

Effects of Poverty on Health and Social Status Among Older Adults in Muzaffarabad: A Phenomenological Study

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Abstract

Poverty, defined by insufficient income to cover basic needs, affects millions worldwide, particularly older adults. It has profound consequences on both physical and mental health, often resulting in disabilities, depression, and restricted social participation. This study explores older adults' socioeconomic conditions, access to healthcare services, and how poverty influences their overall health and social integration. The research employs a phenomenological approach and convenience sampling to collect data from key informants, including older adults from local markets, roadsides, and labor workplaces in Muzaffarabad, Azad Jammu, and Kashmir. In-depth interviews were conducted with 20 older adults (all males), and the data was meticulously analyzed through a line-by-line coding process to derive key themes. derived from the coded information. The findings reveal that limited financial resources force elders to depend on modest pensions, occasional informal work, and support from family members and neighbors. Participants also reported experiencing social isolation due to financial limitations. Additionally, poverty severely impacted their health, further compounded by inadequate housing and living conditions. In conclusion, the study highlights the critical need to address the economic, social, and healthcare challenges older adults face to enhance their quality of life and ensure dignified aging in the region studied.

Keywords: Poverty, Older Adults, Social Isolation, Healthcare, Quality of Life.

Introduction

Poverty can be defined as the inability to endure the preliminary needs of livelihood or basic consumption necessities due to insufficient income required to fulfill them. It is the lack of ability to earn and satisfy one's bare minimum needs to keep body and soul together. It has been reported that approximately 659 million people live in absolute poverty (Samuel et al., 2023). The Organization for Economic Cooperation and Development documented that 14.1% of older adults (65 and over) live in poverty (OECD calculations based on the OECD Income Distribution Database, 2021). As per a survey conducted in 2004, approximately 40% of the population residing in Azad Jammu and Kashmir (AJ&K) faces poverty. According to the census (2019), the total population of Muzaffarabad is 0.675 million. Among these, 40,209 accounted for the total older adult population (6835 urban dwellings and 33,373 rural living) in Muzaffarabad (Statistics, 2019).

Aging

Aging is generally defined as a process of becoming older. Amarya et al. (2018) documented that aging is a biological reality with its dynamic mainly beyond human control. However, it

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is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement age in most developed countries, is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Old age in many developing countries is seen to begin at the point when active contribution is no longer possible (Amarya et al., 2018). An estimate shows that around 13.7 million people are aged above 60 in Pakistan. Out of 13.7 million older people, only 1.8 million are getting a pension or any allowance from social protection programs such as the Benazir Income Support Program (BISP) and Pakistan Bait-ul-Maal (PBM) (GoP, 2020).

Poverty and Aging

Poverty negatively impacts nearly every aspect of life, with the elders being the most vulnerable, often facing the most significant challenges (Alam et al., 2013). The difficulties of aging are compounded when population aging occurs without parallel socioeconomic development (Bangari & Tamaragundi, 2014). Lower socioeconomic status is consistently linked to poorer overall health (Wu et al., 2013). Traditionally, Pakistani society has held older adults in high regard. However, factors such as increasing globalization, electronic and social media influence, and worsening economic conditions have eroded this cultural trait. In Pakistan, where most of the workforce is engaged in the informal economy, most elders lack access to pensions or social security schemes, as mentioned above (Nasir & Muhammad, 2021). According to an estimate, out of 13.7 million older individuals in Pakistan, approximately 1.8 million live below the poverty line without any form of social protection (GoP, 2020). With rising poverty, the elders are increasingly exposed to life's hardships. Given the expected growth in Pakistan's older population, who are likely to become economically and socially dependent, it is crucial to examine the relationship between aging and poverty in greater depth.

Poverty and Health

Poverty and poor health among older adults are a matter of grave concern, especially in rural areas where a significant proportion of rural aged live their lives without enough income or functional autonomy and with chronic ailments and disability (Pandey, 2012). In Pakistan, around 415,000 older adults from the lowest income percentile suffer from illness (GoP, 2020). An aging population poses a threat because families now have fewer descendants available to care for the increasing number of surviving elders. Furthermore, urban wage earners, whose incomes have appreciably declined in real terms owing to unfavorable economic conditions, are finding it increasingly challenging to remit resources to aged relatives in rural areas. Additionally, in the absence of universal social security, the processes of modernization and urbanization are beginning to erode the traditional social welfare system, the extended family that caters to the welfare of the aged (Mba, 2004).

