

FOCUS GROUP DISCUSSIONS: EXPLORATION OF PSYCHOLOGICAL AND NEUROLOGICAL FUNCTIONING OF ELDERLY IN GILGIT & LAHORE, PAKISTAN

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Abstract

In Pakistan, elderly population has been neglected by the researchers and policy makers alike and it has resulted in compromised quality of life of the ageing population. The present study examined the psychological and neurological functioning of the elderly in Gilgit & Lahore, Pakistan in order to explore and identify the illicit psychological, emotional, and cognitive problems and challenges encountered by the elderly using snow-ball and purposive sampling technique. These regions were selected for comparison as Lahore is highly urbanized, large city and Gilgit a small mountain bound valley. Ten focus group discussions had been conducted in two groups in Gilgit: 5 younger groups and 5 elderly groups (sample of 50; 25 elderly & 25 younger; 05 participants in each group). Whereas at Lahore side, 2 focus group discussions were conducted in Lahore: 1 younger group (8; 2 younger men & 6 younger women) and 1 elderly group (7 elderly); 4 indepth interviews were also conducted from 2 younger & 2 elderly in Lahore. Preliminary findings are reported. Findings suggest that the elderly play a very significant role in both Gilgit and Lahore societies and culture. Elderly were actively engaged in daily life activities such as community activities, domestic work, farming, breeding of domestic animals but with the passage of time their level of self-efficacy had decreased and negatively influencing short-term memory, intelligence, attention span, concentration as well as physical weaknesses in doing tasks. Lack of formal education of the elderly is also reported to be possibly a hindrance in understanding the context of youth. Younger responded that they do not feel comfortable to share matters with them as they have hierarchal relationship with their elders. Diverse responses were reported by younger group but they agreed to the point that elders were influential and decision makers of the society and honored as backbone of the society for transmission of culture and traditions. Elders expect from their young family members must realize their contribution to develop the sense of responsibility for their home, community, region and country as people of Gilgit have a high dependency on the natural environment, without access to many modern facilities due to remoteness and limited accessibility of this region. However, elders of Lahore expect from their family to spent time with them and take out some spare time for them from their busy materialistic life activities. This is the first attempt to understand the issues, the findings are expected to have implications for improving quality of life of the elderly, designing interventions, support system and rehabilitation services to help them. This project was funded by the Research Grant from Higher Education Commission to the first author, acknowledgement of all those involved in the data collection.

Keywords: Psychological, neurological, elderly, Gilgit

Introduction

Elderly persons are an integral part of a society and due to the recent advancement in medical sciences the elderly population is rising. In Pakistan, the elderly population has been neglected by the researchers and policy makers alike and it has resulted in compromised quality of life of the ageing population. The present project aims to examine psychological and neurological functioning of the elderly in Pakistan. The project entailed both qualitative and quantitative assessment and comprised of three independent studies. The current paper is preliminary based on first independent study. The project compared elderly population on psychological and neurological functioning from two regions of the country and it allowed examining differential impact of geographic regions carrying different value systems with varied economic status.

I

Elderly persons are an integral part of a society and due to the recent advancement in medical sciences the elderly population is rising. Since Pakistan is in a demographic transition with relatively high fertility and mortality rates and increasing life expectancy, an increasing number of elderly people are becoming a major challenge to policy makers. With meager resources and a poor understanding of aging; Pakistan faces many challenges in caring for its elderly population. In Pakistan, the elderly population has been neglected by the researchers and policy makers alike and it has resulted in compromised quality of life of the ageing population. This review would help to understand the important implications for improving quality of life of the elderly, designing interventions, support system and rehabilitation services to help them preserve and maximize their existing functions.

Pakistan's demographic trends show that between 1990 till 2010, the population aged 60+ years increased by 75.1 %. It is projected that the life expectancy will increase to 72 years by 2023. WHO report (1998) projected that 5.6 % of Pakistan's population was over 60 years of age, with a probability of doubling to 11 % by the year 2025 (Jalal & Younis, 2012). Undoubtedly, population aging will create new economic and social pressures. The government designed a National Policy for the health of the Elderly in 1999. This comprehensive policy included training of primary care doctors in geriatrics, provision of domiciliary care, dental care and a multi-tiered system of health care providers for elderly including social workers, physical therapists. Unfortunately implementation of this policy is still being awaited (Sabzwari & Azhar, 2010).

The disease burden in our elderly is high and some data is available regarding common diseases in the elderly. However, limited information exists regarding common geriatric syndromes. Elderly people in Pakistan lead a mainly inactive lifestyle which may play a significant role in immobility disorders, loss of muscle mass and falls, which are common geriatric syndromes (Baig, Hasan, & Iliyas, 2000) as well as neurological disorders such as cognitive dysfunctions, executive deficits (Dempster, 1992), memory impairments (Shimamura, 1994), visuo-perceptual deficits, visual motor impairment, and language incompetency (Crawford, Venneri, & O'Corroll, 1998).

Evidence has shown that differing brain regions undergo contrary degrees of neuronal loss with age (Huppert & Kopelman, 1989). Numerous evidences indicated that age-related changes in the neuroanatomy and neurochemistry of the brain are more manifested in the frontal lobes than in other cortical areas (Fuster, 1989) and from demonstrations of age-related deficits on neuropsychological tasks sensitive to frontal dysfunction (Daigneault & Braun, 1993).

Executive deficits are thought to underlie many of the behavioral disturbances seen in neurological disorders associated with increasing age (Crawford, Venneri, & O'Corroll, 1998). It has been proposed that normal aging is associated with a selective decline in frontal executive function (Dempster, 1992). Daigneault, Braun, and Whitaker (1992), had been

suggested currently dominant neuropsychological model of normal brain aging postulates that cognitive functions dependent on the integrity of the prefrontal brain regions are among the first to deteriorate in elders. Therefore, in normal aging, given the frequency of occurrence of language disorders after degenerative neurological diseases associated with old age, language should be investigated in depth (Crawford, Venneri, & O'Corroll, 1998).

