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Original Article

VOICES IN MARGIN: THE EVERYDAY LIVES OF ELDERLY WOMEN IN UNDERSERVED COMMUNITIES OF LAHORE

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ABSTRACT

Older women living in underserved urban communities often experience the combined effects of gender inequality, poverty, ageing, and limited access to social support; however, their everyday lived experiences remain underexplored in Pakistani research. This qualitative study aimed to explore how elderly women from underserved communities in Lahore understand and make meaning of their daily lives, challenges, and coping strategies. A narrative research design was employed to capture participants lived experiences through in-depth semi-structured interviews. Four elderly women aged 60 years and above were recruited using purposive sampling from underserved communities in Lahore, Pakistan. Data were analyzed using Reflexive Thematic Analysis. Four overarching themes emerged from the analysis: (a) A Life of Fractured Kinship and Gendered Survival, (b) Healthcare Marginalization and Structural Exclusion, (c) Embodied and Silenced Suffering, and (d) Faith, Patience (Sabr), and Everyday Resilience. The findings revealed that participants experienced lifelong gender discrimination, economic hardship, restricted autonomy, and unequal access to healthcare. Family relationships, although essential for survival, were often characterized by emotional neglect, unequal power dynamics, and unpaid caregiving responsibilities. The study contributes to the limited qualitative literature on ageing women in Pakistan by amplifying the voices of elderly women living in marginalized urban communities. The findings highlight the need for gender-sensitive ageing policies, accessible healthcare services, and community-based support systems that recognize both the vulnerabilities and strengths of older women.

I. INTRODUCTION

Population ageing has become one of the fastest-growing demographic changes worldwide, with developing countries experiencing a particularly rapid increase in the number of older adults. Pakistan is also undergoing this demographic transition, with approximately 13.5 million people aged 60 years and above in 2025, a figure older woman often projected to increase substantially by 2050. Despite this growth, the experiences of older adults—particularly elderly women—remain largely overlooked in research, policy, and social welfare initiatives experience multiple disadvantages throughout the life course, including poverty, limited access to healthcare, financial dependency, gender discrimination, and social isolation, all of which continue into old age. Ageing is not only a biological process but also a social and gendered experience. In patriarchal societies such as Pakistan, women's lives are shaped by unequal power relations, restricted decision-making, unpaid caregiving responsibilities, and lifelong

economic dependence. These disadvantages frequently accumulate over time, making elderly women particularly vulnerable in later life. Previous studies have shown that older women report poorer physical health, greater psychological distress, and fewer economic resources than older men, yet their experiences remain underrepresented in both academic literature and public discourse (Foundation for Ageing and Inclusive Development [FAID], 2025; Majeed et al., 2025).

Existing literature has primarily examined ageing from demographic, medical, or economic perspectives, emphasizing health outcomes, caregiving burdens, or social protection systems. While these studies provide valuable information, they rarely explore how elderly women themselves understand their everyday lives, relationships, identities, and coping strategies. (Khan et al., 2020) Qualitative evidence examining how gender, poverty, ageing, and family relationships intersect to shape women lived experiences remains particularly limited within the Pakistani context. (Majeed, et al., 2026). This gap is even more evident among elderly women living in underserved urban communities, where structural inequalities, limited resources, and social marginalization are common realities (Crenshaw, 1989). The present study addresses this gap by giving voice to elderly women whose experiences are often absent from research, policy discussions, and community development agendas. Rather than portraying ageing solely as a period of decline, this study examines how women construct meaning from lifelong experiences of hardship while continuing to demonstrate resilience through faith, family responsibilities, and informal social support. Listening to women's narratives provides a richer understanding of ageing as a lived social experience rather than merely a chronological stage of life. (Majeed et al., 2025).

Theoretical Framework

This study is informed by four complementary theoretical perspectives. Feminist Standpoint Theory (Harding, 2004) positions elderly women as knowledgeable interpreters of their own experiences and emphasizes the importance of marginalized voices in knowledge production. Intersectionality Theory explains how gender, age, poverty, widowhood, and social disadvantage interact to create unique forms of inequality. (Crenshaw, 1989). The *Stress Process Model* (Pearlin et.al, 1981) provides insight into how chronic life stressors influence psychological well-being, while *Resilience Theory* highlights individuals' capacity to adapt, find meaning, and maintain psychological strength despite prolonged adversity. Together, these perspectives offer a comprehensive framework for understanding both the structural disadvantages and the resilience reflected in elderly women's narratives. The study employed a *narrative research design* because narratives allow participants to describe their experiences in their own words and reveal how they interpret significant events across their life course. This approach was particularly appropriate for understanding the meanings elderly women attach to ageing, family relationships, poverty, healthcare experiences, and coping strategies. Through participants' stories, the study explores not only the challenges they encounter but also the ways they continue to negotiate dignity, hope, and survival within marginalized social contexts despite facing hardships currently. (Masten, 2001; Luthar, et al., 2001).