In older adults, poverty is linked to disability (Choi et al., 2022), and it can cause depression and anxiety (Ridley et al., 2020; Trani et al., 2024). Living in poverty negatively impacts cognitive and socioemotional processes commonly associated with healthy aging, and it is considered a determining factor for social exclusion as it leads to inequalities and barriers to accessing public services (Price et al., 2018). Living in poverty has been associated with malnutrition (Turkson et al., 2022), more significant functional limitation (Boggatz et al., 2010), higher mortality rates, and an increased number and duration of hospital readmission (Landon et al., 2023; Minhas et al., 2023). Living in poverty can also increase the prevalence of multiple chronic conditions (Choi et al., 2020; Mira et al., 2023).

Previous Studies on Health and Social Status Among Older Adults

As per world population prospects for 2022, the global population of individuals aged 65 and older numbered 771 million, constituting nearly 10% of the world's total population. This demographic group has been expanding at an accelerating pace and is projected to reach 16% by the year 2050, with further growth expected to reach 24% by the year 2100 (Michel, 2020). The issue of poverty's impact on elders' health and social well-being is a growing concern, particularly in regions like Muzaffarabad (Hameed et al., 2020). Multiple studies highlight the detrimental effects of poverty on the health of older adults (Callander et al., 2011; Dobarrio-Sanz et al., 2023). Limited access to healthcare services due to financial constraints has been a recurrent theme (Cassum et al., 2020). Qualitative findings reveal that elders often delay seeking medical treatment due to the inability to afford healthcare costs. This delay further exacerbates health conditions, reducing quality of life (Shahar et al., 2019). The research emphasized the far-reaching effects of poverty on older adults' social status and overall well-being. Qualitative studies illustrate that financial constraints often restrict their participation in social activities and community events. Feelings of isolation and loneliness are common themes, as elders may not have the means to engage in recreational activities or maintain social connections (Dobarrio-Sanz et al., 2023; Malani et al., 2023).

Rationale of the Study

To the best of our knowledge, no previous study has explored the impact of poverty on the health and social status of elders living in Muzaffarabad. Addressing this research gap, we aimed to conduct an in-depth analysis of the effects of poverty and its consequences on the health and social status of the elders in this region. This is the first study in Muzaffarabad, Azad Kashmir, to investigate these issues. The research examined the complex connections between poverty, health outcomes, and social standing among older adults in Muzaffarabad. The insights gained from this study can help stakeholders, policymakers, healthcare providers, and social workers take meaningful actions to improve the well-being of the elders while contributing to the development of policies for their welfare.

Significance of the Study

This study significantly underscores the critical intersection between poverty, social stratification, and the well-being of elders. By understanding these dynamics and implementing targeted interventions, policymakers and stakeholders can work towards improving the quality of life and overall health outcomes of the older population, particularly those living in poverty.

Methodology

The study was framed within a phenomenological approach and aimed to understand the effects of poverty on health and social status among elders in Muzaffarabad. The number of participants was established, taking into consideration the recommended sample size for phenomenological studies. In addition, data saturation was used to include various experiences until replication of relevant information was achieved (Hagaman & Wutich, 2017). For this study, primary data was collected through in-depth semi-structured interviews conducted in Muzaffarabad, AJ&K. The specific research area of Muzaffarabad in Azad Kashmir was chosen for a focused study on a particular community, as no detailed study has been conducted in Muzaffarabad related to older adults within a specific socioeconomic context. Muzaffarabad is one of the 10 districts of Azad Kashmir. The district is part of the Muzaffarabad division, and the city of Muzaffarabad serves as the capital of Azad Kashmir.

This approach seeks to capture the subjective and meaningful aspects of how poverty shapes the health conditions and social standing of elders through methods such as in-depth interviews

and non-participant observations. A careful and diligent sampling approach was applied to select participants with low incomes from local markets, roads, and workplaces of laborers. Eligibility criteria included age (65 and above) and low socioeconomic status based on income <50,000 PKR, housing (rented or personal property; housing condition), number of family members (exceeds typically 5-7) with only one family member employed or working in a family. The threshold or poverty line was selected as per the World Bank report for South Asia. This report mentioned (\$3.65 /day) as the poverty line (Meyer, 2023).