The emerging consequences of neurological functioning of ageing, especially in developing countries, need to be taken very seriously. Recognition of psychiatric symptoms and syndromes may be complicated by comorbid medical disorders, the attitudes of patients and physicians (Luber, Alexopoulos, Hollenberg, 1997; Cooper, Crum, & Ford, 1994), and other factors (Alexopoulos, Vrontou, & Kakuma, 1996; Bruce, Seeman, & Merrill, 1994; Arean & Miranda, 1996). Because psychopathology worsens the outcome of medical illnesses (Gallagher & Osgood, 1997) and promotes disability (Alexopoulos, 1996; Simon, Von Korff, & Barlow, 1995), recognition and treatment of geriatric psychiatric disorders may have a wide range of desirable outcomes (Klausner & Alexopoulos, 1999).

In Pakistan, very few studies have been conducted on psychological and neurological issues in elderly. With meager resources and a poor understanding of aging; Pakistan faces many challenges in caring for its elderly population (Sabzwari & Azhar, 2010). The present study has been conducted in Gilgit, a capital city of Gilgit–Baltistan (GB), Pakistan. It is highly mountainous and an autonomous self-governing region that was established as a single administrative unit in 1970, formed by the amalgamation of the Gilgit Agency, the Baltistan region. This region is isolated region and has its own social and community structure. There is only one road, Karakoram Highway (KKH) which connects the seven districts of GB with each other as well as to other cities of Pakistan. The present research aim to investigate and explore the challenges and issues or needs of elderly population by examining differential impact of geographic regions carrying different value systems with varied economic status.

Method

This study is exploratory and qualitative in nature. The sample was drawn in two groups from Gilgit, Pakistan. The snow-ball sampling technique was used with the following inclusion criteria to draw a sample: For elderly group, the age of the participants was 65 years and above residing in Gilgit. For younger group, the participants belonged to family having senior citizens (at least two) and age was between 18-35 years. The elderly understand regional languages such as Shina, Brushushki and Urdu.

From Lahore, the sample was drawn in two focus groups and four indepth interviews. The purposive sampling technique was employed by considering following inclusion and exclusion criteria for selecting the sample: For elderly group and indepth interview, the age of the participants was 65 and above living in Lahore, participants easily speak, read, and understand Urdu language. For younger group and indepth interviews, the age of the participants was between 18 to 35 years, participants speak, read, and understand Urdu language and participants were residing with one of their grandparents.

Assessment and Procedure

Ten focus group discussions had been conducted in two groups in Gilgit: five younger and five elderly. There were five participants in each group. The sample of both elderly and younger was 50 (25 elderly & 25 younger), selected from diverse places of Gilgit City.

In Lahore, two focus groups were conducted: one younger and one elderly. There were eight participants in elderly group while seven participants were in younger group. Four indepth interviews were conducted, two with each younger and elder participants. All participants were selected from diverse places of Lahore City.

Written informed consent of the participants obtained from those meeting inclusion criteria and willing to participate in the study. The checklist for two groups was developed

based on categories in order to address the issues such as economical, emotional, psychological, social, and cognitive issues of aging (please see appendix). The focus groups discussions were transcribed and the thematic analysis was carried out subsequent to these discussions.

Analysis and Discussion

The present research study was exploratory and qualitative in nature. The results of the thematic analyses of focus groups and in-depth interviews' transcripts are presented in separate sections.

FGD Analysis of Elderly

The analysis of elderly group has been discussed on the basis of themes (subthemes) of FGD's, in-depth interviews and the narratives of elderly. Some narratives were in regional languages such as Shina and Brushuski and translated in Urdu and English for the understanding purpose.

Theme A: Social support of Elders

Elderly reported that they are satisfied with their life by having positive psychological wellbeing, social, economical, and community support plus actively engaged in daily life activities such as community activities, welfare tasks, domestic work, farming, livestock, breeding of domestic animals but with the passage of time their level of self-efficacy had decreased and negatively influencing short-term memory, intelligence, attention span, concentration as well as physical weaknesses such as wood-cutting, farming, domestic chores, etc. However, on health issues, most participants that elderly had complaints of high blood pressure, sugar and joint pain but ancient traditional methods for the treatment of their medical illnesses. Elderly male were reported to have a significant role in the family, and community regarding major decisions on property matters, community conflicts, marriage and domestic issues, educational or career guidance while female elderly usually spent most of the time in religious practices, rituals, household chores and farm duties with contribution of resolving the conflicts at household level with limited decision making powers.

The commonality of their work was in agricultural activities but the men do heavy load work like leveling the land, preparing the land for sowing seeds, watering the land and women sow seeds and spread fertilizers in it. Elder man keeps themselves busy and participates in community matters (dealing with issues as water shortage) and domestic services (preparing wood for kitchen uses).

Elder women contributed in household activities and practice their religious obligations as well. They helped in domestic chores, worked in fields, facilitated in drying fruits such as apricots, apples, etc. and cultivated vegetables, milk and assisted in feeding/caring of domestic animals and so on. In winters, there is no social and outdoors activities due to extreme cold weather in Gilgit so majority people especially elderly women spent their time in handicraft-making during winters. Elderly reported that they are living a comfortable life at home. They enjoyed respect given by their children and being surrounded by grandchildren. They shared their daily activities with them.

Contrary, the routine of both male and female respondents were different due to cultural and social roles. The male respondents shared their routine schedule as they take nap after offering prayers in the morning, and were not engaged usually in any specific activity in morning. After offering prayers and reciting *tasbeeh*, female elderly started working with domestic animals and in fields after 3:00 am daily. Few women respondents from *Ismaili* community reported that they regularly visit their Jammat-Khana after sunset for offering their prayers. When they return, they watch television or in the case of shortage of electricity, they listen to the radio programs in regional languages. The average day of both female and

male respondents end at 8:00 to 9:00 pm due to early dark in the Gilgit city as it is surrounding by heightened mountains.

Subtheme: Social support

Not even a single respondent complaint about their family life. Each participant was satisfied by social support they are receiving from the family members as well as the attitude and behavior they observe in their surroundings. A respondent stated that *“when I get ill people come to ask about my health. When I work in field they come to help me, sometimes they give me fruits and dry fruits”*. The respondents reported that they are happy with the support and attitude of their family members and siblings. A respondent said that *“my family has good attitude towards me and they support me in every matter. We invite each other on different occasions which please us”*.

Some elderly male disagreed by stating that sometimes nobody is usually there to support them and nor get any social support from our community and society.

Elderly participants were physically active and usually finished their task easily without any assistance. Majority elderly have good health and do not seek any help and actively participated in daily activities. Few elderly had joint pain and heart problems and they can not perform any task independently. One respondent of 75 years old shared that when he could not able to do field work due to joint pain, his son and grandson assisted him.