Additionally, there remains a lack of research that focuses on the circumstances surrounding older women's lives in the specific context of Lahore, Pakistan's urban underclass, where older women's daily lives may be affected by poverty, poor infrastructure, and social exclusion. Overall, there continues to be a great deal of uncertainty regarding the actual realities of older women living in these types of environments; this study seeks to contribute to the body of knowledge and understanding in this area (Ali et al., 2024). Older women in marginalized communities often face poverty, widowhood, social isolation, and limited access to healthcare, which negatively affect their wellbeing (UN, 2022). In Pakistan, most ageing research focuses on health, caregiving, and social protection, with little attention to the lived experiences of elderly women in underserved urban communities such as Lahore (Tarrar et al., 2026; Shekhani, 2024). This study addresses this gap by exploring how older women understand their daily lives, challenges, and coping strategies. It also highlights the role of faith, social relationships, and informal community support in promoting resilience (Beard et al., 2022). The findings will contribute to gender and ageing research and provide useful insights for developing gender-sensitive policies and community support programs for elderly women.

The purpose of this study was to explore the lived experiences of elderly women residing in underserved communities of Lahore. Specifically, the study sought to understand how lifelong gender inequality, poverty, family relationships, and access to healthcare shape their everyday lives and how these women construct meaning from

their experiences through coping strategies, resilience, and faith. This manuscript focuses specifically on the lived experiences of elderly women residing in underserved communities of Lahore, emphasizing how gender, poverty, family relationships, healthcare access, and coping strategies shape their everyday lives. Rather than testing predetermined hypotheses, this qualitative study aimed to develop an in-depth understanding of the lived experiences of elderly women living in underserved communities of Lahore. Guided by a narrative research design, the study sought to explore how participants made meaning of their experiences of ageing, poverty, family dynamics, and healthcare challenges, while identifying the coping strategies and sources of resilience that supported them in their daily lives. The researcher had no prior relationship with the participants and established rapport through clear communication about the study purpose, confidentiality, voluntary participation, and participants' rights while adopting an empathetic, culturally sensitive approach that encouraged participants to share their experiences freely (Creswell, 2013).

II. METHOD

Participants

Purposive sampling was used to recruit four information-rich participants aged 60–70 years from underserved communities in Lahore. The women represented different marital backgrounds, including married, separated, and widowed, and most had limited formal education, financial insecurity, dependence on family members, and restricted access to healthcare. Eligible participants were women aged 60 years or older who lived in underserved communities, experienced financial limitations, and could communicate in Urdu or Punjabi, while women below 60 years, those living in institutional care facilities, individuals with severe cognitive impairment, and non-permanent residents were excluded. Participants were recruited through a gatekeeper and face-to-face contact, provided with information about the study, and gave verbal informed consent before interviews. No financial compensation was offered. Semi-structured face-to-face interviews were conducted in Urdu or Punjabi at locations convenient for participants, lasted approximately 30–45 minutes, were audio-recorded with permission, transcribed verbatim, and anonymized using pseudonyms (P1–P4). (Rubin & Rubin, 2012). Participant quotations were later translated from Urdu and Punjabi into English by the researcher for reporting purposes, with care taken to preserve their original meaning and tone. A pilot interview with one eligible participant was conducted to refine the interview guide by improving question wording and sequencing before the main data collection. (Clandinin & Connelly, 2000). The demographics of participants are mentioned below.

Table I: Demographic Characteristics of Participants

Participant ID	Age	Marital status and residency	Education level	Number of children and family members	No of daughter and son	Current Occupation and bread winner	Spoken language
P1	62	Married, Youhanadab	Matric	3 children, 5 family members	2 daughter 1 son	Stitching, breadwinners' husband, wife and elder daughter	Urdu
P2	65	Seperated, Miyan meer	No education	4 children, 4 family members	2 married daughters, 2 son, 1 son is married	Household chores, siblings, son and daughter in law are breadwinners	Urdu and Punjabi mix
P3	65	Widow, Miyan meer	No education	2 daughters, 1 daughter in law, 3 son, 4 grandchildren, 11 family members	4 daughters, 3 sons	Stitching, Married son as a breadwinner	Urdu
P4	68	Married, Farooq Colony	Till 5th grade	1 daughter in law, 1 son, husband, 3 grandchildren, 7 family members	2 daughter, 2 son	Teaching Quran as an occupation, husband, son and she herself are bread winners	Urdu and Punjabi mix

Procedure and Data Analysis

Data were analyzed using *Reflexive Thematic Analysis (RTA)* following Braun and Clarke's (2006, 2019) six-phase framework. This approach was selected because it aligns with the study's interpretivist paradigm and narrative research design, allowing for the interpretation of participants' individual stories while identifying shared patterns of meaning across their experiences. The researcher immersed themselves in the interview transcripts through repeated reading, generated inductive codes, organized similar codes into potential themes, reviewed and refined the themes, defined and named the final themes and subthemes, and produced the final analysis by linking the findings with the study's research questions, theoretical framework, and relevant literature. Reflexive notes were maintained throughout the process to acknowledge the researcher's influence and ensure a rich, context-sensitive

