



PAKISTAN AND URBAN AGEING SCENARIO; AN ANTHROPO-ECONOMIC NARRATIVE ON OLDER PERSONS' HEALTH

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ABSTRACT... Ageing is exactly the organic process of growing older and showing the effects of increasing age. The state of Pakistan is caught in the complicated web of various socio-economic and political problems. In such scenario, efforts to voice the rights of elderly seem a bit surprising and out-of-priority box. **Objective:** The paper attempts to serve as an eye-opener for the policy makers both in public and private sectors to interrelate the factors deemed imperative for taking concrete steps to redress the menace arising out of ignoring ageing and dropping it from the national development agenda. **Materials and Methods:** Structured interview schedule was developed to collect information on Older Persons' health, economic and psychological status. In this regard, an extensive questionnaire was designed and pre-tested vigorously. **Study Design:** This paper is extracted out of the base-line exploratory study. **Setting:** Rawalpindi city. **Period:** Oct 2013 to Dec 2013. **Results:** 69.3% OPs reported various diseases, 19.7% respondents never visited the doctor. 25.1% respondents' last visit to the doctor was between six months to more than a year. 15.3% visited the doctor for a medical treatment. Older persons with no permanent income made them more vulnerable to suffer various illnesses. **Conclusions:** Pakistan is not an aged-friendly country that even lacks a policy at national level for the welfare rights of older persons.

Key words: Ageing, Older Persons, Diseases, Medical History, Medical Treatment

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INTRODUCTION

An American Proverb that symbolically speaks for accepting the aged, ageism and ageing process is explicated as 'one cannot beat the experience'. Another US feminist Betty Friedon utters that 'aging is not 'lost youth' but a new stage of opportunity and strength'. The Human Rights Agenda is of prime grandness for the current century. It is quite satisfying to know that the integrated Human Rights Awareness and Advocacy Program is the hallmark of the previous twentieth century. The Universal Declaration on Human Rights is the remarkable intellectual achievement of mankind that later on opened many windows for the promotion of Human Rights through legislation, advocacy, and activism and planned interventions. To promote awareness, information and education on the Human Rights, the role of Academia, United Nations Organization, Research Organizations, Civil Society Organizations, International Advocacy Organizations, and

Activists is really commendable and praiseworthy. It is their restless efforts and endeavors that the nations of the world today accept and revere the universality and indivisibility of human rights. Human rights have now become a specialized field of academic interest, a research domain, as well as a priority in the current day's development and its order of business. The later human right treaties as conceived by the UN system speak that this area is now becoming more specialized.

Ageing is no doubt an inseparable and integral ingredient of Human Rights. Pakistan like rest of the third world countries is a developing nation of 180 million people with numerous issues arising out of development interventions and other geo-political reasons. There is a history of lots of human rights problems in Pakistan but at the same time individuals, activists and professional in various walks of life have also coined their names in their efforts to bring a softer image for Pakistan. Dr.

Mehboob-ul-Haq, Mr. Akhter Hameed Khan, Mr. Ansar Barni, Mr. Abdul Sattar Edhi, and the young Malala Yousaf Zai are few examples that helped build the friendly image of the country among the world community. Yet there is a long way to go to seek sustainable development in Pakistan that equally benefits citizens regardless of any basis of discrimination. Pakistani nation along with the aspiration to see the country doing the wonders at development score board is also required to equally pay attention to improvement their national status on various human development indices like Human Development Index, Gender Inequality Index, Multidimensional Poverty Index, and Inequality-adjusted Human Development Index.

Ageing is usually understood in many respects in the current world. On a general level that are three main strands on ageing. On practical grounds, thrice of them have their own unique and specific lens to focus age issues and its dimensions. The first is 'historical' and 'classical' way of looking at ageing in which Pythagoras, Hippocrates, Plato and Aristotle all found the idea of becoming old offensive, yet they were 80, 90, 82 and 62 respectively when they died. In this respect Gossip (1952) evaluates Aristotle's view and says 'Few pages in literature are more depressing than that in Aristotle, who, casting aside his customary calm, savagely depicts old men as 'human nature fallen into ruin, selfish and unenthusiastic, knowing and mean.'¹. Cicero among his classical works produced 'Concerning Old Age' (44 BC) concludes the myths and perceptions about old age and brings forth four main stereotypes to represent older persons. The four visions were 'they find life wearisome', 'they move away from active work', 'they are deficient in sensual pleasures' and 'they are worried about the nearness of death'².

