



Aging with Inequality: Intersectional Perspectives on Gender and Age Discrimination Against Women

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ABSTRACT

This study examines the intersection of gender and age discrimination experienced by elderly women in Quetta, Balochistan, through the lens of intersectionality. Building upon the findings of the author's earlier doctoral research on the causes and consequences of gender discrimination against women in Quetta, the study extends the analysis by exploring how lifelong gender inequalities interact with age-based discrimination to produce multiple and overlapping forms of marginalization in later life. While previous research documented the pervasive nature of gender discrimination across women's life experiences, this study specifically investigates how ageing within a patriarchal socio-cultural context intensifies existing inequalities and further limits women's social, economic, and personal wellbeing. Using a qualitative research design, data were collected through semi-structured interviews and focus group discussions with women aged sixty years and above from diverse socio-economic backgrounds in Quetta. The study explores the social, psychological, economic, cultural, and institutional dimensions of discrimination experienced by elderly women. The findings reveal that older women experience a dual burden of discrimination resulting from the cumulative effects of lifelong gender inequality and ageism. Participants reported limited access to education and healthcare, economic dependency, exclusion from family and community decision-making, social isolation, psychological distress, and restricted mobility, all of which are reinforced by patriarchal traditions and discriminatory cultural practices. The study further identifies weak implementation of inheritance rights, inadequate social protection, limited geriatric healthcare services, and the absence of comprehensive age- and gender-responsive provincial policies as major structural factors contributing to the continued marginalization of elderly women. The study concludes that the challenges faced by elderly women in Balochistan cannot be understood through gender or age alone but require an intersectional perspective that recognizes the cumulative effects of structural inequality across the life course. It recommends integrating gender and ageing into provincial development planning, strengthening social protection and healthcare services, ensuring effective implementation of legal rights, and adopting inclusive public policies that promote the dignity, wellbeing, and social inclusion of elderly women.

Introduction

Population ageing has emerged as one of the defining demographic transformations of the twenty-first century, with profound implications for social policy, gender equality, and sustainable development. While increased life expectancy reflects improvements in healthcare and living standards, ageing does not affect all population groups equally. Older women frequently experience greater socio-economic disadvantages than older men because gender inequalities accumulated throughout the life course continue into old age. Lower educational attainment, limited labor force participation, unpaid caregiving responsibilities, restricted property ownership, and inadequate social protection combine to expose older women to higher risks of poverty, poor health, social exclusion, and dependency. Consequently, ageing should not merely be understood as a biological process but as a socially constructed experience shaped by gender, class, ethnicity, and cultural norms (UN Women, 2022; United Nations Department of Economic and Social Affairs [UN DESA], 2026).

The concept of intersectionality provides an important analytical framework for understanding these overlapping forms of disadvantage. Rather than viewing gender discrimination and age discrimination as separate phenomena, intersectionality argues that multiple identities interact simultaneously to create unique patterns of exclusion and inequality. For older women, discrimination is not solely based on gender or age independently but results from the interaction of both identities within unequal social structures. Recent international research demonstrates that older women are more likely than older men to experience economic insecurity, inadequate healthcare, limited political representation, social isolation, and insufficient legal protection because disadvantages accumulated throughout their lives intensify during old age (UN Women, 2025; UN DESA, 2026).

Globally, governments and international organizations have increasingly recognized that older women remain largely invisible within gender equality and ageing policies. Although considerable progress has been achieved in advancing women's rights, policy debates often concentrate on reproductive health, employment, political participation, or violence against younger women, while the specific challenges confronting elderly women receive comparatively little attention. International policy discussions now emphasize adopting a life-course approach to gender equality, recognizing that inequalities experienced during childhood and adulthood accumulate over time and significantly shape women's experiences in later life. Such an approach highlights the need for gender-responsive social protection, healthcare, inheritance rights, long-term care systems, and age-inclusive public policies (UN Women, 2025; UN Women, 2022).

Pakistan is experiencing a gradual demographic transition characterized by a steadily increasing elderly population. Despite this demographic change, ageing remains a relatively neglected policy issue within national development planning. Older persons continue to face significant barriers in accessing healthcare, pensions, social protection, and community support services, while elderly women encounter additional disadvantages arising from entrenched gender inequalities. Throughout their lives, many Pakistani women experience lower educational attainment, restricted employment opportunities, unequal inheritance practices, limited financial independence, and disproportionate unpaid care responsibilities. These cumulative disadvantages frequently result in economic dependency, reduced decision-making authority, poorer health

outcomes, and heightened vulnerability during old age (UN Women, 2024; Age International, 2025).

These structural inequalities are particularly pronounced in Balochistan, Pakistan's largest yet least developed province. Despite its abundant natural resources and strategic importance, Balochistan continues to record some of the country's lowest indicators for education, healthcare, women's economic participation, and social development. Traditional tribal structures, patriarchal cultural norms, geographic isolation, poverty, and weak institutional capacity collectively shape women's experiences across the life course. Girls often face barriers to education, early marriage, limited employment opportunities, and restricted mobility, circumstances that accumulate over decades and intensify vulnerability in later life. Consequently, elderly women frequently experience multiple forms of exclusion that extend beyond ageing itself to encompass lifelong gender-based inequalities embedded within social and cultural institutions (UN Women, 2024).

In Balochistan, the intersection of gender and ageing produces a distinct pattern of marginalization that remains insufficiently examined in existing scholarship. Older women often possess limited control over household resources, have restricted access to healthcare services, remain excluded from family and community decision-making, and frequently depend economically upon male family members. Inheritance rights are inconsistently implemented, formal pension coverage remains extremely limited, and provincial policy frameworks provide inadequate institutional support specifically addressing the needs of elderly women. Cultural expectations surrounding caregiving, widowhood, and family honor further contribute to their invisibility within both public policy and academic research. These conditions demonstrate that ageing in Balochistan cannot be understood without considering the broader context of gender inequality and patriarchal social relations.

