OPINION AND ANALYSIS

Geriatric Care in Pakistan: Current Realities and Way Forward

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Abstract

Worldwide, the geriatric population rate is 690 million which is alarmingly high and calls for an increasing need for preventive and curative services. In Pakistan, the elderly population is 11.3 million and is expected to increase to 43.3 million by 2050. With the increasing aging population there is an urgent need to improve standards and provision of elderly care in the country. Few geriatric healthcare organizations exist with weak infrastructure resulting in negligence and poor care of the elderly. Older adults have one or more chronic illnesses and complications that contribute to out-of-pocket payments in 73% of the population. Moreover, due to rapidly changing family value systems and sociocultural values, the elderly population is faced with additional challenges such as elder abuse, loneliness, and social isolation. The shrinking of family structure, industrialization, poverty, and prevalence of chronic illnesses among older adults put a massive burden on the family caregivers. Using SWOT and PESTLE analysis, the paper identifies several gaps and discusses various challenges contributing to the access, implementation, and provision of adequate geriatric care services in Pakistan. The paper proposes several strategies including quality home health screening, evidenced based informed care, and training of healthcare professionals to enhance the provision of compassionate and ethical geriatric services to improve the quality of life of elderly and their caregivers in Pakistan.

Keywords: Elderly, geriatric care services, caregivers, disparities, home health screening, training, Pakistan.

Introduction

Worldwide, the geriatric population rate is alarmingly high i.e. (690 million) and has an increasing need for preventive and curative services. Elderly population need timely physical, social, emotional, psychological and spiritual care to maintain health and well-being. WHO estimated that in 2050, 80% of older people has been living in low- and middle-income countries (1). In Pakistan, the elderly population over the age of 60 years is 11.3 million and is expected to increase up to 43.3 million in 2050 Pakistan (2). A current study of Karachi, Pakistan explained that the community individual (n=1200) mean age 68.7 years suffer from various disorders including overweight (32.7%), chronic diseases such as hypertension, diabetes, arthritis (60%), depression (51.8%), impaired cognition (61.3%), loss of vision (31%), hearing loss (8%), impair mobility (31.1%), and geriatric impairment (33.9%, 42.3%) among male and female respectively (3). The current healthcare system in Pakistan cannot take this burden given the lack of infrastructure, broken healthcare systems, and poor resource availability to provide adequate care for the elderly. As a result, the elderly population is faced with multiple healthcare disparities and sufferings that needs to be examined and taken care of in the current healthcare system.

Furthermore, due to rapidly changing family value systems and sociocultural demographics, the elderly population is faced with additional challenges such as elder abuse, loneliness, and social isolation (4).
shrinking of family structure, industrialization, poverty, and prevalence of chronic illnesses among older adults significantly put additional strain and stressors among the family caregivers. According to the American Nurses Association in every health care system, nurses are considered the backbone in providing health care services from hospital to community level for the geriatric population. Moreover, Universal health coverage’s (UHC) goal is to provide quality care to every individual regardless of age, sex, money, and where the person lives (5). The purpose of this paper is to identify the gaps/factors contributing to the limited access and provision of geriatric care services in Pakistan. Several strategies are also proposed to enhance and implement quality geriatric care services to improve the quality of life of older adults and their caregivers in the community.

Our vision to improve geriatric care services in Pakistan is supported by sustainable development goal number three, i.e., geriatric home health care will promote well-being by timely screening and disease management (6). In Pakistan, 73% of the population depends on out-of-pocket payments, affecting the country’s economy (7). The justification behind this emerging vision is a durable demographic shift that surges the health care burden. A recent study found that in the next 15 years' hospitalization is estimated to upsurge to 50%. Elder abuse is a significant issue in families. However, it often remains a hidden problem due to societal pressures and the honor of the family(2). Studies conducted in Pakistan report that older individuals feel lonely and socially isolated at home. Once they are retired, they no longer remain a financial contributor in the family, as they are often not allowed to participate in family decisions and not given opportunities to maintain social contacts with their neighbors and relatives (8).