The second view is 'Modern View' in which largely the nineteenth century, twentieth century and Twenty first century's paradigms are included. In this respect Perdue and Gurtman refer that 'it is commonly accepted that the elderly in our society find themselves viewed in predominantly

negative fashion, victims of a pervasive form of discrimination and disparagement sometimes referred to as 'ageism'. The attitudinal basis of ageism appears to be systematically negative evaluations of older persons, including (generally inaccurate) stereotypes of their character and capability. The aged are often described as more ill, tired, slow, forgetful, withdrawn, self-pitying, defensive and unhappy³.

The term of 'Ageism' was first coined by Robert Butler who was a psychiatrist involved in civil rights movement in United States. His concerns were to address the social stereotypes held against the older people just because they were older. Later on upon getting due recognition this term was added into American Dictionary of English Language in 1979. The term later on became an area of research.⁴

The third view is the 'folk' or 'indigenous' view on Ageing especially in South Asian Perspective. The concept of 'Siana' or 'Wadka' in Punjabi culture denotes the older person as somebody with deeper vision into the existence of things. The old person possesses his or her knowledge due to the existential exposure with outside world during the course of life and its experiences. The older person in South Asian context once was a symbol of respect and wisdom which seems to be changed to a greater extent due to the adoption of capitalistic market economy in which the urbanization and nuclearization of family has turned out to be greater agents of socio-cultural and economic change. The modernization of socio-cultural life, increased rural urban migration, the loosening up of traditional joint family or joint extended family system, and advent of industrial labor has greatly affected the respect of older person who have now become a liability instead of a source of guidance for their younger.⁵

OHCHR further observes that not very long ago, the issue of ageing was considered a matter of importance for only a handful of countries. Nowadays, the number of persons aged 60 and over is increasing at an unprecedented pace, anticipated to rise from its current 740 million

to reach 1 billion by the end of the decade. Unfortunately the increase in numbers has also shed light on the lack of adequate protection mechanisms, and on the existing gaps in policies and programs to address the situation of older persons. Today, two-thirds of the world's older people live in low-and middle-income countries and this proportion will rise to 80 per cent by 2050.

The report of the Secretary General to the General Assembly in this respect narrates the challenges regarding ageism in the whole world are discrimination; poverty; violence and abuse; and, lack of specific measures and services. Similarly, the report also discovers various areas of interventions where the world community needs to concentrate more for innovating the 'ageing agenda' and to revolutionize the ageing issues to help long-ignored population segments. For instance, to work on 'international protection regime for the rights of OPs; ending violence against OPs especially women; ending financial exploitation; working on health of OPs; long term care of OPs; ensuring participation of OPs in policy making; and work opportunities.'

Seeing the gravity of the ageing issues, there is a growing consensus that the general human rights treaties do not guarantee to cater amply the needs of elderly people therefore activities are under way to enact and adopt a full-fledged UN convention to 'strengthen older peoples' rights'. It is therefore noted that 'despite the existence of the Universal Declaration of Human Rights, older people are not recognized explicitly under the international human rights laws that legally oblige governments to realize the rights of all people. Only one international human rights convention (The International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families) mandates against age discrimination. Commitments to the rights of older people exist, such as with the Madrid International Plan of Action on Ageing (MIPAA). However, they are not legally binding and therefore only impose a moral obligation on governments to implement them'.⁶

It further lays stress on the importance of having

an independent and full-fledged UN Convention on the Rights of the Older Persons by stating that 'A UN Convention on the Rights of Older Persons is necessary to ensure that older women and men can realize their rights. With a new UN convention, and the assistance of a Special Rapporteur, governments can have an explicit legal framework, guidance and support that would enable them to ensure that older people's rights are realized in our increasingly ageing societies'.⁶

Chaudhry et al. (2014a) refer that 'the large majority of the OPs felt lonely because of the ignorance on behalf of the kids, families and indifferent attitude of society. There is a strong relationship between the mental stresses, economic instability of families and gradual loosening up of familial bond. The psychological stresses later on are increasing health problems and complications for OPs'.⁷