Existing empirical evidence from Quetta similarly indicates that older persons experience considerable discrimination, economic dependency, declining social participation, and family neglect. However, most previous studies examine elderly populations as a homogeneous category without adequately distinguishing the gendered dimensions of ageing or investigating how lifelong gender inequalities shape women's experiences differently from men's. Consequently, the specific experiences of elderly women remain underrepresented in both ageing studies and gender research within Pakistan. Likewise, studies on gender discrimination generally focus on women of reproductive or working age, overlooking the unique challenges confronting women in later life. This fragmented approach has limited scholarly understanding of the cumulative effects of gender discrimination across the life course (Mushtaq & Ali, 2020; UN Women, 2022).

This study addresses this important gap by examining the intersectional experiences of elderly women in Quetta, Balochistan. Building upon the findings of the author's earlier doctoral research on gender discrimination against women in Quetta, this paper extends the analysis to investigate how ageing interacts with entrenched patriarchal structures to create multiple and overlapping forms of disadvantage. Drawing upon qualitative interviews and focus group discussions with women aged sixty years and above, the study explores the social, psychological, educational, cultural, and economic dimensions of discrimination experienced during old age. By employing an intersectional perspective, the research seeks to move beyond single-axis

explanations of discrimination and provide a more comprehensive understanding of how gender and age simultaneously shape women's lived experiences.

The findings contribute to the growing international literature on gender and ageing while addressing an important empirical gap within Pakistan and Balochistan. More importantly, the study highlights the urgent need for gender-responsive ageing policies that recognize elderly women as rights holders rather than passive beneficiaries of welfare. Integrating ageing into provincial gender policies, strengthening social protection mechanisms, improving healthcare accessibility, protecting inheritance rights, and promoting the meaningful participation of older women in family and community decision-making are essential for advancing inclusive development and social justice in Balochistan.

Problem Statement

Despite increasing global recognition of the rights of older persons, the intersection of gender and ageing remains an underexplored area of research and public policy, particularly in developing societies. In Pakistan, policy interventions concerning women primarily focus on education, employment, reproductive health, and violence against women, while the specific challenges faced by elderly women receive limited scholarly and policy attention. As a result, older women often remain invisible within gender equality initiatives, ageing policies, and social protection programmes, despite experiencing cumulative disadvantages arising from lifelong gender discrimination (UN Women, 2024; UN Women, 2025).

The situation is even more pronounced in Balochistan, where patriarchal traditions, tribal social structures, widespread poverty, low female literacy, weak implementation of inheritance laws, inadequate healthcare services, and limited social protection intensify the vulnerabilities of elderly women. While women experience gender discrimination throughout their lives, these inequalities become more severe in old age, resulting in economic dependency, restricted mobility, social isolation, exclusion from family and community decision-making, and limited access to healthcare and justice. However, existing research in Pakistan has largely examined gender discrimination and ageing as separate issues, with very few studies investigating how gender and age intersect to produce multiple forms of marginalization among elderly women in Balochistan.

Furthermore, provincial policy frameworks have paid little attention to the specific needs of elderly women, resulting in significant gaps in evidence-based policymaking. Without a comprehensive understanding of the lived experiences of older women, policies cannot adequately address their social, psychological, cultural, educational, and economic challenges. Therefore, this study seeks to fill this important research gap by examining the intersectional dimensions of gender and age discrimination experienced by elderly women in Quetta, Balochistan, with the aim of generating evidence to support more inclusive, gender-responsive, and age-sensitive public policies.

Research Objectives

1. To examine the intersection of gender and age discrimination experienced by elderly women in Quetta, Balochistan.

2. To explore the social, psychological, educational, cultural, and economic factors that contribute to the marginalization of elderly women.
3. To analyze how patriarchal norms, socio-cultural practices, and institutional barriers influence the quality of life and wellbeing of elderly women.
4. To propose policy recommendations for promoting gender-responsive and age-inclusive policies that enhance the rights, protection, and social inclusion of elderly women in Balochistan.

Literature Review

Concept of Ageing

Ageing is a universal and multidimensional process characterized not only by biological changes but also by significant social, psychological, economic, and cultural transformations that influence an individual's quality of life. Contemporary scholarship increasingly recognizes ageing as a life-course phenomenon shaped by cumulative experiences rather than merely chronological age. The World Health Organization (2021) defines healthy ageing as the process of developing and maintaining functional ability that enables well-being in older age. This perspective shifts attention from disease and dependency toward autonomy, dignity, and active participation in society. Similarly, the United Nations Department of Economic and Social Affairs emphasizes that ageing outcomes are influenced by lifelong access to education, employment, healthcare, and social protection, making ageing both a demographic and a developmental issue (WHO, 2021; UN DESA, 2023).

Population ageing has become one of the most significant demographic transitions of the twenty-first century, affecting developed and developing countries alike. Improvements in healthcare, nutrition, sanitation, and declining fertility rates have substantially increased life expectancy worldwide, resulting in a rapidly growing elderly population. However, the benefits of longevity are distributed unequally because socio-economic status, gender, ethnicity, and geographic location shape individuals' ageing experiences. Recent studies argue that older adults frequently encounter challenges related to declining health, financial insecurity, limited mobility, and social isolation, particularly in low- and middle-income countries where institutional support systems remain weak. Consequently, successful ageing depends not only on biological health but also on supportive family environments, inclusive communities, and responsive public policies that promote social inclusion and economic security (UN Women, 2025; Usmani et al., 2024).