The existing socio-cultural disparities also adds to the suffering among elderly and their caregivers. Due to high prevalence of chronic illnesses like hypertension, diabetes, and heart disease, and related complications, the older individuals cannot perform their normal daily activities and need caregiver support to maintain their health and quality of life (9). There are very few geriatric health care organizations in Pakistan and therefore provision to adequate healthcare remains inaccessible causing multiple physical, psychological, spiritual and cultural disparities as well as negligence in the care among the elderly(9, 10). Currently, Pakistani culture primarily depends on the joint family system and relatives for geriatric care; hence, most older adults live with a joint family with their sons. The care demands extend from the fulfillment of their emotional and financial desires. The regional government also distinguishes the necessity for amenities for the older individuals, and "the Sindh Senior Citizens Welfare Act of 2016 calls for the establishment of at least one old facility for senior citizens in each district of the province (11). As the population increases, the one facility is not enough for senior citizen's government should take responsibility and make more facilities with the collaboration of private institutes for senior citizens. Nurse educators help patients and families understand the disease process and preventive measures. Community health nurses are predominantly concerned with public health needs at the domestic level (5). Moreover, it is estimated that the life expectancy of 85 years and above will double by 2036 and triple by 2049 (12). Consequently, there is a terrible prerequisite to start home health care facilities for the geriatric population by the following hospital to community shift health care model in Pakistan.

Factors influencing Geriatric Care in Pakistan affecting in spreading the vision

We used two popular frameworks to analyze the foreseen challenges in the strategic planning of our vision to improve geriatric services in Pakistan. The SWOT analysis "strength, weakness, opportunities, and threat (13)." The PESTLE is about "health factors, political factors, economic factors, sociocultural factors, technological factors, and environmental factors(14)". These frameworks have been used extensively in the literature to identify the causal relationships, and considered validated tools that provides a systematic approach for the vision planning, execution and evaluation (15).

Disease Burden and Political Factors

Pakistan is a developing country with a population of 225.2 million approximately (United Nations Population Fund (UNFPA), 2021), where 45% live below the poverty line. Pakistan only spends 1.1% of its GDP on health, 90% of the expenses are out of the patients' pocket (16). For more than 200 million Pakistani population, there is only one doctor for 1073 individuals and 90,276 nurses for the overall population (17). Pakistan is currently suffering from a huge burden of chronic illnesses. By the year 2050, there will be an estimated 26 million people aged 65 years in Pakistan resulting in the escalation of dependency ratio in the country. This current dependency ratio of more
than 65% is placing a considerable burden on the healthcare system and demand for improved healthcare services and facilities (18). The majority of this 26 million people suffer from hypertension, diabetes, cardiac, renal and neurological disorders and disabilities. High number of older adults are showing complications like vision loss, cerebrovascular events, and cognitive decline, (13) osteoarthritis, osteoporosis resulting in fractures and long term disabilities (11). Due to increased geriatric co morbidities and vulnerable immune system in the older age, the morbidity and mortality ratio is up to 48% amid COVID-19. Hence this population significantly increased the global health burden (19). In addition to the physical illnesses and complications, there is a high prevalence of cognitive, affective and mental disorders among older adults in Pakistan. The high rates of physical, mental and cognitive disabilities require critical consideration for assets and resources to improve the holistic wellbeing of the elderly. Proper planning and availability of resources such as proper equipment, training and education is need to improve the competency of medical caretakers as well as acknowledgment of nearby communities and partners to establish proper systems for organizing and implementing the geriatric domestic wellbeing care vision (10).

The issues of geriatric security, dignity, and wellbeing are getting to be a matter of concern in different societies around the world. Considering all these variables, and encounters of more seasoned grown-ups to embrace compelling components, by which older adults will be cared and regarded so, they live a life with respect (20). It would be more beneficial to engage more seasoned grown-ups to be sincerely dynamic approximately living positive and fulfilling lives and offer assistance to decrease the push and troubles of living in a domestic. Additionally, empower more seasoned grown-ups to encounter the delights of living in their sundown for a long time (7).

