BRITISH COUNCIL

MOVING FROM THE MARGINS

PROMOTING AND PROTECTING THE RIGHTS OF OLDER PERSONS IN PAKISTAN

In collaboration with

HelpAge International

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ACRONYMS USED

AAI	Active Ageing Index
FGD	Focus Group Discussion
GAWI	Global AgeWatch Index
KII	Key Informants Interviews
MIPAA	The Madrid International Plan of Action on Ageing
REMU	Research, Evaluation, Monitoring Unit (British Council Pakistan)
SDGs	Sustainable Development Goals
UN	United Nations
UNESCAP	UN Economic and Social Commission for Asia-Pacific
UNFPA	United National Population Fund
WHO	World Health Organisation

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FOREWORD

The world is ageing fast – with every tick of the clock, two people celebrate their 60th birthday. By 2020, just a year from now, there will be more than one billion people aged 60 and above across the globe. Given the fast pace of this demographic shift, it is estimated that by 2050 over one fifth of the world's population will be over 60. This means that, for the first time in history, older people will outnumber children under 14 years old. The feminisation of ageing is another aspect of this major demographic shift: women outlive men by an average of 4.7 years.

Pakistan is one of only 15 countries worldwide with over ten million older people. It is estimated that currently seven per cent of the population (about 14 million) is over 60 years old. A rising life expectancy means a higher proportion of older men and women living in Pakistan, posing new questions for agency, care and empowerment across all elements of society.

Ageing is not a simple biological process or a demographic trend: it has vast implications for a country's economic, social, and political spheres. While we celebrate increasing life expectancy in Pakistan, all stakeholders (including the government, non-governmental organisations, private sector, media, academia and communities) need to proactively confront this change. Socio-economic policies and programmes need to consider the multi-sectoral implications of an ageing population. Social protection interventions and health systems need to adapt to respond to the economic and health rights of an older population.

Pakistan is a signatory to the Madrid International Plan of Action on Ageing (MIPAA) adopted by the Second World Assembly on Ageing in April 2002. MIPAA links population ageing and the wellbeing of older persons to international frameworks for social and economic development and human rights, particularly those agreed to at the United Nations conferences and summits since the 1990s. Similarly, the Sustainable Development Goals (SDGs), to which Pakistan is committed, advocate for age-inclusive development.

Moving from the Margins: Promoting and Protecting the Rights of Older Persons in Pakistan (developed by the British Council and HelpAge International) is the first study on the state of older women and men in Pakistan using a human rights lens. This study design was informed by detailed inputs from the Ministry of Planning Development and Reform at the federal level and the Department of Planning and Social Welfare in each province. The study has generated new insights into the lives of older people in Pakistan, providing evidence for policies to meet the pledge to 'leave no one behind' posed by the UN Sustainable Development Goals (SDGs). It also proposes policies and programme initiatives,

at both the federal and provincial level, that would better protect and promote the rights of Pakistan's older population.

Pakistan has taken some very positive steps in the form of legislation for protection of the rights of older people in three of its provinces (Khyber Pakhtunkhwa, Sindh and Baluchistan). However, there is still a significant implementation gap between policy and practice: the laws need to be translated into programmes and interventions for wellbeing of older women and men across the country. If Pakistan can achieve a golden thread of inclusive action from legislation to programmes for its older population, we can expect transformative outcomes for older persons across Pakistan – to the profound socio-economic benefit of the country as a whole.

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EXECUTIVE SUMMARY

Summary of work undertaken

The project has addressed the following research and policy questions: What is the human rights situation of the elderly population in Pakistan? What are possible drivers that affect the human rights situation of different subgroups of Pakistani elderly in the future? Which policies and programmes do Pakistan's government (at both a Federal and Provincial level) and civil society organisations require and what interventions are feasible to address the problems faced by older people in Pakistan?

The project reviews the relative strengths and weaknesses of conceptual frameworks used to analyse the situation of older people in Pakistan, in particular the human-rights approach to assess their quality of life and well-being. The research takes the UN General Assembly's recommendations from 1991 for the development of the key dimensions of human rights of older persons.

The project makes use of a mixed method of research, by undertaking secondary data analysis, conducting a specialised quantitative survey of older persons (aged 60 or above) and carrying out qualitative interviews and focus group discussions with older persons and key stakeholders of the society involved in the policymaking for older persons.

This report describes the work undertaken in the research project. It provides a review of past literature on the topic and synthesises our thinking on the conceptual framework suitable for this study. It highlights the key findings from our work and proposes policy recommendations needed to respond to the challenges and opportunities of population ageing in Pakistan.

Key findings

Qualitative interviewing: Focus Group Discussions

Focus group discussions (FDGs) with older men and women were carried out in all five provinces and in Islamabad with the aim of gaining an understanding of how older men and women perceive their human rights, their interdependence, which rights they think are most protected and which ones most violated, and what they think should be done to ensure their rights are respected.

1. Right to an adequate standard of living Many older people identified the lack of access to basic amenities as a major concern, which directly affected

their health and their ability to access quality food. Food insecurity was cited as a significant challenge facing many older people in Pakistan. Older people believed that the government should give them regular payments sufficient for them to afford a basic diet, bedding and clothing.

2. Right to work Older people perceive their ability to work as positive because being economically active is good for their health and well-being. It helps them to contribute to their household's income, gives them independence and autonomy and helps them to maintain respect in society. However, older people face several barriers when accessing work and employment. Age discrimination in accessing work should be challenged and government should invest more in business opportunities that are accessible to older people.

3. Right to social protection Most believe that families should support older people emotionally and financially when they are not able to work. Recognising the difficulties that families can have in providing financial support to their older members, many would like to see regular financial support provided by the government especially to poor older people. Allowances for poor older people today are limited especially in rural areas and their allocation is often affected by corruption.

4. Right to health Health care was identified as a key area of concern for older people. Older people face many challenges in accessing health services including lack of transport, lack of medication, low availability of services, low quality health services in government hospitals, unaffordability of the services for most, lengthy and complex bureaucratic processes. The lack of female doctors is also an issue for older women. Older people are generally a low priority for the health services. Older people recommended the provision of transport and outreach service, age friendly services, specialised training for health staff on older people health needs including mental health and affordable medications.

5. Right to social care Care for older people is generally provided by family members and neighbours, especially women, but is of variable quality. There are very limited care facilities for older people with no family support. Older women who have less of a say in the family are particularly vulnerable. Care options and programmes for older people, including for example day care for older persons and respite care for carers, is critically underdeveloped or altogether unavailable. Older people called for care provisions which respect the dignity of individuals and provide them with choices.

6. Right to participation and self-fulfilment Opportunities for older people to participate in the public sphere are mentioned as limited. Older women, especially in rural areas, have limited access to public life outside from participating in religious activities and family ceremonies. Older people in the

FGDs expressed a strong desire to participate more in social and public life, sought to be consulted more and wanted access to community spaces.

7. Right to dignity and protection FGD participants reported cases of physical abuse of older people. Other forms of abuse reported included the provision of insufficient or low-quality food and clothing and living space as well as abuse related to the passing on of inheritance. Older women are at a higher risk of abuse. Older people recommended that awareness should be raised on how to treat older people. Access to pensions and economic independence might reduce the risk of abuse.

Qualitative interviewing: Key informants Interviews

Interviews with key stakeholders were carried out with representatives of relevant provincial government departments: Academia, media and civil society.

Government stakeholders and practitioners pointed to a lack of progress in government action on ageing due to scarce allocation of resources which has led to the development of short-term projects, which do not provide coverage of services, are not coordinated across different departments and actors and are not sustainable.

In addition, involvement of older people in the policy making process hampers good implementation, transparency, accountability when it comes to service delivery. Academic stakeholders pointed to the limited availability of data and the limited use of academic research by the government. Media stakeholders reported that interest towards the older people issue in the media is limited and tends to reinforce negative stereotypes of older people. Behavioural changes and investments are required in these critical areas.

Quantitative survey of older persons

The quantitative survey provides data on human rights of older persons (aged 60 or more) for Pakistan, collected during March-April 2017. The survey provides data about the background characteristics of the older population in question with respect to the demographic, social and economic situation and on a wide variety of human rights. It also focuses on how older people are discriminated in comparison to younger people and whether there are any gender disparities within this group. The quantitative analysis of human rights of older persons is organised under the four dimensions and 18 principles of human rights of older people, which are drawn from the UN framework on the human rights of older persons (see Figure 1 on page 19). The explanatory factors analysed include gender and age as well as educational attainment as the proxy of the life course experience. Marital status, housing tenure and other socio-economic attributes of

older persons have also been analysed to assess their associations with human rights of older persons. Selected indicators are analysed in the main report and detailed statistical tables are included in the Appendix.

1. INDEPENDENCE Analysing the data corresponding to the first dimension of the UN human rights framework, namely 'Independence', we find that about a third of older people reported less favourable treatment received when accessing food. Overall older women report greater difficulties in accessing food and other basic needs such as water, shelter and clothing, although there are significant regional variations with respect to gender disparities. The results for this dimension also indicate that many older people in Pakistan face challenges in accessing income-generating opportunities. There also exists a disparity between men and women deciding when to withdraw from the labour market, with women being at a disadvantage. Safety does not seem to be a concern amongst the older population in Pakistan. National averages obscure regional variations across all these indicators. Older people in Balochistan, for example, consistently report a significantly higher level of disadvantage (in independence) than older people in other provinces.

2. PARTICIPATION The data corresponding to the second dimension of the UN human rights framework, 'Participation', highlight that about two-thirds of respondents felt that older people had the same level of participation in gatherings as other members of the community. On the other hand, only about a third reported that they were able to provide their services to the community as much as they desired. Although this varies significantly according to location, marital status, tenancy and educational attainment, it indicates that for the majority of people, participation in social gatherings does not translate into the ability to fully integrate and contribute to community life through the offer of services. The reasons for this could be self-exclusion and/or the societal perception that the contribution older people could make is not valuable.

3. CARE Analysing the data corresponding to five different principles of the third dimension of the UN human rights for older persons, we find that about half of the older population are satisfied with the care received with various activities of daily living. There is a higher proportion of older women and rural residents among the other half who feel unsupported in these activities. However, lack of data makes it difficult to ascertain whether older people who feel unsupported need this support or if they are in the group who are still highly independent and do not need this support.

4. SELF-FULFILMENT The data corresponding to the human rights principles in the fourth dimension shows that most respondents are satisfied with the freedom to choose what to do with life, and there is not much gender difference in this respect. Those in the high-income category seem to be less satisfied

than those in the middle-income category. About two-thirds of the older population were not satisfied with the access to education and training at their age.

5. DIGNITY Analysing data for the fifth and final dimension of the UN human rights framework shows that older people in the urban area reported more experiences of having been denied their fair share of household money, inheritance or properties since the age of 60. As for the other indicators, those who are married seemed to have faced less of such experiences. Those in the high-income category report being more disadvantaged than those in lower income categories. Fifteen percent of respondents reported that others caused them emotional or psychological distress. This is the most significant area of abuse. Overall, there are higher incidences among females than males and those in urban areas reported more of such experiences than those in rural.

POLICY RECOMMENDATIONS

- Establish a leadership for ageing at ministerial level to ensure existing legislations at national and provincial levels are ratified and implemented;
- Strengthen the implementation capacity at the provincial level including in data gathering and analysis for policy evaluation;
- Local level administration should strengthen the coordination with non-governmental and private actors providing services to older people;
- Expand coverage and simplify pension provisions to reach all older people particularly those in rural areas;
- Improve access to economic opportunities and lifelong learning for older people including older women;
- Improve access to quality health care by adopting and implementing the MIPAA and WHO plan of action on health and ageing;
- Clarify the responsibility of the public sector and social services for the care of older people and how it will complement the provisions by the family, the community and the private sector;
- Provide adequate support for families and communities providing care for older people; and
- Promoting campaigns to address negative stereotypes of older people and intergenerational solidarity

PROMOTING AND PROTECTING THE RIGHTS OF OLDER PERSONS IN PAKISTAN

1. INTRODUCTION

1.1 Motivation

The world's population is ageing across all regions of the globe. As fertility declines and life expectancy increases, the proportion of the population of older people (aged 60+) is growing: there are currently around 900 million older persons worldwide, representing approximately 12.5 per cent of the global population. By 2050, this will increase to 2.1 billion or 21.5 per cent of the global population. While the share of older persons in the total population is highest in the more advanced economies, the speed of population ageing is fast and accelerating in virtually all low- and middle-income countries. This phenomenon has made population ageing a truly omnipresent and far-reaching trend of our times.

Population ageing has profound consequences on a broad range of economic, political and social processes, especially since many governments around the world have yet to put in place policy frameworks to respond to the challenges posed by the ageing of their populations. There is a mismatch between advances in longevity and in the evolution of policies that protect and empower older persons. Many South Asian countries fall short in their awareness of challenges and opportunities associated with population ageing.

Moreover, the new post-2015 Sustainable Development Goals (SDGs) of the United Nations make a specific mention of older persons and ageing as a cornerstone of the process of sustainable development[1]. In monitoring the SDGs, there is a broader commitment that 'all indicators should be disaggregated by sex, age, residence location (urban/rural) and other relevant characteristics.' Goal 3, 'Ensure healthy lives and promote well-being for all at all ages', is particularly relevant as it has older persons as one of the main beneficiaries of all future development processes.

[1]For more details, see Zaidi (2016).

People's experiences of older ages vary enormously depending on where they live. Countries that support human development throughout life are more likely to attain higher levels of quality of life and well-being of older persons and have higher rates of their participation in volunteering, working and engaging in their communities. The evidence available in the Global AgeWatch Index (GAWI), which, since its launch in October 2013, has helped identify contexts in which older persons fare better, and point to policy interventions that are effective in reducing their vulnerabilities[2] (Zaidi, 2013).

[2]For the conceptualisation and methodology of the Global AgeWatch Index, see Zaidi (2013).

Pakistan ranks depressingly low in the ranking of the GAWI, at 92 out of 96 countries included (HelpAge International, 2015). Pakistan ranks low in all

education and (4) Enabling environment. Pakistan performs somewhat better in the third domain (70 per cent); nevertheless, only 15.8 per cent of older persons hold a secondary or higher degree compared with the regional average, which is almost twice as high (30 per cent).

Pakistan ranks second lowest overall (95th) in the income security domain. It has one of the lowest pension income coverages (2.3 per cent) in the world and lower than the regional average GNI per capita ($4,557). It ranks particularly low in the health domain (78th) due to low life expectancy at 60 (only 17.8 years) and healthy life expectancy at 60 (13.8 years) compared with regional averages (19.3 years and 14.8 years respectively). It ranks low also in the enabling environment domain as well (81) due to the low satisfaction of older persons with social connectedness (60 per cent), civic freedom (46 per cent) and public transport (55 per cent) compared with regional averages (69 per cent, 67 per cent and 65 per cent respectively).

People should not lose their human rights as they grow older. For example, it should not be acceptable to deny people the opportunity to work or have access to healthcare services and education purely because of their age. Age discrimination should not have a negative effect on older people's access to humanitarian assistance and, importantly, on their ability to remain independent and in control of their own lives.

The above situation highlights the importance of specialised research on older persons in Pakistan. The British Council in Pakistan identified, quite justifiably, that the problems faced by older persons are a matter of urgency in Pakistan. It therefore commissioned the research project titled Moving from the Margins: Promoting and Protecting the Rights of Older Persons in Pakistan. The project is carried out by HelpAge International Pakistan, led by Asghar Zaidi of the London School of Economics and Political Science and Oxford Institute of Population Ageing, in collaboration with international consultants Silvia Stefanoni and Camilla Williamson from Development Action.

This new British Council research project aims to provide evidence of what human rights are neglected in Pakistan for the older population and what policies and programmes are required at the federal and the provincial level to promote and protect the rights of Pakistan's older population. It aims to contribute to generating knowledge of the problems faced by older people in Pakistan, which demands further attention from the government, civil society and older persons themselves.

1.2 Objectives and scope of the project

The project has addressed the following research questions: What is the socio-economic situation of the elderly population in Pakistan? What are possible drivers that affect the situation of different subgroups of Pakistani elderly in the

future? A sub-question linked with the principal research question is: Which policies and programmes does Pakistan's government (federal and provincial) and civil society organisations (such as HelpAge International) require and what interventions are feasible to address the problems faced by older people in Pakistan?

The project has three distinctive features. First, it reviews the relative strengths and weaknesses of the conceptual frameworks used to analyse the situation of older people (in Pakistan and elsewhere), including those used in the GAWI and the Active Ageing Index (AAI), and proposes the use of a human rights-based approach to assess the well-being of older people in this research project. Given the absence of an international convention on the rights of older people, the research takes the UN General Assembly's recommendations of 1991 for the development of the key dimensions of the human rights-based approach for older persons.

Second, it makes use of a mixed-method design by undertaking secondary data analysis, conducting a specialised quantitative survey on older persons and carrying out qualitative interviews and FGDs with older people and key stakeholders.

Third, after reviewing the progress made towards the approval and implementation of a comprehensive national policy framework on older persons in Pakistan and specific legislations for the protection of the rights of older persons at the federal level and in all four provinces, it provides key policy recommendations for responding to the challenges and opportunities of an ageing population in Pakistan with a focus on promoting income security, work and independence, health and social care, participation, dignity, abuse and discrimination.

1.3 Outline of this report

This report describes the summary of work undertaken in the research project. It provides a summary of the literature reviewed and synthesises our thinking on the conceptual framework suitable for this study. It highlights the key findings, and proposes policy recommendations and future areas of work needed to respond to the challenges and opportunities of population ageing in Pakistan.

2. ANALYTICAL FRAMEWORK

A range of conceptual frameworks from a variety of disciplines has been used to study ageing and older persons. In social gerontology, socio-economics and political analysis, key theories are often categorised as falling into functional theories, critical theories, and cultural and identity theories.

Issues that have dominated the development of these different approaches include the role of older persons in society and how social structures shape experiences of later life, both positively and negatively. The disengagement, participation and/or continued activity of older persons in social roles have proved to be central issues in these debates, bearing significance to societies and national economies. This has led to age-stratification theories that consider the impact of population ageing on different groups and its impact upon intergenerational relationships, as well as several theories that consider ageing from a life-course approach (Stefanoni et al., 2016).

The evolution of theoretical approaches to ageing has been accompanied by changes in how the issue of older persons and changing population structures have been considered at a policy level, both nationally and internationally. As the ageing of population is occurring in all parts of the world, many international policy frameworks have been developed to meet the challenges and opportunities that this trend presents to governments and societies.

2.1 Rights-based framework

People should not lose their human rights as they grow older. For example, it should not be considered acceptable to deny people the opportunity to work, have access to education or have the right to participate in government policymaking purely because of their age. Age discrimination also affects negatively older persons' access to health services and humanitarian assistance and importantly on their ability to remain independent and in control of their own decisions.

The rights perspective recognises old age as part of the life course of individuals; it highlights the limitations of chronological definitions of old age and stresses the heterogeneity of older persons' experiences. From this perspective, old age is clearly not an illness or a period of inevitable decline for everyone but a time in which the life of people is shaped by different capabilities which are inhibited or promoted by the dominant social norms and age-friendly enabling environments that define old age.

Older men and women are not seen necessarily as vulnerable or dependent on welfare assistance but as actors holding human rights as any other age group. The human rights framework places a strong and clear responsibility on all the society and its institutions to take actions to develop and implement legislations protecting older persons from age discrimination and abuse. In addition, it aims to put in place special measures to ensure older persons can fulfil their rights to a healthy, secure, dignified, independent and autonomous life. By setting clear standards and benchmarks it provides a strong framework for the development of rights-based policies on ageing which combat ageism and prohibit age discrimination. It also sets out clear obligations in specific areas including: work and employment; lifelong learning and the right to self-fulfilment; adequate standards of living, including social protection; health and care, protection of personal liberties, independence and autonomy and access to end of life care; housing and age friendly environments; participation and freedom of association and opinion; access to information; access to justice; and rights to emergency assistance in humanitarian crisis . This British Council project has based the design of its analytical framework on the human rights approach. It assesses how older persons are exposed to human rights violations – for example, if they are frequent users of healthcare services and experience prejudice and discrimination in the process. In addition, older persons have a higher risk of suffering abuse and neglect as they are more often dependent on the care of others. They can also be more socially excluded and experience multiple disadvantages partly because they do not have the means and opportunities to redress these issues.