Recent literature further argues that ageing should be understood through a rights-based and life-course perspective that recognizes the cumulative effects of social inequalities experienced throughout an individual's lifetime. Women, in particular, often enter old age with fewer economic resources, lower educational attainment, interrupted employment histories, and greater caregiving responsibilities than men. These accumulated disadvantages significantly influence health outcomes, financial independence, and social participation during later life. International organizations therefore advocate integrating ageing into broader development, gender equality, and social protection agendas to ensure that older persons, particularly women, enjoy equal rights, dignity, and opportunities. This evolving conceptualization provides the foundation for examining ageing through an intersectional lens, where age interacts with gender and other social

identities to shape experiences of discrimination and exclusion (UN DESA, 2023; UN Women, 2025; WHO, 2021)

Gender discrimination is a cumulative process that affects women throughout different stages of life, beginning in childhood and extending into old age. The life-course perspective argues that inequalities experienced during early life accumulate over time and shape opportunities, health outcomes, economic security, and social status in later years. In many societies, girls encounter unequal access to education, nutrition, healthcare, and decision-making opportunities, while adulthood is often characterized by wage disparities, unpaid care responsibilities, limited property ownership, and occupational segregation. These structural inequalities do not disappear with age; rather, they accumulate and become more pronounced during old age, leaving elderly women with fewer economic resources and greater dependence than men (UN Women, 2025; WHO, 2021).

In Pakistan, gender discrimination remains deeply embedded within social, cultural, and institutional structures despite legislative and policy reforms. Women continue to experience unequal access to education, employment, healthcare, inheritance, financial services, and political participation. Patriarchal norms frequently assign women primary responsibility for unpaid domestic work while restricting their mobility and economic independence. A comprehensive qualitative study conducted across three provinces of Pakistan found that gender discrimination is sustained through discriminatory cultural practices, unequal household power relations, and institutional barriers that limit women's opportunities across the life course. These inequalities not only reduce women's socio-economic status during adulthood but also increase their vulnerability to poverty, social exclusion, and dependency in old age (Ali et al., 2022; UN Women, 2024).

Recent scholarship emphasizes that understanding women's experiences in old age requires examining the cumulative effects of lifelong gender inequality rather than treating old-age vulnerability as an isolated phenomenon. Women who spend much of their lives outside the formal labor market generally have limited pension coverage, lower savings, weaker asset ownership, and reduced social protection during later life. Furthermore, unequal inheritance practices, interrupted employment histories, and prolonged caregiving responsibilities diminish women's financial security and social autonomy. International research therefore advocates adopting a life-course approach to gender equality that addresses discrimination at every stage of life to reduce inequalities in old age. Such an approach is particularly relevant in developing societies where institutional support for elderly women remains limited and family-based care systems are undergoing significant transformation (UN Women, 2025; UN DESA, 2023; Usmani et al., 2024)

Ageism and Elderly Women

Ageism refers to stereotypes, prejudice, and discrimination directed toward individuals based on their age. Although ageing affects both men and women, elderly women often experience greater disadvantages because age-related discrimination intersects with lifelong gender inequalities. Contemporary research argues that ageism limits older women's access to healthcare, employment, social participation, and decision-making, reducing their quality of life and reinforcing social exclusion (WHO, 2021; UN Women, 2025).

Older women are more likely to experience economic dependency, poor health, loneliness, and inadequate social protection than older men. These inequalities stem from lower educational attainment, limited formal employment, interrupted careers due to caregiving responsibilities, and unequal ownership of assets and property. Consequently, many elderly women enter old age with fewer financial resources and greater reliance on family support, making them particularly vulnerable to neglect and marginalization (UN DESA, 2023; Age International, 2025).

Recent studies emphasize that ageism should be understood as a human rights and social justice issue rather than simply a consequence of ageing. Addressing discrimination against elderly women requires age-inclusive public policies, accessible healthcare, adequate social protection, and stronger legal safeguards. Integrating gender and ageing into development planning can promote dignity, independence, and meaningful participation for older women while reducing the inequalities they face in later life (UN Women, 2025; Mahler, 2021).

Intersectionality Theory

Intersectionality, introduced by Kimberlé Crenshaw, explains how multiple social identities interact to produce unique forms of discrimination and inequality. Rather than examining gender, age, ethnicity, or class separately, intersectionality recognizes that these identities overlap and shape individuals' lived experiences. This framework has become increasingly influential in gender and ageing research (UN Women, 2025).

For elderly women, discrimination is not solely the result of being women or being old; it emerges from the interaction between gender and age within unequal social structures. Lifelong inequalities related to education, employment, healthcare, and property ownership become more pronounced during old age, leading to greater economic dependency and social exclusion (UN DESA, 2023; WHO, 2021).

The intersectionality framework is particularly relevant to societies characterized by patriarchal norms and socio-economic inequalities. In Balochistan, elderly women experience multiple forms of disadvantage associated with gender, age, culture, and poverty. Therefore, this theory provides an appropriate framework for understanding the complex realities of ageing among women in the province (UN Women, 2025).

Elderly Women in South Asia

South Asia is experiencing rapid population ageing, yet elderly women remain among the most disadvantaged social groups. Across countries such as India, Pakistan, Bangladesh, and Nepal, older women frequently experience poverty, limited healthcare access, widowhood, financial dependency, and social isolation. Traditional family structures often provide care, but modernization and urbanization have weakened these support systems (UN Women, 2025).

Studies across the region indicate that patriarchal social norms continue to shape women's experiences throughout the life course. Lower literacy rates, unequal inheritance practices, and limited labor force participation reduce women's economic security during old age. Consequently, elderly women remain disproportionately dependent on family members and are often excluded from community decision-making processes (UN DESA, 2023).

Recent scholarship calls for integrating gender-sensitive ageing policies into national development agendas throughout South Asia. Expanding social protection, improving healthcare services, strengthening legal rights, and promoting economic empowerment are considered essential for improving the wellbeing of elderly women and reducing gender-based inequalities during later life (WHO, 2021; UN Women, 2025).

Existing Literature on Pakistan

Research on ageing in Pakistan has expanded in recent years; however, studies specifically focusing on elderly women remain limited. Existing literature highlights challenges including poor healthcare access, financial insecurity, social isolation, and inadequate social protection. These problems are more severe among women because of lifelong gender inequalities and lower participation in formal employment (Usmani et al., 2024).

