



Meeting Basic Needs of Elderly Women: Social Protection a Pathway to Healthy Ageing in Punjab Pakistan

¹ Farah Irum

²Aisha Shoukat

¹PhD Scholar

²Associate Professor, Department of Social Work, The Islamia University of Bahawalpur

farah.iram@iub.edu.pk aisha.shoukat@iub.edu.pk

Article Details:

Received on 18 Feb, 2026

Accepted on 18 March, 2026

Published on 25 March, 2026

Corresponding Authors*:

Abstract

Although the life expectancy and healthy life expectancy in Pakistan has increased in the recent past years but still it is below the global average including other neighboring South Asian countries. Elderly people in Pakistan are more fragile, vulnerable and dependent on their families especially elderly women because they are financially more dependent. This research is focused on the role of social protection benefits in the form of old age pension in fulfillment of basic needs (food, clothing, healthcare and housing) as one of the components of World Health Organization framework of healthy ageing. This is cross-sectional quantitative study and data were collected from 361 elderly women from the three districts of Southern Punjab Pakistan who were recipient of government pension and having age of 60 years and above. The results of the study revealed that pension income has significantly positive relationship with fulfillment of basic needs as in fulfillment of food and clothing needs $R=.499$, in fulfillment of healthcare needs $R=.573$, in fulfillment of housing needs $R=.422$. The study concludes that pension income plays a significant role in enabling elderly women to meet their basic needs, particularly food and clothing, healthcare, and housing needs, thereby contributing to their healthy ageing and overall well-being. This study advances knowledge on ageing and social protection by providing evidence on the role of old-age pension benefits in fulfilling the basic needs of elderly women in Pakistan and also provides valuable insights for policymakers, gerontologists, and social welfare department to strengthen income security mechanisms for older adults, particularly older women, to promote dignified and independent ageing.

Keywords: Social protection, Healthy ageing, Pension, Basic needs, Pakistan, Elderly Women



Introduction

The world population is going through a demographic transition and where every country is experiencing population ageing (WHO, 2025; Age International, 2021). The phenomena of population ageing started from advanced countries (Ismail et al., 2021) but low- and middle-income countries are also expected to experience a rapid increase in their ageing populations in coming decades. By 2050, nearly two-thirds of the world's older population is projected to reside in low- and middle-income countries (United Nations, 2017).

Ageing is the natural process of continuous and gradual decline in body functioning (Stefanacci, 2026) but ageing process is different for every person (WHO, 2025). There is no specific time when a person becomes old (Stefanacci, 2026). Biologically advancement in age gradually decreases the physical and mental capacities and increases the risks of diseases and death. Many environmental factors also contribute to ageing process along with biological phenomena (WHO, 2025).

Old age is the time when many health issues emerge (WHO, 2025). The elderly population in low-income countries of Asia faces numerous socioeconomic challenges, including poverty, poor health, and social marginalization and exclusion. Old age often limits employment opportunities for them, while inadequate access to social protection further exacerbates their vulnerability, as a result, a significant proportion of older adults are compelled to live in poverty. (Desai & Tye, 2009). Older women are particularly vulnerable in later life because their employment opportunities and earning capacity are often interrupted by pregnancy, childrearing, and unpaid caregiving responsibilities. As a result, they frequently have limited access to and lower contributions towards social protection schemes throughout their working lives. Even those who qualify for pension through formal-sector employment often receive lower pension benefits as compared men, placing them at greater risk of economic insecurity in old age (WHO, 2007a).

Ageing and Aged Persons in Pakistan

Pakistan is the 5th most populous country of the world with its total population 241.49 million. Old age population 60 years and above is 5.6% of total population (Pakistan Bureau of Statistics [PBS], 2023). The life expectancy in Pakistan is improved, it was 65.7 years in 2015 which increased to 67.3 years in 2022 indicating the betterment in living conditions and advancement in medical field (Government of Pakistan, 2024). However, Pakistan is still lagging behind global average i.e. 71.4 years (WHO Country Data, n.d.) and average life expectancy of neighboring South Asian countries which is 71.6 years (Government of Pakistan, 2024).