Some participants of focus group conducted in Lahore city indicated low social support. They felt alone due to lack of friendship and interaction during this age. A participant reported that *“In the past I have many friends but now I have no friend and I need friend to whom I talk and interact to. . .”*. One of the women participant during indepth interview mentioned that she have much interaction with other and she like to communicate with others. As she said *“I have many friends but three are closed to me . . . I talked and meet them often, many people visit my home during weekend”*.

Subtheme: Family time with elders

All of the respondents mentioned that the family members are mostly busy on weekdays. They try to spend time with elderly as much as they can. As compared to weekdays the elders reported that youngsters spend more time with them on weekends. The respondents were happy for the care and time given by their young members of family. A male respondent of age 60 said that *“. . . my family members spare special time for me”*. Some respondents reported that their family members ask them frequently about their health which makes them happy . . . *“Family members give me dine, when my son come back from work they ask about my health . . .”* said by a respondent.

There were different responses regarding the time given by the family members. The respondents living with son’s family reported that they spent more time with them specially the grand children while the daughter’s family visits them on weekends or on other festivals.

The elder men who are still having some income generating activity said that they themselves do not find time to sit with their family members. A male respondent of 70 years reported that *“daytime I always busy with my work at night I meet all my family members”*. Few respondents said that their family members accompany them when they get some spare time. One responded that *“when family members are free from domestic activities we sit together.”* Respondent also highlighted that their young family members are obliged to give them time as they are living together. A respondent said *“Living under the same roof is the advantage of their time that they give to us.”*

A widow respondent said that *“I cannot live and stay alone because I feel anxiety. I accompanied my daughter in law everywhere she moves.”*

Some respondents of Lahore mentioned that their children are mostly busy and spent less time with them even on weekends. Two participants reported that they children hardly

talk to them and sit with them. One women participant mentioned that her children sit with her and daily spent one hour in chit chat. She reported that *“My children used to sit with us, we always do dinner together and after having dinner they spent atleast one hour with me and this make me happy”*.

Subtheme: Youth consultation with Elders

As far as the decision-making or piece of advice is concerned, family consult their elders when they face any obstacles related to property conflicts, marriage issues, educational or career guidance, home/job/or sheds construction or renovations, participation in any marriage/funeral ceremony, or any communal activities and problems etc. The respondents were satisfied that youth take their advice and decisions respectfully and act accordingly. Some respondents were pleased to share that they mutually discuss any issue and take the decision on mutual consensus. As a respondent said *“Children always consult them and respect their opinions. But usually we discuss issues together and come to understanding jointly”*.

There were some respondents who do not oblige their children to ask them about their decisions. One elderly female responded that *“ . . . we just need clothing and food which is our necessity. The current circumstances suits that our children should take their own decision. . . .We must not interfere and give them decision power. . . ”*. Some reported that the consultation of their young family members for petty things make them happy and accounted. It makes them glad and they all appreciate such kind of behavior. A respondent said that such events make their presence more comfortable at home. One elderly male dynamically contributing in domestic affairs, agricultural and community activities said that he is always consulted by his children. He said *“I take all important decisions in family if anyone disagree I use punishment strategies, although my wife tries to do her own”*.

Few participants showed their anticipation of their role playing in decisions-making of the family issues. It made them angry if their family members do not seek their piece of advice regarding any decision. Few male participants reported that children do not consult them regarding commercial investment or choice of academic institution of their children. However, the families respect the decisions of elderly people for sowing seeds of their choice of crops.

Subtheme: Emotional Support

Participants who lived in old age home of Lahore reported that they were deprived of love, care and emotional support from their families. Participants mentioned that they were quite disappointed from their children who left them and forgot them. A participant reported that *“I am very sad that at this stage of my life I am not getting love and care from my children”*. Whereas participants who lived in their own home reported that they are getting emotional support from their family.

Theme B: Medical needs

All of the participants reported that in case of health problem they found every member of the house hold helping them. They also mentioned that whoever presents around them helps them during the emergency, including the neighbors or any other relative. The most common response was that their sons are most helping person in any emergency who takes them to doctor etc. A respondent said that *“I have asthma; my children help me in case of emergency.”*

Subtheme: Helping hand in an emergency

All participants responded that in case of any emergency, their spouses and/or children helps them financially and socially. Both female and male elderly participants pointed out that

their male children help them in case of any emergency. The female respondents who have their life partners responded that their husband play important role when there is any emergency and children also assist him. The widows reported that their sons and grandchildren help them in any emergency. A respondent who is patient of joints pain said that he feels pain now he cannot move too far and feels difficulty while changing positions like sitting, standing and at that time he calls his son or any other family member in case of emergency.

Participants of focus group conducted in old age home of Lahore mentioned that they were not having appropriate medical facilities i.e., they didn't have medicines, conveyance, no facilities in medical emergency situations. Participant said that *"we help ourselves and try to help each other in hour of emergency"*. Women of indepth interview reported that her younger daughter helped her during emergency.

Subtheme: Health care decisions

Few respondents said that their spouse and children help them financially and socially whether it could be health care decision or any other decision. Almost all of the respondents reported that doctors help them in case of any health issues.

Some of the participants appreciated the services of institutions that are rendering their services for health awareness sessions. They reported that the lectures conducted by Aga Khan Health Service (AKHS) makes them aware of the health issues. They also assisted them to take decisions regarding health issues and to communicate their symptoms to their families or doctor.

Subtheme: Any illness

The most common illness among the respondents was high blood pressure, diabetes and joint pain. Some participants usually use traditional method for the treatment of their illnesses. Some of the respondent faced any illness and were on continuous medication. They take the prescribed medicines other keep general pain killers at home and take it when they have pain without prescription.

Some respondents were healthy enough and they do not take any kind of medicines while some take medicines in case of fever or any other diseases. One of the participants reported that he do not have any illness and claimed to be very healthy at age of 71 years. A widow of above 100 years said that *"I take medicines for only eyes infection"*. Some of the participants use traditional medicines such as salajeet, etc. for illness, allergies, and infections.

Elderly men reported that the female members of their family (i.e. wives, daughters, daughter-in-laws, niece, nephews, etc) assist them in taking medicine timely. Male respondents living with wife said that usually their wife take cares of his medication and widower said that their daughter in law and daughters take care of them. While the female respondents said that any of their children help them to take the prescribed medicine on time. Some female shared different disease then the above mentioned diseases. An elderly female mentioned that she has gap in the upper side of vertebrate column near neck that's why she has unbearable pain.

