**Elderly Situation in Pakistan**

The age group which a person should be categorised as the elderly/old has two dimensions i.e. a person 60 and has more than 60 and second having 65 and over (Clarke, 1970). But this categorization of elderly varies from 60 to 65 years age group in the developing and developed countries. In Pakistan the people aged 60 and above are considered as the elderly and the official retirement age also same one. The age range of the older population is frequently dictomized into ‘young old’ (60-74) and ‘old old’ (74 and above) (Clarke, 1984). Moreover in the developed countries are further classified into three groups i.e. young old (65-74), middle old (75-84), and the oldest old (85 and above) (Nizamuddin, 2010).The united nations has also defined elderly or aged, using the two criteria of 60 and 65 years on the basis of superannuation prescribed by the national governments (Talat, 2005).

**Population Aging in Pakistan**

Population aging means the increase in the number and proportion of the elderly in a society. This population aging is caused due to increase in life expectancy and improvement in social environment i.e. better sanitation, hygiene, nutrition, education, and healthy physical activities (Afzal, 1994; Nizamuddin and Maqsood. 2010). Similarly hafeez (2004) also confirmed that population of elderly going to massive due to decline in fertility and continuing improvement in longevity of age. According to the Economic Survey of Pakistan 2004-05, the life expectancy estimated for males and females stood at 64.10 and 63.80 years respectively (Government of Pakistan, Islamabad. Economic Survey of Pakistan, 2004-05: 159)

The growth in the aged population in Pakistan was 1.921millions in 1951 and it increased to 7.338 million (male 3.990 and female3.348) in 1998(Govt. Of Pakistan, Population Census Bureau, 1998). Based on the 1998 census results, the estimated population of Pakistan in 2002 was around 143 million, in which there were over 8 million aged people. Although the population of elderly male is high than the female elderly , yet the difference between the two will become decreased in the future due to increase in life expectancy of females as compared to males (Khalid, 2003).

The population of Pakistan is growing rapidly to the alarming figure, which is currently estimated to be 185 million by UN. The population aging also going to increase day by day and according to the population census of 1981counted 5.7 million elderly having age 60 and above. But in the census of 1998, it reaches to 7.2 million with 26 % increase as compared to the previous census. According to the UN estimates, the aging population i.e. 60 and above touches the figure of 11.5 million (1.1 million are aged 80 years and above) in Pakistan. Theses number will proceed to 16 million by 2020 and to 50 million by 2050. Currently this aged population comprises to 6 percent to the whole population of country which will go to increase up to 16 percent of the country population by 2050. In addition, the support ratio (number of people aged between 15 and 64 divided by number of people aged 65 and above), which is estimated to be 15 at present but likely to come down to 7 by 2050 (UNDESA, 2009).

According to UN estimates, there are currently 11.5 million (of the total population of 185 million) aged in Pakistan that may increases to 50 million by 2050. The aged population comprises of 6% of the total population of Pakistan (United Nation Department of Economics and Social Affairs 2009).

A remarkable feature of the size of aged population in Punjab province stands much above of the old population percentage of the country. Percentage of elderly at national level is 5.54 while percentage of Punjab province is 6.12, which is .67 % high than national level (Nizamuddin and Maqsood. 2010).

**Aging Population in Developed and Developing World**

According to the UN estimates, declining fertility and increasing in life are resulting in aging of population in both developed and developing countries which require serious attention of the governments. Throughout the world, the number of people aged 60 and over is going to increase which will go to the alarming number i.e. 2000 million in 2050. In developing countries as a whole, 60 year and above population is about 8 per cent and will increase up to 28 per cent by 2050 (Nizamuddin, Ahmed, Demography of Elderly). Weill asserts that aging is specifically high in developed countries with the median age expected to rise up to 45 by 2050 (Weill, 2006).

With the changing demographic scenario, the population of elderly, comprised ten percent of the world’s six billion inhabitant in 2000. This percentage will go to increase to 22 percent by the year 2050 and this massive increase in elderly population would be mostly contributed by the developing countries (UN, 2002). The demographic transitions that will take more than one century to complete in the developed world, which it has occurred in several developing countries within a few decades (Ali and Kiani 2003). Similarly Hashmi also highlighted that more than three quarter of the world’s net gain of older population occurred in developing countries during the period from 1999-2000.