In Pakistan, most older parents traditionally live with their children as it is the responsibility of family and children to look after elderly parents, grandparents and other elderly relatives of the family (Ashiq & Asad, 2017). In the past, elderly persons enjoyed respectable and highest position in family but now the scenario is changing rapidly due to changing socio-cultural values and family structure from joint family system to nuclear family system which contribute to the challenges of elderly people like loneliness, abuse and social isolation (Ashiq & Asad, 2017; Noreen et al., 2021; Siddiqui, 2021). Ageing brings a lot of challenges not only for older people themselves but overall, for the whole society. Due to poverty and the limited availability of state-sponsored social protection programs for older adults in Pakistan, many elderly individuals remain financially dependent on their families for fulfillment of their basic needs. The financial dependency in old age lessens their social status within family and society (SPRC & PIDE, 2021). Poverty is also a common



problem of elderly people because of advanced age; their physiological and psychological functioning deteriorate which make elderly people unable to earn for themselves. In contrast, their needs tend to increase during old age (SPRC, 2024).

Women especially the elderly women are more vulnerable in Pakistan as society is predominantly patriarchal, and widespread gender inequality further increases the social and economic vulnerability of older women as compared to men (SPRC, 2024). Women in old age often experience dual discrimination due to both, their gender and their age. These intersecting inequalities place older women at greater risk of economic insecurity and social exclusion. Discrimination at earlier stages of life including limited access to educational and employment opportunities, as well as mostly working in informal sector with low wages increase the likelihood of poverty among women in old age. Women in Pakistan also have less access to healthcare facilities due to cultural factors, resultantly they have more health issues than men (Alam et al., 2021), women also have greater age-related physical disabilities as compared to men (SPRC, 2024).

Meeting of Basic Needs in Old Age

Although ageing is accompanied by biological and functional changes, yet many of its negative consequences can be postponed or reduced. Maintaining a nutritious diet and engaging in regular physical and cognitive activities contribute significantly to preserving physical and mental health in later life (Stefanacci, 2026).

Universal Declaration of Human Rights (article 25) declared that every person has the right to live an adequate standard of living including access to food, clothing, appropriate housing and medical care services. Every person has the right to security in contingencies of life like unemployment, sickness, old age, widowhood, disability and other livelihood challenging circumstances (United Nations, 2015).

The Constitution of Islamic Republic of Pakistan (1973) declares that the state is responsible to provide the basic necessities of life to its citizens including food, clothing, housing, health and education regardless of age, caste, creed, race and sex to those permanently or temporarily unable to earn livelihood for themselves in case of infirmity, sickness or unemployment.

Access to adequate food, housing, and healthcare is widely recognized as a key determinant of healthy ageing, as it has a direct impact on the physical, mental, and social well-being of older adults. Meeting of immediate basic needs are fundamental for elderly people to maintain an adequate standard of living such as being able to afford suitable diet, clothing, adequate housing, healthcare services and medication. If the older people are unable to meet their basic needs, it reduced their capacities which make it harder for them to do what they want and can do (WHO, 2020). Healthy diet is an essential element to improve the physical and mental health of elderly and enhance their quality of life (Gianfredi et al., 2025). Malnutrition in old age interacts with age-related biological changes, often exacerbating reductions in muscle strength and bone density and contributing to the development of frailty. Moreover, it is associated with cognitive decline, reduced capacity for self-care, and a greater likelihood of requiring long-term care and support (WHO, 2015). Appropriate housing is also an essential need of elderly people. Suitable housing and feelings of safety and security at home is also important component of basic needs and healthy ageing (WHO, 2020).

Affordable housing with essential services should be available for elderly persons. Sufficient space and privacy at home is also significantly important for elderly. Elderly feel



safe and comfortable in their houses. To meet the environmental needs, houses for elderly should be equipped with appropriate arrangements for example air conditioning to deal hot weather and heating system to deal with cold weather (WHO, 2007b).

Role of Social Protection in Maintaining Basic Minimum Living Standard

Social protection is a fundamental human right that plays a crucial role in improving individual wellbeing and supporting sustainable economic growth. It's a vital component of socioeconomic development. It helps alleviate poverty, reduce inequalities, and combat social exclusion, while simultaneously strengthening social cohesion, promoting social justice, and enhancing political stability. In addition, social protection supports economic development through increased household consumption and improved workforce productivity (ILO, 2015). According to the International Federation of Social Workers (2016) social protection is not only an instrument to manage risks, uncertainties and socio-economic threats of life but also significant to maintain an adequate standard of life for the members of society.