Chaudhry et al. (2014b) also related that the OPs' mode of living and their economic profile directly affects the health of them. It is further cited that 'OPs living single are likely to catch heart problems, the married OPs were suffering from mental illnesses, dermatological problems, and paralysis as well as hearing and visual impairments. The divorced OPs were facing hypertension, heart problems. Similarly, the mode of living was also highly imperative in terms of health status. The results show that OPs living in their own houses were better off than the ones living in other mode of living. Rented houses reported high percentiles of hypertension, heart problems, and diabetes'.⁸ Chaudhry et al. (2014c) also confirm that 'There is a strong relationship between the income statuses of OPs with their health physical conditions. The lack of permanent source of income leads to the high tendency of contracting various health problems among OPs. Similarly the inactive status of OPs also affects their health wellness which later on leads to create a multiplier effect regarding various health problems like heart problems, hypertension, diabetes, arthritis, asthma, etc'.⁹ Chaudhry et al. (2015) stress that 'Family is concerned about the welfare of OPs but the financial liabilities. In 82.8%

cases children were found to be caring whereas in 17.2% cases kids were totally forgetful. 46% OPs were primarily nursed by their spouses and 34% by sons or daughters. 44.3% OPs still managed their financial affairs. In 66% case no secondary financial facility was provided by the government. 28.9% cases were those where OPs requested help from other sources^{1,10}

MATERIALS AND METHODS

Ageing issues in Pakistan are still in infancy stage because of lack of ownership at state level as well as only a few organizations claiming to work for the welfare of the older persons (OPs). This is a known fact that Pakistan is located in a geographical region that is a pivot to seek international and regional importance due to many geo-political reasons. Besides, Pakistan's status being a developing country brings the development bureaucracy including policy makers, planners, administrators and practitioners into a compelling situation where majority of them have to concentrate on the issues related to the socio-economic uplift of the masses and erecting network of basic infra-structure. The failure of Pakistani nation in achieving sound scores at various human development indices is also because of the inconsistent policies, political instability, fragile democracy, internal clashes and conflicts (ethnic, lingual and religious) and natural calamities.

Having realized the nature of the ageing issues and its being under process of getting recognition among the community, government, and other relevant stakeholders, it was decided to keep the methodology of the study largely exploratory. The reason behind selecting the methodology of the study was that the lack of valid and credible data regarding OPs in Pakistan (as no government organization or any other civil society organization possessed the scientific data about OPs in Pakistan). It was this lack due to which it was suggested to adopt the exploratory nature of methodology. The realization of this lag was also well understood by the professionals at Help Age International in London, Help Age Pakistan and the lead consultant during initial

email exchange and later on live Skype call. The exploratory studies usually help researchers and development agencies to build a concrete base for conceptualizing the issue in question. It also helps in searching solid grounds for initiating community perceived interventions via involving the recipient community and building public-private partnerships.

To collect the data regarding 'Pilot Ageing Study in Rawalpindi City', an in-depth interview schedule was prepared in which a combination of both quantitative and qualitative questions were included. To ensure the applicability of the tool of research, the same was pre-tested one week before the commencement of formal data collection process.

The pilot Ageing Study in Rawalpindi was conducted in selected Union Councils of the City. Field Locations were selected according to the criteria laid down before the field entry of the research team. For the sake of Pilot study, 1000 OPs (both males and females) were interviewed. The main features of the criteria were:

1. Forms were to be filled from Persons having valid CNIC issued by NADRA;
2. The respondents must possess their CNICs during the time of interview;
3. Only those households were selected for the survey on the basis of presence of a person aged 60 or above;
4. The willingness of OPs was essential for filling the forms; and,
5. Respecting the views of OPs.

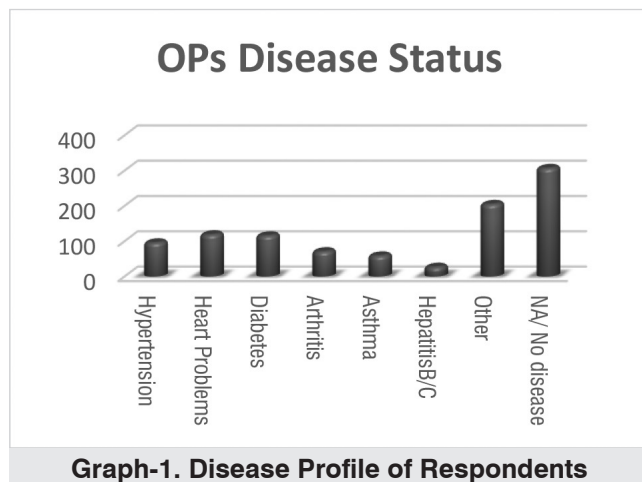
RESULTS

OPs' Disease Status

Response	Frequency	Percent
Hypertension	96	9.6
Heart Problems	119	11.9
Diabetes	116	11.6
Arthritis	71	7.1
Asthma	59	5.9
Hepatitis B/C	27	2.7
Other	205	20.5
NA	307	30.7
Total	1000	100.0