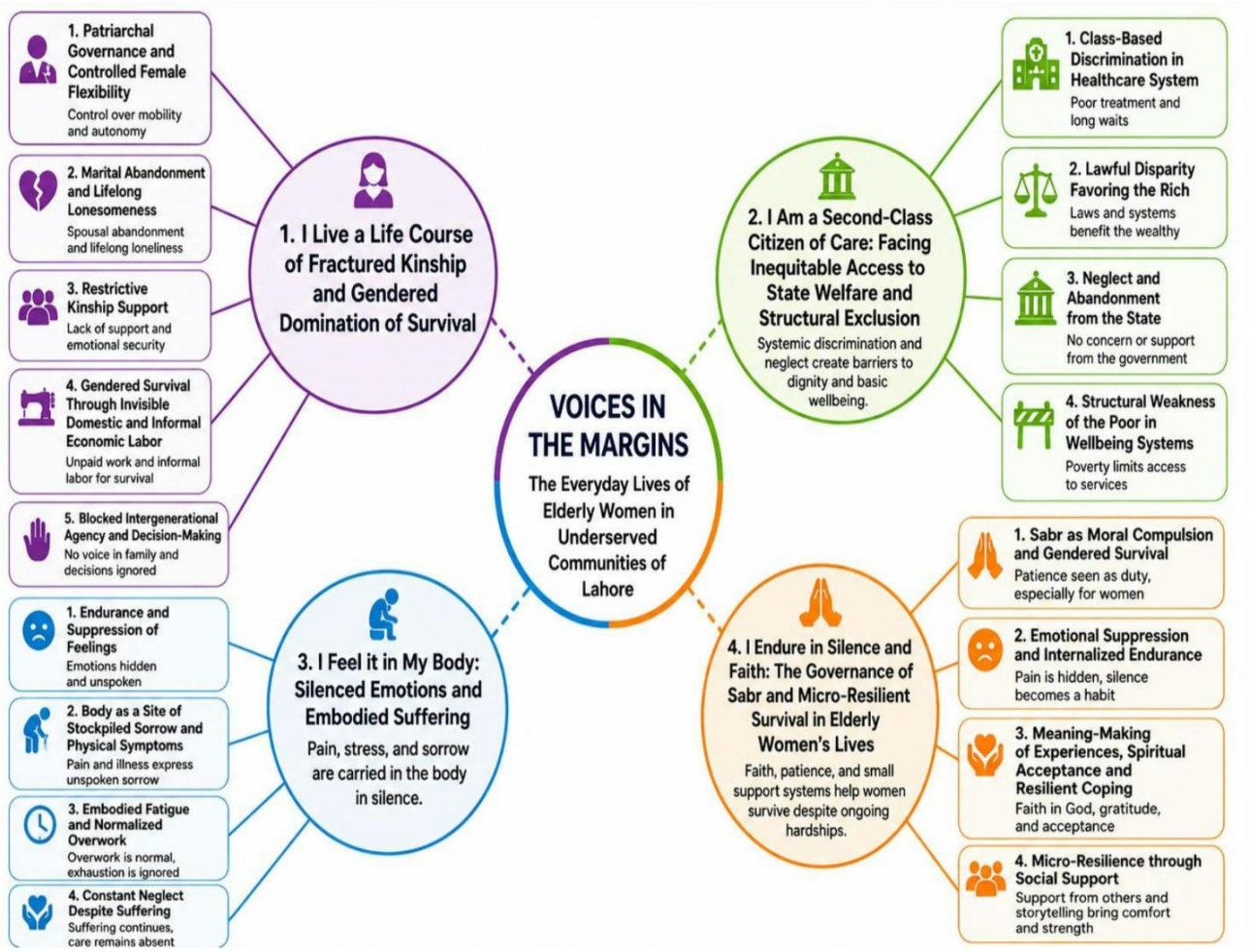
interpretation of participants' experiences (Braun and Clarke, 2006; 2019). In order to ensure reliability and validity, Member checking increased the credibility because the participants were given the opportunity to verify verbally that the interpretations by the researcher were what they intended. In order to ensure reliability a comprehensive audit trail of methodological decisions, coding practices, notes were kept (Nowell et al., 2017). Consultations with supervisors was taken for emerging themes used to reduce researcher bias and guarantee confirmability (Korstjens & Moser, 2018).

Ethical Considerations

Ethical principles of informed consent, confidentiality, voluntary participation, and respect were maintained throughout the study. Considering the sensitivity of this topic, the researcher made sure that elderly women are comfortable in terms of language, locations and timings of interview. Also, the researcher visited the community before actual interview to get familiar with the everyday life patterns of the people there (Creswell & Poth, 2018). The gatekeeper from that community who was doing job in the university has also navigated in the interview process. Participants were informed that they could decline to answer any question or withdraw at any stage without consequence, pseudonyms were used to protect identities, all data were stored securely, and interviews were conducted in a respectful and culturally appropriate manner. (APA, 2017).

III. RESULTS

Figure I: Thematic Map



Theme I: "I Live a Life Course of Fractured Kinship and Gendered Domination of Survival"

This theme shows that families can become spaces of control, neglect, and burden rather than care and protection for older women. In the absence of adequate family and formal support, they take on unpaid roles such as cooking,

cleaning, caregiving, and managing basic health needs. Their labor sustains family life while filling gaps in care and institutional support.