Older adults face a range of challenges and vulnerabilities in both developing and developed countries, including income insecurity, health risks, and the need for physical care and support. Ageing is often accompanied by declining physical capacities and weakened immune function, increasing susceptibility to illness and disability. When health problems arise, older people, particularly those living in poverty, frequently encounter barriers to accessing healthcare services and may lack the financial resources necessary to cover medical expenses. Consequently, their health status may deteriorate further, leading to a reduced quality of life. In many developing countries, the absence or limited availability of health insurance for older adults restricts access to preventive healthcare and timely treatment. As a result, many older individuals experience untreated illnesses and remain inadequately prepared to address emerging health challenges associated with ageing (Bloom et al., 2011).

Social protection has been identified as an effective mechanism for improving health outcomes and reducing morbidity among vulnerable populations including elderly persons. ILO suggested that social protection is the system that ensures the right to social security for older persons by providing income security and access to essential health and care services, thereby promoting dignity, well-being, and the protection of the rights of the elderly population (ILO, 2014). United Nations (1991) also emphasized that older adults should be guaranteed access to essential necessities of life, including adequate nutrition, safe drinking water, clothing, housing, and healthcare, supported through adequate income, self-help, and family and community support.

The primary objective of social protection is to ensure a minimum standard of wellbeing for all individuals, households, and communities within society. It also seeks to reduce inequalities and promote social justice. Social protection is not limited to the vertical redistribution of resources from the rich to the poor; it also facilitates horizontal redistribution across different groups within society. This includes redistribution between healthy and sick individuals, families with and without children, men and women, workers and employers, as well as among people at different stages of the life course, from childhood and working age to old age (United Nations Economist Network, 2021). Social protection is a key instrument for achieving the goals of the United Nations Decade of Healthy Ageing. In particular, social protection through cash transfers such as old-age pensions can help older adults maintain an adequate standard of living (Tessier et al., 2022).



Social protection is particularly important in old age because it provides income security, access to healthcare, and protection against age-related vulnerabilities, thereby enabling older adults to maintain their dignity, independence, and quality of life. Herl et al. (2022) conducted research in South Africa to determine the impact of non-contributory pension income scheme on health elderly persons. Study found that non-contributory pensions contribute positively to the health and wellbeing of older adults. In addition to providing income security, these schemes support healthy ageing by reducing physical impairment, functional limitations, and disability, thereby lowering the overall burden of morbidity among older populations. Popular example from Brazil also demonstrates the significant importance of social pensions in reduction of poverty, which have been credited with helping around 14 million people escape extreme poverty (ILO, 2001).

In Pakistan, there is no unified system of social pension but all government employees after retirement receive old age pension and employees of private formal sector organizations registered with Employees' Old Age Benefits Institution (EOBI) are entitled of old age pension. At provincial level, Employees Social Security Institutions (ESSI) provide survivor pension benefits to the dependents of workers who are killed in workplace accidents. Several other notable programs include Public Sector Benevolent Funds, Group Insurance and Workers Welfare Funds offer old age benefits. In terms of social assistance, the Pakistan Bait-ul-Maal and Social Welfare Departments provide support to vulnerable older adults, particularly older women. These departments also establish old-age homes aimed at ensuring the care, protection, and well-being of elderly persons. However, the coverage of these programs remains limited, leaving a large proportion of the older population without adequate support. Consequently, old-age income security and social protection continue to be major challenges in Pakistan (ILO, 2019). The current study aims at examining role of social protection in provision of basic human needs of elderly women in the Punjab, Pakistan.

Material and Methods

This is cross-sectional, quantitative research study, aimed to identify the role of social protection benefits in the form of pension in meeting the basic survival needs of elderly women. Elderly women with an age of 60 years and above receiving pension from government (either their own or taking family pension) were the participants of this research. Southern Punjab, Pakistan was the geographical area of this research. Data were collected from three divisions (Bahawalpur, Multan and DG Khan) of Southern Punjab. One district from one division was randomly selected, then through purposive sampling technique participants of the research were chosen. Data were collected from 361 participants at least receiving pension from one year. Likert scale was developed to collect data from participants. Some questions were related to demographic profile of participants, 01 question was about the amount of pension received per month, 04 questions were related to food & clothing needs, 05 questions were about healthcare needs, 05 questions were related to housing needs. Questions were asked in relation to the role of pension in fulfillment of these needs. Questionnaires were filled in by participants themselves as well as by researcher when participants were not able to fill.

Findings

Data were analyzed using SPSS (Statistical Package for Social Sciences) version 30.