Table-I. History of Disease

Above table depicted the disease status of the elder peoples. Among 1000 respondents, 9.6% were suffering from hypertension, 11.9% from heart related problems, the rate of diabetes was recorded in 11.6% cases. In 7.1% cases, arthritis was reported. 5.9% respondents caught asthma. Hepatitis B/C was reported and recorded in 2.7% respondents. 20.5% respondents were of the view that they were suffering from other diseases in their daily lives. 30.7 percent of the sample had no acute diseases or mentionable medical history. As regards the age group, respondents falling in the age category of 60-65 were mostly enjoying satisfactory health and somewhat stable mental conditions.



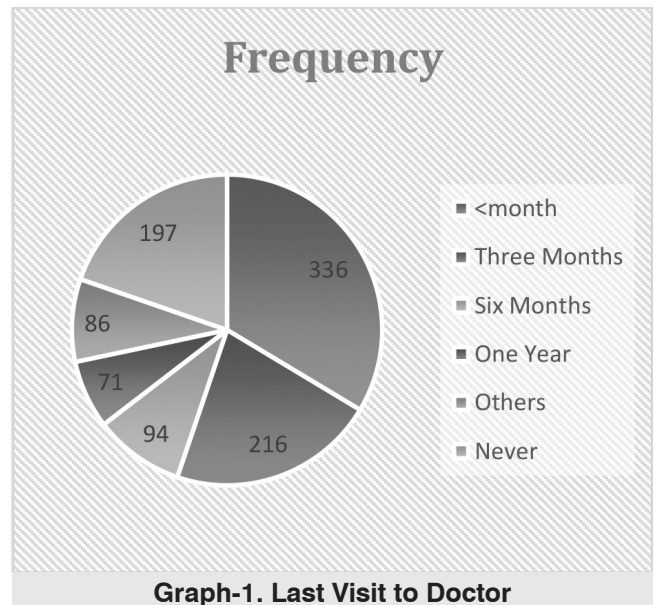
OPs' Last Visit to General Practitioners

Duration	Frequency	Percent
<month	336	33.6
Three Months	216	21.6
Six Months	94	9.4
One Year	71	7.1
Others	86	8.6
Never	197	19.7
Total	1000	100.0

Table-II. Last Visit to Doctor

Largest fraction of the sample (33.6%) visited their General Practitioners for less than a month ago. 21.6 percent visited the doctor during the last three months. 9.4% went to consult the doctor in the last six months whereas 7.1 percent had their last visit to the doctors during the last one year. 19.7 percent of the sample never visited their doctor within the stipulated time period mentioned in the research tool. However, mostly vitally it was

noticed that the 8.6% OPs mostly preferred their indigenous medical practices via self-medication at home or feared the high consultation fees that might perplex their monthly budgets.



Reasons of OPs' Visit to Doctor

Response	Frequency	Percent
Not feeling Well	212	21.2
Consultation	133	13.3
Medical Examination	191	19.1
Medical Treatment	153	15.3
Follow Up	10	1.0
Other	104	10.4
Never/ NA	197	19.7
Total	1000	100.0

Table-III. Reasons of Visit to Doctor

When asked about the reasons for consulting the doctors, the OPs' responses were various. 21.2 percent visited because they were not feeling well. 19.1% visited to seek some immediate medical attention. 15.3 percent's purpose of visit was to get some instant medical treatment. The 13.3 percent of the sample were in pursuance of some medical consultation. 10.4 percent instead of visiting their doctors used other means including the herbalist, homeopaths of self-medication. Only a humble fraction of 1% went to the doctor for the sake of their follow-ups. Whereas, the 19.7 percent of the sample never visited the doctors for any reasons whatsoever.