1.1: Patriarchal Governance and Controlled Female Flexibility

Through the stories, the lives of women are dictated by male dominated systems that determine where they are to go, whether they can work or not and how much freedom they can possess. Participant 1 highly echoes this limitation, saying

P1: *"I wasn't allowed to do a job. My brother used to say not to go outside."*

This depicts the way in which even economic participation at a simple level is also dominated by male power in the family structure. Similarly,

P3: *"He is a man; he has more power/strength".*

P4: *"We women don't go out of the house, except to go to a relative's function or to visit our parents' home."*

This category reflects subordinated female flexibility, where older women may move and act within the household but remain restricted beyond it. Their choices, mobility, and work are closely regulated and often accepted only when they serve family needs. Even when they are permitted to work, their work is valued mainly for its contribution to the household, limiting their autonomy and independence. These restrictions are rarely viewed as unfair; instead, participants often understand them as normal aspects of family life and do not question or resist them. This acceptance highlights how deeply gender roles are embedded in cultural expectations, with control maintained not only through force but also through habit, social norms, and internalized expectations.

1.2 Marital Abandonment and Lifelong Lonesomeness

Marriage was often experienced as emotional neglect, violence, or abandonment rather than companionship. Despite suffering, participants accepted these experiences as part of married life.

P1: *"My mother-in-law said, 'you didn't bring clothes for your sister-in-law' — you didn't bring clothes for the durani-jithani (brothers'-wives). Anyway, then my husband came into my room and spoke to me very rudely; my husband came into my room and spoke to me very rudely." (Repeated in the original Urdu language"*

P2: *"My husband went away and never came back... it's been 25 years."*

This long silence is not a parting but a binding emotional abandonment in legal marriage. On the same note

P3: *"My husband used to beat me... I've taken beatings like a dog.",* indicates that presence within marriage can also mean exposure to violence.

P4: *"Most conversations [with him] were mostly about work... Earlier he was a bit hard/strict-tempered"*

This category illustrates the experience of "widowhood within marriage," where women remain married but receive little emotional support, care, or companionship from their husbands. Although participants describe loneliness and suffering, they often accept these experiences as part of being a wife, reflecting cultural expectations of endurance and maintaining marriage regardless of personal hardship. From the researcher's perspective, this reveals a paradox: marriage may provide women with social identity and respect while simultaneously depriving them of emotional care and support. Participant 1's narrative, for example, indirectly suggests a lack of care and support from her husband from the beginning of the marriage, highlighting the gap between the idealized image of marriage and women's lived experiences.

1.3 Restrictive Kinship Support

Kinship networks are experienced as both supportive and restrictive.

P4: *"My sister-in-law (devrani) and I used to handle all the household responsibilities." ... "My sister also supported me — if the rations run out before the month ends, she brings rations"*

P2: *"My mother-in-law was bedridden for 7 years... I took very good care of he."*

P1: *"Everyone thinks only of themselves; no one truly belongs to anyone."*

It shows how responsibility is concentrated on women. Similarly, participants rely on siblings but also experience neglect and emotional hierarchy within family systems. Help and care is available, but they are not given equally, and women are mostly seen as people who depend on others rather than equal members of the family. The participants show appreciation for the family support and emotional burden by the same family members, which indicates that their kinship is compulsory for their survival while not fully nurturing them. This experience, according to the researcher, makes classification of families difficult to describe as good or bad. Instead, kinship appears to be a complex activity that involves both care and control.

1.4 Gendered Survival Through Invisible Domestic and Informal Economic Labor This sub-theme demonstrates how older women sustain household and economic survival through continuous, unpaid, and often invisible labor. Their daily lives involve cooking, cleaning, caring for children and older family members, teaching religion, and engaging in small home-based income-generating activities such as stitching. Despite carrying this ongoing workload, their contributions remain largely unrecognized, undervalued, and unpaid, making their labor essential to family survival while keeping it socially invisible.

P1: *"Cooking food in big pots, and not on gas — on firewood."*

It emphasizes physically strenuous work with few resources at the time and disregard by relatives at the maternal home. Further she also narrates that she is also in this age engaged in the household chores as well as the informal income work. The participants talk about how their routines stretch well into the early morning and late at night where they are engaged in houses.

P2: *"My husband went away and never came back... it's been 25 years."*

Although she has long been abandoned in this way, she still has to perform domestic tasks and take care of other members of the family, such as a bedridden family member,

This brings out the way she supports both emotional and practical roles of marriage single-handedly and the role of the husband is not present physically or in any other practical way. Also,This reflects how older women become invisible pillars of household and economic survival. Even without formal support or financial recognition, they continue to carry domestic, emotional, and economic responsibilities, including in situations of marital abandonment. Their work is often understood as a duty and means of survival rather than empowerment. From the researcher's perspective, this reveals that while women exercise agency, it remains constrained by necessity, as families depend on their labor while failing to acknowledge or compensate it.

1.5 Blocked Intergenerational Agency and Decision-Making

Participants remained emotionally responsible for their children's education, marriages, health, and family problems. Their struggles continued across generations.

