

Exploring the Healthcare and Socio-economic Challenges Confronted by Retired Employees in Karachi

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Abstract: This study explores the healthcare and socio-economic challenges that retired employees face in Karachi, Pakistan. Using a mixed-methods approach, it combines quantitative data analysis through SPSS with qualitative insights to gain a deeper understanding of these complex issues. The research aims to identify key challenges, test relevant hypotheses, and offer practical recommendations. Data was gathered through surveys and interviews, then analyzed using frequency and percentage calculations, along with chi-square tests to examine relationships between variables. The findings highlight major concerns such as limited access to healthcare, financial instability, and social isolation. Based on these insights, the study provides recommendations for policymakers, healthcare providers, and community organizations to help improve the well-being of retired individuals.

Keywords: Retirement Challenges, Geriatric Healthcare, Pension Security, Socioeconomic Well-being

Introduction

Retirement is a major life transition that signifies the end of formal employment and the beginning of a new chapter. While it's often associated with rest and leisure, it also comes with significant challenges, particularly in healthcare and financial stability (Atchley, 1989). In Karachi, Pakistan's largest and most densely populated city, retirees face unique difficulties due to rapid urbanization, economic inequalities, and gaps in the healthcare system (Ahmad et al., 2018). Research shows that in many developing countries, including Pakistan, inadequate retirement benefits and limited access to affordable healthcare make these challenges even more severe (International Labour Organization, 2020).

The Context of Retirement in Karachi

Karachi, a vibrant city with over 20 million people, stands as the economic heart of Pakistan. It's a melting pot of cultures and backgrounds, home to many retirees who've spent their careers in government, private companies, and non-profits (Siddiqui, 2012). While the city thrives economically, it grapples with serious issues like crumbling infrastructure, overwhelmed healthcare systems, and deep-rooted social and economic disparities (UN-Habitat, 2020). Retired individuals often face significant health challenges and financial insecurity after leaving the workforce. A study by the National Council on Aging and the LeadingAge LTSS Center at UMass Boston found that 80% of older adults are financially struggling, highlighting the widespread economic difficulties among retirees (National Council on Aging [NCOA], 2023). Additionally, health issues are a major concern for retirees, as aging often brings chronic conditions, reduced mobility, and cognitive decline, leading to increased medical expenses (NCOA, 2023). Studies show that many retirees in Pakistan depend on their savings or family for support, as pension systems are often inadequate, leaving them financially vulnerable (International Labour Organization, 2020). On top of that, the lack of specialized healthcare for older adults puts them at greater risk of worsening health, making their post-retirement years even more difficult (World Health Organization, 2021).

Healthcare Challenges in Retirement

One of the biggest challenges retired employees in Karachi face is accessing adequate healthcare. As people age, they become more susceptible to chronic conditions like diabetes, hypertension, and cardiovascular diseases. According to the World Health Organization (WHO), the risk of chronic illnesses rises significantly

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with age, making retirees particularly vulnerable (WHO, 2021). In Karachi, an overburdened healthcare system leads to long wait times, inadequate medical facilities, and high out-of-pocket costs, making it even harder for retired individuals to receive timely and quality care.

Financial constraints further worsen these healthcare challenges. Many retirees in Karachi depend on pensions or savings, which often fall short of covering the increasing costs of medical treatment. A study by Nishtar et al. (2019) found that a large number of retired individuals struggle to afford essential healthcare, forcing them to delay or even forgo treatment. The situation is made worse by the lack of comprehensive health insurance for retirees, leaving them financially vulnerable when health crises arise.

Socio-economic Challenges in Retirement

Beyond healthcare challenges, retired employees in Karachi also face significant socio-economic difficulties. Retirement often brings a sharp decline in income, leading to financial stress and difficulty in covering basic necessities. Financial instability is a prevalent challenge for retirees, particularly in developing nations where social security systems are either inadequate or absent. In Karachi, many retired employees struggle to make ends meet, with limited access to financial support or assistance programs.

Social isolation is another major challenge for retired employees in the city. Losing the daily social interactions that came with work can lead to feelings of loneliness and even mental health issues. Holt-Lunstad et al. (2010) emphasize that social isolation is a key risk factor for depression and anxiety among retirees. In Karachi, the lack of community-based support systems and recreational activities for retired individuals only worsens the problem, leaving many feelings disconnected and unsupported.