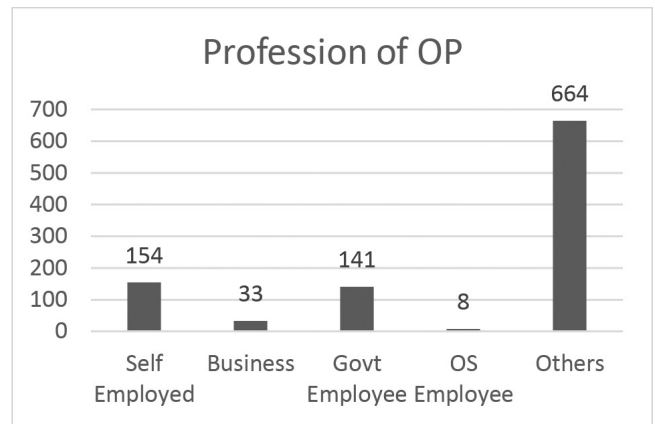
Graph-3. Reasons of Visit to Doctor

OPs' Nature of Job

Category	Frequency	Percent
Self Employed	154	15.4
Business	33	3.3
Govt Employee	141	14.1
OS Employee	8	0.8
Others	664	66.4
Total	1000	100.0

Table-IV. Mode of Earning

Above result shows the stratification of the respondents as per their professions. 15.4% of the total sample was self-employed throughout their earning career, 3.3% percent ran their own business. 14.1% of the respondents used to be employed in a government organization or department. 0.8% of the respondents were overseas employees (mostly in Saudi Arabia and Gulf countries) and major portion of the respondents were involved in doing other unskilled, daily wage basis and poorly paid work for their own survival and their families as well. The alarming 66.4% of the respondents lead to the conclusion that majority of the OPs hailed from poor socio-economic quartile and were at the mercy of their care givers for their survival. It is also due to which their family members took them as an economic liability for which the family members did not have the resources to provide good nutrition and health covers.



Graph-IV. Mode of Earning

Current Sources of Income of OPs

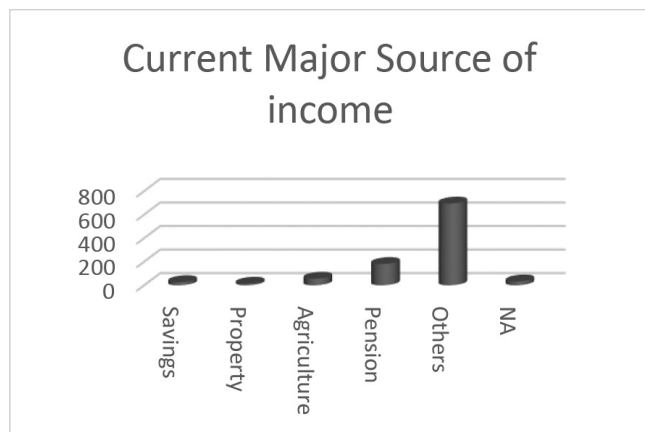
Source	Frequency	Percent
Savings	26	2.6
Property	13	1.3
Agriculture	55	5.5
Pension	180	18.0
Others	694	69.4
NA	32	3.2
Total	1000	100.0

Table-V. Current Source of Income

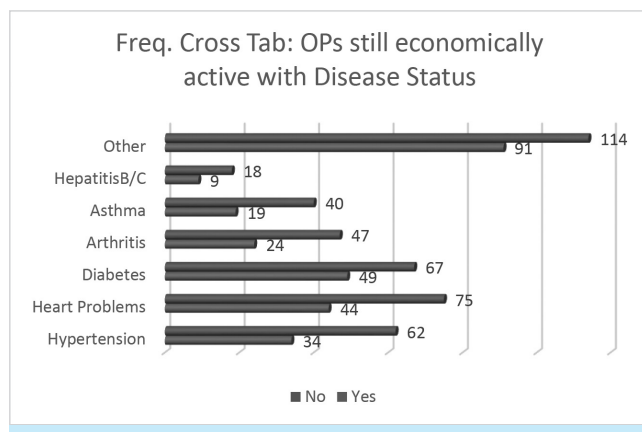
The result shows the current major source of income of OPs in Rawalpindi city. Among the total 1000 respondents, 2.6% used their savings to meet their daily expenses, in 1.3% cases, OPs relied on their property. 5.5% of the sampled participants mentioned agriculture as their major source of income to fulfill their daily needs. 18% of the OPs used their pensions to meet their expenses, and the single majority that is 69.4% of the total respondents used other sources. The 69.4% of the sample in less extreme cases were either daily wage laborers or doing some low-paid jobs as watchmen or security guards at gas stations or private homes and few of them worked as waiters in road side hotels. In extreme cases, they were selling fruits or vegetable in the streets, working in workshops or even begging.

