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EDITORIAL

Human Rights of the Elderly: A Social Determinant of Health

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"Ageing" is often described as a demographic challenge. All countries face major challenges to ensure that their health systems are ready to make the most of this demographic shift. According to WHO fact sheet (2025), the number of people aged 60 years and older outnumbered children younger than 5 years. Between 2015 and 2050, the proportion of world's population over 60 years will nearly double from 12-22%.[1] As populations grow, public health discussions must not focus only on chronic diseases, disability, healthcare costs and the need for long term care but also whether older people can maintain dignity, autonomy, social participation and the ability to do things they value.[2] The rapid increase in population of the elderly globally, especially in low and middle-income countries (LMICs) like Pakistan, raises serious challenges for health care and social support. In Pakistan, the older population was approximately 12.5 million in 2017, with projections estimating 40 million, or 8% of the population, by 2050.[3]

The right to a standard of living, compatible with health and well-being of individuals and their families is a universal human right.[4] Moreover, WHO seeks to promote healthy ageing by optimizing prospects for health and security through its "Age-friendly Cities" program. It seeks to develop Age-Friendly Communities (AFCs) aimed at promoting healthy ageing and social wellbeing of the elderly population.[5]

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The human rights framework also aims to ensure an autonomous life for elderly with health, security and dignity.[6] Older people represent a valuable repository of knowledge, experience and wisdom and may continue to make meaningful contributions to their families, communities and the society. However, in the rapidly changing modern world, their skills, experiences and contributions may be undervalued and perceived as less relevant to the contemporary society. Ageing can also be accompanied by a range of social, economic and psychological challenges such as retirement, loneliness, reduced income with loss of social status. The Government of Pakistan has adopted the Active Aging Index (AAI), which measures the enablement of older adults to participate in society that assesses employment, social participation, independent living, and health.[7] It has taken steps to address the needs of its aging population through various laws and policies. One notable example is the Parental Protection Ordinance 2021, which provides protection to older parents against eviction and domestic violence.[8]

A proactive approach by the provinces is visible 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 Baluchistan in 2017. However, these programs could not be implemented as intended and a significant gap between policy and practice continues to exist. The integration of plans for older people and population ageing in Pakistan appears to be quite limited in the national development plans.

Vision 2025 lays emphasis on how the country can benefit from the youth bulge; the country will be experiencing for the next 30–35 years.[9]

Pakistan ranks depressingly low in the ranking of the Global Age Watch Index based on health status, education, enabling environment, employment and Income security. In Pakistan, percentage of elderly holding a secondary or higher degree is remarkably low compared with the regional average. Pension income coverage for elderly is quite low (2.3%) in Pakistan as compared to India (28%), Bangladesh (39%), Nepal (56%), Sri Lanka (17%) and Afghanistan (10%). It ranks particularly low in the health domain due to low healthy life expectancy at 60 compared with regional averages. It also ranks low in the enabling environment domain as people are not satisfied with civic freedom and social connectedness. 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. The development of effective operational plans by improved quality of data on older people is indeed a need of the time.[10]

Geriatric depression (GD) – also known as late-life depression – refers to depression that starts making appearance after the age of 60 years. Among mental morbidities, depression is arguably the most prevalent geriatric health concern and is an important contributing cause of years of life lost to disability. Unfortunately, depression among elderly is considered integral to ageing, consequently the factor of psychosocial environment, which plays a vital role is greatly neglected.[11]

Research reveals that socially well-connected people tend to be more gleeful. While the quality of good relationship and contact with friends is strongly linked to subjective wellbeing, with family especially adult children, it enhances satisfaction in life.[12,13] The risk of having geriatric depression is higher among uneducated, those residing in the rural areas, neglected by families, those having verbal/physical abuse and those suffering from chronic physical illnesses.[14] Due to the rapid urbanization and acculturation in the country, the extended family system has been subjected to retardation i.e. from the joint to the nuclear family. The traditional values attached to elderly have also been partly erased; the elderly are more often left alone, neglected, abused and regarded as a burden to the family.[15]

Another significant challenge faced by older adults is a weak healthcare infrastructure and limited availability of health services specifically responsive to their needs, including a shortage of trained geriatric specialists and unavailability of geriatric wards in most of the hospitals, forcing older patients to rely on general healthcare services. High costs of private healthcare further limit their access to healthcare. Along with it, home-based care services in Pakistan lack a well-established system, making it difficult for older adults to receive medical attention who may be unable to access healthcare services without assistance.[16]

The ability to age in good health is not only shaped by healthcare services but also by ensuring that older adults enjoy their fundamental human rights, live with dignity and autonomy, participate meaningfully in society, and access social and economic resources without discrimination. Protecting the human rights of the elderly is not an act of welfare alone—it is an investment in health equity and in a society that values people at every stage of life.

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