The growth of elderly population has been increasing twicely in developing countries in comparison with developed countries. As the Asia and the Pacific region, comprised approximately 600 million older people, which is the most rapidly growing aging region. The same situation lies within the South Asian countries. The number of elderly in south Asia will quadruple to about 408 million in 2000 and currently 54 % elderly population lived in Asia. (Nizamuddin and javed, 2004). Theses historical facts revealed that the demographic transitions occurred at slow rate in developed countries as a result experienced gradual population aging during the second half of the twentieth century (Longino and Wilmoth, 2007. P.68).

The table shows a bulk of elderly population (81 million) in the region lives in India and their number will quadruple by 2050. The second largest number of elderly population is categorised in Pakistan which is estimated to increase up to 43 million, comprising fivefold increased by the year 2050. This massive increase in aged population at national level, which has started since 1990s, indicated clear and horrible picture of serious developmental challenges in future.

Table: No. of Persons Aged (60 & above) in SAARC region in 2002 and 2050.

**SAARC Countries No. Of Aged in Thousands**

**2002 2050**

Bangladesh 7,210 42,547

Bhutan 144 678

India 81,089 324,316

Maldives 16 105

Nepal 1,438 6,516

Pakistan 8,611 42,840

Sri-lanka 1,857 6,370

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Source: (Nizamudin and Javed 2004, P.6), Rapid Growth of Elderly: Policies and Practices of Care and Support of the Elderly.

**Elderly Research Studies in Pakistan**

The surveys on aging in Pakistan are conducted on the small level due to the financial constraints and a few studies have been conducted to highlight the needs and problems of aged. Due to the changing family patters, urbanization and emigration of young people to other countries, there have been multifaceted problems to aged in Pakistan. These studies only focused the elderly socio-economic conditions and daily life activities but no study persistent on their mental health status.

The research work on elderly situation started by Afzal in 1994, who did a case study on the consequences on aging and found that majority of the elders in Pakistan had to work in order to survive. In another qualitative study on elderly, it was estimated that majority of older men in Pakistan desired to continue their economic activity as they felt that they were losing their status in family and society. This insufficient income was the recognised as a major problem (Afzal, 1999a). He also found that family was an important source of support for elderly but due to multifarious problems and socioeconomic transformation within the family structure, the family could not perform their duties regarding the care of elderly in proper way. Most of the caregivers in rural areas were middle aged or older ones but in urban areas the caregivers were relatively younger ones. This study also represented that majority of elders have some chronic diseases (Afzal, 1999b).

The effect of population ageing on development, the issues relating to the livelihood conditions and quality of life of the elderly are increasing day by day. It is therefore considered vital that those who are currently ageing and the approaching elderly should be able to get pleasure from both their family and community life. The President of Pakistan, in his message on International Day of the Elderly People (15th October, 2001) reiterated the need to take actions to reinforce the family structure and bonds to provide improved environment and social support (United Nation Population Fund, 1999).

According to the Dar (1996), only 34 percent of elderly male and 27 percent of the female respondents had adequate income. Similarly more than 55 percent of the male respondents and 90 percent of the female respondents had low economic status. Moreover this study also indicated that 67 % female and 33 % male respondents often felt loneliness which is a causative factor behind depression among elderly.

In another field study, it was concluded that 400,000 older persons in Pakistan were eligible to take financial assistance from the national zakat and usher system. This indicated that majority of the older persons may be categorized in the poor category who were supported by the families, particularly by their sons. Most of the elders did not rate their health as excellent and a significant number of respondents did have proper diets. Most of the aged persons reported lack of respect as they grow older. Some of the respondents also expressed the feelings of loneliness (Clark, 1999).