Gender discrimination continues to affect Pakistani women across education, employment, healthcare, inheritance, and political participation. Although policy reforms have improved legal protection, implementation remains inconsistent, particularly in rural and underdeveloped regions. These inequalities significantly influence women's wellbeing and economic security during old age (Ali et al., 2022; UN Women, 2024).

Recent studies recommend adopting a life-course approach to ageing that recognizes the cumulative impact of gender discrimination throughout women's lives. Scholars emphasize strengthening social protection, improving healthcare accessibility, expanding pension coverage, and promoting gender-responsive ageing policies to address the growing needs of Pakistan's elderly population (UN Women, 2025; Age International, 2025).

Literature on Balochistan

Research on elderly women in Balochistan remains extremely limited despite the province's unique socio-cultural context. Existing studies primarily focus on women's education, poverty, healthcare, and gender inequality, while comparatively little attention has been given to the experiences of ageing women. Patriarchal traditions, geographic isolation, and weak institutional capacity further increase the vulnerability of elderly women in the province (UN Women, 2024).

Studies conducted in Quetta indicate that older people frequently experience economic dependency, declining social participation, neglect, and limited access to healthcare services. Women are particularly affected because they often possess fewer financial resources, lower educational attainment, and reduced decision-making authority within households compared to men (Mushtaq & Ali, 2020).

The available literature suggests that elderly women in Balochistan face overlapping challenges related to gender, age, poverty, and cultural norms. However, these issues have largely been examined independently rather than through an intersectional perspective. This highlights the need for research that integrates gender and ageing within the province's unique socio-cultural setting (UN Women, 2025).

Research Gap

Although international scholarship has increasingly examined ageing through an intersectional perspective, empirical evidence from developing countries remains limited. Most existing studies investigate gender discrimination or ageing separately, providing little understanding of how these forms of inequality interact to influence the lives of elderly women, particularly in marginalized regions (UN Women, 2025; WHO, 2021).

In Pakistan, research has largely focused on women's empowerment, violence against women, education, or the general wellbeing of older persons. Few studies have specifically explored how lifelong gender discrimination shapes women's experiences during old age. Moreover, evidence from Balochistan is particularly scarce despite the province's distinctive cultural, economic, and social characteristics (Ali et al., 2022; Usmani et al., 2024).

This study addresses these gaps by examining the intersection of gender and age discrimination among elderly women in Quetta, Balochistan. Using an intersectionality framework and qualitative methodology, it contributes context-specific evidence to the literature and provides policy recommendations for promoting gender-responsive and age-inclusive development in the province.

Theoretical Framework

This study is grounded in Intersectionality Theory, a framework developed by Kimberlé Crenshaw (1989; 1991) to explain how multiple social identities and systems of power interact to produce unique experiences of discrimination and marginalization. Crenshaw argued that individuals cannot be understood through a single social category such as gender, race, or class because these identities overlap and create interconnected forms of inequality. Although the theory initially focused on the experiences of Black women in the United States, it has since been widely applied across disciplines, including sociology, gender studies, public policy, public health, and ageing research. Contemporary scholars increasingly employ intersectionality to examine how age, gender, ethnicity, disability, poverty, and geographical location collectively shape the lived experiences of marginalized populations (UN Women, 2025; WHO, 2021).

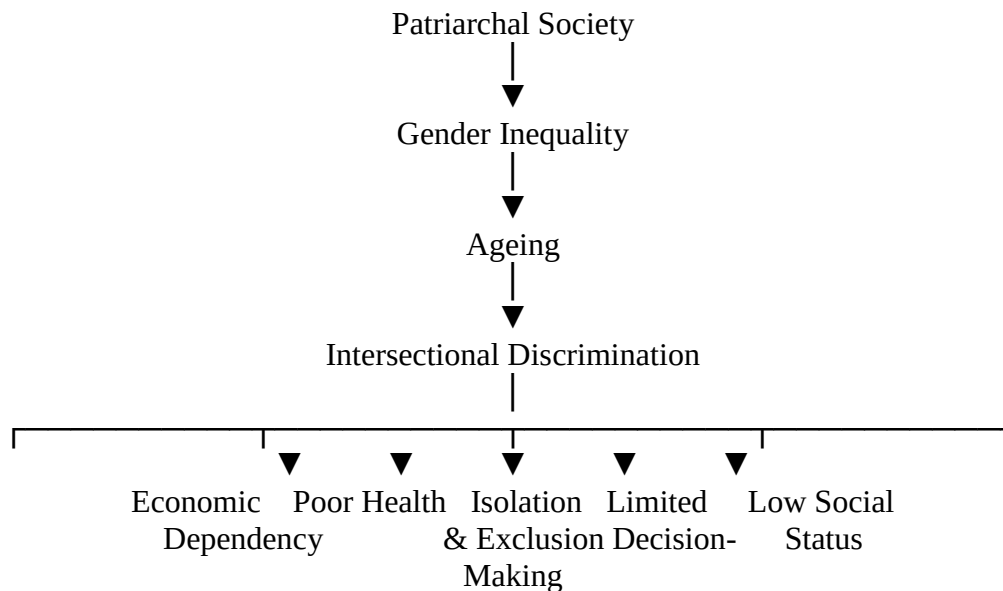
The central assumption of intersectionality is that discrimination operates through multiple and interconnected systems rather than independent categories of identity. Elderly women experience disadvantages not simply because they are women or because they are older persons; instead, discrimination emerges through the interaction of gender and age within broader patriarchal, economic, cultural, and institutional structures. Throughout the life course, women often encounter unequal educational opportunities, restricted labor force participation, limited property ownership, unpaid caregiving responsibilities, and reduced decision-making power. These cumulative inequalities continue into old age, making elderly women more vulnerable to poverty, poor health, social isolation, and economic dependency than their male counterparts. Consequently, intersectionality provides a comprehensive explanation of how lifelong disadvantages become intensified during later life (UN DESA, 2025; WHO, 2021).