Monthly Pension of Research Participants

One question was asked about the monthly pension amount received by participants. Less than 30000 Rs. pension amount was received by 73 participants (20.2%). A large number of participants 151 constitute 41.8% of total participants received monthly pension amount 30001- 60000 Rs. Other 20.8% of participants were getting monthly pension between 60001- 90000 Rs. 34 participants reported were receiving monthly pension between 90001-120000 Rs. consisting 9.4% of total sample. Out of total 361 participants only 28 participants (7.8%) were received pension amount more than 120000 Rs. Details are given table no. 01.

Table No 01: Monthly Pension Income of Participants

Pension Income	Frequency	Percentage
Less than 30000 Rs.	73	20.2
30001-60000 Rs.	151	41.8
60001-90000 Rs.	75	20.8
90001-120000 Rs.	34	9.4
More than 120000 Rs.	28	7.8

Meeting Food and Clothing Needs

Four questions were asked to assess the extent of meeting food and clothing needs of elderly women. Most participants perceived that they were better able to satisfy their basic food and clothing needs. More than 70% of participants indicated that they had access to balanced food to a large extent, nearly 7% of participants experienced limited availability of balanced food. More than two-third of participants claimed that prescribed food was available to them from moderate to large extent. Majority of participants (over 62%) reported having sufficient affordability to purchase food items they preferred. Regarding the availability of seasonal clothes, 80% of participants reported that they had access seasonal clothes. Conversely, only 6-7% of respondents expressed dissatisfaction regarding the fulfillment of their food and clothing needs. Details are given below in table no. 02.

Table No 02: Meeting Food and Clothing Needs

Item	Responses	Frequency	Percentage
Availability of balanced food (fruit, milk, egg, meat)	1. A little	25	6.90
	2. Moderately	78	21.6
	3. Mostly	258	71.5
Availability of prescribed food	1. A little	66	18.28
	2. Moderately	148	41.00
	3. Mostly	147	40.72
Afford food items you wish to eat	1. A little	33	9.14
	2. Moderately	104	28.8
	3. Mostly	224	62.04
Availability of seasonal clothes	1. A little	09	2.5
	2. Moderately	63	17.5
	3. Mostly	289	80.00

Meeting Healthcare Needs

The descriptive statistical analysis about the ability of elderly women to meet their healthcare needs are summarized in table no.03, by asking five questions to assess the extent of fulfillment of healthcare needs. Nearly one-third of respondents stated that they could mostly afford the assistance from a nurse or maid when needed. More than half of



the participants (52.08%) could mostly able to afford the expenses associated with doctors' fees and cost of medicines. It was also found that 37.7% participants regularly got medical checkups. The majority of participants (60%) reported that they received medical treatment when needed. 63% of participants expressed satisfaction with the healthcare services available to them. The overall results regarding the availability and affordability of healthcare needs were highly satisfactory.

Table No 03: Meeting Healthcare Needs

Item	Responses	Frequency	Percentage
Affordability of nurse/maid	1. A little	116	32.13
	2. Moderately	119	32.96
	3. Mostly	126	34.90
Affordability of doctor's fee and cost of medicines	1. A little	58	16.06
	2. Moderately	115	31.85
	3. Mostly	188	52.08
Getting medical checkups regularly	1. A little	100	27.70
	2. Moderately	125	34.62
	3. Mostly	136	37.67
Get proper medical treatment when needed	1. A little	32	8.86
	2. Moderately	111	30.75
	3. Mostly	218	60.39
Satisfaction with available healthcare facilities	1. A little	32	8.86
	2. Moderately	101	27.98
	3. Mostly	228	63.16

Meeting Housing Needs

Descriptive results about the meeting of housing needs of elderly women revealed (Table no.04) that nearly more than 95% of participants were satisfied with the appropriateness of their houses. 67% of participants responded about the availability of basic facilities (electricity, water, toilet) in their houses. More than 60% participants answered they had availability of separate room/space in their houses. More than two-third (71.75%) of participants responded that they had basic tangible amenities (necessary room furniture) in their houses. To deal with severe weather conditions (hot and cold), majority of participants (71%) answered that they had suitable arrangements in their houses. The overall housing conditions were reported as good as more than 2/3 participants were satisfied with housing conditions and facilities available to them in their houses.