The field survey conducted by National Council for Social welfare, in Islamabad and Lahore revealed that 57 percent male in urban area and 80 percent male elders in rural area had income one thousand or less in routine life. Moreover more than one third i.e. 77 % had no cash income. All the females were economically dependent on family member but two third were economically independent. A high proportion of elderly expressed their feeling regarding the status and respect were attached with the economic. This study also recommended the provision of financial assistance and health services to poor elderly (MSWWS, Govt. Of Pakistan, 2000).

The Punjab Medical Research council (PMRC) conducted a study on elderly, when the elderly were asked about their economic dependence on families, 81% of respondents reported that they were dependent on their families, and more than half reported that they were fully dependent. Elderly women were more likely to be dependent than elderly men, and they were also more likely to be fully dependent. About 71% of elderly women were fully dependent on their families, compared to 34.2% of men.

Religious activities are essential part of the daily lives of elderly Pakistanis. 96 percent of the sample were Muslim, 3% Christian and 2% other religions. The elderly report very frequent religious practice, majority replied that they had regular schedule of praying five times a day and fasting throughout the month of Ramazan. Half of the respondents said that they read from the Quran every day. Most of female elderly were illiterate and those women who reported that they did recite the holy Quran, they were being unable to recite (often due to illiteracy) is the most commonly cited reason for not reading from the Quran (PMRC, 2003).

This survey also comprised some questions on satisfaction with life and major problems, which indicate how happy the respondents reported themselves to be .As the level of satisfaction is an indicator to predict their mental health conditions. Overall, 40% of the elderly reported being completely satisfied with their life. In general the women reported less satisfaction with their lives; only 30.9% reported complete satisfaction in life, while 49.1% male elderly gave positive response towards satisfaction in routine matters of life. However, there were no major urban-rural differences in reported satisfaction with life. However, 15.4% of the elderly men and 18.1% of the women agreed that ‘life was a burden on them. In this survey, the respondents did not more care for the difficulties in living conditions, occupation and housing while they identified money and health as their major problems. Interestingly, very few of the respondents identified family adjustment, social adjustment or loneliness as major problems in their lives (PMRC, 2003).

Nizamuddin and Ahmed (2003) focused the need to study the increasing number of aged population in Pakistan. They presented several recommendations to formulate a national policy on the aging population. Moreover they also highlighted that Pakistan was still not committed to formulate a policy to cater the needs of elderly. Ali and kiani (2003) used indicators of quality of life such as living conditions, gender, place of residence, and poverty and concluded that per capita food and non-food consumption was the major determinant of the quality of life of the elderly. In addition, type of residence and gender contributed significantly associated with their quality of life. The findings of this study also focused on the need of provision of health facilities and reported that they frequently demanded for the medical care.

The findings of research conducted by Pakistan Medical Research Council on the health and living conditions of the elderly indicated that the female elderly were residing in poor conditions than men and the rural elderly were less demanding for health care than urban elderly, who had poor health and cardiovascular problems. More than one third of the elderly wanted to continue work after reaching the 60 years, 28 % men and 8 % women received pension and only 6 percent of the elderly live alone while other residing with family. The condition of elderly living within joint family system was good as compared to the nuclear family system. More than two third of the respondents were supported by married sons and less than one half were reported to involve in family decision making (Pakistan Medical Research Council, 2003). Another study concluded that a small proportion of elderly enjoying excellent health and more than one forth of them had poor health (Hafeez, 2004).

According to the Ulfat Riaz (2005), a research study on age discrimination, concluded that growing old within south Asian communities has a different cultural meaning from the western community. Within Pakistani culture, the growing old is firmly attached with the raise in status and respect. You are respected and your opinion has importance on family issues being the oldest of family. The elderly people are considered as a centre especially in joint family system. This phenomenon is more prevalent in traditional and rural communities of Pakistan. They are considered as the back bone and every decision goes to the final stage after the permission of elders. Whether this respect or status arises out of loyalty, fear or love, depends on each family circumstances.