The relevance of this framework is particularly evident within patriarchal societies such as Pakistan, where traditional gender roles continue to shape women's opportunities and social status. Patriarchy functions as a social system that privileges men in economic, political, and

family institutions while restricting women's access to education, employment, inheritance, and leadership. In Balochistan, these patriarchal norms are reinforced by tribal customs, conservative cultural practices, and limited institutional support, producing structural inequalities that affect women throughout their lives. As women grow older, these disadvantages accumulate and intersect with age-related discrimination, further reducing their access to healthcare, financial resources, mobility, and participation in family and community affairs. Rather than viewing these challenges independently, intersectionality recognizes them as mutually reinforcing forms of exclusion embedded within social institutions (UN Women, 2024; Ali et al., 2022).

Intersectionality Theory is particularly suitable for the present study because it provides a comprehensive analytical lens for examining the experiences of elderly women in Quetta, Balochistan. The study does not treat gender discrimination and age discrimination as separate phenomena; instead, it explores how these dimensions interact within a broader context of patriarchy, poverty, cultural traditions, and institutional inequality. This approach enables a deeper understanding of why elderly women experience multiple forms of marginalization, including economic dependency, inadequate healthcare, social isolation, limited decision-making authority, and diminished social status. By focusing on the interaction between gender and ageing, the framework facilitates a more nuanced analysis of the structural barriers affecting elderly women and supports the development of gender-responsive and age-inclusive policy recommendations. Therefore, Intersectionality Theory provides the most appropriate conceptual foundation for understanding the complex realities of ageing with inequality in Balochistan.

Conceptual Framework



Methodology

This study employed a qualitative research design to explore the intersectional experiences of gender and age discrimination among elderly women in Quetta, Balochistan. A qualitative approach was considered appropriate because it enables an in-depth understanding of participants' lived experiences, perceptions, and meanings attached to social realities that cannot be adequately captured through quantitative methods. Given the sensitive and context-specific

nature of discrimination, the study sought to understand how elderly women perceive and experience the cumulative effects of gender inequality and ageism within their families, communities, and broader social institutions. The research was conducted in Quetta, the provincial capital of Balochistan, which represents a culturally diverse urban setting comprising various ethnic communities, including Baloch, Pashtun, Hazara, and Punjabi populations. Despite being the administrative and economic center of the province, Quetta continues to face significant socio-economic challenges, including gender disparities, limited healthcare access, and inadequate social protection, making it an appropriate site for examining the experiences of elderly women.

The study population consisted of women aged sixty years and above residing in different localities of Quetta. Participants were selected using purposive sampling because the study required individuals with direct experience of ageing and gender-based discrimination. To capture diverse perspectives, maximum variation sampling was employed by selecting participants from different ethnic groups, educational backgrounds, marital statuses, income levels, and residential areas. This approach enhanced the richness of the data by reflecting the diverse realities of elderly women across different socio-economic contexts. Data collection continued until thematic saturation was achieved, resulting in approximately twenty to thirty in-depth interviews. In addition, focus group discussions were conducted to encourage interaction among participants and explore shared experiences, community perceptions, and cultural norms regarding ageing and gender discrimination. Primary data were collected through semi-structured interviews using an interview guide that covered issues related to family relations, healthcare, economic dependency, decision-making, social participation, cultural practices, and psychological wellbeing. The flexible nature of semi-structured interviews allowed participants to discuss their experiences freely while ensuring consistency across interviews.

The collected data were analyzed using thematic analysis following the six-phase framework developed by Braun and Clarke (2006). Interview recordings were transcribed verbatim, carefully reviewed, and repeatedly read to ensure familiarity with the data. Initial codes were generated systematically and subsequently organized into broader themes representing recurring patterns and shared experiences across participants. These themes were refined through continuous comparison with the original transcripts to ensure analytical consistency and credibility. Throughout the research process, ethical principles were strictly observed. Participants were informed about the purpose of the study, voluntary participation, confidentiality, anonymity, and their right to withdraw at any stage without consequence. Informed consent was obtained before each interview and focus group discussion, and all personal identifiers were removed during transcription and reporting to protect participants' privacy. By combining purposive sampling, semi-structured interviews, focus group discussions, and thematic analysis, the study provides a comprehensive understanding of the intersectional challenges experienced by elderly women in Quetta and generates evidence to inform gender-responsive and age-inclusive policy interventions.

Findings and Discussion

Theme 1: Lifelong Gender Discrimination

Sub-theme	Participants' Responses
Education	Most participants reported limited or no formal education.
Marriage	Early marriage reduced educational and economic opportunities.
Domestic responsibilities	Women spent most of their lives performing unpaid household and caregiving duties.

Analysis: Most participants described gender discrimination as a lifelong experience beginning in childhood. One respondent stated, *"My brothers went to school, but I stayed home to help my mother."* Early marriage and domestic responsibilities restricted education and economic independence, increasing vulnerability in old age. These findings suggest that disadvantages accumulated throughout the life course rather than emerging during ageing alone. Similar patterns have been reported in Pakistan, where patriarchal norms systematically limit women's educational and economic opportunities (Ali et al., 2022; UN Women, 2024).

Theme 2: Economic Dependency in Old Age

Sub-theme	Participants' Responses
No pensions	Most women had no pension or retirement benefits.
Property rights	Inheritance was often denied or transferred to male relatives.
Financial dependence	Participants depended on sons or relatives for daily expenses.

Analysis: Economic dependency emerged as one of the most significant challenges. A widow remarked, *"If my son gives me money, I eat; otherwise I wait."* Most participants lacked pensions and independent income because they had never participated in formal employment. Limited inheritance rights further reinforced dependency. The findings demonstrate that financial insecurity is a cumulative consequence of gender inequality experienced throughout life. Similar conclusions have been reported by Age International (2025) and Usmani et al. (2024), who identified economic dependency as a major challenge for older women.

Theme 3: Healthcare Inequalities

Sub-theme	Participants' Responses
Access	Health facilities were difficult to reach.
Affordability	High treatment costs limited healthcare utilization.
Mobility	Many women required assistance to travel.
Chronic diseases	Diabetes, hypertension, arthritis, and poor vision were common.

