Howell N, Hinterlong J, Rozario PA, Tang F. Effects of volunteering on the well-being of older adults. *The Journals of Gerontology*. 2003; 58(3): 137-45.
7. Muhammad N, Jan MA, Shah M, Ahmad Z. Old age people: a socio-economic view of their problems in Peshawar city, Pakistan. *Pakistan Journal of Life and Social Sciences*. 2009; 7(2): 126-30.
8. Brownell P, Podnieks E. Long-overdue recognition for the critical issue of elder abuse and neglect: a global policy and practice perspective. *Brief Treatment and Crisis Intervention*. 2005; 5(2): 187-91.
9. Nahmias D. Powerlessness and abuse and neglect of older adults. *Journal of Elder Abuse & Neglect*. 2004; 14(1): 21-47.
11. Bergeron LR, Gray B. Ethical dilemmas of reporting suspected elder abuse. *Social Work*. 2003; 48(1): 96-105.
12. Choi NG, Mayer J. Elder abuse, neglect, and exploitation: Risk factors and prevention strategies. *Journal of Gerontological Social Work*. 2000; 33(2): 5-25.
13. Piri N, Tanjani PT, Khodkarim S, Etemad K. Domestic elder abuse and associated factors in elderly women in Tehran, Iran. *Epidemiology and Health*. 2018; 40.
14. Bergeron LR. An elder abuse case study: caregiver stress or domestic violence? You decide. *Journal of Gerontological Social Work*. 2001; 34(4): 47-63.
15. Orfila F, Coma-Solé M, Cabanas M, Cegri-Lombardo F, Moleras-Serra A, Pujol-Ribera E. Family caregiver mistreatment of the elderly: prevalence of risk and associated factors. *BMC Public Health*. 2018; 18(1): 167.
16. Fiori KL, Antonucci TC, Cortina KS. Social network typologies and mental health among older adults. *The Journals of Gerontology*. 2006; 61(1): 25-32.
17. Itrat A, Taqui AM, Qazi F, Qidwai W. Family systems: perceptions of elderly patients and their attendants presenting at a university hospital in Karachi, Pakistan. *The Journal of Pakistan Medical Association*. 2007; 57(2): 106-10.
18. Taqui AM, Itrat A, Qidwai W, Qadri Z. Depression in the elderly: Does family system play a role? A cross-sectional study. *BMC Psychiatry*. 2007; 7(1): 57.
19. Alam H, Ali F, Daraz U, Ahmad W. Socio-economic problems of persons with old age in district dir lower khyber Khyber Pakhtunkhwa Pakistan. *Academic Research International*. 2013; 4(1): 93-100.
20. Sebastian D, Sekher TV. Extent and nature of elder abuse in Indian families: A study in Kerala. *Help Age India Research & Development Journal*. 2011; 17(3): 20-8.
21. Blank J, Clary C, Nichiporuk B. Drivers of long-term insecurity and instability in Pakistan: Urbanization. Santa Monica: Rand Corporation; 2014.
22. Maykut P, Morehouse RE. Beginning qualitative research: a philosophical and practical guide. London: The Falmer Press; 2002.
23. Teaster PB, Harley DA, Kettaneh A. Aging and mistreatment: Victimization of older adults in the United States. In: Vakalahi H, Simpson G, Giunta N, editors. *The collective spirit of aging across cultures. international perspectives on aging*. Springer, Dordrecht; 2014.
24. Roberto KA. The complexities of elder abuse. *The American Psychologist*. 2016; 71(4): 302-11.
25. Hussain S. Socio-economic and health status and the social protection of the ageing population in Pakistan. *University of Wah Journal of Social Sciences*. 2019; 2(2): 116-41.
26. Qureshi K. Ageing: Gender, social class and health in Pakistan. 2017. [cited 2 Jun 2019]. Available from: <http://cppg.fccollege.edu.pk/wp-content/uploads/2014/04/Articleq16-18-Kaveri-Qureshiupload.pdf>
27. Alam M, Karim M. Looking beyond the current demographic scenario: changing age composition, aging and growing insecurities for the aged in India and Pakistan. In 25th IUSSP International Conference. (18-23 July); France: Tours; 2005. Available from: http://www.demoscope.ru/weekly/knigi/tours_2005/papers/iussp2005s50803.pdf
28. Ashfaq T, Mohammad FH. Issues encountered by family member for caring of elderly population: A perspective of elderly patients visiting primary care clinics in Pakistan. *BMJ Supportive & Palliative Care*. 2014; 4(Suppl 1): A6.
29. Ahmad R, Mi H, Keyao R, Khan K, Navid K. Aging and social security system in Pakistan: policy challenges, opportunities, and role of China-Pakistan Economic Corridor (CPEC). *Educational Gerontology*. 2018; 44(9): 537-50.
30. Ahmad Z, Batool Z, Starkey P. Understanding mobility characteristics and needs of older persons in urban Pakistan with respect to use of public transport

- and self-driving. *Journal of Transport Geography*. 2019; 74: 181-90.
31. Dildar S, Saeed Y. Exploratory study of the nature of violence against elderly in district Gujrat, Pakistan. *Academic Research International*. 2012; 2(3): 661-9.
 32. Cassum LA, Cash K, Qidwai W, Vertejee S. Exploring the experiences of the older adults who are brought to live in shelter homes in Karachi, Pakistan: a qualitative study. *BMC Geriatrics*. 2020; 20(1): 1-12.
 33. Baig MA, Mian AI. With no welfare in sight, the elderly prone to abuse. *The Express Tribune* (newspaper on the Internet). 2015 May 08. Available from: <https://tribune.com.pk/story/883418/with-no-welfare-in-sight-the-elderly-prone-to-abuse>.
 34. Bagshaw D, Wendt S, Zannettino L. Preventing the abuse of older people by their family members (Stakeholder Paper 7). Sydney: Domestic Violence Clearing House. 2009.
 35. Ashiq U, Asad AZ. The rising old age problem in Pakistan. *Journal of the Research Society of Pakistan*. 2017; 54(2): 325-33.
 36. Fowler JH, Christakis NA. Dynamic spread of happiness in a large social network: longitudinal analysis over 20 years in the Framingham Heart Study. *British Medical Journal*. 2008; 337: 1-9.
 37. Li H, Ji Y, Chen T. The roles of different sources of social support on emotional well-being among Chinese elderly. *PloS One*. 2014; 9(3): e90051.
 38. Blieszner R, Ogletree AM, Adams RG. Friendship in later life. *A Research Agenda. Innovation Aging*. 2019; 3(1): 1-18.
 39. Huxhold O, Miche M, Schüz B. Benefits of having friends in older ages: differential effects of informal social activities on well-being in middle-aged and older adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 2014; 69(3): 366-75.
 40. Shah N, Hussain B, Paracha S, Ahmad MS. Impact of Psycho-Social Predictors on the Quality of Life of the Elderly in Pakistan. In: RAIS Conference Proceedings-The 12th International RAIS Conference on Social Sciences & Humanities (Apr 25, 2019). Available from: <https://ssrn.com/abstract=3388042> or <http://dx.doi.org/10.2139/ssrn.3388042>
 41. Valtorta NK, Moore DC, Barron L, Stow D, Hanratty B. Older adults' social relationships and health care utilization: A systematic review. *American Journal of Public Health*. 2018; 108(4): e1-10.
 42. Nasir GM, Sohail MI, Sajjad MB, Ahmed A. Problems faced and difference in quality of life among the elderly population of suburban areas of Twin cities. *Annals of PIMS-Shaheed Zulfiqar Ali Bhutto Medical University*. 2018; 14(2): 200-5.