A total of 20 key informants participated in this research through semi-structured interviews. The data collection of this study was done in 2023, from October to January 2024. Complete demographic data are given in Table 1. All participants were males, either daily wagers (laborers) or doing very small-scale personal work. The participants were given as much time as needed to explain each question. Although there was no time limit for the interviewees to answer the questions and provide their perceptions, the total period for interviews ranged from half to one hour.

Table 1: Demographic details of key informants

Sr. No	Demographic details		Numbers
01	Total key informants		20
02	Age		65-78
03	Gender	Male	20
04	Education	Illiterate	07
05		Under Primary	08
06		Under Matric	05
07	Marital Status	Married	16
08		Widower/ living with children	04

The data collection for this research was based on in-depth semi-structured interviews, non-participant observations and document analysis. During the collection and transcription of the data, the researcher developed a thorough understanding about the participants' interpretations through the text. During interviews notes were prepared based on the discussion and perception of the key informants.

Interviews were conducted via one-on-one conversation with the key informants. In this research study, comprehensive in-depth interviews were carried out. A series of questions were asked from key informants according to the research question and objectives of the study. The tool which was used to conduct the in-depth interviews developed after review of literature. A few sections and sub sections were established, in-line with the objectives of the study. The questions were open-ended and had the possibility to change or restructure during the interviews. The interview guide had two sections, one was about poverty and social status and the other for poverty and health related issues along with challenges faced by elders.

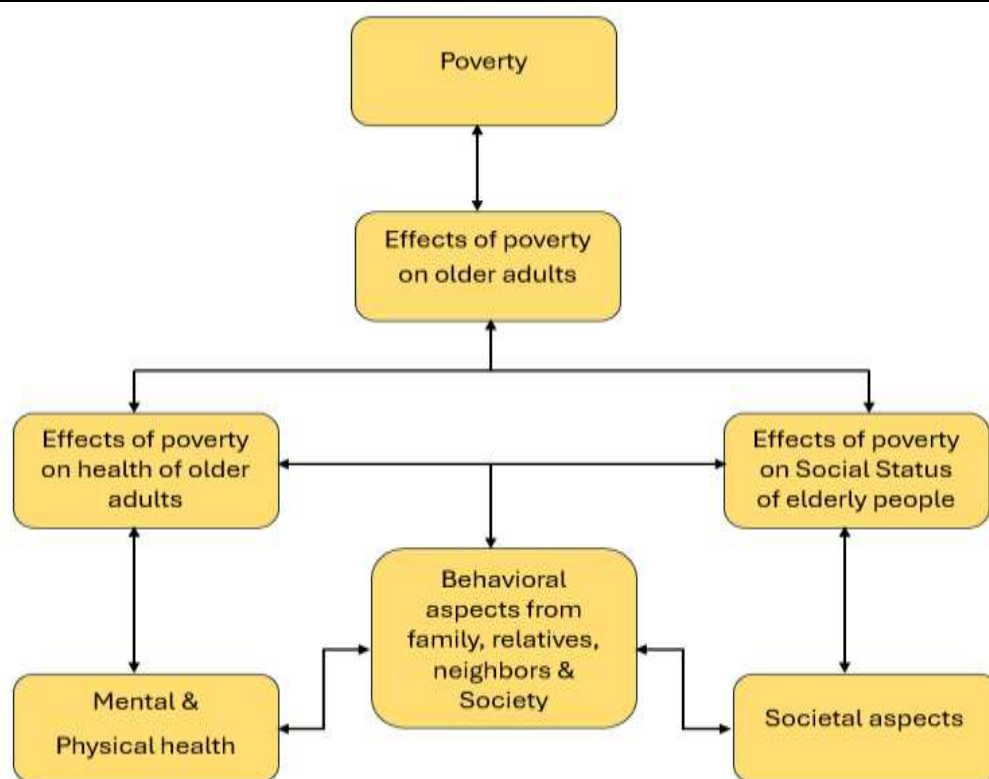
All the interviews were transcribed verbatim by the researchers in MS word. Open and comprehensive reading of the transcripts was carried out in order to create an overall impression of the descriptive analysis. For this purpose, each interview was analyzed and subjected to a coding process. Each line of the transcription was assigned a unique number such as 1, 2, 3, and so on. Line by line coding was done by having key words from each line. In addition to this, there were some lines which do not have any key code, so the main idea was noted as code. During coding suitable theme was given to each answer of the key informant with the help of key codes generated. The answer to every question was integrated through transcripts. After transcribing each interview, summary of all the themes was combined into a separate file. Most repeated themes were selected to present in this study.