Cross Tab: Source of Income with Disease Status

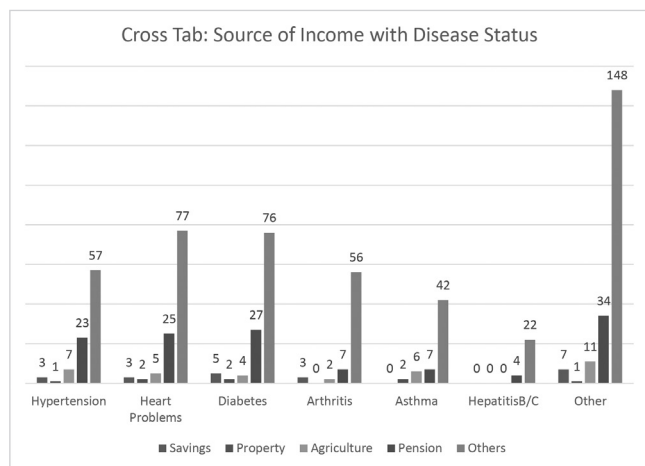
This table co-relates the source of income with disease status. The table proves that OPs who did not have any permanent source of income had the tendency to catch more diseases as compared to the OPs with somewhat defined



Graph-5. Current Source of Income of Respondents



Graph. OPs Earning & Diseases



Graph-6. Income & Diseases

source of incomes.

The current table clearly establishes the correlation of older persons’ economic status and the diseases contracted by them. It strongly proves that economically inactive OPs possess highest tendency to catch health problems as compared with the ones who are still economically active and earning their living.

DISCUSSIONS

Ageing issues, if seen in an international scenario especially from Human Rights Perspective are equally homogenized with the broader human rights agenda undertaken by the United Nations System in the world. In fact, the initial breakthrough in the evolution of human rights history was the conception, development and acceptance of Universal Declaration on Human Rights (UDHR) in 1948. Rest of the human rights instruments are basically a specialized extension of UDHR. The initial breakthrough done was the development of ‘Universal Declaration of Human Rights’ (UDHR) in 1948. The second breakthrough in the field of human rights was done was International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) in 1965. The third step was twofold that included the framing of International Covenant on Civil and Political Rights (ICCPR) and International Covenant on Economic, Social and Cultural Rights (ICESCR) in 1966. The initial human rights treaties further led to the development of specialized treaties and instruments of human rights focused on specific

Cross Tab: OPs still economically active with Disease Status

Still Economically Active	Disease Status								Total
	Hypertension	Heart Problems	Diabetes	Arthritis	Asthma	HepatitisB/C	Other	NA/ No disease	
Yes	34	44	49	24	19	9	91	173	443
No	62	75	67	47	40	18	114	134	557
Total	96	119	116	71	59	27	205	307	1000

Table-VI. OPs’ Earning Status & Diseases

issues and stakeholders.

With continued efforts at international level particularly in UN system and through the strives of other relevant INGOs like Help Age International, the advocacy on Rights for the ‘Older Persons’ is becoming accepted as a component of Human Rights Agenda. In this regard, the United Nations’ office of the High Commissioner for the Human Rights notes that ‘In recent years, there have been significant advocacy efforts calling for enhanced international thinking and action on the human rights of older persons. Various stakeholders have called for more visibility and increased use of international human rights standards to address the dire situation of millions of older women and men around the world.’¹¹

OHCHR further observes that not very long ago, the issue of ageing was considered a matter of importance for only a handful of countries. Nowadays, the number of persons aged 60 and over is increasing at an unprecedented pace, anticipated to rise from its current 740 million to reach 1 billion by the end of the decade. Unfortunately the increase in numbers has also shed light on the lack of adequate protection mechanisms, and on the existing gaps in policies and programs to address the situation of older persons. Today, two-thirds of the world’s older people live in low-and middle-income countries and this proportion will rise to 80 per cent by 2050.