Table No 04: Meeting Housing Needs

Item	Responses	Frequency	Percentage
Appropriate housing conditions	1. A little	16	4.43
	2. Moderately	121	33.51
	3. Mostly	224	62.05
Availability of basic facilities in house (electricity, water, gas)	1. A little	16	4.4
	2. Moderately	103	28.53
	3. Mostly	242	67.03
Available separate room/space in house	1. A little	58	16.07
	2. Moderately	83	22.99
	3. Mostly	220	60.94
Availability of tangible amenities	1. A little	20	5.54



for daily use (like, room furniture etc.)	2. Moderately	82	22.71
	3. Mostly	259	71.75
Arrangements to deal sever	1. A little	14	3.88
weather conditions	2. Moderately	90	24.93
	3. Mostly	257	71.19

Inferential Statistical Analysis (Correlation and one-way ANOVA)

To examine the relationship between pension income and the fulfillment of basic needs—including food and clothing, healthcare, and housing needs Pearson's correlation analysis was conducted. One-way Analysis of Variance (ANOVA) was employed to compare the mean scores of basic needs fulfillment across different pension income groups and to examine whether pension income levels were significantly associated with the fulfillment of food and clothing, healthcare, and housing needs among elderly women.

The results of Pearson correlation are shown in table 05. All the results revealed statistically significant positive relationship between pension income and fulfillment of basic needs of elderly women. Pension had moderately strong positive relationship with fulfillment of food and clothing needs, healthcare needs and housing needs.

Table No 05: Correlations

		Pension Income	Food & Clothing Needs	Healthcare Needs	Housing Needs
Pension Income	Pearson	1	.499**	.573**	.422**
	Correlation				
	Sig. (2-tailed)		<.001	<.001	<.001
	N	361	361	361	361

A one-way analysis of variance (ANOVA) was conducted to examine differences in the fulfillment of basic needs across different pension income groups. Results are given in table 06. Pension group 01, showed minimum pension amount of less than 30000 Rs. and group 05 demonstrated the highest pension amount of more than 120000 Rs. The mean scores for all need dimensions indicated a positive trend, whereby higher pension income levels were associated with higher levels of need fulfillment. For fulfillment of food and clothing needs group 01 has minimum mean score 3.12 and group 05 has maximum mean score of 4.44. Likewise in fulfillment of healthcare needs group 01 has minimum score which is 2.58 and group 05 has maximum mean score of 4.29. The mean score for housing needs represented that group 01 has mean score of 3.29 and group 05 has 4.53. Collectively, these findings indicate that pension income plays a significant role in the fulfillment of basic needs during old age. So adequacy of pension amount is necessary to the fulfillment of needs of elderly people.

Table No 06: Description of Means Analysis in Relation to Pension Groups 1: Mean Analysis of Food and Clothing Needs

Pension Groups	N	Mean	Std. Deviation
1	73	3.12	.737
2	151	3.73	.695
3	75	4.09	.629
4	34	4.30	.586
5	28	4.44	.529

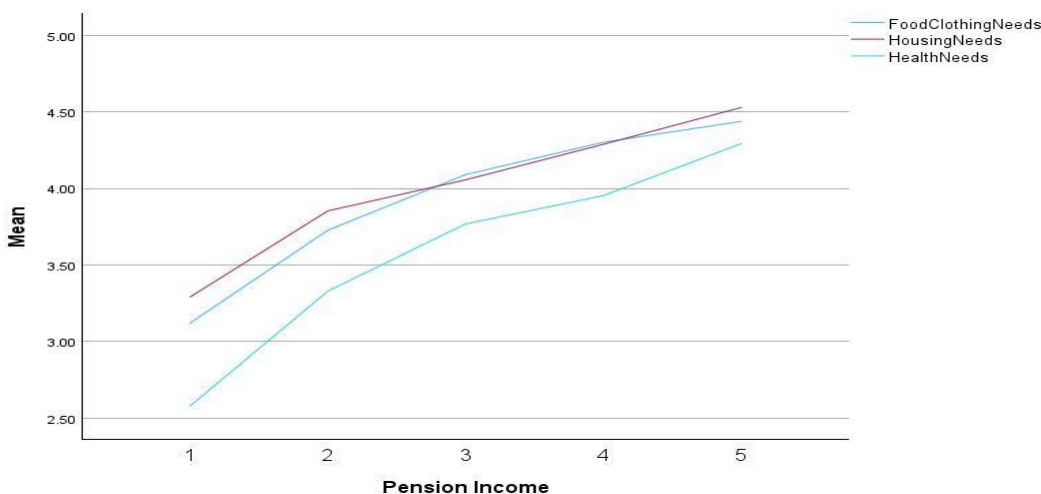


2: Means Analysis of Healthcare Needs

Pension Groups	N	Mean	Std. Deviation
1	73	2.58	.815
2	151	3.33	.693
3	75	3.77	.609
4	34	3.95	.548
5	28	4.29	.548

3: Means Analysis of Housing Needs

Pension Groups	N	Mean	Std. Deviation
1	73	3.29	.834
2	151	3.85	.731
3	75	4.06	.702
4	34	4.29	.601
5	28	4.53	.517



The findings from the correlation analysis and one-way ANOVA provided strong evidence that pension income is positively and significantly associated with the fulfillment of the basic needs of elderly women. The results indicated that as pension income increased, the ability of elderly women to meet their essential needs, including food and clothing, healthcare, and housing, also improved.