According to the study conducted by Ahmed and Hafeez (2006) in six localities of Lahore, found that 70.5 % of the respondents reported poor eye sight/vision problems. A small proportion reported cancer as a major chronic ailment. Along with these diseases, the elderly also suffering from high blood pressure, arthritis, diabetes, high cholesterol, obesity, Alzheimer’s disease and heart diseases were reported as major chronic conditions. They categorised two mental health problems i.e. Alzheimer’s disease (16 %) and Parkinson’s disease (7.7 %). The study findings of this research work clearly indicate that the onset of chronic conditions started around fifty years of age in developing countries like Pakistan. Moreover, socio economic conditions, chronological age, environment, emotional and psychological factors seemed to be important in inducing limiting chronic conditions. This high rate of prevalence of chronic conditions among poor segment of society is likely to raise demand for medical and financial support. This situation draws attention to formulate comprehensive policies and plans to address problems of growing number of the above mentioned chronic conditions. The self-reported medically diagnosed conditions by gender and age indicated that the percentage of various chronic conditions were more among females as compared to males. It also indicated that the prevalence of almost all chronic conditions consistently increased with the increase in chronological age.

According to Itrat and fellow researchers (2007) the concept of ‘Izat’ (respect) has a peculiar meaning in Pakistani society. It is very powerful concept which is considered essential for the smooth function of family. Now it is a time of enjoyment for elderly people, seeing their children with their own families, participating in decisions making and receiving ‘Izat’ from them. But due to urbanization and industrialization, the family values are going to change that diminishes the concept of izat which is alarming situation for the care and respect of elderly in Pakistani society.

From a the findings of research study entitles ‘situations of elderly in Pakistan , problems and prospects , it was concluded that the vulnerability of elderly increased when they lost their family support or become disable due to any physical injury. Due to poor mobility, social ‘invisibility’ and the erroneous assumption, older adults were often marginalized and frequently fail to access humanitarian aid and basic services.

When the families of older people were too poor and felt over burden to care for them, then their vulnerability becomes double.

The elderly facing different problems e.g. non provision of medical and health services, nutritional deficiencies, chronic diabetes, eye problems , dental problems, social isolation and neglect, and in crisis situations etc. In order to resolve these problems, there is need for comprehensive invention plans and psycho-social support. In spite of this huge pressure of socioeconomic conditions in Pakistan, Pakistani society has stood for high value, respect and dignity of human life. The old age is remarked as a symbol of esteem, wisdom and piety in Pakistan. This could be credited to the strong ties that exist in the joint family system nurtured by religious values which dignifies the status of older adults in society (The Situation of Elderly Population in Pakistan: Problems and Prospects, 2008).

Itrat and his research fellows (2008) conducted a cross sectional study on the 60 and above out patients elderly at Agha khan university. The main purpose of this study was to know the present status of family in Pakistan, its changing structure and the implication of such trends on the health of elderly. 57% of respondents were living in the joint family system while 45 % were residing nuclear family system. Majority of them expressed their feelings about the change in family system i.e. from joint to nuclear family. 85 % of subjects were of the opinion that a family system has a significant impact on health care. Moreover joint family system was the preferred family system in both acute and chronic illness (91.5 % and 89.4 % respectively) and in case of emergencies.

The Government of Pakistan established a National senior Citizens Task force in 2002 to recognize the socioeconomic and health needs of the elderly and to draft a national policy for elderly which fulfil the international commitments. In this regard, the govt provided exemption for elderly in public hospitals, public libraries, paying taxes, recreational activities and standing up in cues. Moreover, the government established a few old age homes only in major cities. In 2004, government also introduced a draft bill in the national assembly to establish a National Seniors Citizens Council. Currently, in February 2008, the Ministry of Social Welfare and special Education and Ministry of Population Welfare and university of the Gujarat organised a seminar talk to ‘Unmet Needs of the Elderly in Pakistan’ to spur the enactment of the pending bill on the elderly (Khalid, 2006; Nizamuddin & Maqsood, 2010).