Almost all elder participants of focus group conducted in Lahore were suffered from different physical problems i.e., diabetes, arthritis, weak eye side, hearing impairment, slurred speech, body aches, and pain in gums and teeth. Three elder participants reported that *"I am just like an old car in which every part is defective but still it is moving slowly"*. The women of age 62 during indepth interview reported that *"I only take medicine for blood pressure and leading a healthy life"*.

Subtheme: Physical Needs

Some of the participants of focus group conducted in Lahore mentioned that they are above of 60 years of age and couldn't able to do their all tasks by themselves so they need support of youngsters. But simultaneously some of the participants also mentioned that they didn't need any physical support and help. They felt themselves as self sufficient persons and can do anything they want to do. A participant reported that *"I fell that I have energy and I can do everything, I do not want to depend on others for my needs"*.

Subtheme: Controlling bowls or bladder

Very few participants have trouble in controlling their bowels or bladders. A widower of 100 years said that sometimes he cannot control his bladder. Two elderly female, diabetic, having difficulty in controlling their urinary bladders. Some respondents did not report the problems in controlling the bowls or bladders but they discussed some other problems like having constipation, frequent urination, etc.

Theme C: Economical needs for daily living

All respondents are satisfied with their current financial status. The two main sources of income of the respondents were government jobs/pensions and other is side business. Most of the male members were financially independent and having pensions. They claimed that they do not depend on anyone for their financial assistance. Few of the respondents said that they fulfill their own as well as assist their family members financially specially their children. The elderly who are earners are also main decision makers of their family. They spend money to fulfill the necessities of whole family. However women reported that they rely usually on their son's or grandson's income or their husbands pensions. They reported that their husband get pensions after retirement which is enough to meet their economic needs. The women respondents who have enough land for cultivation rely on the income from livestock and agriculture. They reported to be self-sufficient. Besides these, if they need more money they just simply ask them to send more.

Subtheme: Financially dependency

Most of the elderly participants prefer to keep themselves involve in some income generating activities so that they could not depend on their children's income. It could be some kind of business, animal husbandry or cultivation on some piece of land so that they could use it in case of emergencies. The respondents shared a customary practice of property distribution. This practice offers the elders "komoro" which is fathers share in property which he keeps to fulfill his own necessities. This practice is considered as good source of being independent financially. The participants who are having some income generating activities responded that they rely on their son's income. A respondent said *"my son fulfill my economic needs"*.

Subtheme: Satisfaction with current financial status

All of the respondents were satisfied with their current financial status. One of the respondents stated that *"Thanks to Allah Almighty, we don't have any worry regarding it"*. The respondents who were relying on their children said that they don't panic about things. Although they cannot fulfill their necessities but their children are stable enough to feed them and look after their needs. A participant said that *"I am satisfied because I am not dependent else than my son"*. Only elderly female responded his son sold three pieces of land due to financial problems and she is worried enough.

Subtheme: Health Status

The participants who are financially sound and independent are satisfied with their current situation. Some of the respondents said that they are surviving a healthy life and do not have any complain regarding health. The respondents who have health issues agreed that being independent has a good impact on their health because they can fulfill their small kind of necessities including health problem timely. They don't have to wait for others to come and help them for petty issues. The participants reported that their financial status affects their health in a positive way. Due to their financial status their nutrition's and health care needs are fulfilled which positively affects their health. A widow whose son was indebted has sold the land complained that financial problems have affected her health. She said that her children are not able to provide her proper diet and medicine which is affecting her health badly. Some respondents stated that they usually use traditional foods in order to maintain their physical health such as home made butter, lasi (from milk), sharbat (dush of wheat, meat, & butter), kista (bread), fiti (cake like bread), dodo (soup of dry meat and home made noodles), etc.

Theme D: Elderly Satisfaction with Life

All participants responded that they all are living happily with their children and grandchildren, and satisfied with their life by all means. Participants shared their views that their life is worth living and their family members respect their presence and fulfill their necessities.

All reported they are happy regardless of what's going around. The participants who had very tough time at their past are very much happy and delightful with their current situation as their children are settle down in their life now. Some responded that they are happy with what they had in their past and what they have now.

Only elderly widow responded that she become annoyed when her children do not fulfill her demands while one of the respondents stated that *"I am happy only when I help others especially in my community"*.

Subtheme: Expectations from family

The elder people expect love, care, respect and support from their family. Few said that youngsters should accept their life time devotion. The participants added that they have devoted their whole life and continue it till the end of their life to meet their demands and expectations. They also expect that their young family members realize their contribution regarding property, building home, educating their children and providing them with the opportunities to develop the sense of responsibility for their home, community, region and country. However, the elders expects from their family to live unitely instead of disputes or in units.

The female participants added that they must be given money so that they could spend it on construction of mosques. They also expect from the family to take them for Hajj and ziarat, they want to visit all holy places before death.

Few respondents said that they do not expect anything from their family but are worried for their paralyzed or special persons in the family. Participant said that they get so panic sometimes when they think about their children, like what would happen to them in their absence, as one female participant showed her concerns about the future of her daughter who is mentally ill. She said that *"what would happen to her and how could she spend her life if I die?"* while other respondent was worried about her mentally upset husband.

However, there were different opinions regarding the expectations of the family. Some respondents said that their family do not have any expectation from them; few have little expectations, while few said that family expects a lot from them. Few elderly thinks that their family members still expects physical, emotional and socio-economic assistance from them. Elderly female respondent said that *"... what else would they expect from me except prayers .*

. . . ”. A respondent of 70 years reported that “ . . . *right now they don't expects from me as I am old now . . .*”

Few respondents reported that their family members want them to take rest as they are aged now. Elder female want to contribute in homes' economy so she does not like to sit spare and prefer work all time. A male respondent of above 100 years said that his families does not want him to work but he wants to keep himself busy. One of the respondent stated that their “*my family expects me that I should always live with them and share my life experience with my grandsons.*”

Subtheme: Self-efficacy Skill

Participants reported that level of their self-efficacy of skill is decreasing with the passage of time. Their growing age has negatively impacted their efficacy level for various skills. The male respondents reported that they cannot do heavy load work like construction of stone-wall while few elderly women reported that they are facing difficulty in performing household chores and domestic work and even embroidery and handcraft making.