The current socio-economic crisis faced by the

Pakistani nation can lead to deduce that health conditions of families especially the older persons are not even at the satisfactory level. The results obtained from empirical observations during the study confirmed that older people are usually thrown in oblivion by the society and community as well as the government. The research team interviewed the older persons especially males outside their homes in mosques, parks, shops and hospitals where they kill their time because remaining in the homes largely means to them ignorance and criticism from rest of the family members. The study in later chapters shall also be throwing light on social perception of community about the older persons in which the more negative attributes are especially mentioned as compared to the fewer positive aspects of OPs.

The primary data collected via the structured interview schedule and focused group discussion refers to infer that Pakistani society that is already jumbled in numerous social, political and economic issues is not an ideal place for an ageing person. This agony of older persons goes manifold in certain cases as described in the below:

The data reveals that 693 OPs out the total 1000 reported various diseases among the respondents. Out of the total sample 803 respondents revealed that they consulted the medical practitioners whereas 197 never visited the doctor. The noteworthy statistics unveil that 25.1% respondents’ last visit to the doctor was

Being OP	Hurdle 1	Hurdle 2	Hurdle 3	Hurdle 4	Hurdle 5	Hurdle 6	Hurdle 7
OP	Minority	Nil	Nil	Nil	Nil	Nil	Nil
OP	Minority	Patient	Nil	Nil	Nil	Nil	Nil
OP	Minority	Patient	Woman	Nil	Nil	Nil	Nil
OP	Minority	Patient	Woman	Physically Disabled	Nil	Nil	Nil
OP	Minority	Patient	Woman	Physically Disabled	Mentally Retarded	Nil	Nil
OP	Ethnic Minority	Patient	Woman	Physically Disabled	Mentally Retarded	Rural Origin	Religious Minority

between six months to more than a year. Whereas out of the total sample only 15.3% visited the doctor for a medical treatment.

On the other hand, the economic profile of the OPs brings forth the fact that 66.4% respondents never had a permanent source of income during the pre-ageing time period that furthers the conclusion that they were not having any source of monetary support in their old age and made them directly vulnerably dependent on their family members. As regards their current source of income 69.4% had no current income source during the data collection phase. Similarly the cross table of source of income with disease status confirmed that people with no permanent source of income were liable to suffer from various illnesses out of which the psychological problems rated the highest. The data also confirmed that the OPs who were still economically active scored well on the health indicators. Economically dormant OPs reported more illnesses which indirectly lead to the conclusion that their health issues would have been worst because of lacking monetary resource for a proper medical screening and treatment. The inference simply confirms the table above that ageing is more perplexed when encountered with various hurdles that make a healthier living merely a dream.

Care of OP is not an option but a societal responsibility in recognition of what these people did and contributed to their society during their respective life courses. In rural areas where the cultural norms still exist due to the joint extended a joint family system and also because of the social cohesion that the OPs find respect though their health issues remain a challenge. But on the other hand the urban areas where largely there is nuclear family system, the off-springs and siblings do not find time to interact with the OPs that create problem for their later older times where care counts on the top when it comes to OPs' welfare. Urban ageing is highly problematic as seen during the course of this research that economic burden highly seem to be compromising the health and psychological wellbeing of OPs. Having no permanent source of

financial support from the government or society as well as having no economic assets doubles the excruciation of ageing population. Regarding seeking medical advice, medical treatment and psychological care seem merely a dream for the older persons. One interesting finding rectified that OPs still economically active scored well regarding their health status. Though this means that OPs need to be provided with the sense of being fruitful for the society and they should be involved in some constructive chores on behalf of the society and government so that they are not thrown in oblivion rather allowed to spend their life purposefully in a way that their life experience becomes a beacon of light and guidance for the youth of nation.

CONCLUSIONS

Older person are the people who served the society in their life courses and require public commitment for their due welfare. The lack of a national level policy is making the society unaware of its responsibilities towards OPs. Similarly, it also speaks of government incognizance from the problems faced by the OPs in the country due to which the budgetary allocations for the ageing population are totally absent. The fact that Pakistan is relatively age-wise younger nation directly means it is no place for the older persons. The social circumstances confirm the same facts that people in the older age are more likely to lose respect in family, brethren and the society. Knowing the fact that Pakistan is not a welfare state makes the older persons more vulnerable to bear the harsh living conditions in their post-retirement life spans.

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“The future influences the present just as much as the past.”

Friedrich Nietzsche



AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
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2	Aftab Ahmed	Data analyst and quality control	