



DEMOGRAPHY OF AGING IN SAARC COUNTRIES

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Abstract: *Population aging is the result of demographic transition and is supported by better health care facilities, increase in per capita income, growing trend of declining fertility (TFR), reduction in child and general mortalities (IMR and CDR) and increasing life expectancy. To an important extent, the demographic transition in SAARC countries will replicate the processes leading to aging population in developed countries previously, but with one important difference. The demographic transition will occur at a much faster rate in SAARC countries than it did in the European countries. The rate of population increase of the elderly in SAARC (South Asian Association for Regional Cooperation) Countries is more than the overall population growth rate. The resulting ever increasing size of older people are likely to raise demands for several specific social services including medical facilities, financial support, family care and improved public infrastructure. Using experiences and wisdom of the elderly people remains a challenge for all developing countries. These issues are making it important to think and plan about improving the life quality of the older population and at the same time using their contribution for the good of society.*

Keywords: *aging, demography, growth, wisdom, society, challenges etc.*

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INTRODUCTION

South Asian Association for regional Cooperation (SAARC) Countries has common features, such as geographic and climatic conditions, and share issues concerning the socioeconomic, cultural and educational advancement of their people. Seven South Asian countries Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka- launched the economic and political organization SAARC on 8 December 1985. Afghanistan joined it in April 2007. SAARC provides a platform for working together in a spirit of friendship, trust, and understanding to accelerate economic and social development. In terms of population, the SAARC region covers nearly 1,500 million people, one of the largest such regional organizations¹. As a result of declining fertility, mortality as well as improved public health interventions population aging has been a world-wide phenomenon. During 2000-2030, the population of persons aged 65 years and over of the world has been projected to increase by about 550 million to 973 million, increasing from 6.9 to 12 per cent world-wide, from 15.5 per cent to 24.3 per cent in Europe, from 12.6 to 20.3 per cent in North America, from 6.0 to 12.0 per cent in Asia, from 5.5 to 11.6 per cent in Latin America and from 2.9 to 3.7 per cent in Sub-Saharan Africa². The demographic landscape in South Asia is largely characterized by a growing trend of declining fertility (TFR), reduction in child and general mortalities (IMR and CDR) and increasing life expectancy (e^0). These changes will result in countries of the region having a different population size and structure then at present. The rise in life expectancy will result in societies with a higher share of older people; while the decline in fertility will ultimately slow down the flow of new workers to the labour force (Table 1 & 2)³.

Table1. Total Fertility Rates (TFR): South Asian Countries

Year	High Fertilities Countries		Medium Fertilities Countries			Low Fertilities countries		
	Afghanistan	Pakistan	Bangladesh	Bhutan	India	Nepal	Maldives	Sri lanka
2000-05	7.4	4.4	2.8	3.4	3.1	3.6	2.4	2.3
2005-10	6.6	4.0	2.4	2.7	2.8	2.9	2.1	2.3
2010-15	6.3	3.6	2.2	2.4	2.5	2.7	1.9	2.2
2015-	5.8	3.2	2.1	2.2	2.3	2.5	1.9	2.1



20								
2020-25	5.4	2.9	2.0	2.0	2.1	2.4	1.9	2.0
2025-30	4.9	2.7	2.0	1.9	2.0	2.3	1.9	2.0
2030-35	4.4	2.5	1.9	1.9	1.9	2.2	1.9	1.9
2035-40	3.9	2.4	1.9	1.9	1.9	2.1	1.9	1.9
2040-45	3.5	2.3	1.9	1.9	1.9	2.0	1.9	1.9
2045-50	3.1	2.2	1.9	1.9	1.9	1.9	1.9	1.9

Source: UN's World Population Prospects (2008 revision).

Table 2. Life Expectancy at Birth: South Asian Countries.

Years	Afghanistan	Pakistan	Bangladesh	Bhutan	India	Nepal	Maldives	Sri Lanka
2000-05	42.1	64.7	63.0	63.5	62.0	63.6	68.3	73.0
2005-10	43.8	66.3	65.9	65.8	63.5	66.6	71.3	73.9
2010-15	45.5	68.0	67.7	67.7	65.2	68.1	73.1	74.9
2015-20	47.2	69.4	69.5	69.4	66.8	69.8	74.3	75.8
2020-25	49.0	70.7	71.0	70.9	68.1	71.3	75.4	76.6
2025-30	50.8	71.9	72.3	72.2	69.4	72.6	76.4	77.4
2030-35	52.8	73.1	73.4	73.3	70.5	73.7	77.2	78.1
2035-40	54.7	74.2	74.4	74.3	71.5	74.7	78.1	78.8
2040-45	56.7	75.1	75.4	75.2	72.4	75.6	78.8	79.4
2045-50	58.7	76.0	76.2	76.1	73.3	76.5	79.5	80.0

Source: UN's World Population Prospects (2008 revision).