Pakistan is currently challenged with various political instabilities that further damage the healthcare fabric of the country. In Pakistan, historically, the political thrust has been absent from the formulation of health policy, reflected in the low public allocations to health over time resulting in 90% of out-of-pocket expenditure for health among people in Pakistan. This figure is among the highest in the world and is considered a major contributor to poverty (21). Successive political leadership remains to put less priority on health and education resulting in further disparities and suffering among the people of Pakistan. Many health programs are formulated and funded to launch by different governments but then suffer neglect and handicaps as the leadership keeps on changing, also because of no statutory protection or place for judicial intervention. International health agencies aids are not handled appropriately and often suffer inequitable allocation of funds and corruption at different layers of political systems. Given the vested interests of these political parties, the principles of distributive justice are often violated resulting in unfair allocation of funds and distribution of resources for the health of common people in the country. Pakistan spends nearly 80% on the provision of tertiary care services and only 20% towards the prevention or health promotion services (22). Covid-19 has caused further threats to the healthcare system in Pakistan resulting in insufficient federal and provincial budgets to support basic health services for its growing population (23). Both the government leadership and civil society needs to take the responsibility to put better health reforms and take the accountability to improve the provision of health for all in the country. Especially the growing healthcare burden of elderly population and its social and economic impact on the caregivers as well as on the whole society needs special consideration.

**Socio-cultural/ Environmental factors**

Pakistan is an Islamic society; the effect of religion penetrates the lives of all individuals. The family feels committed to look after their elderly guardians and relatives. It is the social and devout obligation of the children to see after the matured guardians appropriately. Most matured guardians live with children, even though they may be destitute. As of late, the Council of Islamic Ideology (CII), a watchdog body to see into the state’s laws whether they are taking after the Islamic standards or not, has given its decision against the foundation of such welfare homes. It implies an Islamic society, which is the sacrosanct obligation of the children to see after their guardians in old age as the heavenly Quran has commanded. For those who have no source, it is the state that ought to act as a supporter and build up such homes/shelters, as per the decision of the CII (2). A few teachers within the private division see after these forsaken or ignored matured individuals intentionally. Be that as it may, the issue is still unaddressed at the government level. One of the issues of the matured individuals in Pakistan is not that the more youthful era dislikes them, but their
destitution in urban and provincial regions. Given their age, they are incapable of doing work, and indeed if they do have meager state benefits, it is not sufficient to preserve human life. Subsequently, they are considered to be a burden on their children and family individuals. Moreover, there are well-being impediments as there are no appropriate courses of action for the elderly in the open teaching. Given their age and the well-being issues that come in conjunction with it, there are no great courses of action for these individuals' toilets, showers, asphalt, or development. Thus, they feel confined, down and out, and rejected (2). Older people's livelihoods, family lives, and rural/urban issues are explored before examining social protection policies in developing countries.

Economic and Technological Factors
The challenges for reforming provision for old age in developing countries set out a case for a partnerships-based approach (24). The economic burden to maintain updated technology in a nonprofit, non-governmental organization is also challenging. The socially profitable organizations perceive threats from nonprofit organizations because it can hinder their health care business. Furthermore, governmental and federal organizations perceive pessimism about nonprofit organizations in political, legal, and social scenarios. A credible nonprofit organization needs a lot of effort and time at the initial phase (25).

Among older people, the multimorbidity is associated with higher health care utilization that increases social care cost. The annual total cost per person for the multimorbidity estimated that, 15,148 SGD$ per person, while they have one chronic disease annual cost around 5,610 SGD$, with no chronic illness cost around 2,806 SGD$. Moreover, it was found that with the addition of each chronic illness the health care cost increased up to 2,265 SGD$ consequently increase social care cost up to 3,177SGD$ (26). In South Asia after the retirement age over 85 years’ older people were significantly contributing higher societal cost, while age 75 years and above significantly associated with health care cost (26). The multimorbidity prevalence is upsurge with the older age, and it became challenge for the health care systems as increasing the health care and societal cost.