Subtheme: Dealing with family conflicts

All participants reported that conflicts are the part of life and they deal with it contextually. Majority of the respondents replied that father or head of family is responsible to deal with domestic problems. The respondents highlighted that all major decisions like domestic as well as the societal conflicts are resolved by the male members of the family while female members typically contribute to resolve the conflicts at household level but they have very rare decision making power. The decisions taken by the male members are taken for granted.

Elderly male reported that they intervene in any matter only if conflict become rigorous either at home or in community. They try to figure out the root causes of the dispute, solve the matter, and sometimes suggest punishments to the one who is on wrong side. A male respondent said that “*If someone resists I deal with justice and don't hesitate to punish them*”.

A respondent shared that they had a conflict among the family members during the distribution of the property but they solved it mutually by discussions.

One elderly woman who takes part in solving disputes at family, neighborhood or even in community reported that she uses diverse coping strategies while dealing with conflicts; she becomes very polite to avoid further conflicts and deals the case attentively. Moreover, few women said that they are very anxious and worried by apprehending the bad consequences in future. They reported that they usually show patience over any conflict, isolate themselves (sometimes cry), and ask help and guidance from Allah Almighty.

However, all respondents said that they give responsibilities to their youngers in order to avoid disputes at home as well as at work place. A respondent said that “*I usually divide the work among co-workers to deal conflicts at work*”.

Subtheme: Spirituality

All participants spend most of their time in religious practices and rituals regularly. Elderly female members of Ismaili community habitually offer their evening prayers in Jamatkhana. All In addition, they also engaged in raising different funds for mosques as well as involved in community welfare programmes. Elderly male of above 100 years responded that “*I am very spiritual and my ultimate desire is to die while practicing religious rituals*”.

Subtheme: Suicidal attempts

No suicidal tendencies or suicide attempts were reported by any participant. Respondents coded that their religion Islam do not allow them to attempt/commit this

prohibited (*haram*) act. They added that their life is gift from God and will take it whenever He wants. They added that difficulties are the part of life and they have to face them courageously.

Theme E: Sensorimotor skills

All sensorimotor skills were intact among elderly participants; few participants faced difficulty in hearing and sighting due to their age.

Subtheme: Auditory ability

Only four participants reported that they have auditory impairments. They are facing difficulty in communication with their family members and friends. A person has to repeat words or sentences sometimes to make them understand the conversation. None of the participants used any assisting devices.

Subtheme: Speech ability

All of the respondents rated their speaking ability good enough except one. One female responded that she has shaking voice and she cannot communicate anything properly; facing difficulty in finding appropriate words to speak out occasionally. Rest of the participants did not have any trouble with the content, rate and quality of speech.

Subtheme: Eye-hand coordination

Most of the respondents have adequate eye-hand coordination. Few respondents pointed that they feel little shivering in their hands, but the coordination between eye and hand is intact. Sometimes they face difficulty in doing few tasks such as needle work, wood-work, etc. A widow respondent has problem of trembling hands with nearsightedness which troubles her eye hand coordination while performing tasks. Few of the respondents who actively participate in every domestic task claimed that they can do it better than the youngsters.

Subtheme: Difficulty while describing the position and moment of limbs

Few respondents reported that due to age factor, they had trouble in walking such as tremors & shaking in hands and legs, etc. Two female respondents reported that they were unable to describe their positions and movements properly. A respondent said that she is relying on her daughter-in-law for every personal care.

Few respondents of Lahore also mentioned that due to their age factor they had difficulty in walking and handling. One of the participant reported that *“I have difficulty in holding thing due to my shaky hand movements so I tried hard and handle with both hands”*.

Subtheme: Difficulty with the movements

Few respondents had difficulty in bodily movements. Due to age factor and joint pain, unable to do field work and could not offer prayers as reported by few respondents. Few elderly female mostly rely on their daughters-in-law for bathing and changing clothes.

Subtheme: Falls in the past

The notable falling experiences were reported by few of the participants but in youth and adulthood. A respondent reported that he fell down from tree and got crack in thigh bone; now he can walk but unable to run. While four of the elderly female reported that they fell down from tree in their youth and injured in their arms and legs.

Theme F: Cognitive Skills

All of the participants reported intact orientation of time, place and person alongwith partial impairment in cognitive skills. Some subthemes of these cognitive skills were also discussed as follows:

Subtheme: Ability of Intelligence

The participants were aware that the intelligence level depends on age and it is getting worsen with the passage of time. Some painful incidents of life were one of the contributing factors in deteriorating intelligence as reported by few participants. Furthermore, elderly female indicated that her intelligence level had been decreased in recent years later, after the death of her husband.

Subtheme: Attention-span & Concentration

Elderly participants have adequate attention-span while performing daily tasks; few respondents reported short attention-span. They are unable to focus on some specific matters and forgot to recall any delicate details about the matter. All respondent reported that their age has negatively impacted their ability to concentrate and their concentration ability is not much stronger as it was before.

Subtheme: Language Comprehension and Communication

All of the respondents reported that they don't feel any trouble with communication and comprehension of local languages but they can't comprehend the conversation with their grandchildren because they use English and Urdu words in their dialogues. Respondents added that they cannot communicate their problems to doctors or such individuals if they do not speak the respondent's local language. A male respondent of 65 years shared that he is not such aged to make effort in communication.

Subtheme: Short-term and Long-term Working Memory

In order to assess short-term and long-term memory in participants, small task of 3- words had given to all participants by the researchers, half of the participants were unable to recall these words after three minutes but some of them recalled these words after average twenty minutes. It is reported that sometimes it is hard for them to recall past events. A respondent of 60 years old declared that he sometimes forget things to do and face difficulties in remembering and recalling due to age factor.

Narratives of Lahore participants indicated that most of them experienced memory loss. A participant mentioned that *"I forget my daily routine tasks and difficult to recall them. I know this due to my age factor"*.

Subtheme: Content of Thoughts

The content of thoughts of all of the participants was integral, as most of them were keeping themselves busy to avoid negative thoughts. Some respondents said that they keep themselves busy in prayers and thanks to Almighty Allah for His blessings. A participant reported in a very satisfying manner that *"I have everything I want, what I should think about"*. Two elderly widows reported of having anxiety and irrational beliefs. Sometimes few participants have uncertain death anxiety after hearing news of death in family or in their community.