Discussion

The findings of current study validate that pension is a significant factor in meeting the basic needs of elderly women and contributed substantially to their overall well-being. The results of descriptive analysis and inferential analysis confirmed that, like correlation revealed the significantly positive relationship between pension and the fulfillment of food and clothing needs, healthcare needs, and housing needs. Likewise, the one-way ANOVA results depicted significant differences in need fulfillment across pension income groups. Elderly women receiving higher pension amounts reported significantly better fulfillment of their needs compared to those receiving lower pension incomes. Overall, the findings provide strong support that pension is a significant contributor to the well-being of elderly women. Contrary to this, mostly elderly persons in Pakistan are worried about fulfillment of their basic needs. Zaidi et al., (2019) conducted research in Pakistan including all provinces and found that many elderly people reported that do not have access to quality



food which affect their health. Their findings also disclosed that elderly people also face abuse in the form of low quality and insufficient food & clothing provision and availability of insufficient living spaces. Elderly women were at high risk of abuse. So, the results of this research are satisfactory enough that majority of elderly women were satisfied with the fulfillment of their needs.

The findings from descriptive analysis indicated that the food and clothing needs of the majority of elderly participants were adequately met, suggesting a generally favorable level of basic needs fulfillment in this domain. The positive association between pension income and the fulfillment of food and clothing needs can be explained by the fact that pension provides a regular and predictable source of income which make elderly women to be able to purchase adequate food and clothing. Most of the women and especially the elderly women in Pakistan are dependent on family for financial support and fulfilment of their basic needs. But financial independence in the form of pension income enhances their purchasing power and enables them to obtain adequate food and clothing, thereby reducing economic vulnerability and improving their quality of life. These findings support the argument that income security is essential for maintaining a minimum standard of living in old age.

The findings of healthcare needs are also satisfactory as majority of the participants were able to meet their healthcare needs. They could afford nurse or helper, doctor's checkup fee and purchase medicines by themselves, they got proper medical treatment and regular medical checkups. Results of correlation and one-way ANOVA also showed that pension income significantly contributed to the meeting of healthcare needs of elderly women. These findings are particularly important because healthcare needs generally increase with age. Meeting the healthcare needs properly make elderly people more satisfied and healthier. Tian & Chen (2022) found that healthcare impacts the most to the life satisfaction of the elderly persons. Stephens et al. (2015) identified the major domains of healthy ageing that includes basic food, clothing, housing and health services.

This highlights the importance of social protection benefits helping elderly population to take care of their health-related needs which improve their overall health which ultimately aids in maintaining functional ability and independence. A study from European Union countries analyzed that the social protection expenditure positively correlates with the accessibility to healthcare services and facilities and also adequate social protection expenditures enhance the overall health of population (Bocean & Vărzaru, 2024). The health of elderly population has close association with their economic status. Elderly people who have enough economic resources have good health conditions but those senior citizens who either have less sufficient economic resources or their family are poor facing much health discrimination and health problems (Alam et al., 2021). Therefore, adequate pension benefits can enhance access to healthcare services by reducing financial barriers, thereby contributing to improved health outcomes and healthy ageing in later life.

The significant positive relationship between pension income and fulfillment of housing needs contribute in maintaining adequate living condition in old age. Pension supports elderly women to better meet their housing needs like separate space and privacy in house, access to suitable amenities for daily use and arrangements to deal with severe weather conditions at home. Report of PBS (2021) showed that 25 percent of households are living in housing unit with only 1 room in Pakistan. But 60% of research participants



claimed that they have separate rooms in their houses which reflect the satisfactory conditions and space of the houses.

Safe and appropriate housing is an important component of healthy ageing, and pension income appears to play a supportive role in achieving housing needs. So, this research study confirms that pension income contributing much to fulfillment the housing needs and providing suitable housing to elderly population. Findings are in consistence with a study conducted by Jafar et al., (2021) found that social insurance brings positive impact on the quality of life of civil pensioners in Pakistan especially in terms of food availability and consumption, housing facilities and overall health. Siddiqui and Mehfooz (2017) identified that elderly people who live in houses with poor conditions have poor health outcomes. Inhabitants living in poor housing conditions are more likely to suffer from illnesses and diseases.