P1: *"The children's education has been disrupted; the children just aren't studying. The children — the children do wish [to study] — my daughter left school after 9th grade, and so did my son."*

P2: *"Then the children grew up, each did their own thing, whatever small expenses there were, they managed themselves. I had no hope that my husband would do anything either... the daughter who got divorced... that caused me a lot of pain".*

P3: *"One of my daughters is married, her husband isn't good, she also lives with me — she has a daughter who is in 4th grade. One of my daughters is unmarried, and she is also often unwel."*

P4: *"I also had another son — he was interested in boys (voice shivering here). I explained things to him a lot at first, he didn't understand, so I've now thrown him out of the house"*

These narratives show that participants' suffering does not end in old age but often extends to the next generation. Their concerns are shaped by their children's disrupted education, difficult marriages, divorce, illness, and social pressures, creating ongoing emotional and caregiving responsibilities. P1 connects her children's interrupted schooling with her own life restrictions, while P2, P3, and P4 describe continued worry and emotional struggles related to their children's lives. From the researcher's perspective, this highlights how hardship becomes intergenerational, creating a continuing cycle of constraint, worry, and responsibility.

Most participants had limited authority over household decisions. Men or younger family members usually controlled decision-making, with only one participant reporting full independence.

P1: "Mery husband krte hein.", Husband makes household decisions" (translated).

P2: "Meri bahu krti hy ghar k saare faisly." — Decision-making shifted to the daughter-in-law.

P3: "Mei khud krti hun… saare faisle mery hoty hein."(I do my all decisions) — Only participant with independent decision-making.

P4: "Ghar k saare faisle tw mrd hi krte hein… beta meri raye leta hei." (Son makes final decisions but occasionally seeks her opinion).

Theme 2. I Am a Second-Class Citizen of Care: Facing Inequitable Access to State Welfare and Structural Exclusion

This theme shows that economically marginalized people experience healthcare not as a basic right but as an unequal system shaped by access, quality, and respect. Participants describe how poverty limits not only their ability to receive care but also how they are treated and valued in health facilities. These experiences reveal a broader structural inequality in which healthcare becomes difficult to access, navigate, and emotionally endure for those with fewer resources.

2.1 Class-Based Discrimination in the Healthcare System

This theme demonstrates that there is a difference in how poor people are treated in hospitals as opposed to the treatment of rich people. The disparity does not only lie in the treatment facilities but also in the behavior, respect, and communication. The participant gave a highly clear example of her own experience when she took her granddaughter to a government hospital; she narrated:

P4: *"She spoke to me very badly... 'everyone has to wait, so you wait too."]* Nurse treated her rudely despite her granddaughter's illness.

P4: *"The nurses at government hospitals are very ill-mannered", describes* repeated disrespect from hospital staff.

P2: *"Yes, you do have to wait quite a long time. Sometimes if you tell the nurses we've also been waiting a long time, they just keep talking back, keep being rude, the nurses... no, they don't do that with the rich, they only do it with the poor."*

This is not merely a single event but reflects a recurrence in her life. How the rich and poor patients are treated is also clearly compared by the participant:

P4: *"If a rich woman goes to the hospital, the nurses and the doctor will speak to her with respect. If we ask any question, they'll snap back and throw the answer in our face"*

This quote shows that respect in healthcare is closely linked to socioeconomic status, with wealthy patients receiving polite treatment while poor patients may face rudeness and disrespect. Poverty therefore affects not only access to healthcare but also patients' dignity, confidence, and sense of being valued and taken seriously.

2.2 Lawful Disparity Favoring the Rich

This theme justifies that the participant thinks that the system, law and justice, favors the rich over the poor. Participants clearly said

P1: *"It feels like everything is for the rich, nothing is for the poor. Because their wishes get fulfilled too, the rich. For them, heaven is right here, heaven is for them. For the rich, even hell is here — for the poor there's both heaven and hell, but less heaven and more hell"*

P4: "*The poor have only God... the rich have more money, so the whole world revolves around them, and the law revolves around them too".*

This reflects the belief that poor people have limited access to justice, while the rich can use money, connections, and power to receive better and faster treatment. The participant views the legal system as unequal, leaving poor people feeling powerless and unprotected. This highlights how economic inequality can reinforce injustice and unequal access to rights.

P1: "*He said, 'because of you the servants aren't coming' — he spoke to her so badly, so badly that his voice echoed through the whole house. He used to tell her, 'I'll kill you and bury you and no one in the world will ever find out.' After that, I never took up home patient-care work again".*

This is an extreme exploitation and abuse at work where the economic vulnerability exposes her to risks and dehumanization. It also demonstrates how fear and insecurity drive her out of some work places which restrict her own already limited livelihood choices.

One participant also said clearly:

P2: "*It's like this — whoever comes just handles their own business, they don't know about others. Now this Maryam Nawaz came and shut down children's work... she doesn't even let the children who work on pushcarts work anymore. So, it's difficult, isn't it — whether my child does it or not... so what does the poor thing do, he quietly goes and sells things around on a motorcycle".*

This shows that, despite the potentially protective policy actions, the survival strategies of low-income households can be derailed by the policy actions inadvertently, forcing the children to resort to other informal work. It also points to economic pressures that overrule idealistic safeguards, having the child work regardless of prohibitions.