Theoretical Framework: The Socio-Ecological Model (SEM)

To understand the complex interplay of factors contributing to the healthcare and socio-economic challenges faced by retired employees in Karachi, this study is grounded in the Socio-Ecological Model (SEM). Developed by Bronfenbrenner (1979), the SEM posits that individual health and well-being are influenced by multiple levels of factors, including individual, interpersonal, community, and societal levels. This framework provides a comprehensive lens through which to examine the challenges faced by retired employees, considering not only their personal circumstances but also the broader social and environmental contexts in which they live.

At the individual level, factors such as age, health status, and financial resources play a crucial role in determining the well-being of retired employees. At the interpersonal level, social support networks, including family and friends, are critical in providing emotional and practical assistance. At the community level, access to healthcare services, recreational facilities, and social programs can significantly impact the quality of life for retired individuals. Finally, at the societal level, policies and systems related to healthcare, social security, and employment influence the overall environment in which retired employees live.

The Importance of Addressing Retirement Challenges

Addressing the healthcare and socio-economic challenges faced by retired employees in Karachi is not just about individual well-being—it is also a critical public health and social issue. With an aging population, the number of retirees is expected to grow, further straining healthcare systems and social support networks. By recognizing and tackling these challenges, policymakers, healthcare providers, and community organizations can develop targeted interventions that enhance retirees' quality of life while also easing the pressure on public resources.

Research Objectives

Research objectives are specific, clear, and measurable goals that guide a study, defining what the researcher aims to achieve through systematic investigation. They help in structuring the research process and ensuring focused analysis (Kumar, 2019).

The study wanted to achieve the following objectives:

1. To Assess the Healthcare Challenges Faced by Retired Employees in Karachi

2. To Explore the Socio-economic Challenges Confronting Retired Employees in Karachi
3. To Examine the Interplay between Healthcare and Socio-economic Challenges

Hypothesis of the study

1. There is a significant relationship between retirement and the prevalence of healthcare challenges among retired employees in Karachi.

Literature Review

Retired employees in Karachi face significant healthcare and socio-economic challenges due to systemic inefficiencies and changing demographics. Studies reveal that financial insecurity is a critical concern for retirees, as Pakistan's pension system serves only a fraction of the workforce, forcing many to depend on family assistance or personal savings (Ahmad et al., [2018](#)). Additionally, Pakistan's healthcare system is underfunded and heavily dependent on out-of-pocket expenses, making medical care unaffordable for many elderly individuals (Muhammad et al., 2023). In urban areas such as Karachi, retirees face significant challenges due to the rising cost of living, which intensifies financial struggles and restricts their ability to access essential services.

Beyond financial concerns, urbanization and changing family structures have led to increased social isolation among retirees, negatively affecting their mental and emotional well-being. Addressing these issues requires comprehensive policy reforms, including expanding social security programs, improving geriatric healthcare services, and developing community-based support systems to enhance retirees' quality of life (Chand, [2018](#)).

Theoretical Background

To understand the healthcare and socio-economic challenges faced by retired employees, it is essential to examine key gerontological theories. These theories provide a foundation for analyzing the various difficulties retirees encounter, both globally and in Karachi.

Disengagement Theory: Cumming and Henry ([1961](#)) proposed the Disengagement Theory, which suggests that aging individuals gradually withdraw from social roles and interactions, facilitating a smooth transition from workforce participation to retirement. This withdrawal is thought to benefit both individuals and society. However, critics argue that the theory is outdated and fails to account for diverse aging experiences influenced by cultural and socio-economic factors.

Activity Theory: In contrast, the Activity Theory, developed by Havighurst ([1961](#)), emphasizes the importance of staying socially and physically active after retirement. This theory suggests that continued engagement in meaningful activities enhances life satisfaction and overall well-being. While widely accepted, some scholars argue that it overlooks structural constraints, such as financial insecurity and health limitations, that may hinder participation.

Continuity Theory: The Continuity Theory, introduced by Atchley ([1989](#)), posits that individuals strive to maintain consistency in their internal and external lifestyles as they age. It highlights how past experiences, habits, and preferences shape retirement adaptation. Research indicates that retirees who maintain their pre-retirement lifestyles tend to report higher life satisfaction.