Analysis: Participants consistently highlighted barriers to healthcare. One participant explained, *"The hospital is far away, and I cannot go alone."* Poor transportation, financial hardship, and chronic illnesses reduced access to essential health services. Many delayed treatment because of costs or family dependency. These findings indicate that healthcare inequalities are closely linked to gender and economic status. Previous studies similarly emphasize that elderly women face greater healthcare barriers because of poverty, limited mobility, and unequal access to resources (WHO, 2021; Mushtaq & Ali, 2020).

Theme 4: Social Isolation and Family Exclusion

Sub-theme	Participants' Responses
Decision making	Older women rarely participated in family decisions.
Widowhood	Widows experienced greater isolation.
Respect	Participants perceived declining respect with age.
Neglect	Emotional neglect was frequently reported.

Analysis: Social exclusion increased significantly after widowhood and advancing age. As one respondent noted, *"Everyone asks my sons, but nobody asks me."* Participants reported being excluded from household decisions and family discussions despite their lifelong contributions. Emotional neglect and reduced respect contributed to feelings of loneliness and helplessness. These findings support previous research showing that older women frequently become socially invisible within patriarchal family systems, particularly after losing their spouses (UN Women, 2025; WHO, 2021).

Theme 5: Psychological Consequences

Sub-theme	Participants' Responses
Depression	Feelings of sadness and hopelessness were common.
Loneliness	Living alone increased emotional distress.
Anxiety	Financial insecurity created constant worry.
Loss of identity	Participants felt they were no longer valued.

Analysis: The cumulative effects of discrimination produced considerable psychological distress. One participant stated, *"Sometimes I feel nobody needs me anymore."* Many participants described loneliness, depression, anxiety, and declining self-worth resulting from family neglect and financial dependency. These emotional challenges were closely connected with social exclusion and poor health. Similar findings have been reported internationally, demonstrating that discrimination and isolation significantly reduce psychological wellbeing among elderly women (WHO, 2021; UN DESA, 2023).

Theme 6: Cultural and Tribal Norms

Sub-theme	Participants' Responses
Patriarchy	Male authority dominated household decisions.
Honour	Family honour limited women's independence.

Sub-theme	Participants' Responses
Mobility restrictions	Older women faced restrictions on independent movement.

Analysis: Cultural and tribal traditions strongly influenced participants' experiences throughout their lives. One elderly woman explained, *"Women always need permission before going anywhere."* Patriarchal values limited educational opportunities, mobility, employment, and participation in public life. These restrictions persisted into old age, reinforcing dependency and exclusion. The findings demonstrate that cultural norms remain central to understanding gendered ageing in Balochistan. Similar conclusions have been reported in studies examining gender inequality in Pakistan and South Asia (Ali et al., 2022; UN Women, 2024).

Theme 7: Institutional and Policy Gaps

Sub-theme	Participants' Responses
Social protection	Limited financial assistance was available.
Provincial policies	Participants were unaware of elderly welfare policies.
Legal implementation	Existing rights were poorly implemented.

Analysis: Participants believed that government support for elderly women was insufficient. One respondent remarked, *"We hear about rights, but nothing reaches us."* Most women reported receiving little or no institutional assistance despite facing significant economic and health challenges. Weak implementation of inheritance laws and the absence of age-specific provincial policies further increased vulnerability. These findings indicate that policy gaps continue to disadvantage elderly women in Balochistan and are consistent with recent UN Women (2025) and UN DESA (2025) recommendations for gender-responsive ageing policies.

Theme 8: Economic Marginalization and Dependency

Sub-theme	Key Findings
Employment	Most participants had never participated in formal employment.
Pension	Very few women received pensions or retirement benefits.
Property rights	Many participants were denied inheritance or ownership of family assets.
Financial dependency	Most elderly women depended on sons, relatives, or family members for daily expenses.

Analysis: Economic marginalization emerged as one of the most significant forms of intersectional discrimination experienced by elderly women. Participants consistently associated their financial dependency with limited educational opportunities, exclusion from formal employment, and unequal inheritance practices throughout their lives. One participant stated, *"I have spent my whole life serving my family, but today I depend on my children even for medicine."* These findings indicate that economic insecurity in old age is not merely a consequence of ageing but the cumulative result of lifelong gender discrimination. Similar findings have been reported by Ali et al. (2022), Usmani et al. (2024), and UN Women (2025), who argue that women's unequal access to education, employment, and social protection contributes significantly to poverty and dependency during old age.

Theme 9: Social Invisibility and Family Exclusion

Sub-theme	Key Findings
Decision making	Elderly women rarely participated in household decisions.
Widowhood	Widows experienced greater social exclusion and dependency.
Respect	Participants perceived declining respect with increasing age.
Social isolation	Emotional neglect and loneliness were commonly reported.

Analysis: Most participants reported becoming socially invisible after reaching old age, particularly following widowhood. Their opinions were frequently ignored in family matters despite decades of contribution to household wellbeing. As one respondent remarked, *“When my husband was alive, everyone respected me; now nobody asks my opinion.”* These findings demonstrate that gender and age jointly reduce women's social status and participation within families. Similar studies have shown that elderly women experience greater social exclusion than older men because patriarchal family structures continue to privilege male authority throughout later life (World Health Organization, 2021; United Nations Department of Economic and Social Affairs, 2023).

Theme 10: Health Vulnerabilities and Limited Access to Services

Sub-theme	Key Findings
Healthcare access	Public healthcare services were difficult to access.
Affordability	Financial constraints delayed or prevented treatment.
Mobility	Women depended on family members for transportation.
Chronic diseases	Diabetes, hypertension, arthritis, and vision problems were widespread.

Analysis: Participants consistently highlighted healthcare inequalities as a major challenge during old age. Financial hardship, limited mobility, and inadequate geriatric services restricted access to timely healthcare. One participant explained, *“I cannot visit the hospital unless someone accompanies me.”* Cultural restrictions on women's mobility further reduced healthcare utilization, particularly among widows. These findings support previous research indicating that elderly women face greater barriers to healthcare because of poverty, dependence, and weak health systems (Mushtaq & Ali, 2020; World Health Organization, 2021). Improving age-friendly healthcare services therefore remains an important policy priority.