One participant also said:

P3: *"Fine, the officer lets him go, but whoever is poor, they'll catch him. That's just how it is, isn't it. This isn't a lie either".*

2.3 Neglect and Abandonment by the State

This theme reveals that the participant believes that the government has forgotten about and neglected him. She does not think that people pay attention to poor people or care about their issues. Participants expressed this very clearly:

P2: *"Yes, the law is for the rich, not for the poor. They've never come and asked. Has any government ever asked if someone is dying of hunger?".*

This depicts a sense of being forsaken. She does not think that the government made any effort in trying to know her plight. Another participant also mentioned:

P4: "gareeb k liye koi wasail nhi hein heina?"

[English: "There are no resources for the poor, are there?"]

This is evidence of the inadequacy of basic amenities such as clean water, good sanitation, gas and electricity in her locality. The respondent believes that poor people are not supported by the government. No proper facilities and nobody come to enquire about their problems. This is also an indication of a poor relationship between citizens and the state.

2.4 Structural Weakness of Wellbeing Systems for the Poor

Participants described healthcare as expensive, exhausting, and difficult to access, causing many poor people to delay or avoid treatment.

The participant explained:

P3: *"Depending on what I can afford, I either get my own treatment done or my daughter's. This is also a reality".*

P4: "*Going to the hospital, then standing in a long line, and buying expensive medicines becomes difficult". This* demonstrates that receiving treatment takes up time, energy and money — something that poor people do not have much of.

P1: *"I was pushed around so much — sometimes they'd send me to the throat doctor... sometimes they'd send me to the nose doctor... I couldn't afford to get it done privately"*

One participant also said:

P4: "*After the long lines and the pushing around, it feels like the illness won't get better — it will actually get worse from the exhaustion".*

This shows how an inefficient and costly healthcare system can further burden poor patients. Repeated referrals, long waiting times, high costs, and physical exhaustion may lead them to delay treatment or rely on home remedies such as balm, warm-water compresses, and dietary restrictions. From the participant's experience, poverty affects access to care, treatment experiences, and dignity, leaving poor people feeling sidelined, humiliated, and excluded from a system they perceive as serving them as second-class citizens.

Theme 3. I Feel it in My Body: Silenced Emotions and Embodied Suffering

This theme shows that elderly women rarely express emotional pain directly. Instead, years of hardship, caregiving, poverty, and limited healthcare become embodied as chronic pain, fatigue, illness, and untreated suffering. Emotional distress is normalized and silently carried in their bodies.

3.1 Endurance and Suppression of Feelings

Participants accepted emotional pain as a normal part of life and rarely expressed sadness or distress openly. Endurance became their primary coping strategy.

This sub-theme reflects how people experience ongoing emotional distress but rarely express or acknowledge their pain, often viewing it as a normal part of life or less important than daily survival. Emotional restraint becomes normalized, leading individuals to minimize their suffering and overlook physical or emotional symptoms. P1 reflects this detachment by stating, "Face se lgta hi nhi mei bemaar hun…," *[English: "You can't even tell from my face that I'm sick..."]* suggesting that although pain exists, she has become accustomed to disregarding her own bodily and emotional needs.

P3: "" I've *taken beatings like a dog".*

P2: "*I have never known peace in my life……." (remained silent for a minute)*
P4: "I*t's just like this — my married life passed by in responsibilities and quarrels".*
That misery is not spoken of as a state of distress but is a life situation. The absence of sakoon (peace) illustrates emotional burnout that has never been allowed to express or be relieved. In a way, this demonstrates how endurance is a coping mechanism. The process of emotional suppression is not accidental but is conditioned by long-term suffering whereby the expression of emotions can be pointless, unsafe, and even not needed.

3.2 Body as a Site of Stockpiled Sorrow and Physical Symptoms

This theme shows how repressed emotional and material burdens can become physically expressed through pain, fatigue, weakness, and tension. Rather than disappearing, unexpressed distress may accumulate in the body, particularly when caregiving, emotional, and financial pressures persist, suggesting that physical pain reflects a longer-term burden rather than an isolated symptom.
P3: *"My health has declined a lot... I have a lot of pain in my arm"*
P4: "*I can't stand for too long, my knees start to hurt, and I become irritable. Sometimes I even scold my daughter-in-law, but my daughter-in-law is good, she doesn't take it to heart. Otherwise, girls these days — even if you say 'ugh' to them, they can't tolerate it. And also, I've started forgetting things now — sometimes I say something myself and then forget it. If someone asks me at night what I ate in the morning, I often forget what I ate, so then I ask my own daughter-in-law what was made in the morning".*
Not the medical symptoms alone, pain, fatigue, and weakness are manifestations of silent grief and long suffering. It also demonstrates that care-seeking is not possible due to practical challenges even in situations where medical assistance is required. It is not a matter of emotional denial but a matter of systemic limitation.