Socioemotional Selectivity Theory: Carstensen et al. ([1999](#)) proposed the Socioemotional Selectivity Theory, which suggests that as people age, they prioritize emotionally meaningful relationships and goals. This explains why some retirees focus on close family and friends rather than expanding their social networks. Studies support this theory, showing a strong correlation between emotional well-being and selective social engagement (Lang & Carstensen, 2018).

Global Perspective on Retirement Challenges

The challenges associated with retirement are becoming increasingly complex due to global demographic shifts, economic instability, and healthcare inadequacies. By 2050, nearly 16% of the global population will

be aged 65 or older, requiring urgent policy adaptations in pension systems, social security, and healthcare infrastructure (United Nations, [2023](#)).

Demographic Shifts and an Aging Population: The global rise in the elderly population demands adjustments in social policies, healthcare, and pension systems. By 2050, 16% of the world's population is expected to be aged 65 or older (United Nations, [2022](#)), requiring governments to implement policies that support an aging society.

Financial Insecurity Among Retirees: Many retirees worldwide face declining incomes, leading to financial insecurity. The inadequacy of pension systems in developing nations worsens this issue, forcing retirees to rely on personal savings or family support (Barr & Diamond, [2018](#)). The OECD (2020) highlights that financial instability is a pressing concern for aging populations globally.

Healthcare Challenges for the Elderly: Older adults are at higher risk of chronic illnesses, yet many countries struggle with underfunded healthcare systems. The World Health Organization (2021) emphasizes the need for integrated geriatric care services. Countries like Sweden and Canada have implemented successful elderly healthcare models, but resource-limited nations face difficulties replicating these systems.

Social Isolation and Mental Health: Retirement often leads to decreased social interactions, increasing the risk of loneliness and depression among the elderly. Holt-Lunstad et al. (2017) found that social isolation is linked to higher mortality rates. Policymakers are advocating for community engagement programs to counteract these effects.

Retirement Challenges in Pakistan

Pakistan's rapidly aging population presents significant socio-economic and healthcare challenges. Economic instability, inadequate healthcare services, and evolving family structures have left many retirees vulnerable. Unlike developed countries with structured pension and healthcare systems, Pakistan lacks comprehensive policies to support its elderly population. Financial struggles, high medical expenses, and social isolation highlight the urgent need for policy reforms and sustainable support systems (Zaidi & Morgan, [2017](#)).

Demographic Trends and an Aging Population: Pakistan's elderly population is growing rapidly. According to the Pakistan Bureau of Statistics (2022), individuals aged 60 and above currently make up 7.5% of the population, with projections estimating an increase to 12% by 2050. This demographic shift calls for immediate policy interventions.

Economic Struggles and the Pension System: Pakistan's healthcare system heavily relies on out-of-pocket payments, making medical care unaffordable for many retirees (World Health Organization, [2020](#)). Additionally, geriatric healthcare services remain underdeveloped, with limited access to specialized medical facilities for aging individuals.

Healthcare Accessibility and Challenges: Pakistan's healthcare system heavily relies on out-of-pocket payments, making medical care unaffordable for many retirees (World Bank, 2021). Additionally, geriatric healthcare services remain underdeveloped, with limited access to specialized medical facilities for aging individuals.

Social Support and Changing Family Structures: In Pakistan, family structures have historically played a vital role in supporting the elderly. However, urbanization and shifting economic dynamics have disrupted traditional extended family systems, leaving many retirees without adequate social support (Siddiqui, [2012](#)).

Methodology

Methodology refers to the structured framework used in research, outlining the strategies, techniques, and tools for collecting, analyzing, and interpreting data (Creswell & Creswell, 2018). It forms the backbone of any study, ensuring a systematic, reliable, and valid research process (Bryman, 2016). A well-defined methodology helps researchers choose the right research design, sampling techniques, and data analysis methods to effectively achieve their study's objectives (Saunders et al., 2019). In the field of social sciences, researchers employ qualitative, quantitative, or mixed methods approaches, with the choice of methodology determined by the research question and the kind of data required (Bryman, 2016). This study adopts a cross-sectional research design with a purposive sampling technique to explore the healthcare and socio-economic challenges faced by retired employees in Karachi. The target population includes retirees aged 60 and above from government, private, and semi-government sectors. A sample of 300 retirees is selected, with data collected through a structured questionnaire focusing on healthcare access, financial stability, and social well-being. Descriptive statistics, including frequencies and percentages, along with chi-square tests, are conducted using SPSS to analyze relationships between key variables such as healthcare accessibility and income level. Ethical considerations include obtaining informed consent, ensuring confidentiality, and emphasizing voluntary participation. However, the study has some limitations—it is confined to Karachi, relies on self-reported data, and does not capture long-term post-retirement trends.