Theme 11: Cultural Norms and Intersectional Discrimination

Sub-theme	Key Findings
Patriarchy	Male authority dominated household and community decisions.
Caregiving	Elderly women continued domestic work despite declining health.
Mobility restrictions	Cultural traditions restricted independent movement.
Multiple discrimination	Widowed, poor, and uneducated women experienced greater exclusion.

Analysis: The findings demonstrate that patriarchal traditions and cultural norms continue to shape women's experiences throughout their lives and into old age. Participants reported that caregiving responsibilities remained their primary role even when suffering from chronic illnesses. One participant stated, *“Even at this age, people expect me to cook and serve everyone.”* The results indicate that discrimination is produced through the interaction of gender, age, poverty, and cultural expectations, consistent with Intersectionality Theory. Similar conclusions have been reached by Mahler (2021), UN Women (2025), and the United Nations Department of Economic and Social Affairs (2025), which emphasize that elderly women experience multiple and mutually reinforcing forms of structural inequality.

Discussion

The findings of this study demonstrate that gender discrimination experienced by elderly women in Quetta is not confined to old age but represents the cumulative outcome of inequalities encountered throughout the life course. Most participants reported limited access to education, early marriage, and lifelong domestic responsibilities that prevented them from achieving economic independence. These experiences reflect the operation of patriarchal social structures that systematically privilege men while restricting women's opportunities. Similar findings have been reported in Pakistan, where gender discrimination limits women's educational attainment, employment opportunities, and decision-making authority throughout their lives (Ali et al., 2022; UN Women, 2024). These findings also support the life-course perspective, which argues that inequalities accumulated during childhood and adulthood significantly shape wellbeing in later life. From an intersectionality perspective, the interaction between gender and age intensifies women's vulnerability, making elderly women one of the most marginalized groups within society.

Economic dependency emerged as one of the most persistent forms of discrimination affecting elderly women. Most participants lacked pensions, independent sources of income, or secure inheritance rights and therefore relied heavily on sons or other family members for their daily needs. This dependence reduced their autonomy and limited their participation in household decision-making. Similar observations have been reported by Usmani et al. (2024), who found that financial insecurity and inadequate social protection significantly affect the quality of life of older adults in Pakistan, particularly women. Likewise, UN DESA (2025) emphasizes that women's lower lifetime earnings, unpaid care work, and unequal inheritance practices accumulate over time, creating substantial financial disadvantages during old age. These findings indicate that economic dependency should be understood as a structural consequence of lifelong gender inequality rather than simply a problem associated with ageing.

Healthcare inequalities constituted another major challenge for elderly women in Quetta. Participants described difficulties accessing healthcare because of financial constraints, poor transportation, mobility limitations, and the absence of specialized geriatric services. Many delayed or avoided medical treatment because they depended on family members for transportation and financial support. These findings are consistent with the WHO Global Report on Ageism, which highlights that older women often experience multiple barriers to healthcare because of poverty, discrimination, and inadequate health systems (WHO, 2021). Similarly, Mushtaq and Ali (2020) found that elderly people in Quetta frequently experience poor health outcomes resulting from limited healthcare accessibility and economic hardship. These findings

demonstrate that health inequalities among elderly women are closely linked to broader socio-economic and gender disparities that persist throughout the life course.

The study further revealed that many elderly women experience increasing social isolation and exclusion from family decision-making as they grow older. Widowhood, declining physical health, and economic dependency often reduced their influence within households, while many participants believed that their opinions were no longer valued by younger family members. Such experiences contributed to feelings of neglect and loss of dignity despite decades of contribution to family wellbeing. Similar findings have been reported by UN Women (2025), which argues that older women frequently become invisible within families and public institutions because age and gender discrimination reinforce one another. The WHO (2021) also identifies social isolation as one of the major consequences of ageism, negatively affecting both physical and mental wellbeing among older adults.

The psychological consequences of lifelong discrimination were evident in participants' narratives describing loneliness, anxiety, depression, and diminished self-worth. Many participants associated these emotional challenges with financial insecurity, declining health, widowhood, and reduced family support rather than ageing alone. These findings reinforce previous research demonstrating that psychological wellbeing is strongly influenced by social relationships, economic security, and perceptions of social value. The WHO (2021) reports that discrimination and ageism significantly increase the risks of depression, anxiety, and poor mental health among older persons. Similarly, recent UN reports emphasize that promoting healthy ageing requires addressing not only physical health but also social inclusion, dignity, and emotional wellbeing throughout later life (UN DESA, 2023).

The influence of cultural and tribal norms was particularly evident in shaping women's experiences throughout their lives. Participants described patriarchal traditions, mobility restrictions, and expectations regarding family honour as major factors limiting their education, employment, and participation in public life. These cultural expectations continued into old age, reinforcing dependency and limiting opportunities for independent decision-making. Similar findings have been documented in studies examining gender relations in Pakistan, which conclude that patriarchal norms remain deeply embedded within family structures and continue to influence women's opportunities across the life course (Ali et al., 2022; UN Women, 2024). From an intersectional perspective, these cultural norms interact with ageing to create multiple and mutually reinforcing forms of discrimination against elderly women.

Finally, the findings reveal significant institutional and policy gaps affecting elderly women in Balochistan. Participants reported limited awareness of welfare programmes, inadequate social protection, weak implementation of inheritance rights, and insufficient government support. Although Pakistan has introduced policies promoting gender equality and the rights of senior citizens, their implementation remains inconsistent, particularly in underdeveloped regions such as Balochistan. Recent policy discussions by UN Women (2025) and UN DESA (2025) similarly argue that ageing policies frequently overlook the specific needs of older women and recommend integrating gender-responsive approaches into social protection, healthcare, and development planning. Overall, the findings demonstrate that improving the wellbeing of elderly women requires coordinated policy interventions that simultaneously address gender inequality, age discrimination, and structural socio-economic exclusion.