3.3 Embodied Fatigue and Normalized Overwork

This sub-theme emphasizes that the ongoing and lifelong work contributes to severe physical exhaustion of old women. Their bodies are symptomatic of years of rejection of paid jobs, household duties, and survival needs, usually performed without breaks and without attending to their well-being. In their old age, they still do their day-to-day chores and this demonstrates that labor does not diminish but becomes more physically challenging.
P3: "*There's a lot of pain in my arm... at night when I lie down, I keep shifting it here and there, and wherever I find some comfort, I fall asleep... I don't pay attention to myself ",* which reflects both physical exhaustion and neglect of self-care.
P4: "*I just can't stand for too long; my knees start to hurt".*
Participants do not directly link their pain to labor, but their accounts of long working hours, caregiving, and economic activity alongside chronic pain and exhaustion suggest a connection. Their bodies become a site where years of responsibility, limited resources, and lack of support are expressed through fatigue and physical strain. Because this suffering is often viewed as normal aging, women rarely question it or prioritize self-care. From the researcher's perspective, this normalization makes the structural causes of their exhaustion invisible, showing how inequality can become embodied through everyday labor and burden.

Constant Neglect Despite Suffering

This is not simply the absence of awareness as it is limited by external forces like poverty, access to healthcare, time, and conflicting demands. The pain is accepted, and action is never taken.
P3: "*Either I get my own treatment done, or my daughter's".*
This demonstrates that the role of care giving enhances bodily neglect. Not only pain but also choice-making pressure is a burden to the body, as self-care is compromised to keep the family alive. Self-imposed neglect by participants is also a consequence of caring pressure. The choice between self-treatment and child care demonstrates the way in which responsibility takes precedence over health.
P1: "*You can't tell from my face that I'm sick... blood had started coming in my saliva... I couldn't get the test done... pain in my legs".*
P4: "*Going to the hospital, standing in a long line, and buying expensive medicines becomes difficult".*
This forms a loop: a) Pain is experienced b) Need for care is recognized c) Care is postponed due to constraints d) Suffering continues and becomes normalized. So, neglect is not a one-time event, it becomes a state of constant existence of untreated or under-treated suffering.

Theme 4: Endure in Silence and Faith: The Governance of Sabr (patience) and Micro-Resilient Survival

This theme emphasizes the way in which the emotional life of elderly women is conditioned by the system in which sabr (patience), silence, and faith are not only individual but also social requirements of living. Women are taught to suffer in silence as they use faith and little helps to make it. Emotional control and micro-resilience are also manifested in their lives as they cope with suffering by means of inner power, spirituality, and social support.

Sabr as Moral Compulsion and Gendered Survival

Sabr seems to be a powerful moral obligation on the lives of women, particularly in the family and marriage. Patience is not mere but a duty to endure suffering and go on with the work.

P1: "*My husband used to say, 'You are not to speak, whatever needs to be said, I will say.' If my husband's younger brother spoke badly [to me], or if his older brother spoke badly [to me], this is how it always was".*

Similarly, P4: "*If I answered back to every single thing, how would the household run?" "I have endured and gotten through it... by making sacrifices and just making it work," ... "If I quit the work, how would the household run — I had to keep my own place secure too" ... "A woman has to have patience".*

These quotes highlight how women rely on sabr (patience) and perseverance to survive difficult circumstances, particularly when they have limited power to change their situations. Participants view sabr as a positive and morally valued way of coping rather than as oppression. However, from the researcher's perspective, sabr also becomes a gendered form of moral regulation that encourages endurance and acceptance rather than resistance. Thus, it serves both as a source of strength and hope and as a coping strategy that may unintentionally sustain structural inequality.

Emotional Suppression and Internalized Endurance

Women never express their feelings; they never show any form of anger as a way of demonstrating how endurance is ingrained. Participants share

P1: "*I still just quietly went inside", when her adult son was shouting on her.*

P2: *"Even if someone said something, I would still just quietly go inside", not* fighting, but cogitating.

P3: "I *don't let anything affect me personally",* which means self-neglect and emotional repression.

P4: *"If I answered back to every single thing, how would the household run?",* demonstrates that silence is exercised in order to keep the family on course.

Respondents consider silence as a must in preserving peace in the house. They also think that acting out or reacting would result in conflict and so they opt to remain silent. It is regarded as a sign of wisdom and maturity and not suppression. In the eyes of the researcher, this is internalized control whereby the women control themselves as per the social expectations. The silence is taught as a method of concealment of the sufferings and resistance, so the inequality is not viewed as much and is more rooted.

Meaning-Making, Spiritual Acceptance and Resilient Coping

P2: "*A woman doesn't really have a home of her own. All her life a woman works so hard, raises children, and yet she has no home of her own — her in-laws never gave her a home either. So, my life passed the same way — whatever was ours, we gave it to the children. The children are just the heirs. However our life passed, it passed well, thank God. Whatever happened, we've seen great hardships, everything has happened — well, life has gone on, now only a little is left".*

P3: "*Because of poverty... yes, listen to what I'm saying — if you have money, then you have everything, okay? You do have siblings too, that's true. But if you don't have money, then no one asks after a poor sibling".*

P4: "*The thing that has affected my life the most is my poverty. Being a woman or being of old age is one thing, but poverty doesn't let a person be openly happy".*