Conclusion

The findings of current study concludes that pension income is an important source of financial security for elderly women, enabling them to better meet their basic needs and maintain a more dignified and independent life in old age. Pension contributed to improve their living conditions and enabling elderly women to better satisfy their essential needs. The findings highlight the importance of social protection programs in promoting healthy ageing and ensuring that older adults, particularly vulnerable groups such as elderly women, can live better independent and satisfied life. Expanding pension coverage and increasing benefit adequacy could further strengthen the capacity of older persons to meet their essential needs and age with dignity. Therefore, strengthening pension programs and expanding pension coverage can play a vital role in promoting healthy ageing among the elderly women in Pakistan. A gender inclusive social protection program and policy is significant for healthy and dignified old age for women in Pakistan.

Acknowledgement: This article is the part of first author's PhD research thesis.

References

- Age International. (2021). *Older women: the hidden workforce -Access to economic justice*. HelpAge International, UK.
<https://www.ageinternational.org.uk/siteassets/documents/reports/2021/age-international-older-women-report-vii-final-spreads.pdf>
- Alam, H., Khan, A., & Jabeen, T. (2021). A comparative analysis of gender and old age Problems in Khyber Pakhtunkhwa, Pakistan. *Pakistan Journal of Gender Studies*, 21(2), 37-52.
- Ashiq, U., & Asad, A. Z. (2017). The rising old age problem in Pakistan. *Journal of the Research Society of Pakistan-Vol*, 54(2).
- Bloom, D. E., Jimenez, E., Rosenberg, L. (2011). *Social protection of older people. Demography of Ageing: Working papers series*. PGDA Working Paper No. 83. Harvard T.H. Chen School of Public Health.
https://www.hsph.harvard.edu/pgda/wp-content/uploads/sites/1288/2013/10/PGDA_WP_83.pdf
- Bocean, C. G., & Vărzaru, A. A. (2024). Assessing social protection influence on health status in the European Union. *Frontiers in Public Health*, 12, 1287608.
- Constitution of Islamic Republic of Pakistan. (1973).
https://na.gov.pk/uploads/documents/1333523681_951.pdf



- Desai, V., & Tye, M. (2009). Critically understanding Asian perspectives on ageing. *Third World Quarterly*, 30(5), 1007-1025.
- Gianfredi, V., Nucci, D., Pennisi, F., Maggi, S., Veronese, N., & Soysal, P. (2025). Aging, longevity, and healthy aging: the public health approach. *Aging Clinical and Experimental Research*, 37(1), 125.
- Government of Pakistan, Finance Division. (2024). *Highlights Pakistan Economic Survey 2023-24*. https://finance.gov.pk/survey/chapter_24/Highlights.pdf
- Herl, C. R., Kabudula, C., Kahn, K., Tollman, S., & Canning, D. (2022). Pension exposure and health: Evidence from a longitudinal study in South Africa. *The Journal of the Economics of Ageing*, 23, 100411.
- International Federation of Social Workers. (2016). *The Role of Social Work in social protection systems: The universal right to social protection*. Proposed Policy Paper: To be submitted to the IFSW General Meeting. https://www.ifs.org/wp-content/uploads/ifs-cdn/assets/ifs_103526-6.pdf
- ILO. (2001). *Facts on social security*. <https://www.ilo.org/public/english/protection/socsec/pol/campagne/files/factsheet.pdf>
- ILO. (2015). *The role of economic and social councils and similar institutions in promoting social protection floors for all through social dialogue*. https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_384793.pdf
- ILO. (2014). *Social protection for older persons: Key policy trends and statistics*. Social protection policy papers. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40odgreports/%40odcomm/documents/publication/wcms_310211.pdf
- ILO. (2019). *Mapping social protection systems in Pakistan*. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40asia/%40oro-bangkok/%40ilo-islamabad/documents/publication/wcms_737630.pdf
- Ismail, Z., Ahmad, W. I. W., Hamjah, S. H., & Astina, I. K. (2021). The impact of population ageing: A review. *Iranian Journal of Public Health*, 50(12), 2451.
- Jafar, M., Shoukat, A., & Ullah, F. (2021). Measuring sufficiency of social insurance in maintaining quality of life of civil pensioners in Pakistan. *Progressive Research Journal of Arts and Humanities*, 3(2), 89-103.
- Noreen, N., Abdullah, M., & Lalani, N. (2021). Geriatric care in Pakistan: Current realities and way forward. *Pakistan Journal of Public Health*, 11(4), 214-219.
- Pakistan Bureau of Statistics (PBS). (2021). *Pakistan social and living standards measurement survey (2019-20): District level survey*.
- Pakistan Bureau of Statistics (PBS). (2023). *7th Population and Housing Census 2023*. Pakistan Bureau of Statistics, Government of Pakistan.
- Siddiqui, S., & Mehfooz, B. (2017). Influence of housing quality on public health in Lahore, Pakistan. *B. Life and Environmental Sciences*, 54(3), 237-257.
- Siddiqui, M. N. (2021). Care of elderly in a developing country: A Pakistani perspective. *Journal of Postgraduate Medical Institute*, 35(4), 196-7.
- Social Protection Resource Centre [SPRC] & Pakistan Institute of Developmental Economics [PIDE]. (2021, March 31). *Healthy Ageing in Pakistan*. Webinar Report by



