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Ageing Population: Status, Challenges and Opportunities for Health Care Providers in Pakistan

Waris Qidwai

The world population is rapidly ageing. One percent of the world population was over 65 years of age in the early twentieth century. The proportion increased to 6% by 1992 and is projected to rise 20% by the year 2050.¹ This is the result of increasing life expectancy that continues to increase steadily both in developed and developing countries as a result of better availability of health care.² The major portion i.e. 60% of the elderly world population lives in developing countries, a proportion predicted to rise to 70% by 2020.³

Pakistan is ranked as a developing country and the sixth most populous country in the world with an estimated population of 166 million in the year 2006.⁴ The average life expectancy is 62 years and those above 65 years of age (elderly), form 4% of the total population.⁴ It is anticipated that rising geriatric population will offer fresh challenges to health care providers in the coming years.

Limited data is available about health and related issues concerning geriatric population in Pakistan. A recent hospital-based survey conducted in Karachi offers insight into the health status, needs and issues confronting this highly vulnerable population.⁵ Over 40% people above the age of 65 years were retired, establishing the need for elderly to have post-retirement support.⁵ Over 76% were currently married; presence of spouse in the life of an elderly is certainly an advantage and a positive finding. Five or more health problems were found in over 72% subjects, indicating need for a more preventive approach to keep people from getting multiple co-morbidities and establishing the need for a more holistic approach in treating them. Almost half of the respondents were taking three or more different medications daily, pointing to the need to anticipate untoward drug interactions.⁵

Issues of immobility, urinary incontinence, dyspnoea, fatigue and visual impairment were reported to have worst impact on the life of the individuals.⁵ Hypertension, Diabetes mellitus and arthritis were the most commonly reported chronic ailments, signaling areas required for resource mobilization.⁵

The survey also demonstrated that a large number of people had religious activity, reading, socializing and watching television as a regular activity. This highlights the need for elderly to have opportunities to lead an active life. Financial constraints at an elderly age can be a serious issue and 1 in 5 elderly subjects reported financial problems. Over 90% reported having spiritual needs, an area that needs to be addressed while dealing with the elderly patients.

The lack of state and societal support for entire population in general and elderly population in particular has been traditionally compensated for by the presence of a strong and unconditional family support. It has been reported that traditional joint family system is breaking down into nuclear family systems. This breakdown in family support is having a deleterious effect on the overall health of the elderly.⁶ It has also been demonstrated that joint family system and available support inherent in such a system protects elderly from psychiatric illness such as depression.⁷ A need exists to take measures that may ensure continued family support for the elderly or look at alternate support systems if former is not achievable. This places a heavy responsibility on health care providers catering to the medical needs of the elderly in the country. Social and emotional supports are not less important than physical support in the life of an elderly. A holistic approach is, therefore, required to meet the needs of the elderly population.

The challenges that an increasing population of the elderly is likely to pose to the existing health delivery systems in the country are going to be tremendous. Such challenges are multidimensional in nature and will include provision of social, emotional, physical and financial support to the elderly population, in addition to the provision of medical coverage. An exhaustive coverage in all these areas will require mobilization of resources on a large scale. An existing lack of resources will require development of cost-effective innovative models of health care delivery that can address the issues of elderly on a holistic basis.

Research has been deficient in the country on the elderly issues. A sound policy cannot be developed in the absence of scientifically collected data that can help prioritize areas requiring focus and attention. Availability of trained manpower to look after the health needs of the

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elderly population is lacking in the country. Programs on geriatric medicine will have to be developed to train health care providers in the appropriate management of the common health problems of the elderly population. A need also exists to develop opportunities that can help the elderly population to socialize and fulfill spiritual needs.

The development of a comprehensive health care program for the elderly population offers an invaluable opportunity to policy makers and health care providers to have impact on the health of the people who are vulnerable, resource deficient and in need of assistance. The time has come to plan, develop and implement, at both government as well as private level, a comprehensive, holistic, and cost-effective geriatric health care program that will address the medical as well as non-medical issues confronting our elderly population.

REFERENCES

1. Strausbaugh LJ. Emerging health care-associated infections in the geriatric population. *Emerg Infect Dis* 2001; **7**:268-71.
2. Kinsella K, Phillips DR. Global Aging: The challenge of success. *Population Bulletin* 2005; **60**:1-40.
3. World Health Organization. Ageing – Exploding the Myths. Geneva: Ageing and Health Programme (AHE) [document on the Internet]. Geneva; 1999 [cited 2009 May 21]. Available from: http://whqlibdoc.who.int/hq/1999/WHO_HSC_AHE_99.1.pdf
4. Population Reference Bureau. The 2006 World Health Data Sheet. [Document on the Internet]. Washington DC; 2009 [cited 2009 May 28]. Available from: <http://www.prb.org/pdf06/06WorldDataSheet.pdf>
5. Zafar SN, Ganatra HA, Tehseen S, Qidwai W. Health and needs assessment of geriatric patients: results of a survey at a teaching hospital in Karachi. *J Pak Med Assoc* 2006; **56**:470-4.
6. Itrat A, Taqui AM, Qazi F, Qidwai W. Family systems: perceptions of elderly patients and their attendents presenting at a university hospital in Karachi, Pakistan. *J Pak Med Assoc* 2007; **57**:106-10.
7. Taqui AM, Itrat A, Qidwai W, Qadri Z. Depression in the elderly: does family system play a role? A cross-sectional study. *BMC Psychiatry* 2007; **7**:57.

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