In addition, there are many older persons who have experienced prejudice or discrimination earlier in life (such as racism, sexism, homophobia or through their disability), which typically follow them into old age. That said, it should be recognised that older persons are not a homogeneous group. Not all are at risk of human rights abuses and indeed, some people over 60 are affluent, enjoy good health and participate fully in their communities. Consistent with this, one of the key features of the rights-based approach is that people are recognised as key actors in their own development rather than passive recipients of benefits. Participation is both a means and a goal, and the strategies adopted are empowering people to contribute to their own well-being as well as to the society in which they are living.

Ageing is not recognised explicitly in existing human rights standards, which makes it possible for governments to ignore people's rights as they grow older. The rights-based approach is a powerful tool for raising awareness about the rights of older persons among ordinary people, the government and the organisations that are working to strengthen human rights in general and of those who are working to secure older persons lead dignified, secure lives as equal members of society.

In 1991, the UN General Assembly adopted 18 principles for the advancement and protection of older persons' human rights based on the Universal Declaration

I. INDEPENDENCE

1. Access to adequate food, water, shelter, clothing and healthcare.
2. Opportunity to work or to have access to other income-generating opportunities.
3. Ability to participate in determining when withdrawing from the labour force takes place.
4. Access to appropriate educational and training programmes.
5. Living in environments safe and adaptable to personal preferences and changing capacities.
6. Ability to reside at home for as long as possible.

II. PARTICIPATION

7. Integration in society, active participation in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.
8. Ability to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
9. Ability to form movements or associations of older persons.

III. CARE

10. Benefiting from family and community care and protection in accordance with the society's cultural values.
11. Access to healthcare to help them maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
12. Access to social and legal services to enhance their autonomy, protection and care.
13. Utilising appropriate levels of institutional care, providing protection, rehabilitation, and social and mental stimulation in a humane and secure environment.
14. Ability to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy, and for the right to make decisions about their care and the quality of their lives.

IV. SELF-FULFILMENT

15. Ability to pursue opportunities for the full development of their potential.
16. Access to the educational, cultural, spiritual and recreational resources of the society.

V. DIGNITY

17. Ability to live with dignity and security and be free from exploitation and physical or mental abuse.
18. Be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

Figure 1: Key dimensions of the rights-based approach for older people

of Human Rights (see Figure 1). Driven by the demographic reality that more people are reaching older age, these principles recognise the importance of maximising their independence and participation in society. The principles set out basic entitlements relating to all aspects of older people's lives that may be affected by public policy. They are grouped under five headings: Independence, Participation, Care, Self-fulfilment and Dignity. These aspects help us define the domains to be used in the design of the rights-based framework for the analysis of quality of life and well-being of older persons in Pakistan.

2.2 Conceptual framework adopted

In view of the review presented above of rights-based frameworks, keeping in mind the socio-cultural situation of Pakistan, and review of the GAWI and AAI frameworks, we have sought in the first instance the following domains and sub-domains in our conceptual/analytical framework.

1. **Independent and secure living** focusing on independent and dignified access to adequate food, water, shelter and clothing as well as independence in work, training and education decisions.

2. **Social participation and inclusion** capturing the different aspects of integration in society, and social engagement and activities in communities. This domain will include other non-market activities such as lifelong learning, political participation, voluntary work, etc.

3. **Health and care** capturing access to and utilisation of healthcare services, family and community care to be able to maintain physical, mental and emotional well-being and to function as an individual and in society. This domain will also include information on health and disability outcomes and long-term care.

4. **Enabling age-friendly environments** focusing on the different aspects of the environment that enable older persons to live an independent, self-fulfilling and dignified life. This domain includes the physical environment but also access to social and legal services as well as educational, cultural,

spiritual and recreational resources to be able to enjoy human rights and fundamental freedoms, and the right to make decisions about their care and the quality of their lives.

5. **Self-fulfilment and dignity** capturing whether older persons lead a self-fulfilling, secure and dignified living that is free of exploitation and physical or mental abuse. This domain evaluates whether older persons are treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution. It also assesses the extent to which older age is promoted in a positive way in the public and private spheres including the media.

2.3 International policy frameworks on ageing

Key frameworks include:

- the Madrid International Plan of Action on Ageing (MIPAA)[3]
- the World Health Organisation (WHO) Active Ageing Framework
- capability and human development approaches (as driven by the UNDP Human Development Reports)
- Healthy Ageing approaches most comprehensively captured in the latest World Health Organisation's World Health and Ageing Report (2015).

[3]*For a critical assessment of the MIPAA, see Sidorenko and Zaidi (2018).*

These frameworks have been influenced by theories of ageing but also by wider global development approaches to policymaking. Ageing is increasingly recognised as a global trend and analysed as a significant element of population dynamics, alongside population growth, increases in the youth population, decreases in fertility and migration.

In addition, older persons themselves are increasingly recognised as important contributors to and participants in development, as reflected in their integration in SDGs. However, despite these advancements, there is growing consensus that more needs to be done to address the rights of older persons. The MIPAA document has been described as a soft legal instrument, which has a non-binding

nature, and which is not fully comprehensive of older persons' human rights, especially in the complex areas of non-discrimination, dignity, independence and autonomy.

In response to these concerns, the UN established an Open-Ended Working Group on the Convention of Rights for Older Persons. Through this process, activists, civil society organisations and academics have argued the importance of establishing a coherent rights framework; the latter in turn defines older persons as human rights holders alongside other age groups and places a strong and clear responsibility not just on older persons, but on the whole society and its institutions to take actions to develop and implement legislation protecting older persons from age discrimination and abuse. In addition, the framework aims to put in place special measures to ensure older persons can fulfil their rights to a healthy, secure, dignified, independent and autonomous life.

2.4 Lead empirical measures on older people

The availability and analysis of data on old age has been increasing our understanding of the lives of older persons. Two good examples of such analytical works are the AAI and the GAWI.

2.4.1 Global AgeWatch Index (GAWI)

The GAWI uses the data available internationally to measure and monitor key aspects of the economic and social well-being of older persons globally. It is inspired by the examples of the UNDP's Human Development Index as well as the AAI (Zaidi, 2013).

Underpinning the GAWI are three key objectives: (1) the need to highlight the importance of comparative data on ageing, (2) the need to present the data in a way that will engage national and international policymakers, and (3) the need to help point to areas for future policy actions in different contexts across the world.

The GAWI considers income security, health status, employment and education, and enabling environments. The evidence has helped us identify contexts in which older persons fare better and point to policy interventions that are effective in reducing their vulnerabilities. For example, the countries doing best in the GAWI have social and economic policies supporting older persons' capabilities for employment, well-being in terms of income and health, and

autonomy with the help of enabling environments. They have long-standing social welfare policies delivering universal pensions and better access to healthcare, as well as action plans on ageing.

2.4.2 Active Ageing Index (AAI)

The AAI project was one of the activities of the European Year for Active Ageing and Solidarity between Generations in 2012. The active ageing definition used in the AAI project emphasised the environments where people can live healthy, independent and secure lives as they age, and where they have opportunities to participate in the labour market as well as engage in other productive activities and relationships.

The AAI is an empirical measure that is designed to monitor progress across European countries with respect to active and healthy ageing of its older population (in most instances referring to the age group of 55+)[4]. It provides an assessment of the untapped potential among older persons using 22 indicators that are grouped in four domains: (1) Employment, (2) Social participation, (3) Independent living and (4) Capacity and enabling environment for active ageing. As the ageing experiences of men and women are expected to be different, the AAI also provides a breakdown by gender.

[4]For the latest work on the AAI, see Zaidi and Stanton (2015).

The AAI conceptual framework allows countries to move away from thinking about ageing from a one-sided concern about affordability where older persons are viewed as a burden. Instead, older persons' contributions are emphasised. It is clear that the AAI could be used most effectively as a toolkit by policymakers seeking to devise evidence-informed strategies to highlight and use the potential of older persons. In addition, by stimulating the debate on how best to measure active and healthy ageing, the AAI has helped raise awareness of the needs and challenges involved in enabling older persons to fulfil their potential by contributing to their own welfare as well as to that of their societies. It has been argued that active ageing is a human right for older persons.

3. RESEARCH METHODOLOGY

3.1 Quantitative survey

Within the scope of the project, the British Council hired the services of an independent data-collecting agency in Pakistan, AC Nielsen, to carry out a comprehensive quantitative survey recording data on older persons' human rights. The survey focuses on issues of population ageing and well-being of older persons (aged 60+) following the human rights-based conceptual framework as outlined in Figure 1. It collects information about the background characteristics of the population in question, aged 60+, with respect to the demographic, social and economic situation and subsequently collects information on a wide variety of human rights of Pakistan's elderly population.

The survey is a representative sample of older persons (aged 60+) stratified by four provinces of Pakistan and for the Islamabad Capital Territory, as well as sex and age to capture the categories of both old and very old men and women.

The questionnaire was designed by the research team and AC Nielsen conducted the remaining tasks of preparing and testing the instruments for the fieldwork (translations, piloting, etc.). It then implemented the fieldwork including logistics, training of enumerators and management of data collection. The data entry work involved data cleaning and providing output in an appropriate format.

The project team analysed the quantitative data with a focus on the 18 principles of human rights referred to in the UN framework mentioned in Figure 1. The explanatory factors analysed include gender and age as well as educational attainment as the proxy of life course experiences. The social engagement, home/land ownership and other socio-economic attributes of older persons have also been tested to be important determining factors.

3.2 FGDs

In addition to the quantitative survey, the methodology utilised in this study included a collection of qualitative data through participatory FGDs with older people from different provinces. As illustrated in Table 1, 11 FGDs were carried out across five provinces involving 151 older people, including men (98) and women (51) and transgender persons (2). Most participants were over the age of 55 or 60. On average, 13 older people participated in the FGDs which were facilitated by HelpAge International staff with the support of interpreters where necessary. Guidelines and structured questions were developed for the facilitators to ensure some consistency across all the discussions and facilitate

Table 1: Location of the FGDs across four provinces of Pakistan

PROVINCE	LOCATION	DATE	NUMBER PARTICIPANT	AGE	GENDER	TYPE OF FGD
BALOCHISTAN	Quetta	23-11-16	16	<55: 6 >55: 10	1 Female 15 Male	Older people – urban
FEDERAL	Islamabad	26-10-16	12	<55: 2 >55:10	6 Female 6 Male	Older people – urban
KHYBER PAKHTUNKHWA	Nowshera	08-08-16	11	<60: 1 >60: 10	11 Female	Older people – rural
KHYBER PAKHTUNKHWA	Nowshera	08-08-16	11	<60: 1 >60: 10	11 Male	Older people – rural
KHYBER PAKHTUNKHWA	Peshawar	30-11-16	8	<60: 2 >60: 6	2 Female 6 Male	Older people – urban
PUNJAB	Lahore	17-11-16	14	<60: 7 >60: 7	4 Female 10 Male	Older people – urban
PUNJAB	Muzaffargarh	16-11-16	15	<55: 4 >55: 11	4 Female 11 Male	Older people – rural
SINDH	Shikarpur	08-11-16	13	<55: 8 >55: 5	8 Female 5 Male	Older people – rural
SINDH	Shikarpur	08-11-16	18	<60: 1 >60: 17	11 Female 7 Male	Older people – rural
SINDH	Karachi	09-11-16	18	<60: 5 >60: 13	7 Female 11 Male	Old age home – urban
SINDH	Sukkur	07-11-16	15	<60: 6 >60: 9	1 Female 2 Trans 12 Male	Older people urban

The purpose of the qualitative data collection was to elicit from older men and women how they conceptualise their human rights, their interdependence,

which rights they think are most protected and which are most violated, what capacity they have as rights-holders to ensure their rights are fulfilled and the factors that determine this capacity. The open-ended nature of the questions and the discussion forum provided an opportunity to explore in more detail the direct experiences of older men and women, illustrate personal stories and listen to older people's views on the actions required to improve their lives and who should take responsibility for these actions.

All FGDs were transcribed in full to capture the direct voice of older people and to be analysed through the rights framework perspective guiding this study. The outcomes of this analysis were then compared with the outcomes of the quantitative questionnaire and the literature review to contribute to the overall triangulation of all the data sources of this study. The perspectives of older people on what needs to be done to improve their well-being and fulfil their rights directly informed the formulation of the key recommendations of this study.

The analysis of the status of older people's rights and the development of recommendations were also informed by a series of interviews and consultations with other key stakeholders, including policymakers from federal and provincial governments.

3.3 Interviews with key stakeholders

Interviews with key stakeholders (KIIs) were carried out with the representatives of relevant government departments (at the provincial level), academia, media and civil society. These were guided by a semi-structured interview schedule.

These interviews provided a better understanding of the challenges and opportunities these stakeholders encountered and the gaps in the system, including areas where the government needs support from international organisations to address these issues. The interviews also provided information on the awareness level of policymakers about the older population, the policy development and implementation processes, the plans that are in place to promote the well-being of older people and the factors inhibiting the introduction of these policies. Government representatives were interviewed in two FGDs: one in Quetta, Balochistan and one in Peshawar, Khyber Pakhtunkhwa.

In addition to the FGDs with government representatives, interviews were conducted in Balochistan with the Balochistan Rural Development Society and in Sindh, Karachi with Founder and CEO of Vcare. Dean of the Faculty of Criminology of Karachi University was interviewed as a representative of the

academic community and a senior anchor from ARY News representing the media community.

3.4 Links among the different stages of research

3.4.1 Linking stakeholder consultations with quantitative/qualitative analysis

The project started its stakeholder consultations prior to the finalisation of the quantitative survey questionnaire. Moreover, the insights obtained were also used for the FGDs. A second stakeholder consultation focused on the policy recommendations can also be undertaken as part of the dissemination activity.

3.4.2 Linking the conceptual framework and quantitative analysis

The analytical framework, as drawn in this document, employs the insights from the literature survey document in forming the basis of the questionnaire design and the quantitative data to be collected. For example, based on the review above, the quantitative survey included the key dimensions of the rights-based approach for older persons (as presented by the UN General Assembly in 1991), namely independence, participation, care, self-fulfilment and dignity.

3.4.3 Linking the conceptual framework and the FGDs

The insights drawn from the conceptual framework formed the basis of the FGDs. However, the key findings of the consultations with older persons (the FGDs) and high-level government policy officials (stakeholder consultations) also tested the validity of the rights-based approach.

3.4.4 Linking findings of the FGDs and quantitative analysis

The mixed method involving both the quantitative data and qualitative interviews offer rich evidence for the analysis of problems faced by the elderly population in Pakistan. The quantitative method sheds light on the problems faced and the qualitative method offers insights on the ‘why and what’ of the policies and programmes to be introduced to alleviate the problems.

4. POPULATION AGEING IN PAKISTAN

4.1 Demographic data

Pakistan is the sixth most populous country in the world. Currently there are 12.5 million older men and women in Pakistan making seven per cent of the population and placing it among the group of only 15 countries worldwide that have more than ten million older people. The population of older persons is predicted to increase to 16 per cent or 44 million by 2050.

In relative percentages, the older population in Pakistan has seen a decline from 8.2 per cent in 1950 to 5.3 per cent in 1985 due to a growing young population. As fertility started declining in the late 1980s, the percentage of older people in the population started to rise again, reaching six per cent by the year 2000 and 6.6 per cent today (Mujahid and Siddhisena, 2009). This level is similar to Bangladesh, which has around seven per cent of its population over the age of 60, but it is lower than India, which has today 8.9 per cent of the 60-plus population.

The increase in the percentage of older people is due to the decline in fertility rate and an increase in longevity. The drop in the fertility rate in Pakistan

Total Fertility Rates in South Asia by Country. Data Source: The World Bank

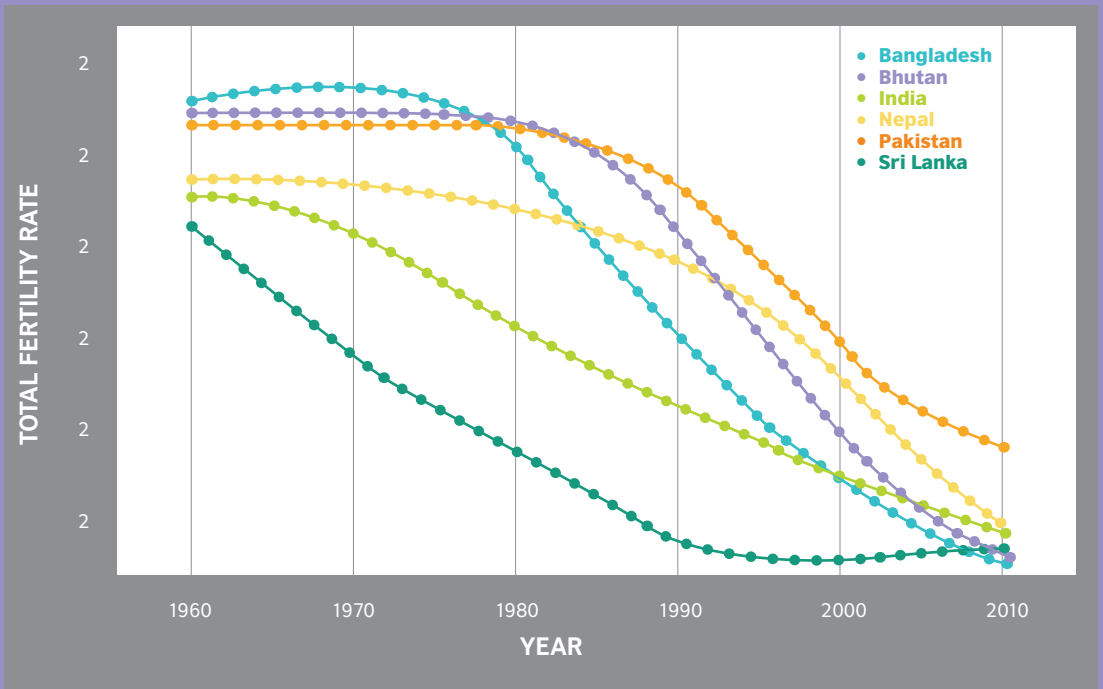

Figure 2: Declining fertility rates across South Asian countries, 1960–2011

Data source: https://plot.ly/~walkerke/12/total-fertility-rates-in-south-asia-by-country-1960-2011-data-source-the-world-b/

compared to the rest of the region has started later and progressed at a slower rate (Figure 2).

Life expectancy at birth was 43.4 in 1950 – higher than any other country in South Asia, except for Sri Lanka. By 2005, life expectancy in Pakistan was lower not only than Sri Lanka but also India, Bangladesh and Bhutan. This correlates with the Human Development Index as Pakistan has today the lowest HDI rating in the region.

However, the differences in life expectancy at 60 and at 80 across countries in the region are much less pronounced. Pakistan has today a life expectancy at 60 of 17 years, as do India and Nepal. Similarly, the differences between healthy life expectancy and life expectancy at 60+ in South Asia are not significant, with Pakistan's older people losing on average nine years of healthy life, as do those in India and Nepal. This means that although life expectancy at birth in Pakistan is significantly lower than the rest of the region, longevity is similar.

Future trends in population ageing as forecasted by the UN and reported in Table 2 show that Pakistan's older population will continue to grow, although in percentage terms it will remain lower than the rest of the region except for Afghanistan. This is largely due to a slower decrease in the fertility rate and lower life expectancy at birth.