- SPRC & PIDE. <https://www.sprc.org.pk/wp-content/uploads/2021/04/Healthy-Ageing-in-Pakistan.pdf>
- Social Policy Resource Centre [SPRC]. (2024). *Annual old age report 2024*. <https://www.sprc.org.pk/wp-content/uploads/2025/07/Annual-old-age-report-2024-09.pdf>
- Stephens, C., Breheny, M., & Mansvelt, J. (2015). Healthy ageing from the perspective of older people: A capability approach to resilience. *Psychology & Health*, 30(6), 715-731.
- Stefanacci, R. G. (2026, May). *Overview of Ageing*. MSD Manual. <https://www.msdmanuals.com/home/older-people-s-health-issues/the-aging-body/overview-of-aging>
- Tessier, L., De Wulf, N., & Momose, Y. (2022). Long-term care in the context of population ageing: What role for social protection policies?. *International Social Security Review*, 75(3-4), 19-45.
- Tian, H., & Chen, J. (2022). Study on life satisfaction of the elderly based on healthy aging. *Journal of Healthcare Engineering*, 2022(1), 8343452.
- United Nations. (1991). *United Nations principles for older Persons adopted by General Assembly resolution 46/91 of 16 December 1991*. <https://docs.un.org/en/a/res/46/91>
- United Nations. (2015). *Universal Declaration of Human Rights*. https://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf
- United Nations. (2017). *World Population Ageing 2017*. Department of Economic and Social Affairs, Population Division. http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Report.pdf
- United Nations Economist Network. (2021). *Thematic brief on social protection*. https://www.un.org/sites/un2.un.org/files/2021/04/a-tb_on_social_protection.pdf
- Usmani, M., Amin, F., Saeed, R., Durrani, N., Zaheer, M. K., Mateen, A., ... & Kumar, S. (2024). Nutritional status and its associated factors among the geriatric population in outpatient clinics of a tertiary care hospital in Karachi, Pakistan. *Journal of Family Medicine and Primary Care*, 13(1), 271-277.
- WHO. (2007a). *Women, ageing and health: A Framework for action: Focus on gender*. <https://www.who.int/publications/i/item/9789241563529>
- WHO. (2007b). *Global Age-friendly cities: A guide*. <https://iris.who.int/server/api/core/bitstreams/08caa73b-5934-4b6b-bffe-d27fbeg2e6e7/content>
- WHO. (2015). *World report on ageing and health*. <https://iris.who.int/server/api/core/bitstreams/5174879e-b0dc-43fc-b3a8-b1db31c51d4c/content>
- WHO. (2020). *Decade of Healthy Ageing: Baseline Report*. <https://www.who.int/publications/i/item/9789240017900>
- WHO. (2025, October 01). *Ageing and Health*. Retrieved October 27, 2025, from <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- WHO Country Data. (n.d.). *WHO Data: Pakistan*. Retrieved November 13, 2025, from <https://data.who.int/countries/586>
- Zaidi, A., Stefanoni, S., Khalil, H. (2019). *Moving from the margins: Promoting and protecting the rights of older persons in Pakistan*. British Council Pakistan.



[https://www.britishcouncil.pk/sites/default/files/promoting and protecting the rights of older persons in pakistan- british council 2019.pdf](https://www.britishcouncil.pk/sites/default/files/promoting_and_protecting_the_rights_of_older_persons_in_pakistan- british_council_2019.pdf)