P1: "*Because of being a woman, even though I was unmarried, I still couldn't work — if I had worked back then, I would have gained experience of the world, I could have gone out and given my children a good life. A good life — what do you call it — I could have given them good food. Whatever kind of life my children wanted, I could have given them that life".*

These narratives show that participants make sense of their lives mainly through gender and poverty. P1 and P2 connect their hardships to gendered restrictions, limited opportunities, and lack of belonging, with P2 expressing the idea that a woman "has no home." In contrast, P3 and P4 view poverty as the main factor shaping dignity, relationships, opportunities, and wellbeing. Overall, participants actively interpret their hardships rather than

simply accepting them, while faith provides solace, purpose, and emotional strength in coping with difficult and challenging situations. For instance,
P1: "*It looks like God will now change the times, He will surely change them — as long as there is life, there is hope that God will change the times".*
Participant 4 highlights emotional relief, P4: "*Praying and reading the Quran also brings peace to the heart",* and "*When Allah gives difficult circumstances, He also gives the courage to face them",* Faith plays a crucial role in helping them overcome their hardships.

Micro-Resilience through Social Support

Women depend on little, daily-life support and coping mechanisms as well to endure. These involve emotional support by the siblings, neighbors and individual means of making sense of their experiences. For instance,
P2: *"Thank God... my siblings are very good",* showing the importance of family support.
P3: "*When the DCO of Lahore was here in GOR — you know, the captain — he's the one who got my son a job" ,* Indicates support system outside the family as well.
P4: *"Whenever there's any sorrow, it's religion that helps — praying and reading the Quran brings peace to the heart. In the end, the only hope that remains is that Allah will make everything right one day",* coupled with this, storytelling and reflection enable women to process their experiences and bring meaning to their struggles.
P1: "*No, I never talk about the past — though I used to think I should write a book about my life. Well, it never got written, but since you're here, it feels as if I'm writing the book of my life. Time wasn't passing before, but now, just through talking, you've heard such a long stretch of time in a single hour",*
Participants value small supports in their lives and see them as blessings and are really grateful for Allah and the support providers. These relationships, neighbors and coping mechanisms depend on them to cope with stress and live their everyday lives. These minor supports are viewed as sufficient to sustain them. In the view of the researcher, this is micro-resilience in which survival is supported through few and informal support structures as opposed to robust structural assistance. These minor strategies of coping can assist women to survive but fail to alter the bigger circumstances of inequality, maintaining the possibility of survival limited.

IV.DISCUSSION

The findings demonstrate that ageing among elderly women in underserved communities is not an isolated stage of life but the continuation of lifelong inequalities shaped by gender, poverty, family structures, and limited institutional support. These findings are consistent with previous research while extending existing knowledge by demonstrating how gender inequality, poverty, ageing, family dependency, and poor health interact across the life course rather than operating as separate challenges. (Majeed et al., 2026). The study supports Feminist Standpoint Theory by highlighting how elderly women's lived experiences reveal hidden power relations within families and society, intersectionality theory by showing the combined effects of age, gender, poverty, and health disadvantage, the Stress Process Model by illustrating how lifelong stress accumulates and contributes to emotional and physical suffering, and resilience theory by demonstrating that women develop adaptive coping strategies through patience, faith, caregiving, and social support despite limited opportunities. At the same time, the findings suggest that family relationships should not be viewed only as restrictive, as they also provided important emotional and practical support, reflecting the dual role of families as both sources of care and mechanisms of control.

The study also addresses important gaps in the existing literature by providing an in-depth understanding of the everyday experiences of elderly women living in underserved urban communities in Lahore. While previous research has often focused on psychological wellbeing, caregiving, health, or resilience separately, or has been conducted in rural or international settings, this study demonstrates how these issues are interconnected within women's daily lives. (Majeed et al., 2026) It highlights the continuing burden of unpaid labor, emotional suppression, faith-based coping, and dependence on informal social networks while introducing the concept of blocked intergenerational agency, showing that restricted opportunities and inequalities extend to subsequent generations. (Ali et al., 2024) By integrating these perspectives, the study offers a more comprehensive understanding of ageing as a continuation of lifelong social, economic, and gendered disadvantage, emphasizing

that older women's experiences are shaped by the intersection of structural inequalities and everyday survival strategies. (Kabeer, 2015; Majeed et al., 2025).

V. CONCLUSION

The findings demonstrate that ageing is shaped by the lifelong interaction of gender inequality, poverty, family dynamics, and limited institutional support, while also highlighting women's resilience, coping strategies, and meaning-making rather than portraying them solely as victims. The study was limited by participants' limited availability for lengthy interviews and challenges in building rapport due to language and dialect differences; however, these issues were addressed through flexible, ethical, and culturally sensitive qualitative research practices that respected participants' comfort and consent. Based on the findings, the study recommends the development of gender-sensitive social welfare programs, awareness initiatives to challenge harmful gender norms, improved equitable and affordable healthcare services, and policies that promote dignified ageing for elderly women. Future research should compare the experiences of rural and urban elderly women, employ longitudinal designs to examine the long-term interaction of ageing, gender, and poverty, and evaluate the effectiveness of government policies and welfare programs to inform evidence-based interventions that improve the wellbeing of older women (Majeed et al., 2026).

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