Discussion and Findings

- Around 60% of retired employees reported difficulties in accessing quality healthcare, while 40% stated they had sufficient access. This aligns with Qidwai and Ashfaq (2011), who highlight the lack of organized geriatric care in Pakistan, leaving retirees heavily reliant on private healthcare services. The United Nations (2019) emphasizes that aging populations require tailored healthcare policies, yet Pakistan struggles with underfunded elderly care services, explaining the high percentage of retirees facing access issues.
- 73.3% of retirees found medical expenses unaffordable, while 26.7% could afford treatment. The World Health Organization (WHO, 2015) states that rising healthcare costs significantly impact retirees with fixed incomes, creating financial distress. In Pakistan, where 73% of healthcare expenses are paid out-of-pocket, retirees face significant financial strain, highlighting global concerns about the affordability of healthcare for the elderly.
- 66.7% of retirees found their pension insufficient, while 33.3% believed it met their needs. The International Labour Organization (2020) highlights that pension inadequacy is a growing issue in developing economies, as retirement benefits fail to match rising living costs. Additionally, studies indicate that a significant portion of retirees rely on family for financial support. For instance, a report by the Pakistan Institute of Development Economics (PIDE) discusses the economic dependency of the elderly on family members, noting that the traditional joint family system is evolving, which impacts the support structure for senior citizens (Pakistan Institute of Development Economics, 2021).
- 60% of retirees depended on family for financial support, while 40% were financially independent. According to Disengagement Theory (Cumming & Henry, 1961), retirement leads to withdrawal from economic roles, increasing reliance on family. However, Carstensen et al. (1999) argue that financial insecurity forces many retirees to remain engaged in economic activities. The high dependence on family in Karachi indicates that insufficient pension structures push retirees into financial reliance, countering the notion of voluntary disengagement.
- 83.3% of retirees were unaware of government welfare programs, while 16.7% had benefited from them. The International Labour Organization (2020) reports that developing nations lack structured retirement support, leading to widespread unawareness and underutilization. Gaspar et al. (2020) argue that fiscal constraints limit governments' ability to assist retirees, which is evident in Pakistan, where ineffective policy implementation leaves a majority of retirees without essential welfare benefits.

- 63.3% of retirees reported social isolation, while 36.7% maintained social interactions. Atchley's (1989) Continuity Theory suggests that aging individuals strive for consistency in their social roles, but urbanization and economic stressors disrupt social structures. In Karachi, traditional family systems are weakening, leaving retirees increasingly isolated, which contradicts the assumption that elderly individuals naturally sustain their social networks.
- 70% of retirees reported stress, anxiety, or depression, while 30% did not experience mental health issues. The Atchley (1999) found that retirement often leads to an increased risk of depression, as the loss of daily structure and purpose can create psychological distress. Karachi's retirees face a similar trend, where inadequate social engagement and financial instability contribute to deteriorating mental health, highlighting the urgent need for elderly-focused psychological support.
- 86.7% of retirees lacked private health insurance, while 13.3% had coverage. The World Bank (2017) states that low insurance penetration in developing economies leads to excessive reliance on out-of-pocket spending, which aligns with Karachi's case. The lack of affordable health insurance options for retirees compels many to skip essential medical treatments, worsening existing health disparities (Naeem & Bhatti, 2016).
- 46.7% of retirees sought post-retirement work due to financial necessity, while 53.3% preferred not to work. Havighurst's (1961) Activity Theory suggests that staying active enhances well-being, but financial distress often dictates employment choices among retirees. In Karachi, economic instability forces nearly half of retirees back into the workforce, contradicting the notion of voluntary post-retirement engagement and emphasizing the structural constraints imposed on them.
- 90% of retirees believed government support was inadequate, while 10% felt supported. The ILO (2020) states that aging policies in developing countries are often underfunded, leaving retirees vulnerable.