Theme G: Elderly's Feeling of Sadness, Loneliness or Depression

All elderly participants reported that they are optimistic and always thinks positive that's why they never feel sad, lonely or depressed. Few elderly reported that they sometimes feel down due to different reasons but they never feel hopelessness because they trust Allah

Almighty. An elderly male of 60 years said *“why should we get depress if God is giving bread to us.”*

Participants, who were active in their youth and adulthood, were feeling belittle and depressed by considering themselves useless and worthless when they do not find any task to do. Elder man of 100 year indicated that he become depressed and bothered when he has nothing to do. Some respondents were feeling downed for not being active to practice pleasurable tasks.

Few participants reported that they feel upset when there is any upheaval in the family. A respondent said that *“when my children fight with each other I get very upset”*. Some reported that they get bore when they confine themselves to routine work for long. By spending too much time in a shop make one of the elders male distressed.

Few respondents become hopeless and distress when family members do not accept or give importance to their point of view or decisions. Some have lack of pleasureable, recreational and social activities which also make them depressed and worthless.

Similarly the participants of Lahore also mentioned several psychological problems. Most of the participants reported that they experienced anger. They mentioned the reasons behind their anger *“Became angry due to children misbehaviors, bitter behaviors of people and dependency on others”*.

Few participants reported that they became upset and feel loneliness. A participant said that *“I became upset due to my children’s behavior and feel loneliness due to lack of social support and get more upset on recalling past sad memories of their life . . .”*. Another participant mentioned that *“I became sad when he thought that his children throw out of their home and their children don’t have time, care, and love for his father”*.

Some participants also mentioned the feelings of frustration due to their physical problems. A participant said that *“I became frustrated due to my physical problems. . . I have to face dependency on others . . .”*.

Few participants of elderly group lived in old age home so they felt isolation. A participant mentioned that *“I am living in old age home and spend time with other members who lived there. I missed my family and children . . . I have the feelings of isolation most of the time”*.

One women mentioned that she is leading a healthy and satisfactory life and reported as *“Allah blessed me with everything so why I should get depress. . . I am always thankful to Allah”*

Subtheme: Sleep habits

A quality of sleep is deteriorating with growing age among elderly. Some respondents depicted that if they sleep for an hour at day time then they could not able to sleep whole night. Few female respondents mentioned that as they work whole day so they have good sleep at night, but sometimes faced difficulty in falling sleep when they get sick or have any bodily pain. One male respondent indicated that due to bedwetting he is unable to sleep well. Another respondent reported that he could not sleep properly from last few months attributed by unknown anxiety.

Most of the participants of Lahore reported sleep problems. A participant mentioned that *“I have no proper sleep because I have urination problem due to which I have to go the washroom multiple times during night”*. Another participant reported that *“I do not have a proper sleep at night because I take several small naps in day time”*.

Subtheme: Changing in Appetite and Weight

Elderly participants reported that they have healthy diet such as meat, vegetables, dairy products, but some of them reduced intake of salt according to doctors’ advice for treating high blood pressure. Due to high mountainous region, the intake of salt is very common in

foods and drinks among inhabitants of Gilgit-Baltistan, which resulted in high blood pressure and other diseases. Elderly male stated that *“The food which I eat is very tasteless without salt . . . sometimes I want to eat the things which doctor did not allow me to eat . . . it makes me depressed”*.

Appetite is decreased in some of the participants which resulted in weight loss. A respondent stated that *“I eat less now and don’t want much food because of age by which I loosed my weight”*. Many of the participants were unsure and unconscious about their weight (either losing or gaining).

The themes and the analysis for younger group have been discussed on the basis of narratives and dialogue of younger

Theme A: Importance of elders in the society

Young participants expressed their thought about elders that they are influential and decision makers of the society but now their role has been confined to household level activities. A respect and dignity must be given to them for their contribution in building generations as well as for their rich and diverse knowledge and experiences.

A female respondent said that *“elders are very important in society because the transfer of knowledge especially the cultural and traditions are kept by them”*. The respondents said that elders are the source of learning for them. Their presence is not only beneficial for whole society, but also a source of blessing for individual lives. A respondent highlighted their importance as, *“Their advice is source of progress and development for us. . . their opinions for social problems are easily accepted for societal growth”*. Young female mentioned that *“. . . elders are like nervous system, without them society cannot precede growth . . .”*.

They are honored as backbone of the society for transmission of culture and traditions. One young participants stated that *“. . . they are the icons of culture and tradition . . .”*. As they are the ones who regularly celebrate all local occasions and festivals like *ginani*, *nasalo*, *thumushahling*, etc.

They also mentioned that the formal education of elderly is also a contributing factor of generation gap and the sense of understanding. One of the young responded has given the example of land utilization in the Gilgit that earlier the land was used just to fulfill household requirements but now young generation is utilizing the land for different purposes like commercial agriculture and construction of commercial areas.

Theme B: Elders living with youth and their significance

In Gilgit, traditional joint family system is common, majority of young respondents live in joint families along with at least parents, parents-in-law, grandparents, uncles (taya, chacha) or aunts. Very few respondents are living in nuclear family system. Some reported that they have experience of living with elders that is their parents, in-laws or grandparents. Youngers admitted that elders assist them in different chores and are source of learning as they possess experience of so many years. They acknowledged that their piece of advices on different occasions of life proved to be very helpful and beneficial for them.

There were different opinions regarding elder’s role at house hold level. The participants portrayed the role of father as more authoritative, responsible and care taker than that of mother. A respondent said that *“I am living with my elderly parents . . . my father is the manager of my home and I follow what he says . . .”*. A respondent living with her mother stated that *“my father passed away few months back. When he was alive I was a free person though I am married with four children . . . After his death I feel myself helpless . . . Elders take care of everything . . . and their guidance and experience helps us a lot in handling for the ups and downs of life.”*

The young respondents who do not reside with their elderly parents presently due to their studies in urban cities stated that *“parents are most respectful for us. . . they have seen the world around more than us. . . I am not living with them presently but I terribly feel their absence in my life. . . Though I am satisfied with daily affairs but on intricatd occasions, the first person comes in mind is my father . . . ”*.

One of the youngers stated that *“my grandmother is living with me. I think she is pillar of our home. . . respecting her is our social and religious responsibility”*. One of the respondents shared his thoughts about his grandfather *“. . . My grandfather is living with me . . . he is highly experienced person and has a lot of knowledge. . . I am learning the traditional skills and survival tehniques from him with great interest”*.