Table 2: Projected increase in percentage of people over 60 across South Asia

	2015	2030	2050
Afghanistan	4%	5.1%	9%
Bangladesh	7%	11.5%	21.5%
Bhutan	7.3%	11.6%	24.5%
India	8.9%	12.5%	18.4%
Nepal	8.6%	10.8%	17.9%
Pakistan	6.6%	8.4%	12.8%
Sri Lanka	13.9%	21%	28.6%

4.2 Gender, age, disability and urban–rural disaggregation

Contrary to most countries, Pakistan's sex ratio is biased toward men. This is also true about the later years of men and women. In 1950, there were 134 men to every 100 women, and in 1998, 119 men for every 100 women. In 2012, the sex ratio remains biased towards men, with 104 men at age 60 and 110 at age 80 for every 100 women. This compares unfavourably with the sex ratio of other countries in the region; Sri Lanka, for example, has 79 men at the age of 60 and 67 men at the age of 80 for every 100 women, while the Philippines has a sex ratio of 80 men at 60 and 57 men at 80 for every 100 women.

This marked sex bias is the reflection of the many ways in which 'gender relations in Pakistan prevent older women's potential for longevity from being realised' (Kaveri 2005).

Literacy levels among women in Pakistan are very low, with 91.7 per cent of women age 60+ being illiterate against 69 per cent of men of the same age (United Nations Department of Economics and Social Affairs, 2006). Labour force participation is also strongly biased in favour of men, with 68 per cent of the overall male population in the labour force and only 22 per cent of women being so. In urban areas, this differential is even higher, as 66 per cent of men are working while only ten per cent of women are in the labour force. The low level of literacy and the low socio-economic status of women across their life course leaves older women in a particularly vulnerable situation. This is especially so for widows who, unlike widowers, are unlikely to remarry and are financially more likely to be dependent on their offspring. In addition, as women marry older men, they are more likely to be widowed, potentially for a significant number of years. In 2013, 79 per cent of older men in Pakistan were married against 46 per cent of women and 19 per cent of older men were widowers against 52 per cent of widows at aged 60+ (Pakistan Bureau of Statistics, 1998).

The poor socio-economic status of older women is reflected also in poor health outcomes. Older women in Pakistan have higher rates of disability and communicable and non-communicable diseases than older men. Healthy life

expectancy for women is lower and women can expect to live 9.3 years in bad health while the same indicator for men is 6.9 years (World Health Organisation, 2003). The loss of healthy years of life is higher for both sexes in Pakistan as compared to the average for developing countries.

Greater numbers of older people in Pakistan reside in rural areas, where they represent 6.6 per cent of the population, while in urban areas, they represent 5.1 per cent of the population. This trend is true across all administrative units in Pakistan. This is mainly because many young people migrate to cities and older people, especially older men, return to their villages during retirement. Older women, on the other hand, especially if widowed, tend to move to cities to join their children who have migrated. This accounts for the varying degree of older men in rural and urban areas (Mujahid and Siddhisena, 2009).

5. INSIGHTS FROM THE LITERATURE REVIEW

Today there are close to 12.5 million people over the age of 60 in Pakistan. This figure is projected to reach in excess of 40 million by 2050. It took 100 years for developed nations to double their older population, while in Pakistan, as in other Asian countries, this will come about in less than 20 years. At the same time, Pakistan is experiencing a surge in the number of younger people who are going to be the older population of tomorrow.

These changes, their potential impact on Pakistani society and the opportunities they create are reflected in several studies on population ageing. The foci of these studies have included: demographic analysis, the health and well-being of older people, poverty in older age, work and lifelong learning across the life cycle, changing family structures and the impact this is having on the care of older people, services and programmes for the older population and more recently discrimination, social exclusion and abuse. These studies have been produced by academics in Pakistan and abroad, government agencies and development organisations at national, regional and international levels.

5.1 Health

Although this literature covers a wide range of topics related to ageing and older people, there is a significant focus on health and increasingly on the well-being of older people. Many studies have taken the WHO framework on the determinants of health and analysed the importance of different variances. For example, studies have established strong links between the socio-economic status of older people and their health and well-being (Chaudhry et al., 2014) (Nawaz, Maann, Akhter, Ashraf, 2012), while others have identified, for example, significant correlation between abuse and depression in later life and level of education and poor health (Dildar et al., 2012).

The rise of non-communicable diseases is reflected in several papers which identify hypertension as the most common condition suffered by older men and women in Pakistan. This condition is frequently undiagnosed, which puts older people at a high risk of stroke and disability. The literature also shows that diabetes and chronic respiratory diseases are also on the rise.

There is a paucity of information on mental health, although some studies point to high levels of undiagnosed depression among older men and especially older women (Bhamani et al., 2013). Dementia and Alzheimer's disease are other important and disabling mental health conditions similarly undiagnosed and

[5]For the most recent research on dementia in Pakistan, see Zaidi et al. (2018).

untreated[5]. The number of people with these conditions is rising; Alzheimer's Disease International (ADI) estimated in 2006 that 330,100 older people were affected and that the number would rise to 566,600 by 2020 and 1,916,200 by 2050.

Although comprehensive data on health and disability in old age in Pakistan are not available, sensory deficiencies and especially loss of sight and hearing and respiratory problems have been highlighted by several studies.

Older people are reported to have limited ability to use health services because they are not available especially in rural areas, and because of the costs involved especially when it comes to transport and medication. A study on older people's access to healthcare in Karachi, for example, identified that even in an urban context, 33 per cent of older people suffering from hypertension were unable to take medication because of lack of financial resources (Baig et al., 2000). The WHO reported that the public contributes 75 per cent of the health service cost (World Health Organisation, 2007).

The life expectancy (including healthy life expectancy) of women in Pakistan is shorter than other women in South Asia, and the gender ratio in terms of life expectancy is also the narrowest. Women in Pakistan have higher rates of hypertension, diabetes, and heart and cardiovascular disease than men both in rural and urban areas. In addition, widows are found to have an even lower health status than other older women in Pakistan. For example, a study has found a higher prevalence of heart disease among older Pakistani widows compared with those who are married, divorced or separated as well as those who have never married (19.3 per cent rather than 12.3 per cent) (Qureshi, 2005). Although these are useful findings, there is a need to expand the analysis of how gender impacts upon older people's health and how older men and women use health services to better identify correlations and potential gender-specific recommendations.

The prevalence of disability differs strongly by age for both men and women. The latest estimates based on the National Socio-Economic Registry show that older age groups have higher prevalence of disability in comparison with younger groups particularly after the age of 60. Furthermore, prevalence rises sharply after the age of 65, which could be attributed to the natural deterioration of health experienced by the elderly in Pakistan. The analysis by age and gender shows that unlike other age groups, women aged 71+ have a higher prevalence than their male counterparts, and this could be linked to a selective survival (UNICEF, 2017).

5.2 Social protection and work

The 2016 UNDP report on multi-dimensional poverty in Pakistan points to a sharp decline in the national poverty rate, from 55 per cent in 2004 to 39 per cent in 2015. This positive trend, however, hides significant geographical differences,

with poverty rates at 54.6 per cent in rural areas compared to 9.3 per cent in urban areas (UNDP, 2016). This increasing inequality can also be seen across provinces, with the highest poverty rates in FATA and Balochistan where districts such as Harnai or Barkhan reach a 90 per cent poverty rate.

Pakistan introduced a poverty-targeted social protection strategy and programme in 2007. The literature assessing the impact of this programme points to its many limitations, and especially the poor coverage of the programme, which is linked to the low investment by the government compared to other Asian countries (Park et al., 2012), the uncoordinated nature of the different social assistance initiatives and the poor targeting which leads to exclusion of the most vulnerable. As reported in 2016 by the International Labour Organisation, some provinces such as Khyber Pakhtunkhwa have initiated a new social protection floor strategy which focuses on the vulnerable population across the life course and provides support and services in a co-ordinated manner, with the aim to prevent poverty and empower vulnerable people rather than create dependency (International Labour Organisation, 2016).

Today only two per cent of older men and women in Pakistan receive a pension. This is by far the lowest percentage in the region (India 28 per cent, Bangladesh 39 per cent, Nepal 56 per cent, Sri Lanka 17 per cent and Afghanistan 10 per cent) (HelpAge International, 2017). Older people receiving a pension are civil servants and those people who worked in the formal sector and contributed to private pensions. Some vulnerable older people are receiving cash transfers, although the overall statistics on this are not available.

In the absence of financial support, most older people work as highlighted by the 2013–14 Labour Survey conducted by the Pakistan Bureau of Statistics: of all older men and women between the age of 60 and 65, 77 per cent of men and 31 per cent of women work. For the over 65, this percentage decreases to 40 per cent for men and 13 per cent for women.

The gender differences are due to the lower participation of women in the workforce across their life course and the nature of women's work as reflected in the 1998 Labour Force Survey, which indicates that 61 per cent of older women (60+) are unpaid helpers in the household against only three per cent of older men. In general, older people who are poor in Pakistan continue to work if they can, especially as self-employed workers in the informal economy, and they continue to contribute to household productivity in the absence of social protection and especially non-contributory pensions. Older widows who are not generally able to remarry and have had limited opportunities to earn and save during their lives must often work or depend on family members.

The socio-economic situation of people in old age is strongly associated with the poverty situation of their families and communities. Families with older people in Pakistan have not been identified as poorer than families without older people, although a higher incidence of poverty has been found in families with young children and an even higher incidence among families with children and older parents. This seems to indicate that in poor households, sons can

support their parents financially before they have children, but this becomes increasingly difficult as the family has a greater number of younger dependants (Kaveri, 2005). Widows who are financially more dependent on their families often move from one son to the other and are more likely to migrate to cities to live with their sons or daughters (Nasir and Ali, 2000).

5.3 Social care

Older men and women in both rural and urban Pakistan live mostly in joint families with one of their offspring and most commonly their son and daughter-in-law (60 per cent). However, family structures are fast changing, and a growing number of older people are living in nuclear families (23 per cent). A study in Karachi found that over the last three generations, the percentage of older people living in joint families decreased from 92 per cent to 81 per cent to 58 per cent for the current generation (Itrat et al., 2007).

However, despite the decrease in co-habitation both in rural and urban areas, the perception of the responsibility of providing for older parents has not diminished. In a 2014 opinions survey, 77 per cent of people believed the family should financially support older people and only 16 per cent believe that this is a responsibility of the government (Pew Research Centre, 2014).

In Pakistan, as in the rest of the region, the care of older parents remains culturally important as it is often identified as a religious obligation or khidmat (filial piety). This complex cultural construct can be described as a repayment to the older generation that children need to undertake as their parents grow old. Children are socialised in this concept from an early age and khidmat represents not only the financial but also the social and psychological support children should provide to older parents.

The literature tends to reveal that the support provided by families to older people is reducing, especially for poor families with children and those with a high number of migrants. Nevertheless, some studies call for strengthening family support and building the capabilities of families to integrate and care for older people, while others raise the need to provide more adequate care infrastructures, especially in urban areas.

5.4 Discrimination and abuse

Older people's access to physical security (protection from crime, violence and abuse) and to equal treatment and dignity are fundamental to ensuring that the human rights of older men and women are protected. Human rights institutions such as the Pakistan Office for Human Rights have not focused on the rights of older people, and there is an underdeveloped legislative framework for securing such rights. This results in a lack of collection of systematic data. The literature is only represented by small studies such as one conducted in Gujrat on violence against older people, which identified that most respondents (90 per cent) said they had suffered some form of financial abuse in their old age

when money or properties were taken away from them. Troublingly,85 per cent reported psychological abuse in the form of verbal abuse (humiliation, harsh words and name calling). A high number reported feeling lonely and unsupported by their families; older women reported more often suffering from physical violence compared to older men (Dildar et al., 2012).

Another study reported that 22 per cent of respondents faced discrimination and were denied decision-making opportunities within the family; 38 per cent stated that they faced problems in accessing health services as compared to the young members of the family, while 18 per cent suffered verbal abuse in the family and 22 per cent of the respondents believed they were living alone as their sons separated from them because of their physical and mental weakness (Muhammad et al., 2009).

5.5 Participation and age-friendly environment

Studies on the participation of older people in public life and age-friendly environments are extremely limited. An interesting study in Lahore found that socio-economic status and gender are more significant factors than age in determining the social participation of older people (Ahmad and Hafeez, 2011). It implies that older men with a high socio-economic status participate more than older women from a low socio-economic status.

The Government of Pakistan joined the global age-friendly movement, supported by the WHO, in 2000 and committed to improving outdoor spaces and buildings, transportation, housing schemes, social participation, respect and social inclusion, civic participation and employment, communication and information, and community and health services for older people. However, it seems that limited progress has been made in implementing this agenda.

6. REVIEW OF AGEING POLICIES IN PAKISTAN

Generally, apart from a few studies which take a human rights perspective and focus on issues of discrimination, inequality and gender, the literature predominantly tends to view older people as being vulnerable and recipients of services rather than rights holders (Kaveri, 2005). This perspective is reinforced by some of the demographic analysis which tends to portray population ageing primarily as a cost and a threat to society (Khan and Ghosh, 2003).

To promote the well-being of older people and protect their rights as well as take advantage of population ageing and address its challenges, the government should develop and implement policies, legislations and plans at national and provincial levels. Moreover, governments should integrate ageing across national development plans and all relevant sectors. These should be guided by strong evidence and the global and regional policies and strategies on ageing.

6.1 Policy, laws and plans on ageing

Since the ratification of the 2002 UN Madrid International Plan of Action on Ageing, the Government of Pakistan has developed three important national level policies and legislative instruments: the 1999 National Policy for the Promotion of Better Health of the Elderly, the 2004 National Policy of Older People and the 2007 Senior Citizens Bill.

These instruments cover a wide array of measures to improve the well-being of older people with a focus on: strengthening family care and social care, increasing free access to appropriate healthcare at all levels, providing financial support to the most vulnerable, protecting older people from violence and abuse, promoting co-ordination between services and making periodic reviews of the implementation of these policies. Unfortunately, today none of these national instruments has been approved by the parliament and consequently none has been implemented. This outlook reflects in general the fact that there is very limited priority given to addressing issues of the elderly by public services.

More progress has been made at the provincial level with the Senior Citizens Bill approved by the Khyber Pakhtunkhwa Parliament in 2015, the Senior Citizen Welfare Bill approved by the Sindh Assembly in 2016 and the Senior Citizens Bill by the provincial assembly of Balochistan in 2017. The implementation of these bills has not yet fully started but these legislations set a good precedent for other provinces and territories to follow. Punjab has developed the 2013 Senior Citizens Welfare and Rehabilitation Bill which, in addition to promoting

social security, healthcare, housing and the provision of support for disability and emergency, promotes the participation of senior citizens in all spheres of life without age barriers. It also includes the commitment of the state to the provision of education and protection of older people's rights, the promotion of research, the role of the media and NGOs as well as details of the implementation strategy and monitoring arrangements and the establishment of a committee on ageing. This is a very comprehensive bill which is still awaiting approval. The Senior Citizens Board Bill was presented to the Islamabad Capital Territory in 2017. This provides for the well-being, comfort and dignity of older people through the establishment of a Senior Citizens Board.

Three key aspects can be identified.

- Although the quality of these provincial and federal policies and legislations could be strengthened, especially from a rights-based perspective, an immediate priority will be the adequate allocation of budget and the development of institutions for their implementation.

- To make progress to secure political support, what is required is that one of the line ministries provides a leadership on ageing. Today the responsibilities for older people is distributed across many ministries but it is hoped that with the approval of the 2014 Senior Citizens Act, a Senior Citizen Welfare Council (which includes representatives from relevant ministries, the Provincial Assembly, older people's organisations and NGOs) is established to take this leadership role.

- The development of effective operational plans should be assisted by improved quality of data on older people. The paucity of data on this population needs to be addressed also with adequate investment in research and systematic disaggregation of data.

The integration of older people and population ageing in the Pakistan national development plan is very limited. Vision 2025 gives attention to the youth bulge the country will be experiencing for the next 30–35 years and focuses on how the country can make most of this demographic dividend. Older people are only mentioned in the plan as one of the vulnerable groups which requires nutrition and education, but no other specific goals are set for them.

6.2 Sector-specific policies

At the sector level, the Government of Pakistan has included older people in social security, welfare and health policies and plans. A relatively small number of older people (those who have been in formal employment) are addressed by

the following social security schemes: the Employees Old-Age Benefit Scheme, the Provincial Employees Social Security Scheme and the Workers Welfare Fund. Beyond this, there are micro-insurance schemes including the Rural Support Programme Networks (RSPNs), which the government is planning to expand. There are also social protection programmes, some of which provide cash transfers to the most vulnerable people including older people. These are:

- zakat, which provides financial assistance to Muslim citizens of Pakistan who are needy, older, poor, orphaned, widowed, handicapped or disabled
- bait-ul-mal, which provides assistance to the needy
- the Pakistan Poverty Alleviation Fund, a flagship element of the country's poverty-reduction strategy
- the Benazir Income Support Programme, which provides means-tested cash transfers to poor families.

However, a recent World Bank social protection review sees these safety-net programmes as fragmented, often duplicative and with limited coverage and adequacy of the transfer (World Bank, 2013).

In relation to healthcare, the Ministry of Health developed a National Policy for the Health of the Elderly in 1999, which included the training of doctors and nurses in geriatrics, the provision of dental care, physiotherapy care and domiciliary care, with a multi-layer system of support inclusive of social workers. However, this policy has never been implemented (Sabzwari and Azhar, 2010).

Older people are also included in the policies and plans of the Ministry of Railways, which provides discounts for older people, and the Ministry of Home Affairs has strengthened its focus on protecting older people from violence, neglect and abuse. The National Disaster Management Act of 2010 has policy guidelines which also include older people.

The 2007 Senior Citizens Act covers other important sectors and, more specifically, housing and social care. Post-devolution (of 18th amendment), three provinces have enacted laws for the well-being of senior citizens, i.e. Sindh, Khyber Pakhtunkhwa and Balochistan. However, even with the approval of this legislation, gaps remain in other provinces and in policy and plans in the areas of poverty reduction, education, healthcare (especially mental health), urbanisation, participation of older men and women in community and public life, protection and anti-age discrimination.

6.3 International development frameworks

In future policy development, Pakistan should be led by a strong evidence base on the needs and rights of older people including the outcomes of this research, and thereby involve older men and women in the process and be guided by global policy instruments developed since MIPAA. These include all the relevant human rights instruments that Pakistan is a signatory of and especially the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of Persons with Disabilities. As the UN is considering the prospect of developing a Convention on the Rights of Older People, it should also continue to actively engage with the Open-Ended Working Group on the Protection of the Rights of Older Persons. The commitment to the implementation of the SDGs offers another opportunity to ensure older people are not left behind and are integrated in the national plan focus on ending poverty, ensuring healthy lives and promoting the well-being of older people.

From a sector perspective, the implementation of the 2016 WHO global strategy and action plan on ageing and health, which followed the 2015 World Report on Ageing and Health, is another significant opportunity to update the 1999 Pakistan health policy for older people. This would involve setting targets for actions on healthy ageing (from the perspective of maintaining functional abilities), developing age-friendly environments, aligning health systems to the health needs of older people, developing sustainable and equitable systems for long-term care and improving measuring and researching healthy ageing. This would also support Pakistan's commitment to meet SDG 3, 'Ensure healthy lives and promote well-being for all at all ages.

Considering the recent international agreements on meeting poverty reduction targets through the implementation of a social protection floor and decent work policies which should include all vulnerable groups including older people, it is a missed opportunity that both the UNDP and International Labour Organisation in their recent studies and strategies do not address their needs (UNDP, 2016).