The purpose of the study was first explained to the participants and the research ethics have been duly considered. The consent from each key informant was taken before recording interviews. Respectable and non-hierarchical behaviour was adopted while taking interviews. The name of each participant was kept confidential. Furthermore, for communication local languages (Urdu, Pahari, Hindko) as per convenience of key informants. Ethical considerations were respectful behavior, and language convenience for participants.

Conceptual Framework

The present study was to analyze the older adults' health and social status which is being affected by poverty. The whole study and its analysis is given in the conceptual framework is giving the idea about present research and study; there are different aspects through which this research problem can be presented.

Figure 1: Flow chart of interlinked factors related to poverty and older adults



Source: Authors' construct.

Results

This study investigated the experiences of elders, focusing on the complex interplay between economic hardships, health outcomes, and social dynamics. By analyzing the narratives and perspectives shared by these older adults, the study was aimed to uncover the multifaceted impact of poverty on their well-being and societal roles.

Income Level of Older Adults

The economic conditions of older adults were described based on both observations and in-depth interviews. The financial state or economic condition of every key informant was evaluated based upon their employment status/mode of incomes and through the assets (personal home/rented) they had. The income of key informants is given in table 2.

Table 2: Monthly income of studied elders

Sr No.	Monthly income (in Pakistani rupees)	Number of key informants	Percentage
1	Less than 10,000	2	10
2	10,000-15,000	6	30
3	15,000-20,000	7	35
4	20,000-25,000	3	15
5	25,000-30,000	1	05
6	30,000 & above	1	05
Total		20	100

Source: Field Data

Effects of Poverty on Social Status of Older Adults

Poverty affects the social status of elders as they are often excluded from social activities and face discrimination due to their financial status (Shahar et al., 2019). The current study findings demonstrated that poverty impacts the social status of elders in Muzaffarabad. A key informant, who was a barber by profession, working on a rented barber shop, aged 65, shared that:

The situation was different before Covid-19, after Covid-19 economic recovery isn't in range. As far as living in poverty is concerned, earlier eras were true eras where humanity is valued not money, so the standards of life was also compassionate and benevolent.

He also mentioned that:

Many times, I do face bad economic situation because I am the only earner and there is no other source of income so sometimes, I have to limit my other expenses to attend some necessary social events and if not possible so I don't go there.

Another key informant, aged 67, sells pickle on a moveable stall. He was the guardian of 5 family members. He shared that:

It's hard to manage day-to-day expenses even. I can't save money so it's hard to manage expenditures on events and demise in family and society. It is important to reach to attend deaths nearby but sometimes I can't even travel/help to my loved due to economic crisis.

Older adults living in poverty often experience social isolation and exclusion from their communities. They may also face discrimination and stigma due to their economic status. One of the key informants was a farmer who does farming in his owner's land, aged 66, shared that:

I do need to limit my activities due to the economic crisis. It would be my heartily wish to participate in every family event, in every social occasion but it is not possible at all. Usually, it happens I can't arrange money at the right time due to several circumstances.

Another key informant was working as a labourer on daily wages, aged 68, elaborated that:

The majority of people are negative. They respond to others on the basis of their rank and job status. Most of the time everyone tries to manipulate others. For example, if a person has got some work and earned some money, still upon asking him how much you earned today he will reply that I have no work today I have no money. People never speak truth and have no care, no humanity especially for poor.

The findings are similar to the research of (Yaseen & Zaman, 2017) where they found that older adults face challenges in managing economics of the house.