Strategies and Recommendations
Stakeholders are the group or individuals who can influence or make necessary changes in the system and assist in the achieving and fulfilling the terminal goals and objectives (13). Therefore, feedback from stakeholders is vital for the planning and implementation of the vision. Active involvement of the following stakeholders in each step of planning, organizing and implementation of adequate geriatric services in the country needs to be considered as essential. table 1.

Table: 1. Role of Stakeholders to enhance Geriatric care

<table>
<thead>
<tr>
<th>Who</th>
<th>Why</th>
</tr>
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<tbody>
<tr>
<td>Community individuals, Geriatric patients.</td>
<td>The community geriatric personal will be the primary customer of our vision so their trust and feedback are essential.</td>
</tr>
<tr>
<td>Nurses, Health Care Professional (HCP)</td>
<td>Support of Nurses and HCP is vital to execute our vision.</td>
</tr>
<tr>
<td>Government policymakers, Non-Governmental Organizations (NGOs), Health Minister, Funding Agencies, and WHO.</td>
<td>Their feedback is vital in terms of supporting our vision by human resources, material, and money. Their support is of utmost importance in the 21st century to promote the health promotion model shifting from hospital to community.</td>
</tr>
<tr>
<td>Interdisciplinary/ Multidisciplinary personals</td>
<td>Such as food, sanitation, media, information Technology assistance is essential for every health care organization.</td>
</tr>
</tbody>
</table>

The champion forces for geriatric home health care vision are collaborative teamwork, compassion, and communication of healthcare providers and stakeholders. Moreover, ethical consideration and cultural-congruent care for individuals. To serve humanity is one of the major driving forces at the national and international levels. In contrast, a nonprofit organization's economic factor can be a dragon force for our institution. The political, social, technological, legal, and environmental factors can be resistant or champion forces for our institution. These forces can affect in both ways lesser to more extent. The lack of collaborative teamwork, improper communication, absence of vision, inadequate...
education and training about geriatric home health care can be dragon forces. According to Covey, habit of sharpening the saw is an efficient use of a person's brain, physical, spiritual, social capacity and keeping all of them in balance. When a person keeps all qualities in balance, it helps to develop realistic vision instead of becoming over ambitious (27). The vision of geriatric home health care, can be attained by sharpen interdisciplinary collaborative team skills such as collaborative teamwork, compassion, effective communication, ethical consideration, and culturally congruent care for geriatric individuals at the domestic level. Moreover, there is need of strengthening of political system, and balancing of social factors, technological factors, legal factors, and environmental factors to attain our vision. Secondly, the awareness about this vision at health care professional level can be attained through ongoing training and education; i.e., courses and certificate programs for the geriatric home health care prepare the novice individuals for the entrance in carrier and quality patient care. Thirdly, communication is the key for successful implementation of our vision towards improving the geriatric services in the country. The vision needs to be communicated at the interpersonal, organizational, community, and national health policy levels (28). At the interpersonal level, the communication can be done through family, friends, and peer groups. At the institutional level, strive for meetings with administrative staff, workshops, and seminars. At the community level, communicating this vision through media, social networking, stakeholder, and NGOs. Furthermore, at the policymaker level there is a need to hold meetings with directors and governing bodies to execute this vision at the national level.

**Conclusion**

The health burden among the aging population is rising especially in a developing poor resourced country like Pakistan. Successful aging is a universal human right and should be accessible for all. Several health, social, religious, contextual and political factors influence the care of elderly and therefore needs careful attention and consideration. Establishing better collaborative efforts, greater stakeholders’ involvement, funding to support training and education of healthcare professionals and caregivers can improve geriatric services. Using culturally congruent evidenced based strategies like home-based screening, provision of adequate resources, assessing and organizing necessary tools can effectively improve the wellbeing and quality of elderly population in Pakistan.

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**References**

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