At the regional level, there are opportunities to learn from other nations by taking an active role in a variety of regional forums and especially those co-ordinated by the UNESCAP and UNFPA ageing programmes (Stefanoni and Williamson, 2015). The GAWI offers an opportunity for the benchmarking progress Pakistan makes in the four domains of income security, health status, capability and enabling environment (HelpAge International, 2015).

7. FGDS AND STAKEHOLDER CONSULTATIONS

7.1 Right to an adequate standard of living

In both urban and rural FGDs, poverty in old age was identified as a significant problem affecting many older people. In rural areas, older people who are poor were often described as those dependent on charity. A woman from the district of Muzaffargarh said, 'I am a widow and my son also died so I am looking after the grandchildren. I go to charity to seek support for feeding the kids' (Muzaffargarh, 2016). In urban contexts, older people described poverty in old age as deprivation. For example, an older person from Islamabad said, 'In the vicinity of Liaqat Bagh, there are almost 150 to 200 older persons who are homeless and they are living on roadsides' (Islamabad, 2016), and an older man from Quetta complained that, 'I haven't bought any suits for the past 4 eids, I use the old clothes' (Quetta, 2016).

Many older people participating in the FGDs highlighted the lack of access to clean water as a major issue which directly affected their health and ability to access quality food. At times, water was described as not easily available and other times as not accessible because older people were aware that funding was allocated to local authorities for the provision of water but that often the funds were not used for this purpose. The Balochistan Rural Development Society also pointed out that in their area of operation, a water tanker mafia is active especially now that there is limited access to natural water sources because of the drought which affects the area (Quetta, 2016). Access to clean water is perceived as a fundamental right of all people, including older people, and a right that the government should take full responsibility to fulfil.

Food insecurity seemed to be a common feature of life in old age in Pakistan, especially in rural areas. An older woman from Nowshera said, 'Because of the severity of the weather, sometimes it is really hard to go out of the house to bring in food. Sometime the stores are too far from home and we cannot walk that distance. Money is often limited so it's not often that we can go for groceries' (Nowshera, 2016). Also in the urban context, being able to access quality food can be difficult for many older people: 'The bad quality of food is a serious issue as the doctors forbid its consumption, but it is the only available option' (Peshawar, 2016).

7.2 Right to work

In general, participants in the FGDs perceive the ability of older people to work as positive because being economically active is also good for their health and well-being; it helps them to contribute to the household's income, gives them independence and autonomy, and helps them gain respect in society. Even when work might be challenging, older people say their children can assist them in their work and this fosters good relations between the generations: 'I am blind and make mats from straw, children are selling them and the money goes into the family pot from where I am also getting food' (Muzaffargarh, 2016).

Many also feel that although they might not be able to engage in heavy physical work, they can take on other activities such as running a small shop. The Balochistan Rural Development Society, which was interviewed as part of the KIIs, provides livelihood programmes for older people thorough the allocation of grants for setting up small businesses.

Although many older people would like to work, this is often neither available nor possible. FGD participants identified the following reasons for this:

- **INTERGENERATIONAL TENSIONS**
  - children sometimes do not want older people to work
  - children want to take older people's jobs

- **AGE DISCRIMINATION**
  - employers only want young people
  - employers pay older people less

- **GENDER DISCRIMINATION**
  - there are no opportunities for older women to work outside the house
  - older women are expected to do housework

- **TRANSPORT AND INFRASTRUCTURE FOR REACHING WORK IS NOT AVAILABLE**

- **POOR HEALTH AND DISABILITY**

- **LACK OF SELF-EMPLOYMENT OPPORTUNITIES AND INVESTMENT IN SMALL BUSINESSES.**

Altogether, this is a critical area of older people's lives linked to the fulfilment of many other rights including the rights to health and well-being, financial security, independence, participation and freedom from age discrimination. It is also a very complex area which can create tensions between generations even if these at times seem to be based on a lack of understanding and miscommunication. 'Sometimes older people want to work but families do not allow them and this

can lead to depression' (Sukkur, 2016). Older people often pointed to the lack of recognition of their skills and experiences and the opportunities to teach these to younger generations.

Older people in the FGDs commonly called for equal opportunities and removal of age discrimination in accessing work, and expected the government to invest more in helping create small business opportunities accessible to older people.

7.3 Right to social protection

Generally, most of the FGD participants believe that families should support older people emotionally and financially when they are not able to work. They point out that one of the main teachings of Islam is that children, especially sons, should be responsible for the care of their parents. However, many older people, especially those from urban areas, recognise that this is not always possible because of poverty, migration or other reasons. Older men and women who are not supported by their families are most likely to live in abject poverty or depend on charity and begging. Interestingly, an older man in Sukkur said, 'Older people who had a white-collar job sometimes suffer because they do not beg' (Sukkur, 2016).

When older persons are not able to contribute to their family household income for reasons of ill health or lack of work opportunities, they are dependent on their family. This was clearly identified in the FGDs for the fact that very few older people receive pensions or allowances, and even those who receive them find themselves in financial difficulties because of the inadequacy of the pensions. However, depending solely on family support can be difficult as the two following quotes from older people participating in the FGDs illustrate:

'We are dependent on our sons but they are giving at their will; we cannot force them to it' (Muzaffargarh, 2016)

'If older people can contribute with their pension, they are respected; otherwise, they are not' (Lahore, 2016).

This sentiment was strongly echoed by key stakeholders who pointed out that older people unable to contribute to family are isolated and at times seen as a burden.

'Like if we compare the two grandparents, if the maternal grandfather gets the pension and he buys the candies, chocolates for the grandchild and also takes him for outing, then he would have more affection towards his maternal grandfather; but on the other hand, his paternal grandfather is not getting the pension and even if he wants to do all that for his grandchild, he cannot do it because of the financial problem' (Peshawar, 2017).

Recognising the difficulties families can have in providing financial support to their older members, many older people would like to see more regular financial support provided by the government to older people, especially older people who are poor. If pensions or other types of cash transfers are targeted to the poorest, then these should be identified by village committees in a transparent manner.

FGDs and interviews with key stakeholders also confirmed that there is very limited access to pensions and a low level of awareness among communities and older people on how to use the limited support available to them. Stakeholders in Quetta also raised the concern that zakat, usher and bait-ul-mal are difficult to access and used only for political gains (Quetta, 2016).

7.4 Right to healthcare

Healthcare was discussed extensively in all FGDs which reflects the importance of this area for older people. Numerous barriers to access quality health services were identified:

- lack of or unfriendly transport to reach the health services (in Quetta for example, minibuses do not stop but just slow down at the bus stop)
- lack of family support to access the health services
- the public health provision often being of poor quality or not appropriate to older people (also very poor provision of mental health services)
- infrastructure and staff not being age friendly
- women doctors not being available
- medications not being available at health facilities but only on the black market
- lack of funds to pay for healthcare.

Poor healthcare service provision and poor financial resources were the most significant barriers identified by KIIs in FGDs. As an older person from Karachi said, 'If you have money, doctors will treat you; otherwise not' and 'Hospitals are unaffordable – we can only access charity hospitals' (Lahore, 2016). 'Many are not able to buy medicines or hesitate to buy them as they are dependent on others and this is a problem' (CEO of VCare). The consequences of lack of resources to pay for healthcare can have tragic consequences as expressed by an older

person from Muzaffargarh:

'A woman had a mental problem but her family could not afford the treatment cost. It would have cost 20,000 rupees (GBP 107) to treat her but they could not take her to hospital. She was living in her home. One day she burnt herself with the stove and died. She was standing too close and caught fire'.

Money can also pay for private healthcare which most participants believe can provide for better-quality healthcare. Ironically, private care was also seen as a problem as health staff spend more time on private care than on public healthcare. Older people from Lahore, however, recognised that some services had been introduced in some government hospitals including a special ward for older people and free transport services.

As in the case of the right to work, older people identified age discrimination and tension between generations as a key issue affecting their access to healthcare. 'Sometimes the family does not give much importance to older members and their health and gives more attention to younger members and they neglect the health issue of older people' or 'the health system neglects the elderly in favour of the young' (Islamabad, 2016).

Access to healthcare was identified as a fundamental right and the government was expected to:

1. sensitise health staff to the needs of older people in accessing health services, provide transport to get people to hospital and increase the number of doctors to reduce waiting in long queues

2. strictly and regularly monitor the behaviour and performance of doctors recruited to government hospitals

3. introduce a senior citizen card for concessions on all public services, including healthcare services

4. provide separate hospital wards for older people

5. increase the number of specialist doctors including ophthalmologists

6. increase the number and mobility of healthcare units and ensure more doctors visit villages regularly

7. train health staff on the needs of older people, including mental health

8. address the availability and affordability of health services, especially medications. There should be more systematic inspection processes to reduce the corrupt practices described by respondents and ensure that those who are responsible are punished

9. make pensions available to rural older people.

7.5 Right to social care

Care for older people is most often provided by women. In rural areas, older people said that neighbours also play a significant role in the care of senior citizens. The expectations of older people who participated in the FGDs is that they should be taken care of first by their spouses, then children when required and, if they were not available, then their grandchildren.

There was recognition in some of the FGDs that care for the chronically ill can be wearing and that in some cases sons or daughters had to stop working to care for the older members of their family.

The quality of family and community care was reported by FGD participants as highly variable. 'After the death of his wife, no one took care of him. His son's wife did not take care of her father-in-law and asked him to lay his bed outside in the open because she did not consider him a part of their family', said an older man from Peshawar (2016). For women, it can be even harder: 'Older women are facing more problems than men as men have more power and say in the family compared to women' shared an older person in the FGD in Quetta (2016). Furthermore, a Faculty of Criminology from Karachi University stated that in a growing number of cases, children and grandchildren speak English and not the language of the parent and this can be difficult for older people.

The loss of control and the increased dependency on others not only reduces the dignity of older people but also increases their isolation and vulnerabilities. 'Children are not listening to us. If we share our concerns outside the family, it will create problems at home, so we are not sharing anything outside but just keep silent whatever happens around us', reported an older person in Muzaffargarh (2016).

Participants of the FGD in an older people's home in Karachi agreed that older people should have the right to choose where to live. However, the lack of residential options for older people was reported as being problematic in most FGDs for stakeholders, especially for older people without family or community support. Older people also called for raising awareness on how best to provide care, including establishing stronger safety nets for the protection and dignified care of vulnerable older people.

Care options and programmes for older people, including day care for older persons and respite care for carers, appear to be still critically underdeveloped or altogether unavailable and older people in all FGDs called for care provisions which respects the dignity of individuals and provide choice. In Quetta, the Balochistan Rural Development Society reported that a few years back the

government was constructing an older people's home, but the local community opposed this plan because they believed it was contrary to the local culture (Quetta, 2016). Care providers from the NGO sector interviewed said that they are neither recognised nor supported by the government for their work and depend solely on funding provided by individuals or companies as part of their corporate social responsibility. In addition to not receiving funding from the government, there are also complaints about the inability to co-ordinate their activities with government services. This lack of co-ordination is also a major problem within government departments. Government officials in Quetta said that except for some special projects, there is no co-ordination of activities for older people and thus there is very poor implementation. In addition, they complained that government projects for older people are not based on needs analysis. In their opinion, the Social Welfare Department should play a more significant role in co-ordinating the support also from the Justice Department (Quetta, 2016).

7.6 Right to participation and self-fulfilment

As for social care options, opportunities for older people to participate in the public sphere are limited. In the urban context, participants of the FGDs complained about the reduction of age-friendly public spaces such as libraries and their increasing marginalisation from political life. 'The participation of older people in the advisory committees for the betterment of society is very rare now. They are not given much chance to participate at this level. And their political freedom is taken away from them. For instance, many older men and women are just told to mark the symbol and cast the vote without knowing who they are voting for' (Islamabad, 2016). FGDs in the rural areas had a similar perspective, although political participation was reported in this case to be more dependent on wealth than on age. 'Richer older people participate more and are consulted more. We also have the landlord system where people vote on their direction and not on their own will' (Shikarpur, 2016). However, in some communities, older people play a very active role in public life, especially in the resolution of community and family conflicts. This was raised in two of the FGDs with key stakeholders (Quetta, 2016, and Peshawar, 2017).

Older women, especially in rural areas, have limited access to public life except for participating in religious activities and family ceremonies including weddings and funerals where they might have an even greater say than older men. However, in some rural contexts, the life of older women appeared very restricted. 'Older men's routine is between mosque and home. Older women don't have any social activity. Just lying in their homes, if someone visits them they will talk with them; otherwise, just saying prayers and lying under the sun' (Quetta, 2016). Stakeholders also raised the fact that older women are generally not able to use public transport.

Stakeholders also reported that in many cases, older people are left at home by their children, who do not take them to family or community events for fear that

older people would discuss family matters with others.

If participation in public life is limited for older people, the opportunities for learning are even more so. Older people in the FGDs were unable to identify almost any educational programme or learning opportunities for them. An urban-based group mentioned that in the past, there were adult literacy courses, but these were not available any more.

The limited opportunities for participating in social and public life and in learning and development opportunities were reported as a leading cause of the isolation and loneliness felt by many older people, especially in cities.

All in all, older people's expectations regarding these rights are limited. In addition, gender and socio-economic status emerge as even stronger determinants than age. However, older people in the FGDs expressed a strong desire to participate more in social and public life, sought to be consulted more and wanted access to community hall/spaces.

7.7 Older people's perception of their rights

Human rights including older people's rights are universal and indivisible. Nonetheless, some rights were represented more strongly than others in the discussions. These were: the right to work and raise an income and the right to access health services. There are most probably two main reasons for this trend: first, the above two rights are fundamental to older people's lives and well-being in Pakistan as in most countries. Second, these are the areas where older people experience age discrimination and intergenerational tensions as the main barriers to the fulfilment of their rights.

The right to an adequate standard of living including access to water and food was identified by older people in the FGDs as being linked to the socio-economic status of families. For instance, within this area, access to housing was perceived as more difficult for older people who are poor.

Rights to social protection and care were considered critical for older people but their families and particularly children were identified as the primary duty bearers. The state was responsible for protecting those older people who did not receive support from their families. However, with growing numbers of older people unable to access family support, there is an increasing awareness of the universal value of this right and of the government's responsibility to provide for it.

Social participation and self-fulfilment were important although there was a low level of awareness of these rights, and the tendency to see them related primarily to gender and socio-economic status rather than age.

The right to dignity was touched upon in some FGDs which highlighted the loss of autonomy, independence and decision-making, and there was some reference to deprivation, abuse and neglect. This important right was, nevertheless, not easily explored in the context of the FGDs and thus might have not emerged as it

would in another more confidential, secure and personal setting. Yet again, abuse and neglect were raised more directly by KIIs; for instance, Fatima Danish Khalfan stated that isolation and loneliness are major issues and they should be regarded as emotional abuse, and that there are many cases of abuse especially because of the lack of standard of care.

Older people's identification of the barriers that inhibit their ability to exercise their rights is an important step towards the development of policy and programmes that will address these challenges. In addition, the FGDs highlighted areas in which awareness will need to be raised with older people so that they can act as duty holders and claim their rights.

7.8 Key stakeholders' perceptions of older people's rights

Key stakeholders' views on the rights of older people in Pakistan largely corroborated the outcomes of the FGDs, with some interesting additional insights on the potential reasons behind the challenges faced by older people. They pointed out that financial pressure on the family, especially when children arrive, is the root cause of most problems faced by older people. They also stated that literacy is the main barrier to older people accessing services and that older women have significantly more problems in old age because they do not have much say in society. In relation to access to health services, although these were considered poor for everyone, they considered that older people suffer more because they need them most often and with greater urgency. Finally, they reflected on the need to understand ageing from a life course perspective.

'An older person has the same rights as any other citizen, but the only difference is that in old age, these rights get more intensified as there is more need for the fulfilment of these rights' (Peshawar, 2017).

Interviews and FGDs with key stakeholders also offered interesting reflections on the importance of government action in this area and the reasons why this continues to be limited and unsatisfactory.

'Government has the responsibility of providing services for all older people as families and communities might discriminate against those that, for example, are not playing by the rules of society and religion and grow old in grace. Older people when perceived as being difficult can indeed be side-lined and excluded' (Peshawar, 2017).

The lack of progress in government action on ageing was related to the fact that it is easy to develop legislation, but the implementation of policies is much more challenging for several reasons. First, stakeholders said that the low level of resources allocated to older people results in partial implementation of programmes which generally covers only a limited geography. For example, the implementation of the Act in Khyber Pakhtunkhwa was limited by the funding available and cash transfers for older people only reached six districts representing only ten per cent of all the districts. The shortage of resources

results in a project-driven implementation approach with a lack of collaboration and co-ordination across departments, fragmentation of services and limited sustainability. In addition, stakeholders also highlighted the lack of co-ordination between government and civil society organisations providing services to older people.

The implementation of policies is also undermined by highly politicised and politically manipulated consultations with older people, which results in outcomes that do not necessarily reflect their needs. Stakeholders complained about the fact that the government does not have formal committees or fora where civil society, the government and other stakeholders can discuss issues related to older people and instead tends to use its own structures such as the district social welfare officer for data collection prior to any intervention. However, there is a lack of transparency and accountability in the collection of this data. For instance, in one area of Balochistan, stakeholders noted that older people are included on the recommendations of tribal leaders while the real beneficiaries are ignored (Balochistan Rural Development Society, Quetta, 2016). Interestingly, government officials interviewed in Peshawar identified the lack of data on the needs of older people as a major block to the implementation of programmes (2017).

The lack of transparent and good-quality data necessary for good policy development and implementation is also related to the limited engagement that universities have with policymakers and implementers. A Faculty of Criminology, Karachi University stated in her interview that research findings are not utilised or translated into actions. In addition, professors are also sometimes threatened by the government and not able to say what they want without its permission. The lack of an international convention on the issues of older people was seen as a grave impediment to the protection of older people.

Awareness of the challenges facing older people would be greatly advanced with improved media coverage. Stakeholders, even those within the media sector, pointed out that the media pays little attention to older people. A senior anchor from ARY News said, ‘Only 2.5 per cent of the media cover older people or give them voice’. This is due to not only the lack of up-to-date evidence on older people (e.g. lack of census data) but also older people not being portrayed positively in shows which have a high rating. Instead these programmes focus on older people’s sorrows and problems. Older people’s issues could be covered more by news, but this needs further understanding of the issues involved. Radio, which is listened to by people living in remote areas where electricity is a major problem, should be used to raise awareness about the positive role of older people in society and to educate the public on ethical issues related to the protection of older people’s human rights.

8. QUANTITATIVE ANALYSIS OF OLDER PERSONS' HUMAN RIGHTS

This section provides the key findings of a comprehensive quantitative survey which recorded data on older persons' human rights during 2017. The survey restricted its coverage to those aged 60+ and collected information about the background characteristics of the population in question with respect to their demographic, social and economic situation. Furthermore, the survey covered a wide variety of the human rights of Pakistan's elderly population, focusing on how older people may be discriminated and whether there are any gender disparities in this respect.

The survey is a representative sample of older persons (aged 60+) for the whole country stratified by four provinces of Pakistan and for the Islamabad Capital Territory as well as being disaggregated by sex and age to capture the gender dimension and categories of old and very old men and women.

The quantitative analysis of older persons' human rights was organised under the 18 principles of human rights referred to in the UN framework (as mentioned in Figure 1). The explanatory factors analysed include gender and age as well as educational attainment as the proxy of the life course experiences. The marital status, home/land ownership and other socio-economic attributes of older persons have also been tested to assess their significance as determining factors.

8.1 Independence

In this part, we analyse the data corresponding to the first dimension of the UN human rights framework, namely 'Independence' (see Figure 1 for more details). This dimension contains within it six different principles, and five of them are analysed below.[6]

[6]The sixth principle, ability to reside at home for as long as possible, is not relevant in the context of Pakistan because of the lack of formal facilities for residential care.