Older Adults as Parents

From the results of this study, it has been observed that older parents aren't satisfied with their children's behavior in this setup. One of the key informants, aged 75, and he had previously worked in a private company as a skilled labourer. And now due to his bad health he was dependent on his wife's earnings. He shared his perspective on this issue in this way:

My children and relatives have moved away, and I feel abandoned by everyone. No one seems to care about my health except my wife. I could not earn money on a daily basis due to my bad health condition, but my wife is working as a maid and babysitter in a nearby private school. She has been my constant support, always there whenever I needed her. Even when my health is not good and I feel frustrated with my situation, she never left me.

Many parents feel that their children are not fulfilling their responsibilities towards the family, that might be due to increased inflation that children themselves are living hand to mouth, and they are unable to do financial support of their old parents. Some older adults blame their children for their poor economic conditions and lack of support. Another key informant, aged 70, stated that:

I am pensioner from government job which is very limited for me now a days because of my health condition. Even my children did not recognize my status after my retirement, now they have jobs, their status is higher than me, that is why they avoid meeting me. Once a month they come to see me and my wife.

Our study results are similar to the study of (Cassum et al., 2020) where researchers found that parents living in shelter homes lack emotional and psychological support from their children and other family members.

Dealing with Economic Crisis

A total of 20 key informants were asked to share the source of help other than their primary income. It has been observed that about 50% of the key informants were being helped by their neighbors. While 30% of key informants indicated that they get help from friends, 15% of key informants rely on relatives. Whereas only 05% were financially supported by their children. The distribution of support sources demonstrates the diversity and complexity of older adults getting help during times of need such as for family events, marriages, demises, social gathering, for travelling, personal health care etc.

Some of the key informants shared that even though they needed help due to health issues and financial problems, their own children and relatives didn't step in to assist. Some families shared that their children left them and didn't provide financial support, making it difficult for them to survive. Some older parents even had to rely on their neighbors and friends for financial support, rather than their own children.

In the study area (Muzaffarabad), it is observed that despite all the contributions of the elders to their family and community, they don't have enough money to sustain themselves, especially when it comes to their health. A key informant who was a motorbike mechanic, aged 66, shared that: "frequently, I find myself experiencing fatigue, particularly accompanied by anxiety stemming from financial constraints. The constant struggle to meet our day-to-day needs creates a significant burden, leading to heightened stress levels."

He added that:

Occasionally, my neighbors lend a helping hand in providing financial assistance, which offers some relief from stress. However, due to the challenging circumstances and day by day inflation, I am unable to even meet daily needs. In this condition it becomes more difficult to spend money on health.

Some of the key informants retired from government jobs and after retirement, their health conditions were often not suitable for any type of work, and hence they required special care. In this situation, their only companions were usually their wives. The wives stand by the older husbands, providing them with much-needed support, for example financial and moral support. As one key informant, aged 67, expressed that:

I am living in a small house which is not in a very good condition because I constructed this house from my savings, before when I was working as a junior clerk in a government sector. Now, my wife and I live in this house as my children are married and they are living separately.

He also shared that:

I receive a pension from my government job, but now it's very limited because of my health issues, all the money I get from pension is spent on my health, so I'm barely able to cover my basic needs. Unfortunately, due to my health, I can't work anymore, and this situation creates a big problem for me. I don't have any other income source except pension that could support both me and my wife in our daily lives. But somehow, we try to manage things, either from my pension or some time taking loan from relatives and food stuffs from local market shopkeepers.

There are some elders who left their jobs/workplace due to their declining physical health. They wanted a more relaxed life due to their old age, and they were missing the care and support from their children in this complex situation. Among older adults, their physical health is usually not stable, so mostly they stay at home. A key informant, aged 72, expressed that:

I had been working as salesman in a grocery store for 25 years. I had heart bypass surgery around two years ago. During this treatment I spent all my savings and still I am on medications for stable cardiac functioning.

Upon knowing his health condition, he had been asked about his current work status, about which he mentioned that: "as I just told you that I have cardiac issues, along with this I am a patient of hypertension and diabetes as well. So, I am unable to pursue any kind of physical work to earn money."

Building upon this statement, when asked how he handled his expenses, he responded:

I have 5 children: 3 sons and 2 daughters. I am used to getting money from my sons to fulfill my day-to-day needs. My 2 sons are government employees, and the third one is doing a job in private school.