The SAARC countries contain 6.92 per cent aged population (60⁺) which is 15.62 per cent of the total population of the world, 31.6 per cent of the elderly population of Asia and 94.4 per cent of the total elderly of South Asia. The total population of the SAARC countries is 23 per cent of the total world population, 36.4 per cent of the total Asia population and 93.4 per cent of the total South Asia population. The total number of elderly population of the



SAARC countries is estimated to be 186274 thousand in the year 2020- an increment of 100566 thousands from 1995. The Percentage of the aged population in SAARC countries is only 6.9 per cent against 6.5 per cent of the aged population in Asia and 9.5 per cent of the aged in the world in the year 1995. Such percentage values are estimated to be 10.0, 12.66 and 12.8 time period of 25 years⁴.

Many factors related to population ageing present challenges to Governments and other stakeholders across Asia and the Pacific. They heighten the need to empower older persons and promote their rights, so they can increasingly participate in social, economic and political fields. National capacities related to the needs of older persons need enhancement, including health services. Awareness of issues of concern to older persons is critical, such as improving accessibility in the built environment, and tapping into their experience for the benefit of society, via employment and other modes of engagement⁵.

The paper will identify the demographic change facing by the SAARC countries. Although this is a micro level study and the latest secondary data is also not easily available, it is expected that information on aging in SAARC countries may provide a useful tool for formulating effective long term policy strategy to face the problem in the near future.

INDIA

India is a vast country occupying an area of about 2,287,263 square kilometers. The Indian subcontinent is physically and culturally diverse. Though Hindus are the majority, secular India is home to different religions. Sixteen per cent of the world's population lives in the country. Some 826 languages and thousands of dialects are spoken. Different regions of the country – river valleys, plains, deserts, vast stretches of coast, snow covered mountains, present different types of life style and culture. While 72 per cent of the population lives in rural areas, there are more than 225 cities with over 100,000 population, and ten cities with over a million people. Different parts of the country are experiencing varying degrees of socio-economic change. Literacy, employment, health and morbidity rates vary from region to region. Urban and rural environments present contrasting pictures with respect to quality of life at any age⁶. Indian culture, like many other Asian cultures, emphasized filial piety. Parents were to be honored as Gods. It was considered the duty of a son to respect and care for his parents. Even today, in India, old parents live with son/s and their families. Living with the eldest son and his family is the most common living arrangement. Indian



society is patriarchal and after marriage sons bring their wives to the parental household to live. This tradition assured that old people would have younger in-laws and grandchildren to care for them. Also, caste and kin group exerted pressure on younger members to obey and respect elders⁷. Population ageing is the most significant result of the process known as demographic transition. Reduction of fertility leads to a decline in the proportion of the young in the population. Reduction in mortality means a longer life span for individuals. Population ageing involves a shift from high mortality/high fertility to low mortality/low fertility and consequently an increased proportion of older people in the total population⁸. India had the second largest number of elderly (60+) in the world in 2001. The analysis of historical patterns of mortality and fertility decline indicates that the process of population ageing intensified only in the 1990's. The older population of India, which was about 3.3 million in 1971, increased to become 4.3 million in 1981. During this period, the proportion of 60+ aged people increased from 5.96 per cent to 6.48 per cent, and that of 70+ aged people from 1.48 per cent to 1.71 per cent. The same trend has been shown by the oldest-old group that recorded an increase from 0.58 per cent to 0.62 per cent probably due to the development in medical services and availability of support structure. In 1991, the older population further increased to about 5.7 million (6.80% of total population). Hence the issue whether India is going to be a "graying nation" in future or not initiated debate and soon became a subject of great concern. Since 1991, the steady growth of elderly population may be attributed to a steady decline in birth rate. In 2001, total population of the 60+ age group became 7.66 million of which 49.3 per cent were male and 50.7 per cent female, the total proportion being 7.47 per cent. The proportion of 70+ age group increased from 1.76 per cent (1991) to 2.07 per cent (2001), and that of the oldest-old group from 0.62 per cent (1991) to 0.76 per cent (2001). The ageing process in India is therefore undergoing at a fast rate. Moreover, the transition from high to low fertility is expected to narrow the age structure at its base and broaden the same at the top. In addition, improvement in life expectancy at all ages will allow more old people to survive, thus intensifying the ageing process⁹ (Table-3).



Table 3: Number and Proportion of Elderly in the Indian Population by Age Groups, 1971–2001

Age/Year	Number				%			
	1971	1981	1991	2001	1971	1981	1991	2001
60+	21375281	27681981	35607475	47323734	3.90	4.16	4.27	4.61
70+	8124272	11358638	14699654	21259869	1.48	1.71	1.76	2.07
80+	3200178	4126765	6374511	8038718	0.58	0.62	0.76	0.78

Source: Chakrabarti, S. & Ashis Sarkar (2011).

The absolute number of the over 60 population in India will increase from 76 million in 2001 to 137 million by 2021. Table 4 shows the gradual rise in the elderly population in India. From 5.4 percent in 1951, the proportion of 60+ people grew to 6.4 per cent in 1981 and is projected to be close to 8.1 per cent in 2001. The decadal percent growth in the elderly population for the period 1991-2001 would be close to 40, more than double the rate of increase for the general population (WHO 1999).