PRINCIPLE 1. ACCESS TO FOOD, WATER, SHELTER, CLOTHING AND HEALTHCARE

To start with, Principle 1 under the first dimension of the rights framework

involves having independence in accessing food, water, shelter, clothing and healthcare. The survey questions ask each respondent aged 60+ to specify the impact of the treatment they experienced based on the ability to have at least the same access to these basic needs as other members of the household that are younger than 60 years of age. The response options included 'Highly positive impact', 'Positive impact', 'Neither positive nor negative impact', 'Negative impact', 'Highly negative impact' and 'Unsure'. In effect, the data reports on the perception of older persons about how other people treat them in accessing and being able to meet their basic needs.

In relation to access to food, the results show that close to one-third of all respondents stated that their experience of accessing food was not positive. The other two-thirds of the respondents (64 per cent) reported highly positive and positive impacts about the treatment they experienced when accessing food (see Table 3).

- A breakdown by gender shows that men had a better experience (i.e. more often positive or very positive impact) than women in accessing food. In particular, widows are less likely to report on positive impacts of the treatment they experienced on the ability to access food.

- A breakdown by tenancy status shows that those who own their dwelling have better access to food, followed by those who are renting and then by those who live in accommodations provided to them freely. Furthermore, those with high educational attainment are also more likely to report a positive experience than those in the low and middle educational attainment categories. These results point to differences on the basis of the socio-economic class, which confirms a key finding of the qualitative analysis of the same population.

- A breakdown by income status shows that low-income families are less likely to have a positive experience in accessing food. The category with the highest proportion reporting positive experience in accessing food is those in the middle-income group followed by those in the high-income group.

PRINCIPLE 2. OPPORTUNITIES TO WORK OR OTHER INCOME-GENERATING OPPORTUNITIES

For Principle 2, the survey asks respondents to specify the impact of the treatment they experienced based on their age on opportunities to work or have access to other income-generating opportunities. The response options were the same as used in the question on access to food, ranging from 'Highly positive impact' to 'Unsure'.

In Pakistan as a whole, only about a third of the older population reported a positive experience in their access to income-generating opportunities.

- Male respondents seem to report more positive experience than female respondents, and those in rural areas seem to report more positive experience than those in urban areas.

- Those who are married were more likely to report positive impacts of the treatment received regarding access to other income-generating opportunities than those of other marital statuses.

- Furthermore, those who own their own dwelling, those with high educational attainment and those with a higher income status were also more likely to report positive impacts than their counterparts were.

PRINCIPLE 3. DETERMINING WHEN TO WITHDRAW FROM THE LABOUR FORCE

The third principle is covered with the survey question 'Please specify the impact of the treatment you experience based on your age has on the ability to determine when to withdraw from the workforce'. The response categories range from 'Highly positive impact' to 'Unsure'.

All in all, only slightly more than a quarter of respondents (27.7 per cent) reported highly positive or just positive experience in the treatment they received when deciding to withdraw from the labour force. Here, the reference is more likely to be the treatment from potential employers and the rest of community (including their own family members).

- Women seem to be disadvantaged when it comes to making such decisions, while those in rural areas seem to have a more positive experience than those in urban areas in deciding when to withdraw from work.

- Those who are married, those who own their own dwelling and those with a higher educational attainment were more likely to report positive impacts.

- With regards to income status, the highest proportion of those who reported a positive impact was from the middle-income category followed by the high-income category, low-income category and from the 'other' category.

PRINCIPLE 4. ACCESS TO APPROPRIATE EDUCATIONAL AND TRAINING PROGRAMMES

Only about oneper cent of respondents reported that they attended vocational training in the last year. Many of them were male and they lived in urban areas. Those in the middle-income category seemed to have benefited more from technical or vocational training than those of other income categories.

PRINCIPLE 5. LIVING IN SAFE AND ADAPTABLE ENVIRONMENTS

The data on this human rights principle, i.e. to live in environments which are safe and adaptable to personal preferences and changing capacities, was captured by

the survey question 'Do you feel safe and comfortable in the house you live in?' The response categories included only 'Yes' or 'No'.

Generally, many older people in Pakistan find their home environment safe and adaptable to their preferences and capacities.

- More than 90 per cent reported feeling safe in their homes across all provinces except for Balochistan (about 75 per cent) and Islamabad (84 per cent).
- There does not seem to be much difference between men and women (although the proportion of men reporting feeling safe is slightly higher than women).
- Also, there does not seem to be much difference in reporting between those living in urban and rural areas across the whole sample.
- The general feeling of safety seems to be the same regardless of marital status, tenancy, education level and income status.

In summary, about a third of older people reported less favourable treatment received when accessing food. Altogether, older women report greater difficulties in accessing food and other basic needs (water, shelter and clothing) although there are significant regional variations in the gender balance. The results indicate that many older people in Pakistan face challenges in accessing income generating opportunities and in deciding when to withdraw from the labour market with women in a higher percentage than men. Safety does not seem to be a concern among the older population in Pakistan. National averages obscure regional variations across all the indicators; older people in Balochistan, for example, consistently report significantly higher level of deprivation than older people in other regions.

8.2 Participation

In this part, we analyse the data corresponding to the second dimension of the UN human rights framework, namely 'Participation'. This dimension contains within it three different principles and two of them are analysed below.[7]

7 The ninth principle, ability to form movements or associations of older persons, is not covered in the survey.

PRINCIPLE 7. INTEGRATION IN SOCIETY

This principle refers to older persons' ability to integrate in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations. This was analysed by several different survey questions over the course of the research. Here we summarise the results of the survey question 'Is the participation of older persons in gatherings and social activities lower or higher than other members of the community?' The response categories included 'lower' or 'higher'.

About a third of the respondents reported that there is a high-level difference

	Access to adequate food	Opportunities to work	Determining when to withdraw from the labour force	Access to education and training	Living in safe environments
Total (Pakistan)	64.0	33.2	27.7	1.0	95.7
GENDER					
Male	66.1	34.7	32.1	1.5	96.3
Female	61.9	31.5	20.5	0.5	95.0
LOCATION					
Urban	57.0	31.5	26.5	1.8	95.9
Rural	68.2	34.2	28.4	0.6	95.6
MARITAL STATUS					
Married	66.3	36.9	31.6	1.1	96.8
Widowed	60.3	27.4	21.0	0.9	93.6
Other	60.7	17.1	10.7	0.0	96.9
TENURE					
Owner	65.7	34.5	28.9	0.9	96.1
Renting	52.8	33.7	26.8	2.1	91.5
Provided	46.3	14.7	11.3	1.3	92.3
EDUCATION					
Low	65.8	26.5	16.9	0.5	92.9
Medium	62.2	31.1	20.2	0.5	95.8
High	73.7	36.6	29.8	0.8	96.9
INCOME					
Low: 1–10,000	53.1	20.6	21.8	0.5	94.3
Middle: 10,001–50,000	73.0	39.9	33.6	1.5	95.4
High: 50,001+	60.9	50.2	32.4	3.7	100.0
Unknown	56.4	24.8	13.9	0.3	95.5
PROVINCE					
Punjab	71.8	37.6	30.1	0.9	96.6
Sindh	48.2	25.0	25.5	1.6	94.2
Khyber Pakhtunkhwa	53.9	27.8	22.4	0.6	100.0
Balochistan	51.6	16.4	14.5	0.6	75.4
Islamabad	63.0	64.6	34.4	0.0	84.1

Table 3: Access to adequate food, opportunities to work, determining when to withdraw from the labour force, access to education and training and living in safe environments, 2017

in the levels of participation in gatherings between older persons and other members of the community.

- The difference is perceived more often by men and by those in rural areas.
- Those who are widowed were also more likely to perceive a high-level difference in the participation of older persons.
- Those who are renting their dwelling were also more likely to report on a high level of difference in participation than those of other tenancy status.
- While people with low educational attainments were more likely to report on a high degree of differences than those of other educational attainment levels, this pattern is reversed for income status whereby those in the high-income category were more likely to report on a high degree of difference.

PRINCIPLE 8. SERVICE TO THE COMMUNITY TO SERVE AS VOLUNTEERS

This principle refers to the ability to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities. The survey question of relevance is 'Specify the impact of your experience on your ability and the ability of other older persons in your community to offer your services to the community, for example, to serve as volunteers in the activities appropriate to your interests and capabilities?' The response options included 'Highly positive impact', 'Positive impact', 'Neither positive nor negative impact', 'Negative impact', 'Highly negative impact' and 'Unsure'.

- Generally, men seem to be more able to offer their services to the community.
- There are considerable differences in responses by marital status for this indicator: those who are married were twice as much likely to report positive impacts than those of the marital status 'other'.
- A similar pattern can be observed for tenancy status whereby those who own their dwelling were twice as likely to report positive impacts as those who live in accommodation provided to them freely.
- Those of higher educational attainment and those in the high-income category were also more likely to report positive impacts than their counterparts were.

In summary, about two-thirds of the respondents felt that older people had the same level of participation in gatherings as other members of the community.

On the other hand, only about a third reported that they are able to provide their services to the community. Although this varies significantly across locations, marital status, tenancy and educational attainments, it indicates that participation in social gatherings that the majority experiences does not translate into the ability to fully integrate and contribute to community life through the offer of services. The reasons for this could be self-exclusion and/or the perception that the contributions older people could make are not valued. Only a third of older persons reported that they are able to seek and develop opportunities to serve the community.

Table 4: Integration in society and ability to seek and develop opportunities

	Perception of the degree of difference in participation	Ability to offer services to community
Total (Pakistan)	30.6	35.1
GENDER		
Male	33.2	38.0
Female	21.5	31.9
LOCATION		
Urban	22.1	33.8
Rural	36.6	35.9
MARITAL STATUS		
Married	29.7	37.7
Widowed	34.4	31.4
Other	–	16.5
TENURE		
Owner	31.1	36.6
Renting	43.6	26.0
Provided	10.9	18.5
EDUCATION		
Low	37.0	27.9
Medium	30.8	33.4
High	35.1	40.3
INCOME		
Low: 1–10,000	59.9	23.1
Middle: 10,001–50,000	38.5	41.1
High: 50,001+	73.9	53.5
Unknown	30.9	23.7
TOTAL BY PROVINCE		
Punjab	36.4	39.8
Sindh	22.3	25.4
Khyber Pakhtunkhwa	–	30.1
Balochistan	24.5	20.2
Islamabad	–	54.5

8.3 Care

In this part, we analyse the data corresponding to the third dimension of the UN human rights framework, titled 'Care'. This dimension contains within it five different principles which are analysed below.

PRINCIPLE 10. BENEFITING FROM FAMILY AND COMMUNITY CARE AND PROTECTION

This principle is about benefiting from family and community care and protection in accordance with society's cultural values. There are at least four different questions asked in the survey.

Here, we summarise the findings using the question 'And thinking about the activities that you need help with since the age of 60, specify the impact of the treatment you experienced based on your age on the degree of support you receive with reference to the following: dressing or undressing, washing, bathing or going to the toilet, having medicine at the correct time or dose or using medical equipment such as bandages, preparing meals, eating and/or cutting up food, getting around indoors or outside, managing your finances and personal affairs, washing clothes and bedding, doing routine housework, shopping for groceries or clothes or any other day-to-day activity.'

In general, less than 50 per cent of the respondents reported positive impacts regarding the degree of support they receive with getting dressed or undressed.

- A higher proportion of women than men reported positive impacts and with respect to locality, those in urban areas reported more positive impacts than those in rural areas.

- Although there is not much difference in reporting between those who are married and those who are widowed, there is a considerable gap between these two categories and those whose marital status is recorded as 'other'.

- The proportion of homeowners who reported positive impacts is almost two times as much as the proportion of those who live in accommodation provided for them.

- About half of those with high educational attainment reported positive impacts compared to about 40 per cent of those in the low education attainment category.

- With regards to income status, the highest proportion to report a positive impact with the degree of support received when being dressed or undressed was in the high-income category.

There are also differences in obtaining help with activities such as washing and bathing.

- Women seem to be taken care of more often than men. Furthermore, those in rural areas reported more positive impact than those in urban areas.

- Again, those who are married reported more positive impacts than those belonging to the 'other' marital status.

- It is, however, interesting to note that those who are renting reported more positive impacts than those who own their dwelling.

- The proportion to report positive impact among those who live in accommodation which is provided is still less than that of those of the 'other' tenancy status.

- A higher proportion of those with high educational attainment reported more positive impacts than those of other educational attainments.

- Those in the middle-income category seem to have had more positive experiences than those in the high-income category.

There are some interesting patterns regarding receiving help with taking medicine at the correct time.

- Women seem to report more positive experiences than men.

- Those in urban areas seem to experience impacts that are more positive.

- Those who are married, those who own their dwelling and those with high educational attainment level reported impacts that are more positive.

- Those in the high-income group are less satisfied than those in the middle-income group.

About half of the older population reported positive impacts regarding receiving help to prepare meals and eating.

- All in all, those in rural areas seem to receive more help than those in urban areas.

- As expected, those who are married and those who own their dwelling were more likely to report positive impacts, possibly because they are more likely to be surrounded by others who can provide help.

- There is not much difference in the proportion of those who reported positive impacts with low educational background and that of those with high educational attainment.

Again, it can be observed that those in the high-income group were less satisfied than those in middle-income group.

Table 5: Benefiting from family and community care and protection in accordance with the society's cultural values

SUPPORT RECIEVED	DRESSING/ UNDRESSING	WASHING, BATHING	MEDS	MEALS	GETTING AROUND INDOORS/ OUTDOORS	MANAGING FINANCE	WASHING CLOTHES	HOUSEWORK	SHOPPING	ANY OTHER
Total (Pakistan)	41.2	43.9	50.5	52.0	47.2	51.2	52.6	53.2	53.1	51.1
GENDER										
Male	34.8	37.5	47.4	51.9	49.8	50.2	51.0	52.7	51.3	49.8
Female	45.0	47.5	53.0	52.2	45.5	52.0	53.6	53.6	54.4	52.0
LOCATION										
Urban	43.0	40.9	51.7	47.2	42.8	49.0	48.3	50.0	49.4	47.3
Rural	39.9	45.6	49.8	54.8	49.9	52.6	55.1	55.3	55.4	53.5
MARITAL STATUS										
Married	43.2	45.0	53.2	54.6	52.0	55.9	55.4	57.7	55.8	56.5
Widowed	40.1	43.5	47.5	49.9	42.9	46.0	49.4	48.2	49.9	45.0
Other	11.0	24.0	37.7	17.9	18.6	20.7	37.0	31.0	40.9	27.6
Tenure										
Owner	42.8	44.2	51.4	52.6	47.4	51.9	53.4	53.8	53.7	52.1
Renting	32.1	52.9	40.5	52.0	47.7	45.1	53.0	55.5	56.8	56.8
Provided	27.8	35.1	45.3	44.4	44.3	46.4	40.9	43.4	42.4	32.9
EDUCATION										
Low	40.4	45.08	52.4	55.4	46.3	50.8	53.8	51.6	52.9	51.0
Medium	43.7	44.71	50.9	51.9	47.6	54.5	53.8	56.2	55.2	52.1
High	50.0	49.48	70.4	55.6	59.6	62.3	62.5	62.4	59.3	63.4
Income										
Low: 1–10,000	33.7	36.03	46.1	47.2	40.6	47.1	50.3	50.8	46.0	45.0
Middle: 10,001–50,000	40.6	45.55	56.3	55.8	50.9	54.8	54.4	55.0	56.0	53.3
High: 50,001+	49.2	38.18	35.2	43.4	49.3	51.1	57.5	44.9	35.5	54.9
Unknown	44.1	43.63	44.1	48.9	41.7	44.5	51.4	50.6	52.3	49.1
TOTAL (BY PROVINCE)										
Punjab	49.4	52.2	60.8	63.1	55.3	57.9	61.9	61.6	62.4	61.2
Sindh	30.3	32.6	47.4	42.3	40.5	45.8	45.1	47.1	47.9	41.8
Khyber Pakhtunkhwa	50.0	48.2	16.2	26.2	30.6	34.7	34.6	36.5	30.7	27.5
Balochistan	22.6	32.5	43.5	46.1	34.6	36.5	33.7	29.4	25.4	21.5
Islamabad	60.2	58.1	40.8	43.3	40.8	55.0	53.7	44.3	54.0	48.0

Table6: Access to healthcare, social and legal services, institutional care and ability to enjoy human rights and fundamental freedoms, 2017

	BELIEVES HEALTHCARE MAINTAINS PHYSICAL HEALTH	BELIEVES HEALTHCARE MAINTAINS MENTAL HEALTH	AWARE OF SOCIAL AND LEGAL SERVICES	ENTITLED TO PENSION	AWARE OF INSTITUTIONAL CARE PROVIDERS	ABLE TO MAKE DECISION ABOUT CARE
Total (Pakistan)	63.6	67.1	2.7	14.0	9.9	21.3
GENDER						
Male	65.0	67.1	4.0	17.7	11.2	23.6
Female	62.0	67.0	1.3	10.3	8.5	18.5
LOCATION						
Urban	66.3	68.0	3.9	23.1	14.1	21.9
Rural	61.9	66.5	1.9	8.6	7.2	20.8
MARITAL STATUS						
Married	66.9	71.0	3.3	13.5	9.9	20.1
Widowed	58.8	61.4	1.7	15.2	9.6	20.8
Other	39.4	40.1	2.3	5.9	12.8	76.5
TENURE						
Owner	65.4	68.7	2.8	13.7	9.8	20.6
Renting	60.9	65.6	0.0	19.7	8.4	18.8
Provided	38.4	43.3	2.5	15.6	11.4	32.0
EDUCATION						
Low	57.7	61.4	0.7	4.0	6.6	21.2
Medium	65.0	68.0	2.7	16.1	12.6	18.6
High	71.3	78.3	3.8	22.1	11.8	36.7
INCOME						
Low: 1–10,000	47.6	49.9	2.0	15.6	6.0	40.3
Middle: 10,001–50,000	63.7	67.7	3.5	15.2	10.7	21.1
High: 50,001+	57.0	67.8	9.6	40.4	0.0	
Unknown	66.8	69.1	0.9	8.3	12.1	17.9
TOTAL (BY PROVINCE)						
Punjab	65.4	68.5	2.7	15.0	8.4	21.8
Sindh	57.2	61.9	4.0	13.9	13.4	28.9
Khyber Pakhtunkhwa	76.7	81.5	0.8	11.7	8.6	10.8
Balochistan	33.7	32.4	0.7	3.9	10.6	13.5
Islamabad	31.5	40.0	0.0	39.1	10.2	17.5

Generally, less than half of the respondents (47.2 per cent) reported positive impacts in receiving help for getting around indoors and outdoors.

- Men seem to report more positive impacts than women and those in rural areas seem to fare better than those in urban areas.

- A breakdown by marital status shows that those belonging to the marital status 'other' are less likely to receive help with getting around indoors and outdoors.

- As was the case for the previous indicator, those in the high-income group were less satisfied than those in the middle-income group regarding receiving help for getting around indoors and outdoors.

All in all, about half of the population (51.2 per cent) reported positive impacts with respect to obtaining help to manage finances.

- Women seem to be slightly better off than men in this respect.

- There is a great disparity in the proportion of married respondents who reported positive impacts and the proportion of those belonging to the marital status 'other' who reported positive impacts. Those who are married seem to be better off in this respect.

- As was the case for the indicator for receiving help with getting around indoors and outdoors, those in the middle-income category seem to receive more help than those in the high-income category when it comes to obtaining help to manage finances.

Regarding receiving help with washing clothes and bedding, women (53.6 per cent) fare better than men (51 per cent) at the national level.

- Those who are married seem to receive more help than others.

- There is not much difference between those who own their dwelling and those renting their dwelling; however, the proportion reporting positive impacts from these tenancy statuses are higher than that of those who live in accommodation provided for them.

- For this indicator, those in the high-income category seem to receive more help than those of other income categories, when it comes to receiving help with washing clothes and bedding.

