

Geriatric Health in Pakistan: A Crisis We Are Not Ready For

Pakistan is slowly entering an age of population ageing, yet this reality has not received the attention it urgently deserves. For decades, the country has been viewed as young, with policies and health services designed mainly for mothers, children, and infectious diseases. That picture is changing. Millions of Pakistanis are now living longer, and the number of people aged sixty and above is rising quickly.¹ This shift should be seen as a sign of progress, but without proper planning it risks turning into a serious public health and social crisis.²

Older people in Pakistan face a heavy burden of disease. Many live with more than one chronic illness, such as high blood pressure, diabetes, heart disease, joint pain, breathing problems, and vision or hearing loss. Mental health issues like depression, anxiety, and dementia are also common but often ignored. These conditions do not appear suddenly; they require long-term care, regular follow-up, and emotional support.³ Unfortunately, health system of Pakistan is not built to manage such needs. Hospitals are crowded, primary health care is weak, and there are very few doctors trained specifically in caring for older adults. As a result, many elderly patients are treated late, poorly, or not treated at all.⁴

The problem is not only medical. Social and economic factors make ageing in Pakistan especially difficult. Most older people have no pension and no health insurance. Only a very small number of retirees from government or formal jobs receive any regular pension. The majority worked in agriculture or informal labour and now depend entirely on their children. When families are strong and united, this system can work. However, Pakistani society is changing. Families are becoming smaller, children move to cities or abroad, and women who traditionally cared for elders are now working outside the home. In this changing environment, many older people feel neglected, lonely, and insecure.⁵

Pakistan has long taken pride in its family-based care system. Respect for elders is deeply rooted in culture and religion. However, relying only on families is no longer realistic. Caring for an elderly person with chronic illness or disability is demanding and exhausting. Many caregivers suffer from stress, depression, and physical health problems themselves. Without support, both the elderly and their caregivers suffer. Laws meant to protect parents from neglect

exist, but laws alone cannot replace practical services, financial help, and accessible healthcare.⁶

What makes the situation more concerning is that Pakistan has been slow to act despite clear warning signs. Policies on ageing have been announced, and senior citizen acts have been passed in some provinces, but real implementation is weak. There are few dedicated geriatric clinics, almost no long-term care facilities, and limited community services for seniors. Ageing remains a low priority in national health planning, even though the number of elderly people will double in the coming decades. Ignoring this trend will only increase suffering and place greater pressure on families and hospitals in the future.⁷

Pakistan can still act before the situation becomes unmanageable. Strengthening primary healthcare to better manage chronic diseases would immediately improve the lives of older adults. Training doctors and nurses to recognize and treat age-related conditions can prevent unnecessary complications. Affordable access to medicines for common illnesses like diabetes and hypertension would reduce hospital admissions and disability. Simple measures, if applied consistently, can make a large difference.⁸ Social protection is equally important. No elderly person should have to choose between food and medicine. Even a modest social pension for poor seniors could greatly improve dignity and independence. Community-based programs, supported by local governments and charities, can help reduce isolation by creating safe spaces where older people can receive basic care, and remain socially active. Supporting caregivers through counselling, education, and short-term relief services would also ease pressure on families.⁶

Healthy ageing should begin long before old age. Encouraging physical activity, balanced diets, and regular health check-ups among middle-aged adults can delay disease and disability later in life. Society must recognize that older people still have value, experience, and wisdom to offer. Keeping them engaged strengthens not only individuals but communities as well.⁹ Elderly population of Pakistan is growing quietly, but its needs are clear. Failing to act now will mean longer lives lived in pain, poverty, and neglect. Addressing geriatric health is not just a medical issue; it is a moral responsibility. A nation is

judged by how it treats its most vulnerable. By investing in its older citizens today, Pakistan can ensure a future that is not only longer, but healthier and more dignified for all.

REFERENCES

1. Business Today. The Elderly in the Digital Age. [Internet]. Available at: <https://www.pakistantoday.com.pk/2025/10/19/the-elderly-in-the-digital-age/> (Accessed on November 12, 2025)
2. Global Age Watch Index. Population ageing is transforming economies and societies across the world, placing new demands on health systems. [Internet]. Available at: <http://www.globalagewatch.org/> (Accessed on November 14, 2025)
3. Noreen N, Abdullah M, Lalani N. Geriatric Care in Pakistan: Current Realities and Way Forward. Pak J Public Health 2022; 11(4): 214-219. <https://doi.org/10.32413/pjph.v11i4.872>
4. Pakistan Institute of Development Economics. Ageing in Pakistan: A Curse or Blessing. [Internet]. Available at: <https://pide.org.pk/research/ageing-in-pakistan-a-curse-or-blessing/> (Accessed on November 14, 2025)
5. Social Policy and Development Centre (SPRC) - "Taking Care of Elderly: International Day of Older Persons" (2022). [Internet]. Available at: <https://www.sprc.org.pk/taking-care-of-elderly-international-day-on-older-persons> (Accessed on November 15, 2025)
6. World Health Organization. Ageing and Health. [Internet]. Available at: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health> (Accessed on November 15, 2025)
7. Tariq J, Zakar R, Ali MV. Determinants of physical, psychological, and social well-being in older adults: a cross-sectional study in senior care facilities of Pakistan (2019/20). BMC Geriatr 2023; 23: 349 <https://doi.org/10.1186/s12877-023-04014-w>
8. Rizvi Jafree S, Mahmood QK, Burhan SK, Khawar A . (2021). Protective factors for life satisfaction in aging populations residing in Public Sector Old Age Homes of Pakistan: implications for Social Policy. J Aging Environ 36(2): 136-155. <https://doi.org/10.1080/26892618.2021.1887042>
9. Usmani, M., Amin, F., Saeed, R., Durrani, N., Zaheer, M. K., Mateen, A., Shakeel, F., & Kumar, S. (2024). Nutritional status and its associated factors among the geriatric population in outpatient clinics of a tertiary care hospital in Karachi, Pakistan. J Family Med Prim Care 2024; 13(1): 271-277. https://doi.org/10.4103/jfmmpc.jfmmpc_737_23

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