Policy Recommendations

The findings of this study indicate that addressing the intersection of gender and age discrimination requires coordinated action by government institutions, civil society, academia, and local communities. The following recommendations are proposed to improve the wellbeing, rights, and social inclusion of elderly women in Balochistan.

Provincial Government

Develop a Comprehensive Senior Citizen Policy: Formulate and implement a provincial policy that specifically addresses the social, economic, health, and legal needs of older persons, with particular attention to elderly women.

Establish an Elderly Women Protection Framework: Develop a gender-responsive framework to safeguard elderly women against discrimination, neglect, abuse, and economic exploitation while ensuring their access to justice and public services.

Strengthen Implementation of Existing Laws: Ensure effective enforcement of the Balochistan Senior Citizens Act (2017) and the Gender Equality and Women's Empowerment Policy through adequate funding, institutional coordination, monitoring mechanisms, and accountability.

Expand Social Protection Schemes: Introduce targeted pensions, financial assistance, widow support programmes, and welfare funds for elderly women, particularly those living in poverty or without family support.

Mainstream Ageing in Gender Policies: Integrate the concerns of elderly women into provincial development strategies, gender equality policies, and social protection programmes to ensure inclusive policymaking.

Social Welfare Department

Establish Elderly Support Centres: Create community-based centres providing counselling, recreational activities, legal guidance, social support, and referral services for elderly women to reduce loneliness and improve their quality of life.

Strengthen Community Outreach: Develop outreach programmes to identify vulnerable elderly women and connect them with available welfare services, financial assistance, and social support mechanisms.

Health Department

Expand Mobile Health Clinics: Deploy mobile healthcare units to provide regular medical services, health screening, and medicine distribution to elderly women, particularly in underserved and remote areas.

Strengthen Geriatric Services: Establish specialized geriatric units in public hospitals with affordable treatment for chronic illnesses and age-related health conditions affecting older women.

Build Capacity of Healthcare Providers: Train healthcare professionals to recognize the specific physical, psychological, and social needs of elderly women and deliver age- and gender-sensitive healthcare services.

Women Development Department

Develop a Gender-Responsive Ageing Policy: Incorporate ageing into women's development programmes by addressing inheritance rights, economic empowerment, healthcare access, social participation, and protection against discrimination.

Promote Legal Awareness: Conduct awareness campaigns informing elderly women about inheritance laws, legal rights, available welfare programmes, and complaint mechanisms.

Non-Governmental Organizations (NGOs)

Promote Community Awareness: Implement community education programmes to challenge ageism and gender stereotypes while promoting respect, dignity, and inclusion of elderly women within families and communities.

Strengthen Legal Literacy: Provide legal aid and awareness regarding inheritance rights, property ownership, domestic violence, and access to public services, particularly for widows and economically vulnerable women.

Develop Community Support Networks: Establish counselling services, peer-support groups, and community engagement initiatives that reduce isolation and strengthen social participation among elderly women.

Community and Family

Promote Social Inclusion: Encourage families, community leaders, tribal elders, and religious scholars to recognize the valuable social role of elderly women and actively involve them in household and community decision-making.

Promote Positive Social Norms: Conduct intergenerational awareness programmes that challenge discriminatory cultural attitudes toward ageing and encourage respect, care, and family responsibility toward older women.

Academia and Research Institutions

Promote Further Research: Encourage multidisciplinary research on ageing, gender discrimination, social protection, and elderly wellbeing across different regions of Pakistan, particularly in under-researched provinces such as Balochistan.

Support Policy-Oriented Research: Strengthen collaboration between universities, government institutions, and development organizations to generate evidence-based recommendations for improving policies related to elderly women.

Develop Research and Training Programmes: Introduce academic courses, seminars, and research initiatives focusing on ageing, gender equality, social policy, and intersectionality to strengthen future scholarship and inform public policy.

Conclusion

This study examined the intersection of gender and age discrimination experienced by elderly women in Quetta, Balochistan, through the lens of Intersectionality Theory. The findings demonstrate that the challenges faced by elderly women are not solely the result of ageing but are the cumulative outcome of lifelong gender inequalities embedded within patriarchal social, cultural, and economic structures. Limited access to education, early marriage, unpaid domestic responsibilities, restricted inheritance rights, economic dependency, inadequate healthcare, and exclusion from decision-making collectively shape the experiences of women in later life. These overlapping forms of discrimination significantly reduce their quality of life, dignity, and social participation.

The study further reveals that existing institutional and policy responses remain inadequate to address the specific needs of elderly women in Balochistan. Although legal and policy frameworks promoting gender equality and senior citizens' rights exist, weak implementation, limited public awareness, and insufficient social protection continue to marginalize older women. Healthcare services remain inaccessible for many elderly women due to financial constraints, poor mobility, and the absence of specialized geriatric care, while cultural norms and patriarchal practices continue to reinforce their dependency and social isolation.

By applying an intersectional perspective, this research contributes to the limited literature on gender and ageing in Pakistan and provides empirical evidence from Balochistan, where studies focusing specifically on elderly women are scarce. The findings highlight that addressing the needs of elderly women requires more than welfare-based interventions; it demands gender-responsive and age-inclusive policies that recognize the cumulative effects of structural inequalities across the life course. Integrating ageing into provincial development planning, strengthening healthcare and social protection systems, ensuring effective implementation of inheritance and legal rights, and promoting community awareness are essential for improving the wellbeing of elderly women.

Ultimately, achieving social justice for elderly women requires coordinated efforts by government institutions, civil society organizations, academia, communities, and families. Recognizing elderly women as active contributors to society rather than passive recipients of care is fundamental to building an inclusive and equitable society. Future research should expand comparative studies across different provinces of Pakistan to better understand regional variations in the experiences of elderly women and to generate evidence for more effective national and provincial policy interventions.

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