There are no gender disparities in the proportion reporting positive impacts in receiving help to do routine housework for the whole sample.

- It was expected that those who are married tend to report more positive impacts than those of other marital statuses in this respect. Those who are married are more likely to be surrounded by others who can give a helping hand than those who do not have a partner.

- Those in the high-income category seem to be worse off than those of other income categories.

With respect to receiving help with shopping for groceries or clothes, again it was expected that those who are married will be more satisfied in this respect as they are more likely to be surrounded by those who can help. Those in the middle-income category seem to fare better than those in the high-income category when it comes to receiving help with shopping for groceries or clothes.

In summary, about half of the older population are satisfied with the care received with various activities of daily living (from 41.2 per cent to 53.2 per cent) although the other half feels unsupported in these activities, especially older women and those in rural areas. However, it is not possible to say if older people who feel unsupported need this support or if they are in the group who are still highly independent and do not need this support.

PRINCIPLE 11. PROVIDING HEALTHCARE TO MAINTAIN PHYSICAL, MENTAL AND EMOTIONAL WELL-BEING

This principle of the UN human rights framework refers to one of the most important needs and aspirations of older persons: 'Access to healthcare to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illnesses'. The results drawn from the following two survey questions are summarised.

1. In general, do you think whether the healthcare available to you helps you to maintain your best level of physical health? 'Yes', 'No' or 'Not sure'.

2. In general, do you think whether the healthcare available to you helps you to maintain your best level of mental and emotional well-being? 'Yes', 'No' or 'Not sure'.

About two-thirds of the respondents (63.6 per cent) reported that the available healthcare helps them to maintain the best level of physical health. On the other hand, only about a third of the respondents had an optimistic view of the available healthcare system in Islamabad and Balochistan. Results by marital status, tenancy status, educational attainment and income category also show disparities across socio-economic groups of older persons.

A similar positive pattern is reflected for those who reported that the available healthcare helps them to maintain the best level of mental and emotional health whereby about two-thirds of the respondents (67.1 per cent) were optimistic about the care received.

- Those who are married seemed to be more optimistic about the services than those of other marital status.

- Those with high educational attainment also seem more optimistic than their counterparts.

- Regarding income categories, there is not much difference in reporting between those in the middle- and high-income categories; nevertheless, those from both categories were more optimistic than those in the low-income category.

PRINCIPLE 12. ACCESS TO SOCIAL AND LEGAL SERVICES

This principle is about access to social and legal services to enhance autonomy, protection and care of older persons. The data on this aspect is collected using the survey question: 'Please specify the impact that the treatment you experience based on your age has had on your ability to access social and legal services'. The response categories are: 'Highly positive impact', 'Positive impact', 'Neither positive nor negative impact', 'Negative impact', 'Highly negative impact' and 'Unsure'.

In general, very few people (2.7 per cent) were aware of the legal and social services that can ensure receipt of care and protection in Pakistan.

- Those in urban areas were more aware than those in rural areas, and men seem to be more aware than women.

- Those who are married reported being more aware than others.

- Those in the high-income category are more aware of legal and social services which can ensure receipt of care and protection than those in the middle and low-income category.

Another important aspect covered is the entitlement of pension income, which is noted as rather low in Pakistan (2.3 per cent according to the GAWI data). Our survey data also shows that the proportion of those who are entitled to pension is generally low (14 per cent).

- The disparity in reporting between rural and urban is very evident in this case: those in urban areas seem to be better off.

- There was a higher proportion of widows reporting that they are entitled to pension than those belonging to the 'other' marital status.

- There are great disparities in reports by educational attainment and income status; about 22.1 per cent of those with high educational attainment were entitled compared to only about four per cent of those with low educational attainment.

- With respect to income status, 40.4 per cent of those in the high-income category were entitled, compared to about 15.6 per cent of those in the low-income category.

PRINCIPLE 13. UTILISING APPROPRIATE LEVELS OF INSTITUTIONAL CARE

This principle refers to the utilisation of appropriate levels of institutional care providing protection, rehabilitation, and social and mental stimulation in a humane and secure environment. The survey question capturing this aspect is selected to be 'Are you also aware of any community and institutional care providers who can provide you with the personal care you need', and if yes, 'Have you ever made use of one?'

The proportion of those who are aware of community and institutional care providers is rather low for the whole sample (9.9 per cent).

- The proportion of those in urban areas who state that they are aware of the institutions is two times as much as the proportion of those from rural areas, who are aware of such institutions.

- The proportion is higher for those residing in accommodation provided for them compared to those of other tenancy statuses. It is likely that this group of people are more likely to use such facilities than those who own or rent their dwelling.

- The proportion of those with high educational attainment who are aware is almost two times as much as the proportion with low educational attainment who are aware.

Another survey question analysed in this respect is 'Can you please tell me whether you were fully able to make decisions about the care you received?' The response options included 'Highly positive impact', 'Positive impact', 'Neither positive nor negative impact', 'Negative impact', and 'Highly negative impact'.

Altogether, less than a third of the respondents reported experiencing highly positive or positive satisfaction regarding making decisions about the care they received. Only about one-fifth of those who are married and one-fifth of those who are widowed can make their own decisions in this respect. On the other hand, those belonging to the 'other' marital status seem to be more in command of the type of care they receive. It seems that those in the low-income category are more able to make such decisions than those of other income categories.

Although at the national level, two-thirds of older people believe that they are able to access health services to keep well, low-income older people are significantly less likely to have access to healthcare to keep well. Moreover, only one-third of older people in Islamabad and Balochistan believe they have adequate access to healthcare.

To summarise, only 14 per cent of older people (17 per cent male and 10 per

cent female) are entitled to a pension; these are mostly highly educated high-income earners living in cities. Very few older people are aware of the presence of legal or social services, and the awareness of institutional care providers is also very low, especially in rural areas. At the country level, only 20 per cent of older people feel they can take their own decisions in relation to their care although, interestingly, this percentage doubles among the low-income earners, possibly because of the lack of choices and opportunities available to this group of older people. Many older people who are not married or widowed also feel less often able to take decisions about their care, possibly because single persons are in a better position to take their own decisions about their care.

Table 7: Ability to pursue opportunities for the full development of their potential and access to the educational, cultural, spiritual and recreational resources of society

	Satisfied with their freedom to choose what to do with their life	Believe they have access to education at their age
Total (Pakistan)	73.8	3.7
GENDER		
Male	74.7	5.8
Female	72.9	1.6
LOCALITY		
Urban	73.2	4.7
Rural	74.2	3.1
MARITAL STATUS		
Married	76.1	4.3
Widowed	70.2	2.6
Other	67.1	6.3
TENURE		
Owner	74.9	4.0
Renting	75.4	0.9
Provided	56.4	1.7
EDUCATION		
Low	69.8	1.0
Medium	70.7	2.6
High	79.9	3.7
INCOME		
Low: 1–10,000	69.7	2.8
Middle: 10,001–50,000	75.4	5.1
High: 50,001+	67.1	3.7
Unknown	72.6	1.7
TOTAL BY PROVINCE		
Punjab	75.6	3.6
Sindh	71.6	3.2
Khyber Pakhtunkhwa	76.1	6.7
Balochistan	50.5	0.3
Islamabad	64.6	0.0

8.4 Self-fulfilment

In this section, we analyse the data corresponding to the fourth dimension of the UN human rights framework titled 'Self-fulfilment'. This dimension contains two principles analysed below.

PRINCIPLE 15. OPPORTUNITIES FOR THE FULL DEVELOPMENT OF OLDER PEOPLE'S POTENTIAL

This principle refers to the ability to pursue opportunities for the full development of the potential of older persons. This aspect is summarised using the data from the survey question 'To what extent are you satisfied or dissatisfied with your freedom to choose what you do with your life?' The response categories for this question are: 'Completely satisfied', 'Partly satisfied', 'Neither satisfied nor dissatisfied', 'Partly dissatisfied' and 'Completely dissatisfied'.

More than two-thirds of the respondents (73.8 per cent) reported that they were satisfied with the freedom to choose what to do with their life.

- There is not much difference in responses between men and women, although women seem to be slightly less satisfied.
- Those who were married reported more satisfaction.
- There is not much difference in responses between the proportion of home-owners and the proportion of those who are renting.
- Those with high educational attainment were more likely to be satisfied followed by those with medium and then those with low educational attainment.
- Those in the high-income category seem to be less satisfied than those in the middle-income category.

PRINCIPLE 16. ACCESS TO THE RESOURCES OF THE SOCIETY

This principle refers to access to the educational, cultural, spiritual and recreational resources of society. The survey question used is 'Do you think you have access to appropriate educational and training programmes in your age of 60 or above? Yes/No'.

Very few respondents believed that they have access to education and training at their age (33.7 per cent).

- Women are less likely to believe that they can access education and training at their age.
- In comparison to other indicators whereby those who were married felt more positive or reported more positive experiences, this time a higher proportion of those belonging to the marital status 'other' reported that they believed to

have had access to education at their age than those who were married.

- Again, those in the middle-income category seem to be more optimistic than their counterparts.

In summary, many of the respondents reported that they were satisfied with the freedom to choose what to do with their life and that there was not much gender difference in this respect. Those in the high-income category seemed to be less satisfied than those in the middle-income category. About two-thirds of the older population in Pakistan were not satisfied with access to education and training at their age.

8.5 Dignity

In this section, we analyse the data for the fifth and final dimension of the UN human rights framework titled 'Dignity'. This dimension contains two principles analysed below.

PRINCIPLE 17. LIFE WITH DIGNITY AND SECURITY AND FREE FROM EXPLOITATION AND ABUSE

This principle refers to the ability to live in dignity and security and be free from exploitation and physical or mental abuse. The survey question used is 'Concerning your physical well-being, has anyone physically assaulted you since you turned 60?' The response categories included 'Yes, frequently', 'Yes, occasionally', 'Not at all', and 'Not sure'.

A low proportion of older people reported having experienced physical assault Pakistan (6.5 per cent) – there is a general tendency to under-report such experiences, especially if they are less frequent.

- Generally, such experiences tend to occur more in urban than rural areas and there is not much gender disparity for this indicator.

- Those who are married and those who own their dwelling were less likely to experience physical assault.

- It is rather surprising that those with a high level of educational attainment were more likely to experience physical assault than their counterparts.

- The same surprising element can be seen in the result that the proportion of those with high incomes reporting physical assault is almost three times as much as that of those with low incomes. This might be related to a greater reluctance to report physical assault on the part of older people from lower socio-economic backgrounds.

Other survey questions analysed for this principle are: 'Concerning money such as your income and savings, money due to you such as an inheritance, property such as your home or your farm and possessions such as jewellery, has anyone done any of the following to you since you turned 60?

1. Stolen your money, property or possessions (such as savings, pension, a house, land or jewellery)

2. Tried to make you give away your money, property or possessions (such as savings, pension, a house, land or jewellery)

3. Obtained your money, property or possessions

4. Denied you money, property or possessions

5. Prevented you from having your fair share of household money, inheritance or property such as land or a farm, or possessions?'

Experiences of stolen property also appear to be low in general. Very few respondents who were married reported experiences of stolen money while 20.8 per cent of those belonging to the 'other' marital status reported experiences of stolen money. Those who were renting, those with high educational attainment and those with high income were more likely to report on experiences of money being stolen. Once again, this might be related to reluctance in reporting on the part of older people from higher socio-economic backgrounds.

In general, there is low incidence (4.4 per cent) of experiences whereby others tried to make older persons give away their possessions and there does seem to be much gender disparity in this respect. Very few of those who are married reported experiences of having been forced to give up possessions compared to those whose marital status was 'other'. While those with high educational attainment were less likely to report such incidences, those in the high-income category were more likely to have had such experiences than those in the low-income category.

Incidences whereby others tried to obtain older persons' properties by tricking or cheating is also low in general. Those whose marital status is 'other', those who are renting, those with low educational attainment and those in the high-income category seem to be more vulnerable to such incidences.

Incidences of being denied money or possessions since the age of 60 are slightly higher than other types of exploitation, and men seem to be more affected in this respect. Those who are married seem to have faced fewer such experiences. It is interesting to note that those in the high-income category were about four times

more likely to report such incidences than those of other income categories.

All in all, those in urban areas reported more experiences of having been denied their fair share of household money, inheritance or properties since the age of 60 than those in rural areas. As was the case for the previous indicator, those who were married seemed to have faced fewer bad experiences than those belonging to other marital statuses. Those in the high-income category seemed to be more disadvantaged than those in low-income categories.
15 per cent of respondents reported that others caused them emotional or psychological distress, a most significant area of abuse. Generally, there were higher incidences among women than men and those in urban areas reported more such experiences than those in rural areas. Regarding psychological distress, it seems that those belonging to the 'other' marital status were more disadvantaged. It is interesting to note that there is not much difference in responses between those in the low-income and those in the high-income category.

PRINCIPLE 18. BEING TREATED FAIRLY AND VALUED INDEPENDENTLY

This principle refers to being treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution. Two questions are used to summarise this aspect. 'Please indicate the extent to which you agree or disagree with the following statement:

1. I feel I am not treated with dignity and respect because of my age.

2. I feel that what happens to me is out of my control.'

Close to one in eight respondents (12.5 per cent) reported that they were not treated with dignity and respect because of their age. There is not much gender disparity as men (12.8 per cent) are only slightly lagging women (12.3 per cent). With respect to marital status, those belonging to the 'other' category seem to be more disadvantaged than their counterparts. Again, there is not much difference in responses between those in the low-income and those in the high-income category.

The percentage of respondents reporting that they have no control over what happens due to their age is 12.2 per cent. In general, women seem to feel less in control than men. Those who were married reported feeling more in control. It is interesting to note that those with higher educational attainment and those in the high-income category tend to feel less in control than their counterparts.

In summary, there were few incidences of physical assault on older persons in Pakistan, and those with a high level of educational attainment were more likely to report that they experienced physical assault. Incidences of being denied money or possessions since the age of 60 were slightly higher than other types of exploitation. 15 per cent of respondents reported that others caused them emotional or psychological distress, and women seemed to be more affected than men for this indicator.

Table 8: Ability to live in dignity, security and from abuse; be treated fairly regardless of socio-demographic backgrounds and valued independently, 2017

	EXPERIENCED PHYSICAL ASSAULT	EXPERIENCE OF STOLEN MONEY	OTHERS TRIED TO MAKE THEM GIVE MONEY/ POSSESSIONS	OTHERS TRIED TO OBTAIN THEIR MONEY/ POSSESSIONS	HAS BEEN DENIED MONEY/ POSSESSIONS	PREVENTED FROM HAVING SHARE OF POSSESSIONS	OTHERS CAUSED THEM EMOTIONAL DISTRESS	NOT TREATED WITH DIGNITY AND RESPECT	FEEL THEY HAVE NO CONTROL
Total (Pakistan)	6.5	4.8	4.4	5.8	6.2	4.7	15.6	12.5	12.2
GENDER									
Male	6.9	4.4	4.3	6.6	7.6	5.1	12.1	12.8	10.1
Female	6.1	5.3	4.6	5.0	4.7	4.3	19.1	12.3	14.5
LOCALITY									
Urban	9.9	8.3	6.4	7.4	9.1	7.2	19.8	13.7	13.4
Rural	4.5	2.7	3.3	4.9	4.5	3.2	13.0	11.8	11.5
MARITAL STATUS									
Married	6.1	3.7	3.7	5.6	5.6	3.9	12.8	11.3	10.6
Widowed	7.0	6.0	5.2	5.7	6.9	5.7	19.2	13.3	14.1
Other	9.9	20.8	13.5	16.2	16.0	12.7	40.9	42.5	32.1
TENURE									
Owner	6.2	4.3	4.0	5.6	6.0	4.4	14.5	12.0	11.5
Renting	9.0	11.0	10.9	9.6	10.2	11.8	20.0	13.5	12.0
Provided	9.4	8.1	7.2	6.8	6.6	3.8	28.1	19.7	22.6
EDUCATION									
Low	6.1	4.9	5.1	6.0	6.4	5.1	18.3	13.2	14.2
Medium	5.3	4.2	4.4	5.5	5.0	3.7	15.5	13.8	13.0
High	8.2	6.0	3.5	4.4	10.0	3.4	18.0	11.5	16.4
INCOME									
Low: 1–10,000	6.3	6.9	2.9	3.5	5.7	5.0	22.8	18.1	15.5
Middle: 10,001–50,000	7.4	4.8	4.7	6.2	7.0	5.0	13.9	13.9	13.8
High: 50,001+	21.1	17.4	24.2	18.0	21.9	13.8	21.1	19.9	20.4
Unknown	2.8	3.9	4.0	5.6	6.0	4.0	15.0	7.5	8.7
TOTAL (BY PROVINCE)									
Punjab	6.1	3.8	3.2	3.6	4.3	3.5	15.8	12.9	13.1
Sindh	8.2	7.6	7.6	9.9	8.6	8.1	15.1	13.4	11.0
Khyber Pakhtunkhwa	2.4	2.0	1.9	8.0	10.3	1.5	12.8	5.9	5.7
Balochistan	14.7	14.2	13.7	12.5	11.8	14.5	20.5	18.0	22.6
Islamabad	25.2	13.7	8.2	13.7	16.8	16.8	26.9	37.2	27.2

9. CONCLUSIONS

Population ageing is regarded as one of the most critical challenges of our societies. It is the outcome of extraordinary developments in technology, medicine, public hygiene and the adoption of more healthy lifestyles. It is a phenomenon to celebrate! At the same time, many societies are struggling to adapt to the changing demographic structures and to turn the challenges of an ageing population into opportunities.

Pakistan's older population, which has reached already 12.5 million, will double by 2030 and will reach close to 40 million by 2050. It is therefore imperative that the country responds urgently to the most critical needs of its older people and at the same time promotes more profound societal changes which creates age-friendly and enabling environments in which people of all ages can flourish.

Supporting older people and particularly older women to have a secure income through universal social pensions should be a priority in Pakistan. Ensuring that health services are aligned to the health needs of the older population especially at the primary health care level is essential to assist older people to remain active in their communities. Finally, eliminating all forms of age discrimination and providing an environment in which older people are protected from violence and abuse will help them exercise their choices and contribute to society.

APPENDIX: SELECTED STATISTICS FOR KEY PRINCIPLES OF HUMANS RIGHTS OF OLDER PEOPLE

APPENDIX A2: SELECTED STATISTICS FOR KEY PRINCIPLES OF HUMANS RIGHTS OF OLDER PEOPLE

PRINCIPLE 1: ACCESS TO ADEQUATE FOOD, WATER, SHELTER, CLOTHING AND HEALTH CARE

Table 1a: The impact of the treatment they experienced (based on age), on the ability to have access to food, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	64.0	71.8	48.2	53.9	51.6	63.0
Male	66.1	74.9	52.8	40.5	69.7	54.5
Female	61.9	68.6	43.6	69.9	29.4	77.8
Urban	57.0	61.2	50.1	52.9	54.1	63.0
Rural	68.2	77.4	45.6	54.1	50.7	

Table 1b: The impact of the treatment they experienced (based on age), on the ability to have access to food, by marital status and tenancy

Marital Status	
Married	66.3
Widowed	60.3
Others	60.7
Tenure	
Owner	65.7
Renting	52.8
Provided	46.3

Table 1c: The impact of the treatment they experienced (based on age), on the ability to have access to food, by education level and household income

Education	
Low	65.8
Medium	62.2
High	73.7
Income	
Low: 1-10,000	53.1
Middle:10,001-50,000	73.0
High: 50,001+	60.9
Unknown	56.4

PRINCIPLE 2: OPPORTUNITY TO WORK OR TO HAVE ACCESS TO OTHER INCOME GENERATING OPPORTUNITIES.