Moreover, most of the key informants have poor economic condition that their income was PKR < 30,000 per month, which badly affected their lives in term of mental and physical health along with social interactions.

Keeping in mind the above statements, it has been perceived that growing old is a combination of physical, mental, and social changes that affect various abilities and relationships within close circles, and this situation becomes more highlighted in the presence of poverty. Hence, the results of the present study showed that due to shortage of money, the most difficult thing faced by elders was the lack of recognition from the community and society. This was explained by a key informant about the behavior of the community towards him. He said that:

People's attitude depends here according to your dressing and pocket size. Here the relations are formed on the basis of work status with the equity-seeking person. People do not care about their customs and respect for elders.

Coworkers with the same class mostly understand each other.

Additionally, it has been observed that among older adults of Muzaffarabad, due to poverty and lack of employment, there was no living standard and proper food availability. One of the participants, aged 65, was working as a farmer and sometime as daily wage laborer, shared that:

I often face unemployment. The harsh weather conditions often hinder farming activities, leading to significant losses. Since farming is our main source of livelihood, while living in the city these circumstances pose a serious challenge for us. Additionally, the lack of finance, knowledge and skills has often made it challenging to secure alternative employment opportunities. The combination of these factors makes it difficult to sustain a consistent income and adds to the hardships faced during periods of unemployment.

Our study results are similar to the study of (Cassum et al., 2020) and (Yaseen & Zaman, 2017) where researchers found that poor parents living in poverty lack financial support from their children and other family members.

Effects of Poverty on Health of Elders

Poverty has a profound effect on the health of elders living in Muzaffarabad. Phenomenological analysis revealed that limited access to healthcare, mistreatment by medical professionals, unsafe living conditions, malnutrition, and poverty significantly affect the health and quality of life of older adults. These conditions often lead to poor physical health and the development of chronic diseases, such as diabetes, hypertension, and heart disease.

Several qualitative studies have explored the relationship between poverty and health (Ali & Audi, 2016; Ali & Rehman, 2015), highlighting poverty as a key determinant of health. Poverty is characterized by a lack of access to basic life necessities, and it fosters ill-health by forcing individuals to live in inadequate environments that increase susceptibility to illness. Previous research has shown that poverty leads to poor health through low income and harmful health behaviors. Low income, in particular, contributes to poor health due to insufficient nutrition and substandard housing conditions. Additionally, poverty indirectly affects health by limiting individuals' social and community participation (Liaqat et al., 2021). A key informant, aged 75, shared that:

There is no government relief in our country, and the attitude of allied staff is often harsh. Only a few doctors treat equity-seeking individuals with kindness. I can share one of my unpleasant experiences. Once, I took my wife to the government hospital, as I told you that she is a hypertensive patient. But there was no one paying attention, and they did not even come to check her blood pressure. We do not have access to the medicines even after standing in the queue for so many hours.

In this context, there was another key informant, aged 65, a cobbler, explained that:

Usually, allied staff do not respond properly and do not pay attention especially to poor people. Sometimes I have also faced harsh behavior from a few doctors and allied staff. I observed that this might be due to poverty because at the same time they respond to well-off people in a proper manner. This badly effects time and self-respect of equity-seeking older adults.

The current study reveals that due to poverty, older adults in Muzaffarabad are unable to afford private healthcare. Instead, they rely on government hospitals, where they often encounter harsh treatment from the support staff and, at times, even from the doctors. In this regard, a key informant who was an automotive painter by profession, aged 68 shared his experience in this way:

No one pays attention to the economically challenged persons, in the same way, the economically challenged persons are treated unfairly in the government hospitals. I can only afford the government hospital where I get medicines without any discrimination. Apart from this, doctors and hospital staff work

according to their routine. No special treatment and attention are given to the economically challenged elders.

Furthermore, the healthcare services in the studied area were lacking. Both, the community center and general hospitals, had scarce facilities and suffered from inadequate cleanliness measures. A key informant shared his experience that:

There is no special healthcare system especially for elders. Only one doctor comes to the medical center every month. This was his routine visit, as he mainly spent his time in his private clinic in the nearby town, where he earned a substantial income alongside his job at the medical center. And the expense of private check is not affordable for me, that's why my health is usually compromised. So, when there is no doctor available, it's hard to dismiss the possibility that the community might have health issues.