Some respondents identified the efforts of grandparents and their struggle in life. A respondent stated that *“. . . my grandmother is in 80s' and she still participates in domestic activities, she likes to work actually . . . she's strong enough! . . . She works in fields, looks after cattle. . . This is the source of engagement for her . . .”*. Another younger respondent appreciated his grandmother efforts in these words *“. . . my grandmother starts her day with field work, . . . she never seems happy and contended with the quality of work as we do! . . .so, she likes to do all domestic chores herself especially of fields and cattle”*. Few youngers responded that as elders spent their life full of hardships and struggle, they do not appreciate younger's work positively and blame latest technologies. However, elders believed that youngers are not such hard workers as they were during their youth.

Theme C: Dealing with elders

Collectively all of the youngers reported that they face difficulties while dealing with elders. Some respondents said that their elders are much authoritative and they have to follow what they say or decide. It becomes very difficult to make them understand about certain things. A respondent stated that, *“elders are given respect and if they take any decision, the family members are obliged to follow it as an order. Anyone who disagrees on any issue is tagged as nafarman (one who disobeys)”*.

Some respondents reported that due to the sensitive nature of elders; they treat them like bids as they became sensitive on some trivial issues. They said that they have to be very careful while dealing with their elders. A respondent living with father said *“I feel difficulty to deal with him because he gets angry very soon even on petty mistakes. I have to be very careful while talking to him”*.

Very few respondents stated that they do not feel any kind of difficulty while dealing with their elders. They said that they are source of happiness for them. A respondent replied *“Not much . . . I am more attached . . . their stories are interesting”*. Another respondent stated that *“my grandfather is quite frank with me so I don't have any issues on making him understand about anything or share my thoughts and wishes with him”*.

A participant justified the reason for respecting elder's presence via Islamic preachings by stating that *“. . . our religion do not allow us to even climb the roof if elders are sitting inside the home . . .”*.

Theme D: Time spent with Elders

Almost all respondents agreed that they spend very short time with their elders. They justified it into two reasons, one is the busy schedule and the other is elder's attitude. Working men responded that they spend average two to three hours in a day with their elders while working women reported as three to five hours with their elders in a day. Each respondent claimed that they sit with their elders for breakfast and on dine. Almost all of the respondents reported that they spend more time with them on weekends and special occasions like marriages, eid days etc. Housewives spend more time with them; a house wife said *“. . . we live together and accompany them 14 hours a day because I spend most of the time at home . . .”*

Some responded that due to elders rigid attitude they avoid spending time with them. A respondent living with her grandmother said; *“I don’t sit with her more. She asks a lot of questions repeatedly and I haven’t time to answer her questions again and again, which resulted in her anger . . .”*

While few youngers shared their activities of routine life and discussed problems with their elders. Youngers get opinions and suggestions for their issues while elders get happy and accounted them. A respondent said *“I discuss my routine life with them. It becomes the source of satisfaction for me and pleasure for them”*. Another younger observed her grandmother that *“. . . she shares her memories with me . . . we have fun together via conversations . . .”*.

Most of the participants of Lahore mentioned in their interviews and focus group discussion that they didn’t get too much time to spend with their grandparents because they were quite busy in their studies. Moreover they also mentioned that they wanted to give time to them but due to busy routine they face difficulty in giving them appropriate time. A participant reported that *“I hardly give an hour to my grandmother; this is just due to academics”*.

Theme E: Dependency of elders on youth

Most of the respondents replied that the elders are not depending on them much. Very few respondents showed their dependency on elders for their help when they feel any trouble in life. The group of female members said that elders do not depend on them. A respondent said that, *“They are much active and do all their chores themselves. We just cook for them as we don’t want them to cook; rather we are dependent on them to take care of our children when we are busy in other chores.”*

The young respondents highlighted the income level of their elders to figure their dependency level. Respondents said that most of the elders were government servants and now getting pension which is enough to fulfill their necessities. Youngers reported that *“No . . . we never thought or have the feelings that they are dependent on us for their daily life activities . . .”*.

While some said that elders depend in one or another way. Some participants justified that age factor is responsible for elder’s dependency on them. A respondent with her grandmother said that *“I think that she is dependent on us because of her age”*. The level of dependency differs for different things.

Lack of formal education is also pointed out as a reason of dependency of Gilgiti elders. One of the female younger responded that her grandparents never take medicine without asking her. She said that *“I always help my grandparents to give them the prescribed medicine on time”*.

Data gathered from Lahore indicated that participants viewed as their grandparents are not much dependent on them. Most of them reported that their elders are physically fit and they try to do their chores by themselves. Two participants mentioned that their grandparents are more active than them.

Few participants mentioned that their grandparents are dependent on them due to their physical complaints. One participant said that *“my grandmother has a leg problem due to which she cannot walk by herself so most of the time I took her outside the home”*

Theme F: Recreational Activities

Diverse responses were reported on the modes of recreational activities and their role in performing these activities. Mostly said that they haven’t planned any activity till now, some reported it very often and some relied on the community recreational centers for it. A respondent depicted that *“I usually plan for such kind of activities with my senior members of the family”*. The youth group justified this negligence by their busy schedule. Some preferred

to do such activities with their age group. Few respondents stated their community centers plan recreational activities for senior citizens in their community.

Some youngsters entertained their elders by their skills, fun or pleasurable activities such as regional dance, sing a song, read a newspaper/magazine/book, share jokes and humorous events. One of the youngsters sung song on guitar and flute with her grandfather. A respondent mentioned that he dances on local music to make his grandmother happy. A respondent said that *“I am joyous person. . . I entertain them with humorous activities and hanging them out frequently”*.

Theme G: Elders as a source of learning

Almost all of the respondents agreed to the point that elders are good source of learning as they have valuable lifetime experience. Youth acknowledged their contribution for guiding them in different fields of life. A respondent indicated that her grandmother told them her stories, shared her experiences, made comparisons between their and current time. Another respondent shared that his grandfather used to tell stories about history and rituals of our region, his life experiences of traveling, professions as an electrician as well as shared some extract scenes from movies in which he played a side role in his young age. He added that his stories are remarkable and taught us different spectrums of life.

Furthermore, few respondents shared that they find the examples of pure love and sincerity from their elders as their grandfather and granny have immense love for each other. The selflessness, sincerity, care and respect for each other in tough and unfavorable circumstances inspire us.