Table 2a: The impact of the treatment they experienced (based on age), on opportunities to work or have access to other income-generating opportunities (Highly positive and positive impact), by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	33.2	37.6	25.0	27.8	16.4	64.6
Male	34.7	40.5	23.7	27.9	19.2	60.9
Female	31.5	34.5	26.5	27.7	13.1	69.2
Urban	31.5	34.0	27.5	23.6	28.4	64.6
Rural	34.2	39.5	21.7	28.9	11.9	

Table 2b: The impact of the treatment they experienced (based on age), on opportunities to work or have access to other income-generating opportunities (Highly positive and positive impact), by marital status and tenancy

Marital Status	
Married	36.9
Widowed	27.4
Others	17.1
Tenure	
Owner	34.5
Renting	33.7
Provided	14.7

Table 2c: The impact of the treatment they experienced (based on age), on opportunities to work or have access to other income-generating opportunities (Highly positive and positive impact), by education level and household income

Education	
Low	26.5
Medium	31.1
High	36.6
Income	
Low: 1-10,000	20.6
Middle:10,001-50,000	39.9
High: 50,001+	50.2
Unknown	24.8

PRINCIPLE 3: ABLE TO PARTICIPATE IN DETERMINING WHEN TO WITHDRAW FROM THE LABOUR FORCE TAKES PLACE.

Table 3a: The impact of the treatment they experienced (based on age), on the ability to determine when to withdraw from the labour force (Highly positive and positive impact), by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	27.7	30.1	25.5	22.4	14.5	34.4
Male	32.1	34.7	32.4	24.1	16.4	34.8
Female	20.5	23.0	17.2	12.7	11.1	33.3
Urban	26.5	29.4	22.6	22.0	22.5	34.4
Rural	28.4	30.5	29.5	22.5	11.8	

Table 3a: The impact of the treatment they experienced (based on age), on the ability to determine when to withdraw from the labour force (Highly positive and positive impact), by marital status and tenancy

Marital Status	
Married	31.6
Widowed	21.0
Others	10.7
Tenure	
Owner	28.9
Renting	26.8
Provided	11.3

Table 3c: The impact of the treatment they experienced (based on age), on the ability to determine when to withdraw from the labour force (Highly positive and positive impact), by education level and household income

Education	
Low	16.9
Medium	20.2
High	29.8
Income	
Low: 1-10,000	21.8
Middle:10,001-50,000	33.6
High: 50,001+	32.4
Unknown	13.9

PRINCIPLE 4: ACCESS TO APPROPRIATE EDUCATIONAL AND TRAINING PROGRAMMES.

Table 4a: Attended technical or vocational training courses in the last year, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	1.0	0.9	1.6	0.6	0.6	0.0
Male	1.5	1.7	1.4	0.8	1.2	0.0
Female	0.5	0.2	1.8	0.3	0.0	0.0
Urban	1.8	1.9	1.7	0.8	2.3	0.0
Rural	0.6	0.4	1.5	0.5	0.0	

Table 4b: Attended technical or vocational trainng courses in the last year, by marital status and tenancy

Marital Status	
Married	1.1
Widowed	0.9
Others	0.0
Tenure	
Owner	0.9
Renting	2.1
Provided	1.3

Table 4c: Attended technical or vocational trainng courses in the last year, by education level and household income

Education	
Low	0.5
Medium	0.5
High	0.8
Income	
Low: 1-10,000	0.5
Middle:10,001-50,000	1.5
High: 50,001+	3.7
Unknown	0.3

PRINCIPLE 5: LIVE IN ENVIRONMENTS SAFE AND ADAPTABLE TO PERSONAL PREFERENCES AND CHANGING CAPACITIES.

Table 5a: Feel safe and comfortable in house, by gender and tenancy

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	95.7	96.6	94.2	100.0	75.4	84.1
Male	96.3	97.3	97.8	100.0	64.2	69.6
Female	95.0	95.9	90.7	100.0	88.6	100.0
Urban	95.9	95.9	96.3	100.0	86.1	84.1
Rural	95.6	97.1	91.6	100.0	71.3	

Table 5b: Feel safe and comfortable in house, by marital status and tenancy

Marital Status	
Married	96.8
Widowed	93.6
Others	96.9
Tenure	
Owner	96.1
Renting	91.5
Provided	92.3

Table 5c: Feel safe and comfortable in house, by education level and household income

Education	
Low	92.9
Medium	95.8
High	96.9
Income	
Low: 1-10,000	94.3
Middle:10,001-50,000	95.4
High: 50,001+	100.0
Unknown	95.5

PRINCIPLE 7: INTEGRATION IN SOCIETY, PARTICIPATE ACTIVELY IN THE FORMULATION AND IMPLEMENTATION OF POLICIES THAT DIRECTLY

Table 6a: Degree of difference in the levels of participation in gatherings between older persons and other members of the community (High), by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	30.6	36.4	22.3	-	24.5	-
Male	33.2	40.9	21.6	-	15.7	-
Female	21.5	20.4	24.9	-	27.5	-
Urban	22.1	26.3	17.0	-	32.9	-
Rural	36.6	41.7	39.6	-	21.8	

Table 6b: Degree of difference in the levels of participation in gatherings between older persons and other members of the community (High), by marital status and tenancy

Marital Status	
Married	29.7
Widowed	34.4
Others	-
Tenure	
Owner	31.1
Renting	43.6
Provided	10.9

Table 6c: Degree of difference in the levels of participation in gatherings between older persons and other members of the community (High),education level and household income

Education	
Low	37.0
Medium	30.8
High	35.1
Income	
Low: 1-10,000	59.9
Middle: 10,001-50,000	38.5
High: 50,001+	73.9
Unknown	30.9

PRINCIPLE 8: ABLE TO SEEK AND DEVELOP OPPORTUNITIES FOR SERVICE TO THE COMMUNITY AND TO SERVE AS VOLUNTEERS IN POSITIONS APPROPRIATE TO THEIR INTERESTS AND CAPABILITIES

Table 7a: The impact of the treatment they experienced (based on age), on the ability to offer services to the community, such as serving as volunteers in activities appropriate to interests and capabilities (Highly positive and positive impact), by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	35.1	39.8	25.4	30.1	20.2	54.5
Male	38.0	42.9	28.7	33.2	19.0	47.8
Female	31.9	36.5	22.2	25.6	21.8	66.7
Urban	33.8	36.7	27.0	38.4	30.8	54.5
Rural	35.9	41.5	23.5	28.2	16.2	

Table 7b: The impact of the treatment they experienced (based on age), on the ability to offer services to the community, such as serving as volunteers in activities appropriate to interests and capabilities (Highly positive and positive impact), by marital status and tenancy

Marital Status	
Married	37.7
Widowed	31.4
Others	16.5
Tenure	
Owner	36.6
Renting	26.0
Provided	18.5

Table 7c: The impact of the treatment they experienced (based on age), on the ability to offer services to the community, such as serving as volunteers in activities appropriate to interests and capabilities (Highly positive and positive impact), by education level and household income

Education	
Low	27.9
Medium	33.4
High	40.3
Income	
Low: 1-10,000	23.1
Middle: 10,001-50,000	41.1
High: 50,001+	53.5
Unknown	23.7

PRINCIPLE 10: BENEFIT FROM FAMILY AND COMMUNITY CARE AND PROTECTION IN ACCORDANCE WITH SOCIETY'S CULTURAL VALUES.

Table 8a: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-dressing or undressing, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	41.2	49.4	30.3	50.0	22.6	60.2
Male	34.8	32.4	27.1	65.6	31.1	50.0
Female	45.0	58.5	31.8	38.2	8.9	66.7
Urban	43.0	46.4	39.0	42.9	35.9	60.2
Rural	39.9	51.5	20.9	51.5	17.8	

Table 8b: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-dressing or undressing, by marital status and tenancy

Marital Status	
Married	43.2
Widowed	40.1
Others	11.0
Tenure	
Owner	42.8
Renting	32.1
Provided	27.8

Table 8c: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-dressing or undressing, by education level and household income

Education	
Low	40.4
Medium	43.7
High	50.0
Income	
Low: 1-10,000	33.7
Middle: 10,001-50,000	40.6
High: 50,001+	49.2
Unknown	44.1

Table 9a: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-washing, bathing, toilet, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	43.9	52.2	32.6	48.2	32.5	58.1
Male	37.5	32.7	27.9	58.7	44.5	20.0
Female	47.5	60.3	35.0	38.2	15.4	75.0
Urban	40.9	44.8	36.9	48.6	29.2	58.1
Rural	45.6	56.4	28.4	48.1	33.7	

Table 9b: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-washing, bathing, toilet, by marital status and tenancy

Marital Status	
Married	45.0
Widowed	43.5
Others	24.0
Tenure	
Owner	44.2
Renting	52.9
Provided	35.1

Table 9c: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-washing, bathing, toilet, by education level and household income

Education	
Low	45.08
Medium	44.71
High	49.48
Income	
Low: 1-10,000	36.03
Middle: 10,001-50,000	45.55
High: 50,001+	38.18
Unknown	43.63

Table 10a: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-have meds at correct time, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	50.5	60.8	47.4	16.2	43.5	40.8
Male	47.4	58.8	48.9	5.8	59.8	0.0
Female	53.0	62.1	46.4	34.1	22.0	62.5
Urban	51.7	53.4	55.8	19.8	44.2	40.8
Rural	49.8	64.8	38.2	15.4	43.2	

Table 10b: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-have meds at correct time, by marital status and tenancy

Marital Status	
Married	53.2
Widowed	47.5
Others	37.7
Tenure	
Owner	51.4
Renting	40.5
Provided	45.3

Table 10c: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-have meds at correct time, by education level and household income

Education	
Low	52.4
Medium	50.9
High	70.4
Income	
Low: 1-10,000	46.1
Middle: 10,001-50,000	56.3
High: 50,001+	35.2
Unknown	44.1

Table 11a: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-preparing meals, eating, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	52.0	63.1	42.3	26.2	46.1	43.3
Male	51.9	71.3	41.1	7.3	60.5	0.0
Female	52.2	59.0	43.1	46.8	24.8	62.5
Urban	47.2	48.7	48.3	26.4	43.4	43.3
Rural	54.8	71.2	37.1	26.2	47.1	

Table 11b: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-preparing meals, eating, by marital status and tenancy

Marital Status	
Married	54.6
Widowed	49.9
Others	17.9
Tenure	
Owner	52.6
Renting	52.0
Provided	44.4

Table 11c: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-preparing meals, eating, by education level and household income

Education	
Low	55.4
Medium	51.9
High	55.6
Income	
Low: 1-10,000	47.2
Middle: 10,001-50,000	55.8
High: 50,001+	43.4
Unknown	48.9

Table 12a: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-getting around indoors or outside, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	47.2	55.3	40.5	30.6	34.6	40.8
Male	49.8	61.8	32.9	26.0	46.9	0.0
Female	45.5	51.0	44.2	34.1	17.8	62.5
Urban	42.8	42.7	45.1	31.4	39.9	40.8
Rural	49.9	62.5	35.7	30.3	32.5	

Table 12b: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-getting around indoors or outside, by marital status and tenancy

Marital Status	
Married	52.0
Widowed	42.9
Others	18.6
Tenure	
Owner	47.4
Renting	47.7
Provided	44.3

Table 12c: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-getting around indoors or outside, by education level and household income

Education	
Low	46.3
Medium	47.6
High	59.6
Income	
Low: 1-10,000	40.6
Middle: 10,001-50,000	50.9
High: 50,001+	49.3
Unknown	41.7

Table 13a: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-managing finance, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	51.2	57.9	45.8	34.7	36.5	55.0
Male	50.2	54.2	48.9	21.9	44.9	0.0
Female	52.0	60.5	43.3	38.6	21.9	72.7
Urban	49.0	44.7	55.3	43.1	46.0	55.0
Rural	52.6	64.7	35.9	32.4	32.9	

Table 13b: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-managing finance, by marital status and tenancy

Marital Status	
Married	55.9
Widowed	46.0
Others	20.7
Tenure	
Owner	51.9
Renting	45.1
Provided	46.4

Table 13c: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-managing finance, by education level and household income

Education	
Low	50.8
Medium	54.5
High	62.3
Income	
Low: 1-10,000	47.1
Middle: 10,001-50,000	54.8
High: 50,001+	51.1
Unknown	44.5

Table 14a: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-washing clothes and bedding, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	52.6	61.9	45.1	34.6	33.7	53.7
Male	51.0	64.0	47.8	12.6	48.0	25.0
Female	53.6	60.7	43.1	54.6	16.3	70.0
Urban	48.3	48.3	51.3	36.6	37.0	53.7
Rural	55.1	69.1	37.9	34.3	32.4	

Table 14b: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-washing clothes and bedding, by marital status and tenancy

Marital Status	
Married	55.4
Widowed	49.4
Others	37.0
Tenure	
Owner	53.4
Renting	53.0
Provided	40.9

Table 14c: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-washing clothes and bedding, by education level and household income

Education	
Low	53.8
Medium	53.8
High	62.5
Income	
Low: 1-10,000	50.3
Middle: 10,001-50,000	54.4
High: 50,001+	57.5
Unknown	51.4

Table 15a: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-doing routine housework, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	53.2	61.6	47.1	36.5	29.4	44.3
Male	52.7	63.3	47.9	17.0	41.5	0.0
Female	53.6	60.5	46.5	48.6	14.2	60.0
Urban	50.0	47.6	57.8	37.7	34.9	44.3
Rural	55.3	69.5	35.0	36.2	27.1	

Table 15b: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-doing routine housework, by marital status and tenancy

Marital Status	
Married	57.7
Widowed	48.2
Others	31.0
Tenure	
Owner	53.8
Renting	55.5
Provided	43.4

Table 15c: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-doing routine housework, by education level and household income

Education	
Low	51.6
Medium	56.2
High	62.4
Income	
Low: 1-10,000	50.8
Middle: 10,001-50,000	55.0
High: 50,001+	44.9
Unknown	50.6

Table 16a: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-shopping for groceries or clothes, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	53.1	62.4	47.9	30.7	25.4	54.0
Male	51.3	64.2	47.4	8.1	36.3	16.7
Female	54.4	61.4	48.2	47.5	11.9	70.0
Urban	49.4	47.5	57.7	27.3	35.6	54.0
Rural	55.4	71.1	37.3	31.3	21.2	

Table 16b: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-shopping for groceries or clothes, by marital status and tenancy

Marital Status	
Married	55.8
Widowed	49.9
Others	40.9
Tenure	
Owner	53.7
Renting	56.8
Provided	42.4

Table 16c: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-shopping for groceries or clothes, by education level and household income

Education	
Low	52.9
Medium	55.2
High	59.3
Income	
Low: 1-10,000	46.0
Middle: 10,001-50,000	56.0
High: 50,001+	35.5
Unknown	52.3

Table 17a: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-any other activity, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	51.1	61.2	41.8	27.5	21.5	48.0
Male	49.8	61.7	45.2	7.8	26.4	14.3
Female	52.0	60.9	38.6	38.7	14.9	66.7
Urban	47.3	47.9	49.9	24.8	38.3	48.0
Rural	53.5	69.0	33.6	28.0	14.5	

Table 17b: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-any other activity, by marital status and tenancy

Marital Status	
Married	56.5
Widowed	45.0
Others	27.6
Tenure	
Owner	52.1
Renting	56.8
Provided	32.9

Table 17c: The impact of the treatment they experienced (since the age of 60), on the degree of support they receive with activities of personal care with which they require help-any other activity, by education level and household income

Education	
Low	51.0
Medium	52.1
High	63.4
Income	
Low: 1-10,000	45.0
Middle: 10,001-50,000	53.3
High: 50,001+	54.9
Unknown	49.1

PRINCIPLE 11: ACCESS TO HEALTH CARE TO HELP THEM TO MAINTAIN OR REGAIN THE OPTIMUM LEVEL OF PHYSICAL, MENTAL AND EMOTIONAL WELL-BEING AND TO PREVENT OR DELAY THE ONSET OF ILLNESS.

Table 18a: Believes the available health care helps to maintain the best level of physical health, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	63.6	65.4	57.2	76.7	33.7	31.5
Male	65.0	67.6	57.5	82.5	17.9	21.7
Female	62.0	63.0	57.0	70.0	52.6	42.9
Urban	66.3	66.3	68.6	73.8	41.0	31.5
Rural	61.9	64.9	42.7	77.3	30.9	

Table 18b: Believes the available health care helps to maintain the best level of physical health, by marital status and tenancy

Marital Status	
Married	66.9
Widowed	58.8
Others	39.4
Tenure	
Owner	65.4
Renting	60.9
Provided	38.4

Table 18c: Believes the available health care helps to maintain the best level of physical health, by

Education	
Low	57.7
Medium	65.0
High	71.3
Income	
Low: 1-10,000	47.6
Middle: 10,001-50,000	63.7
High: 50,001+	57.0
Unknown	66.8

Table 19a: Believes the available health care helps to maintain the best level of mental and emotional wellbeing, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	67.1	68.5	61.9	81.5	32.4	40.0
Male	67.1	68.6	64.3	82.7	18.4	27.3
Female	67.0	68.4	59.5	80.1	48.8	53.3
Urban	68.0	66.9	70.9	78.3	48.1	40.0
Rural	66.5	69.3	50.3	82.2	26.4	

Table 19b: Believes the available health care helps to maintain the best level of mental and emotional wellbeing, by marital status and tenancy

Marital Status	
Married	71.0
Widowed	61.4
Others	40.1
Tenure	
Owner	68.7
Renting	65.6
Provided	43.3

Table 19c: Believes the available health care helps to maintain the best level of mental and emotional wellbeing, by education level and household income

Education	
Low	61.4
Medium	68.0
High	78.3
Income	
Low: 1-10,000	49.9
Middle: 10,001-50,000	67.7
High: 50,001+	67.8
Unknown	69.1

PRINCIPLE 12: ACCESS TO SOCIAL AND LEGAL SERVICES TO ENHANCE THEIR AUTONOMY, PROTECTION AND CARE.

Table 20a: Aware of legal and social services that can help you to ensure receipt of care and protection, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	2.7	2.7	4.0	0.8	0.7	0.0
Male	4.0	4.0	5.7	1.8	0.0	0.0
Female	1.3	1.2	2.2	0.0	1.6	0.0
Urban	3.9	4.0	4.9	1.2	0.0	0.0
Rural	1.9	2.0	3.0	0.7	1.0	

Table 20b: Aware of legal and social services that can help you to ensure receipt of care and protection, by marital status and tenancy

Marital Status	
Married	3.3
Widowed	1.7
Others	2.3
Tenure	
Owner	2.8
Renting	0.0
Provided	2.5

Table 20c: Aware of legal and social services that can help you to ensure receipt of care and protection, by education level and household income

Education	
Low	0.7
Medium	2.7
High	3.8
Income	
Low: 1-10,000	2.0
Middle: 10,001-50,000	3.5
High: 50,001+	9.6
Unknown	0.9

Table 21a: Entitled to pension in own name, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	14.0	15.0	13.9	11.7	3.9	39.1
Male	17.7	19.3	16.6	16.7	2.4	26.1
Female	10.3	10.7	11.2	6.0	5.7	53.3
Urban	23.1	25.8	20.1	16.4	11.9	39.1
Rural	8.6	9.3	6.1	10.5	0.9	

Table 21b: Entitled to pension in own name, by marital status and tenancy

Marital Status	
Married	13.5
Widowed	15.2
Others*	5.9
Tenure	
Owner	13.7
Renting	19.7
Provided **	15.6

Table 21c: Entitled to pension in own name, by education level and household income

Education	
Low	4.0
Medium	16.1
High	22.1
Income	
Low: 1-10,000	15.6
Middle: 10,001-50,000	15.2
High: 50,001+	40.4
Unknown	8.3

PRINCIPLE 13: UTILIZE APPROPRIATE LEVELS OF INSTITUTIONAL CARE PROVIDING PROTECTION, REHABILITATION AND SOCIAL AND MENTAL STIMULATION IN A HUMANE AND SECURE ENVIRONMENT.