A previous study explained that factors influencing public health facility use among older adults are economic in nature (Agyemang-Duah et al., 2019). Similarly, it has been observed that participants in the high-income area had few challenges accessing quality care or support services, services available in lower-income areas were much less responsive and participants displayed low trust in the healthcare system, feeling that their needs were overlooked (Kelly et al., 2019).

Moreover, disability made the older adults in the community more susceptible to challenges. The situation for disabled community members in their old age is quite challenging. They grapple with two sets of difficulties – one stemming from the natural aging process and the other arising from their physical conditions and vulnerabilities. Researchers have reported that people with disability find it difficult to walk to health centers for treatment due to lack of transport, money to pay for treatment, lack of toilet facilities and the distance of the center is too far for people with lower-limb disabilities (Van Rooy et al., 2012). One of the key informants was working as a cobbler and a physically challenged person. He shared that:

I work as a cobbler by generation and my workplace is far away from my home. It is quite hard for me to reach to my workplace as I cannot afford the transport. Moreover, when I need to go to hospitals it becomes very difficult to stand in a queue waiting for my turn. Others do not give a seat to sit, because mostly there is huge crowd of patients who are elders or sick. While I think in the case of private health care system this might not be an issue. But unfortunately, I cannot afford this.

In addition, poverty can also cause mental health issues such as depression and anxiety. One of the key informants, aged 67, expressed that:

Financial scarcity leads to the feelings of depression and isolation. Several times I face shortage of money and at the same time I had to manage my guests and other responsibilities. At such moments, I really feel depressed and alone.

Another key informant, working as an automotive laborer, aged 68 shared that:

Being isolated or cut off from society has to be done under compulsion, when I do not have money in my pocket, I certainly cannot face society. Also, I had a severe effect of depression and sometimes I confined myself at home.

Therefore, the prevailing health conditions among elders in Muzaffarabad reflect a sobering reality. In line with the present study, it has been found that the quality of the residential area/environment tends to determine health condition. A key informant, who was working as a tailor, was a household of seven family members including his wife, four daughters and two younger sons. He shared his housing condition and its effects on his children's health. He stated that:

I am 68 years old, and I built my house in 2006, consists of two rooms, a kitchen, and a washroom. However, my house needs several maintenance issues. The

roof is leaking and seepage problems, requiring immediate attention. Additionally, the walls need a fresh coat of paint and repairs due to seepage resulting from the absence of plaster. The doors and windows also require fixing to ensure proper functionality and security.

In the same way, another participant working as a laborer, aged 65 stated that:

I am a head of five family members, and we live in a shelter-based home which was built very long ago, therefore, different sorts of repairing is required too. The roof is leaking, the walls need repair, doors and windows also need to be fixed. My wife has blood pressure problem, and it might be due to housing situation and poor diet.

It has been observed that poverty is linked with various elements such as economic status, health and social status of older individuals. The data of this research highlights the severe impact of poverty on the health and living conditions of older adults in Muzaffarabad (Cassum et al., 2020; Yaseen & Zaman, 2017).

Discussion

In line with the age stratification theory, there is a particular way of exploring various factors like wealth, income, education, and occupation resulting in the stratification of different classes in the society. Those in higher social classes often have better access to healthcare, education, and other resources, leading to better health outcomes and higher social status. While lower socioeconomic status is associated with limited access to essential services, affecting both the health and social standing of individuals. The data from the current study concluded that the older persons living in poverty often rely on limited income sources and face challenges in maintaining good health. They struggle to meet daily needs, and even basic healthcare becomes a significant burden. Additionally, their children's lack of financial support exacerbates their living situation. Support primarily comes from neighbours and friends, highlighting the community's role in providing assistance. Furthermore, it is revealed that poverty influences people's attitudes, shaping relationships based on economic status.

Results of this research have shown that older adults, who experience poverty, face an increased risk of developing mental health issues, such as depression and anxiety. Factors like social isolation, limited access to healthcare, and financial strain contribute significantly to these mental health challenges (Brandt et al., 2022). Furthermore, poverty often leads to social isolation among elders due to limited resources for social engagement and participation. Older adults living in poverty are more likely to experience loneliness and lack of meaningful interactions (Lai et al., 2023).