Young participants of Lahore mentioned that elderly are the integral part of society and are the source of learning. Most of the youngsters also mentioned that their grandparents guide them and tell them that how to pass our life in a better way. A participant mentioned that *“My grandparent guide me through examples that I can understand reality of life easily”*. Another participant mentioned that *“. . . our grandparents life was full of all types of experiences so they are source of learning . . .”*.

Theme H: Importance of Youth’s Opinion among Elders

Varied responses were reported regarding the importance of youth’s opinion in different circumstances. Some responses were positive and stated that their elders always accept and respect their decisions because of their educational background and as a critical thinker. One of the respondent stated that *“. . . my mother value my ideas as she believes I am educated and I can make my decisions well . . .”*. while some reported negative remarks by stating that their elders always shelve their ideas against of their experiences, *“. . . whenever I tried to discuss anything with my elders I get a single reply that you are young son I know better than you . . .”*. Another younger mentioned that *“our views are taken as childish”*. Some respondents said that they take the opinion from their elders but do not follow it if their given suggestion is inappropriate for them.

A respondent mentioned that the age factor is also responsible for their expression in the family. He said *“. . . being elder son they always take my opinion and follow it unless it’s ineffective. . .”*. Very few respondents expressed that the presence of elderly gives satisfaction and soothes us but sometimes it is often difficult to make them understand even for the understood things.

Subtheme: Physical, Neurological And Psychological Problems

Most of the young respondents of Lahore mentioned that their elders suffer different physical, neurological and psychological problems due to the aging.

Most of the youngsters mentioned that their grandparents mostly have headache, arthritis, diabetes and hypertension. A participant mentioned that “*My grandmother is physically weak and she has pain in her joints*”.

Participants also mentioned that their grandparents also have some neurological problems i.e., memory problem and trembling. Most of the participants mentioned during the focus group and in depth interviews that their grandparents have trembling in body and they helped them in their daily life tasks.

Participants mentioned that their grandparents also had tension and stress. Due to the age their level of tolerance became lowered due to which they easily became angry and frustrated at minor issues. One participant reported that “*my grandmother became angry when someone never consults with her for any matter of home*”.

Conclusion

The findings of the present research would facilitate in developing a comprehensive geriatric instrument which would assess psychological needs among elders in Gilgit. It would also be very effective in assessing psychological, emotional, and neurological functioning of elderly not only in aging population in Gilgit-Baltistan but also for aging population in across the country.

Findings from this preliminary study will have very important implications for improving quality of life of the elderly, designing interventions, support system and rehabilitation services to help them preserve and maximize their existing functions.

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Appendix-A

Focus Group Discussion (FGD) Checklist for Elderly Group

Najam & Kausar, 2013

Gender: Male/ Female

Age: _____

Marital Status: single, married, widowed, divorced

Place: _____

Current Working or NOT:

If Yes,

1. Agriculture

2. Domestic activity

3. Running small business

4. Community activities

5. Other _____

Living with

Living alone

- Living with spouse

- Living with children-nuclear

Living with children-joint

- Living with relative

General Health: In general would you say your health is:

Excellent

2. Very Good

3. Good

4. Fair

5. Poor

Assistive Devices (if any)

Hearing aids

2. Eyeglasses

3. Canes/walkers

4. Other _____

Q.1 What sort of social support do you have?

How would you describe your life at home?"

Can you tell me what your typical day at home is like?

What are your activities of daily living? Do you need help or can you do it yourself?

How much your family/families spend time with you? Daily basis/ weekends?

How much your family members consult you? Do they give respect to your decisions or follow your piece of advice?

Q. 2 What could be your medical needs?

Who usually help you in an emergency?

Who would help you with health care decisions if you were not able to communicate your decisions?

Any Illness? What is your system for taking your medications?

Do you have trouble with control of your bowels or bladder?

Q.3 How do you fulfill your economy needs for your daily living?

Is the activity a source of income?

Financial dependency /needs dependent on self, family (children/grand children, or others?)

Are you satisfied with your current financial status?

How does it affect your health?

Q. 4 Are you satisfied with your life?

What do you expect from your family?

What does your family expect from you?

Do you feel life isn't worth living?

How do you give details of your self-efficacy skills? Which skills do you prefer to be enlisted in priority basis?

What sort of coping strategy do you use while dealing with any conflict at home?

What sort of coping strategy do you use while dealing with any conflict at work?

Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?

How much spiritual you are?

Have there been suicidal tendencies or actual suicide attempts?

Q. 5 How do you give details of your sensorimotor skills?

Have you or your family member any trouble with your auditory ability such as hearing lately?

How do you rate your speech abilities (such as speech content, speech rate, & speech quality)?

Have you have any difficulty with your eye-hand coordination?

Do you have any difficulty while describing the position and movement of your limbs and body to others?

Do you have any difficulty in assembling sequences of movements (eating, walking, running, dressing, etc.) or any other difficulty in movements?

What type of falls have you had in the past year?

Q.6 How do you illustrate your cognitive skills?

Do you have orientation of time, place and person?

How do you rate your ability of intelligence (vocabulary, fund of knowledge, perception motor skills)?

Do you have problem with your attention span?

Do you have problem with language communication or comprehension?

Do you have problems with short-term working memory, short-term recent memory, and long term memory

Does your age affect your ability of concentration?

How do you rate your thinking patterns or content of thoughts?

Q.7 Do you often feel sad, lonely or depressed?

Have you often been bothered by feeling down, depressed, or hopeless?"

Have you often been bothered by little interest or pleasure in doing things?

How do you rate your quality of sleep? Any sleep disturbances?

How do you rate your eating habits? Are you either losing or gaining weight?

Appendix - B

FGD Checklist for Younger Group

Najam & Kausar, 2013

Name: _____

Gender: Male/ Female

Age: _____

Marital Status: single, married, widowed, divorced

Grade: _____

Source of income: _____

Do you live with 1. Parents 2. Parents & grandparents 3. Joint family system

Q1. How do you perceive the importance of elder people in society?

Q2. How many elders are living with you and do you identify the significance of elder in your life?

Q3. Have you ever feel difficulty while dealing with elders?

Q4. How much time you spend with elders?

Q5. Do you feel that they are dependent on you for their daily life activities?

Q6. How often you do recreational or pleasurable things with elders?

Q7. Do you think that elders are source of learning? Do you acknowledge their sharing of experiences?

Q8. How much elderly give importance to you and your opinions?