Table 22a: Aware of community and institutional care providers, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	9.9	8.4	13.4	8.6	10.6	10.2
Male	11.2	10.3	12.8	15.9	3.5	0.0
Female	8.5	6.7	14.1	0.0	19.2	18.2
Urban	14.1	11.1	20.4	6.6	13.6	10.2
Rural	7.2	6.7	6.3	9.0	9.3	

Table 22b: Aware of community and institutional care providers, by marital status and tenancy

Marital Status	
Married	9.9
Widowed	9.6
Others	12.8
Tenure	
Owner	9.8
Renting	8.4
Provided	11.4

Table 22c: Aware of community and institutional care providers, by education level and household income

Education	
Low	6.6
Medium	12.6
High	11.8
Income	
Low: 1-10,000	6.0
Middle: 10,001-50,000	10.7
High: 50,001+	0.0
Unknown	12.1

Table 23a: The impact of receipt of health care - Fully able to make decisions about care received (Highly positive and positive impact), by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	21.3	21.8	28.9	10.8	13.5	17.5
Male	23.6	30.5	23.2	0.0	13.2	0.0
Female	18.5	12.2	32.6	30.0	14.9	20.0
Urban	21.9	25.2	17.7	0.0	13.9	17.5
Rural	20.8	18.9	40.3	13.1	13.4	

Table 23b: The impact of receipt of health care - Fully able to make decisions about care received (Highly positive and positive impact), by marital status and tenancy

Marital Status	
Married	20.1
Widowed	20.8
Others	76.5
Tenure	
Owner	20.6
Renting	18.8
Provided	32.0

Table 23c: The impact of receipt of health care - Fully able to make decisions about care received (Highly positive and positive impact), by education level and household income

Education	
Low	21.2
Medium	18.6
High	36.7
Income	
Low: 1-10,000	40.3
Middle: 10,001-50,000	21.1
High: 50,001+	-
Unknown	17.9

PRINCIPLE 15: ABLE TO PURSUE OPPORTUNITIES FOR THE FULL DEVELOPMENT OF THEIR POTENTIAL

Table 24a: Satisfied with freedom to choose what to do with life, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	73.8	75.6	71.6	76.1	50.5	64.6
Male	74.7	78.7	70.6	75.6	32.1	56.5
Female	72.9	72.4	72.6	76.6	72.1	73.3
Urban	73.2	71.8	78.0	65.1	68.5	64.6
Rural	74.2	77.6	63.4	78.8	43.6	

Table 24b: Satisfied with freedom to choose what to do with life, by marital status and tenancy

Marital Status	
Married	76.1
Widowed	70.2
Others	67.1
Tenure	
Owner	74.9
Renting	75.4
Provided	56.4

Table 24c: Satisfied with freedom to choose what to do with life, by education level and household income

Education	
Low	69.8
Medium	70.7
High	79.9
Income	
Low: 1-10,000	69.7
Middle: 10,001-50,000	75.4
High: 50,001+	67.1
Unknown	72.6

PRINCIPLE 16: ACCESS TO THE EDUCATIONAL, CULTURAL, SPIRITUAL AND RECREATIONAL RESOURCES OF SOCIETY.

Table 25a: Believe that they have access to appropriate educational and training programmes at old age, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	3.7	3.6	3.2	6.7	0.3	0.0
Male	5.8	5.9	3.5	11.6	0.6	0.0
Female	1.6	1.2	2.8	1.5	0.0	0.0
Urban	4.7	5.8	2.9	6.8	1.2	0.0
Rural	3.1	2.5	3.6	6.7	0.0	

Table 25b: Believe that they have access to appropriate educational and training programmes at old age, by marital status and tenancy

Marital Status	
Married	4.3
Widowed	2.6
Others	6.3
Tenure	
Owner	4.0
Renting	0.9
Provided	1.7

Table 25c: Believe that they have access to appropriate educational and training programmes at old age, by education level and household income

Education	
Low	1.0
Medium	2.6
High	3.7
Income	
Low: 1-10,000	2.8
Middle: 10,001-50,000	5.1
High: 50,001+	3.7
Unknown	1.7

PRINCIPLE 17: ABLE TO LIVE IN DIGNITY AND SECURITY AND BE FREE OF EXPLOITATION AND PHYSICAL OR MENTAL ABUSE.

Table 26a: Experienced physical assault, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	6.5	6.1	8.2	2.4	14.7	25.2
Male	6.9	7.1	6.1	0.7	21.8	31.8
Female	6.1	5.0	10.5	4.4	6.0	16.7
Urban	9.9	10.4	7.9	6.0	23.4	25.2
Rural	4.5	3.9	8.7	1.5	11.3	

Table 26b: Experienced physical assault, by marital status and tenancy

Marital Status	
Married	6.1
Widowed	7.0
Others	9.9
Tenure	
Owner	6.2
Renting	9.0
Provided	9.4

Table 26c: Experienced physical assault, by education level and household income

Education	
Low	6.1
Medium	5.3
High	8.2
Income	
Low: 1-10,000	6.3
Middle: 10,001-50,000	7.4
High: 50,001+	21.1
Unknown	2.8

Table 27a: Experience of stolen money, property or possessions (such as savings, pension, a house, land or jeweler) since age of 60, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	4.8	3.8	7.6	2.0	14.2	13.7
Male	4.4	3.2	6.7	0.7	19.6	14.3
Female	5.3	4.3	8.7	3.4	7.5	12.5
Urban	8.3	8.6	6.8	3.7	24.9	13.7
Rural	2.7	1.2	8.8	1.5	10.1	

Table 27b: Experience of stolen money, property or possessions (such as savings, pension, a house, land or jeweler) since age of 60, by marital status and tenancy

Marital Status	
Married	3.7
Widowed	6.0
Others	20.8
Tenure	
Owner	4.3
Renting	11.0
Provided	8.1

Table 27c: Experience of stolen money, property or possessions (such as savings, pension, a house, land or jeweler) since age of 60, by education level and household income

Education	
Low	4.9
Medium	4.2
High	6.0
Income	
Low: 1-10,000	6.9
Middle: 10,001-50,000	4.8
High: 50,001+	17.4
Unknown	3.9

Table 28a: Experience whereby others tried to make elderly give away money, property or possessions (such as savings, pension, a house, land or jeweler) since age of 60, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	4.4	3.2	7.6	1.9	13.7	8.2
Male	4.3	3.3	6.3	0.7	18.8	5.6
Female	4.6	3.1	9.0	3.4	7.5	12.5
Urban	6.4	5.9	5.9	3.7	26.0	8.2
Rural	3.3	1.9	9.9	1.5	9.0	

Table 28b: Experience whereby others tried to make elderly give away money, property or possessions (such as savings, pension, a house, land or jeweler) since age of 60, by marital status and tenancy

Marital Status	
Married	3.7
Widowed	5.2
Others	13.5
Tenure	
Owner	4.0
Renting	10.9
Provided	7.2

Table 28c: Experience whereby others tried to make elderly give away money, property or possessions (such as savings, pension, a house, land or jeweler) since age of 60, by education level and household income

Education	
Low	5.1
Medium	4.4
High	3.5
Income	
Low: 1-10,000	2.9
Middle: 10,001-50,000	4.7
High: 50,001+	24.2
Unknown	4.0

Table 29a: Experience whereby others tried to obtain elderly's money, property or possessions (such as savings, pension, a house, land or jewellery) by tricking or cheating elderly since age of 60, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	5.8	3.6	9.9	8.0	12.5	13.7
Male	6.6	3.6	9.8	12.3	19.0	14.3
Female	5.0	3.7	10.1	3.1	4.5	12.5
Urban	7.4	6.3	7.2	9.6	23.7	13.7
Rural	4.9	2.3	13.4	7.6	8.2	

Table 29b: Experience whereby others tried to obtain elderly's money, property or possessions (such as savings, pension, a house, land or jewellery) by tricking or cheating elderly since age of 60, by marital status and tenancy

Marital Status	
Married	5.6
Widowed	5.7
Others	16.2
Tenure	
Owner	5.6
Renting	9.6
Provided	6.8

Table 29c: Experience whereby others tried to obtain elderly's money, property or possessions (such as savings, pension, a house, land or jewellery) by tricking or cheating elderly since age of 60, by education level and household income

Education	
Low	6.0
Medium	5.5
High	4.4
Income	
Low: 1-10,000	3.5
Middle: 10,001-50,000	6.2
High: 50,001+	18.0
Unknown	5.6

Table 30a: Experience whereby elderly has been denied money, property or possessions (such as savings, pension, a house, land or jewellery) that is owed to them since age of 60, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	6.2	4.3	8.6	10.3	11.8	16.8
Male	7.6	5.2	6.6	19.3	16.0	19.0
Female	4.7	3.5	10.7	0.0	6.7	12.5
Urban	9.1	8.8	7.4	15.6	18.8	16.8
Rural	4.5	2.1	10.1	9.0	9.1	

Table 30b: Experience whereby elderly has been denied money, property or possessions (such as savings, pension, a house, land or jewellery) that is owed to them since age of 60, by marital status and tenancy

Marital Status	
Married	5.6
Widowed	6.9
Others	16.0
Tenure	
Owner	6.0
Renting	10.2
Provided	6.6

Table 30c: Experience whereby elderly has been denied money, property or possessions (such as savings, pension, a house, land or jewellery) that is owed to them since age of 60, by education level and household income

Education	
Low	6.4
Medium	5.0
High	10.0
Income	
Low: 1-10,000	5.7
Middle: 10,001-50,000	7.0
High: 50,001+	21.9
Unknown	6.0

Table 31a: Experience whereby elderly was prevented from having a fair share of household money, inheritance or property (such as land or a farm), or possessions since age of 60, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	4.7	3.5	8.1	1.5	14.5	16.8
Male	5.1	4.3	6.0	1.0	22.4	19.0
Female	4.3	2.7	10.4	2.2	4.6	12.5
Urban	7.2	5.9	8.4	3.8	25.1	16.8
Rural	3.2	2.3	7.8	1.0	10.5	

Table 31b: Experience whereby elderly was prevented from having a fair share of household money, inheritance or property (such as land or a farm), or possessions since age of 60, by marital status and tenancy

Marital Status	
Married	3.9
Widowed	5.7
Others	12.7
Tenure	
Owner	4.4
Renting	11.8
Provided	3.8

Table 31c: Experience whereby elderly was prevented from having a fair share of household money, inheritance or property (such as land or a farm), or possessions since age of 60, by education level and household income

Education	
Low	5.1
Medium	3.7
High	3.4
Income	
Low: 1-10,000	5.0
Middle: 10,001-50,000	5.0
High: 50,001+	13.8
Unknown	4.0

Table 32a: Experience whereby others did something else to cause extreme emotional or psychological distress to elderly, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	15.6	15.8	15.1	12.8	20.5	26.9
Male	12.1	13.0	13.2	2.0	22.7	15.8
Female	19.1	18.8	17.0	24.7	17.9	38.5
Urban	19.8	21.3	17.0	14.2	30.8	26.9
Rural	13.0	13.0	12.5	12.5	16.7	

Table 32b: Experience whereby others did something else to cause extreme emotional or psychological distress to elderly, by marital status and tenancy

Marital Status	
Married	12.8
Widowed	19.2
Others	40.9
Tenure	
Owner	14.5
Renting	20.0
Provided	28.1

Table 32c: Experience whereby others did something else to cause extreme emotional or psychological distress to elderly, by education level and household income

Education	
Low	18.3
Medium	15.5
High	18.0
Income	
Low: 1-10,000	22.8
Middle: 10,001-50,000	13.9
High: 50,001+	21.1
Unknown	15.0

PRINCIPLE 18: TREATED FAIRLY REGARDLESS OF AGE, GENDER, RACIAL OR ETHNIC BACKGROUND, DISABILITY OR OTHER STATUS, AND BE VALUED INDEPENDENTLY OF THEIR ECONOMIC CONTRIBUTION.

Table 33a: Not treated with dignity and respect because of age, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	12.5	12.9	13.4	5.9	18.0	37.2
Male	12.8	12.4	14.5	6.6	22.3	65.2
Female	12.3	13.5	12.4	5.2	13.0	6.7
Urban	13.7	15.6	10.2	7.4	18.7	37.2
Rural	11.8	11.5	17.6	5.6	17.8	

Table 33b: Not treated with dignity and respect because of age, by marital status and tenancy

Marital Status	
Married	11.3
Widowed	13.3
Others	42.5
Tenure	
Owner	12.0
Renting	13.5
Provided	19.7

Table 33c: Not treated with dignity and respect because of age, by education level and household income

Education	
Low	13.2
Medium	13.8
High	11.5
Income	
Low: 1-10,000	18.1
Middle: 10,001-50,000	13.9
High: 50,001+	19.9
Unknown	7.5

Table 34a: Feel that they have no control over what happens because of age, by gender and locality

	Total (Pakistan)	Punjab	Sindh	KPK	Balochistan	Islamabad
Total	12.2	13.1	11.0	5.7	22.6	27.2
Male	10.1	9.2	12.8	6.6	16.0	52.2
Female	14.5	17.2	9.3	4.8	30.4	0.0
Urban	13.4	14.8	10.2	8.2	27.3	27.2
Rural	11.5	12.2	12.2	5.1	20.9	

Table 34b: Feel that they have no control over what happens because of age, by marital status and tenancy

Marital Status	
Married	10.6
Widowed	14.1
Others	32.1
Tenure	
Owner	11.5
Renting	12.0
Provided	22.6

Table 34c: Feel that they have no control over what happens because of age, by education level and household income

Education	
Low	14.2
Medium	13.0
High	16.4
Income	
Low: 1-10,000	15.5
Middle: 10,001-50,000	13.8
High: 50,001+	20.4
Unknown	8.7

REFERENCES

Ahmad, K and Hafeez, M (2011) Factors affecting social participation of elderly people: a study in Lahore. Journal of Animal and Plant Sciences 21/2: 283–289. Available online at: https://www.semanticscholar.org/paper/Factors-Affecting-Social-Participation-of-Elderly-Ahmad/6ed7723b35214efdb006b127d796eb61250af5c0

Baig LA, Hasan, Z and Iliyas, M (2000) Are the Elderly in Pakistan getting their due Share in health services? Results from a Survey done in the peri-urban Communities of Karachi. Journal of Pakistan Medical Association 50/6: 192–196.

Bhamani, MA, Karim, MS and Khan, MM (2013) Depression in the elderly in Karachi, Pakistan: A Cross sectional Study. BMC Psychiatry 13/181: 1–8.

Chaudhry, AG, Ahmed, A, Zeeshan, A and Mehmood, R (2014) Income Status and Medical History of Older Persons in Rawalpindi: Anthropology of Ageing. Medical Forum Monthly 25/6: 13–17. Available online at: https://www.researchgate.net/publication/263749830

Dildar, S, Saeed, Y and Sharjeela (2012) Exploratory Study Of The Nature Of Violence Against Elderly In District Gujrat, Pakistan. Academic Research International 2/3.

HelpAge International (2015) Global AgeWatch Index: Insight Report. London.

HelpAge International (2017) Pension Watch. Available online at www.pension-watch.net

International Labour Organisation (2016) Social Protection Floor. Available online at: www.ilo.org/secsoc/areas-of-work/policy-development-and-applied-research/social-protection-floor/lang--en/index.htm

Itrat, A, Taqui, AM, Qazi, F and Qidwai, W (2007) Family systems: perceptions of elderly patients and their attendants presenting at a University Hospital in Karachi, Pakistan. Journal of Pakistan Medical Association 57/2: 106–110.

Khan, SA and Ghosh, P (2003) Ageing: The Demographic Volcano. Journal of Pakistan Medical Association 53/10.

Muhammad, N, Jan, MA, Shah, M and Ahmad, Z (2009) Old Age People: A Socio-Economic View of their Problems in Peshawar City, Pakistan. Pakistan Journal of Life and Social Sciences 7/2: 126–130.

Mujahid, G and Siddhisena, KAP (2009) Demographic Prognosis for South Asia: A future of rapid ageing. Papers in Population Ageing No. 6.

Nawaz, N, Maann, AA, Akhter, S and Ashraf, I (2012) Health Status Of Elderly Women In Socio-Economic And Cultural Context In Punjab, Pakistan. Sarhad Journal of Agriculture 28/2.

Nasir, ZM and Ali, SM (2000) Labour Market Participation of the Elderly. Pakistan Development Review 39/4: 1075–1086.

Pakistan Bureau of Statistics (1998) 1998 Population Census. Available online at: www.pbs.gov.pk/population-tables

Park, D, Lee, SH and Mason, A (eds) (2012) Aging, Economic Growth and Old-Age Security in Asia. Asian Development Bank.

Pew Research Centre (2014) Attitudes about Aging: A Global Perspective. Available at www.pewglobal.org/2014/01/30/attitudes-about-aging-a-global-perspective

Qureshi, Kaveri (2005) Ageing: Gender, Social class and Health in Pakistan. Available online at: http://cppg.fccollege.edu.pk/ageing-gender-social-class-and-health-in-pakistan

Sabzwari, SR and Azhar, G (2010) Ageing in Pakistan—A New Challenge. Ageing International 36/4.

Sidorenko, A and Zaidi, A (2018) International policy frameworks on ageing: Assessing Progress in Reference to the Madrid International Plan of Action on Ageing. Journal of Social Policy Studies 16/1: 141–154. Available online at:

https://www.researchgate.net/publication/324073550_International_Policy_Frameworks_on_Ageing_Assessing_Progress_in_Reference_to_the_Madrid_International_Plan_of_Action_on_Ageing

Stefanoni, S and Williamson, C (2015) Review of Good Practice in National Laws and Policies on Ageing. HelpAge International and UNFPA. Chiang Mai. Available online at: http://webcache.googleusercontent.com/search?q=cache:Xj-0gKfDYT4J:www.helpage.org/silo/files/review-of-good-practice-and-models-of-national-policies-and-laws-on-ageing.doc+&cd=3&hl=en&ct=clnk&gl=uk

United Nations Department of Economics and Social Affairs (2006) World population prospect. Revised in 2006, Working Paper No. ESA/P/WP.202.

UNICEF (2017) Disabled population. Benazir Income Support Programme. Islamabad, Pakistan.

UNDP (2016) Multidimensional poverty index Pakistan. Available online at:

http://www.pk.undp.org/content/pakistan/en/home/library/hiv_aids/Multidimensional-Poverty-in-Pakistan.html

IILO (2016) The Islamic republic of Pakistan Decent Work Country Programme (2016-2020) http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-islamabad/documents/publication/wcms_532847.pdf

World Bank (2013) Pakistan: Towards an Integrated National Safety Net System: Assisting Poor and Vulnerable Households: An Analysis of Pakistan's Main Cash Transfer Program. Human Development Sector South Asia Region, page vii.

World Health Organisation (2003) Healthy Life Expectancy Statistics. Available online at: www.who.int/healthinfo/statistics/indhale/en/

World Health Organisation (2007) Health Systems Profile – Pakistan Regional Health Systems Observatory. EMRO.

World Health Organisation (2015) World Health and Ageing Report. Geneva.

World Health Organisation (2016) Global strategy and action plan on ageing and health.

Zaidi, A (2013) Global AgeWatch Index 2013: Purpose, Methodology and Results. Available online at: www.helpage.org/download/52949b561453d/

Zaidi, A and Stanton, D (2015) Active Ageing Index 2014: Analytical Report. Report produced at the Centre for Research on Ageing, University of Southampton, under contract with UNECE (Geneva), co-funded by European Commission, Brussels.

Zaidi, A., R. Willis, N. Farina, S. Balouch, H. Jafri, I. Ahmed, Q. Khan and R. Jaffri (2019) 'Understanding, Beliefs and Treatment of Dementia in Pakistan: Final Report', Report submitted to Age International, the UK.

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