Poverty restricts access to vital social services that promote well-being among older persons. Adequate housing, nutrition, and social support networks are crucial for maintaining a positive quality of life. Most healthcare providers consider poverty as the main reason for elders' poor health, which is directly associated with malnutrition. Older persons' health depends on resources, access to healthcare, proper diagnosis, and proper treatment. The findings revealed that in Pakistan proper system of socioeconomic protection is demanded for the ageing population to protect them from socioeconomic and health vulnerabilities (Hussain, 2019).

Yaseen and Zaman (2017) and Cassum et al. (2020) reported that older person experience more loneliness as it relates to health and economic conditions. Poverty was found to be related to greater loneliness. A high prevalence of both social isolation and loneliness was found among the unemployed and disable seniors (Morrish et al., 2022). Moreover, it has also been observed that health and social care has shown a clear connection between loneliness and health-related consequences, especially among older individuals (Leigh-Hunt et al., 2017).

China possesses the world's largest older population, yet there has been little focus on the mental well-being of elders living in extreme poverty. Results of a cross-sectional study

revealed that the mental health of elders residing in poverty state was notably equity-seeking group (Yang et al., 2020). The findings of another study conducted in China suggested that subjective poverty exerts a notable adverse/negative influence on the well-being of China's older population. Moreover, it is crucial to note that social interactions serve as a partial mediator to reduce the effects of subjective poverty on older persons' mental health (Lai et al., 2023).

In the context of Pakistan, a low- and middle-income country, there is a glaring lack of access to healthcare and health-related socioeconomic indicators. A significant portion of the population suffers from multidimensional poverty, further exacerbating the challenges faced by older adults. Research also indicates that social participation among older individuals is closely associated with socioeconomic factors, chronic conditions, widowhood status, and gender. It is also mentioned that Pakistan faces a lack of access to health and health-related socioeconomic indicators. About 39% of the population suffers from multi-dimensional poverty (Saddique et al., 2023). It is documented that the older individuals' social participation was significantly associated with their socio-economic positions, presence of severely limiting chronic conditions, widowhood status and gender. Chronological age is largely attributed to the reduced participation in social life (lai et al., 2023).

Conclusion

This study provides valuable insights into how poverty profoundly affects the health and social status of older adults in Muzaffarabad. The elders living in poverty struggle to meet daily needs, and even basic healthcare. Their children's lack of financial support exacerbates their situation. Support primarily comes from neighbors and friends, highlighting the community's critical role in providing assistance. Furthermore, the experiences of older adults reveal that poverty influences people's attitudes, forming relationships based on economic status. Overall, this research emphasizes the urgent need to address the economic and healthcare challenges faced by older adults living in poverty in Muzaffarabad.

The findings of this study have to be seen in light of some limitations. During the present study efforts were made to explicitly describe the effect of poverty on health and social status of elders. Due to lack of resources and time constraints, the interviews were conducted in a central region of Muzaffarabad only. Moreover, a small number of key informants were considered. Conducting detailed interviews with key informants was challenging, as they were hesitant to share details of their lives. Additionally, no extensive qualitative research has been conducted so far in Muzaffarabad regarding exploration of poverty's effects on health and societal ties of older adults. Therefore, in future, large scale (by considering substantial number of key informants from different areas) study in Muzaffarabad is needed to get deeper insight regarding effects of poverty as one of the key determinants associated with deprived health and societal ties.

Suggestions

- There is a pressing need for an in-depth examination of older adults' circumstances in urban areas across different areas of Muzaffarabad.
- This analysis is crucial for formulating comprehensive policies and initiatives to improve the well-being of older people in cities.
- To promote healthy aging, society, organizations, and the government must recognize the importance of addressing poverty among older people.
- Developing social networks that emphasize social interactions can be a vital strategy to combat poverty and ensure the health and overall well-being of older people.

Moreover, for promoting healthy aging, it is vitally important for society, organizations and the government to acknowledge the significance and worth of addressing poverty among

older adults. Enhancing the development of social networks centered on social interactions can be considered a crucial approach to tackle poverty and ensuring the health and overall well-being of older adults. Therefore, it is recommended to devise and implement laws for the overall well-being (financial, physical and mental and social status) of older adults related to non-government sector as well.

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