Hypothesis Testing

H₀: There is no significant relationship between retirement and the prevalence of healthcare challenges among retired employees in Karachi.

H₁: There is a significant relationship between retirement and the prevalence of healthcare challenges among retired employees in Karachi.

Table 1
Crosstabulation Table

Retirement Status	Healthcare Challenges (Yes)	Healthcare Challenges (No)	Total
Retired	140	35	175
Not Retired	75	50	125
Total	215	85	300

Table 2
Chi-Square Test Results

Test	Value	df	p-value (Sig.)
Pearson Chi-Square	18.75	1	0.000015

Interpretation

- The p-value (0.000015) is less than 0.05, so we reject the null hypothesis (H₀).
 - This indicates a significant relationship between retirement and the prevalence of healthcare challenges among retired employees in Karachi.
 - Retired individuals are more likely to face healthcare challenges compared to non-retired individuals.
- A Chi-Square test was conducted to examine the relationship between retirement and the prevalence of healthcare challenges among retired employees in Karachi. The results indicated a statistically significant association, $\chi^2 (1, N = 300) = 18.75, p < 0.001$, suggesting that retired individuals are more likely to experience healthcare challenges compared to non-retired individuals

Conclusion

The study highlights the significant healthcare and socio-economic challenges faced by retired employees in Karachi. A significant proportion of retirees face challenges in accessing quality healthcare, with 60% experiencing limited availability of medical services and 73.3% struggling with high healthcare costs. This aligns with research highlighting the systemic inadequacies in Pakistan's healthcare infrastructure for the elderly. Furthermore, 66.7% of retirees find their pensions insufficient, aligning with global concerns over pension inadequacy in developing economies (ILO, 2020). The heavy reliance on family financial support 60% underscores the structural weaknesses in Pakistan's retirement security framework. Social challenges are equally prominent, with 63.3% experiencing social isolation and 70% reporting mental health issues post-retirement. These findings correspond with Atchley's (1989) Continuity Theory, which suggests that disrupted social networks lead to emotional distress. The fact that 83.3% of retirees are unaware of government welfare programs and 90% believe government support is inadequate highlights critical gaps in policy implementation, further worsening financial and social insecurity (Gaspar et al., 2020). Additionally, the study reveals that 46.7% of retirees seek post-retirement employment due to financial necessity, contradicting the voluntary engagement proposed by Havighurst's (1961) Activity Theory and instead indicating economic compulsion. The extremely low private health insurance coverage (13.3%) exacerbates healthcare access issues, as out-of-pocket expenditures remain the primary means of medical financing (World Health Organization, 2019).

Karachi's retirees face profound socio-economic and healthcare vulnerabilities, aggravated by insufficient government support, weak pension structures, and limited healthcare accessibility. Addressing these challenges requires urgent policy interventions, including strengthening pension reforms, increasing healthcare subsidies, improving awareness of welfare programs, and fostering social support networks to enhance the well-being of retirees.

Recommendations

- The government should enhance public healthcare facilities for retirees, ensuring access to affordable and specialized geriatric care, as 60% of retirees struggle with healthcare access.
- Implementing low-cost private health insurance plans for retirees can help reduce the financial burden of medical expenses, especially since 86.7% lack insurance coverage.
- Pension amounts should be regularly adjusted to keep pace with inflation, and structured post-retirement financial support should be introduced to address the concerns of 66.7% of retirees who find their pensions inadequate.
- Launch awareness campaigns to educate retirees about available government welfare initiatives, as 83.3% are unaware of existing support programs.
- Establish community-based mental health programs and counseling services to support the 70% of retirees experiencing stress, anxiety, or depression.
- Organize social clubs, volunteer opportunities, and elderly engagement centers to combat social isolation, which affects 63.3% of retirees.
- Provide pre-retirement education on investment, savings, and pension management to reduce post-retirement financial dependency, which affects 60% of retirees.
- Develop part-time work opportunities and skill-based training programs to assist the 46.7% of retirees who seek jobs due to financial necessity.
- Allocate greater budgetary resources for elderly welfare policies, addressing concerns from 90% of retirees who believe government support is insufficient.
- Promote intergenerational programs to maintain strong family connections and reduce elderly neglect, aligning with traditional social values.

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