The research findings of survey ‘How Elderly Live in Punjab’ conducted throughout the Punjab indicated the level of satisfaction by choosing three options i.e. very satisfied, somewhat satisfied and very satisfied. This study found that about one half (49 %) reported that they were somewhat satisfied and 42 percent were very satisfied while ten percent were fully unsatisfied with their present life. It showed that more than half of the respondents were lying within the category of not satisfies as 49 % were somewhat satisfied. In addition, a major proportion of satisfaction with present life was significantly attached with those respondents who reported positive behaviour of family and whose family members listen them carefully. As more than one half (52 %) reported that their family and friends liked to listen to them (Nizamuddin & Madsood, 2010).

Moreover in this study, for the mental health of elderly respondents, they used a scale which was developed to assess how the respondents felt as they grew old, a series of questions were asked from them to express their feelings about various daily experiences such as feelings of happiness, status of appetite, behaviour of people, sleeping conditions and feelings of loneliness. This scale comprises of twelve items. Then the responses against the scale of mental health were classified into three categories, often, occasionally and not at all. It was found that overall both urban and rural respondents reported similar experiences through slightly varied. But they found a clear variation between different regions. The respondents from the southern Punjab reported more contentment and feelings of happiness. Similarly the urban people felt more loneliness than the rural dwellers and the urban people suffered from poor appetite. Moreover the respondents generally expressed that the people were unfriendly to them. This study did not determine the prevalence rate of mental health problems among elderly but only focus percentage of symptoms in various regions of universe (Nizamuddin & Madsood, 2010).

When we taking to the sleep of elderly, it is clear that most of the elderly can not sleep whole night. The finding of survey conducted by Nizamuddin, indicated that the more than two fifth (41%) of respondents reported that they were habitual to sleep for four to six hours. In addition, when elderly were asked about the satisfaction with this sleep duration, more than two third (67%) of the respondents replied positively towards the satisfaction with sleep. As for as the gender is concerned, it was estimated that female were more dissatisfied with sleep than males. Almost one half of both male and female respondents suffering from chronic diseases while two third of them from joint pain. The percentage of female respondents suffering from illnesses was more than male. Almost one half of the respondents reported that they visited private hospitals in case of medical treatment. Mostly rural community dwellers visited public basic health unit for treatment while few reported (3%) visiting a dispensary. The vast majority of respondents (71 %) visited doctor for health problem and 19 % went to traditional practioners. When the respondents were asked to find their tendency to ignore minor ailments until they become acute. More than one third of respondents replied that did not visit doctor even when they needed and prolonged their conditions towards acuteness of disease. About three fourth (73%) cited financial constraint as a major reason of not visiting medical practioners (Nizamuddin & Madsood, 2010).

The aged person will be more in urban areas while the number of female elderly will be more than males in coming future. In addition, both elderly male and female population is likely to be more literate than today. Moreover the dependency ratio will also increase in future. Females at the old age required more care as mostly widow had lack of financial sources. She concluded that in 1998 30.9 % of the aged population was economically active having 55.5 % males and 1.6 % females. But currently the situation is adverse, as 17.5 % (26.6 % male & 6.53 % female respondents) of aging population is economically active. This analysis shows a clear picture of decline in number of economically active elderly, which will provide a base line to explore other social factors and their implementation in the routine life of elderly in Pakistan (cheema, 2011).

Ahmed, K. (2011) Concluded that social networks and social support were considered more important for the quality of life among elderly, where the formal support and network of social protection were lacking. He studied the need of social support for those elderly who were suffering from various chronic conditions. Affliction with chronic condition and widowhood status were the major determinants of social patterns in the targeted population. The social support has a significant effect on the level of disability (everyday self-maintenance activities). In spite of having close ties within family setup, mostly elderly had close relationship with blood relations and close friends. But due to increasing trends of nuclear family system, the need for social support for elderly will be essential in future which will directly lead towards devising strategies for social protection program in Pakistan.

Ahmed and Hafeez (2011) concluded that the social participation effect the health and quality of life of older people. The finding clearly shows that elderly social participation was significantly associated with their socio-economic conditions, chronic health condition, widowhood status and gender. Socioeconomic variables were confounded with the prevalence of chronic conditions i.e. heart diseases, Alzheimer’s diseases, arthritis, which had adverse effect on health status.

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