Table 4: Growth of elderly population aged 60 and over, by sex, in India 1901-2001

Year	Population 60+ (In Millions)		
	Persons	Male	Female
1901	12.06	5.50	6.56
1911	13.17	6.18	6.99
1921	13.48	6.48	7.00
1931	14.21	6.94	7.27
1941	18.04	8.89	9.15
1951	19.61	9.67	9.94
1961	24.71	12.36	12.35
1971	32.70	16.87	15.83
1981	43.98	22.49	21.49
1991	55.30	28.23	27.07
2001	75.93	38.22	37.71

Source: Sharma, S.P. & Peter Xenos. 1992 (4).

If the percentage of elderly population is above seven percent in any country, as per the UN criterion that country is ageing. In other words, India has emerged as “aging India” in the beginning of the 21st century. Thus twenty first century is the century of old¹⁰.

BANGLADESH

Bangladesh began as East Pakistan, formed by the partition of the British Territory of India in 1947. It was one of five provinces into which Pakistan was divided at the time of its creation. East Pakistan was formed by adding the Sylhet district of Assam to the former province of



East Bengal. Bangladesh achieved independence from Pakistan in 1971 and was renamed the People's Republic of Bangladesh. It has a population of over 150 million, of which about 43 percent are literate¹¹. The population of Bangladesh aged 60 years and above in 1911, 1951, 1981, 1991 and 2000 were 1.37, 1.86, 4.90, 6.05 and 7.2 millions respectively. The projected elderly population aged 60 years and above in 2015 and 2025 will be 12.05 and 17.62 millions. It has been observed that this change will have serious consequences on the overall socio-economic development of the country¹². The rapid socio-economic and demographic transformations, extreme poverty (about 40% live under poverty level), changing socio-cultural values and mores, westernization, modernization, industrialization, individualism, drug addiction and participation of women in the economic activities outside home may force majority of the elderly population to be abandoned member in the community¹³. Ismail Hossain et al. (2006) found that aged people in Bangladesh are mostly suffered from various complicated physical diseases and the number is increasing day by day but the services provided through government hospital are inadequate in compare to needs. A small proportion (around 6 %) of the total population of Bangladesh constitutes the elderly population, but the absolute number of them is quite significant (about 7.2 million) and the rate of their increase is fairly high. This change in population characteristics will have serious consequences on society as well as on the overall socio-economic development of the country¹⁴. In Bangladesh, eighty thousand new elderly people added to the over sixty age groups each year (ESCAP 1999). Furthermore, projection indicates that the number of elder people in Bangladesh by 2025 will reach in 8.5 million and 10.1 per cent of the total population¹⁵.

Past and current demographic trends will have a direct bearing on the changes in age composition of the future population. The current demographic situation is that fertility has been declining and there is an improvement in mortality conditions, and as a result of that the aging of population in Bangladesh will have many social and economic implications.

NEPAL

Nepal's demographic situation is characterized by a declining mortality and a steady decline in fertility. This has resulted in noticeable changes in the age structure of the population in the country. Both the absolute number of the aged population (60+) and its proportion has increased steadily since the 1950s. The demographic shifts resulting from the fall in fertility



may create windows of opportunities, commonly known as *demographic dividend*. Under the situation, the growth rate of total population is slower than the growth rate of working age population, so the share of persons in their working age relative to the total population increases. It has been observed that demographic shift that create demographic dividend may, subsequently, lead to a demographic burden, as fertility continues to decline and life expectancy benefiting the elderly, in particular, improves (Prekawetz et al., 2008)¹⁶. The latest census count of 2001, enumerated a total of 147, 7379 as the elderly population in Nepal. The proportion of the aged population has increased steadily (Table 5). It was less than 5 per cent in 1952/54 which reached 6.5 per cent in 2001. The absolute size has more than doubled during 1952/54-1981. A comparison of the growth of the elderly population with that of total population growth rate reveals that the rate of growth of aged population is faster than the growth rate of the national population in all the census enumerations. The tempo was much faster during 1991-2001, the annual growth rate of the elderly population being 3.20 per cent, as against the growth rate of 2.25 per cent for total population. Such a high growth rate of the elderly population indicates that the number of elderly population will double in less than 27 years¹⁷.

Table 5. Growth rate of the Elderly Population, 1952/54-2001

Census Year	Aged Population (60+)	Per cent	Annual Growth Rate (exponential)	
			Aged population	Total Population
1952/54	409,761	4.96	-	-
1961	491,067	5.22	2.26	1.64
1971	648,703	5.61	2.78	2.05
1981	857,036	5.70	2.78	2.62
1991	1,072,434	5.80	2.24	2.08
2001	1,477,379	6.49	3.20	2.25

Source: Population Monograph 2003, CBS, Kathmandu.

The population projection made jointly by Central Bureau of Statistics and the then Ministry of Population and Environment (MOPE), indicates that the elderly population will continue to rise and its share in the total population will also increase. (Table 6) The absolute size of the elderly population is projected to reach 2.4 million by 2021, an addition of about one million in 15 years. The proportion of the elderly population is also estimated to reach 7.12 per cent during the same time. The absolute size of 2.4 million elderly populations is no doubt an alarming size to manage for the government.



Table 6. Projection of Elderly Population

Year	Projected elderly Population	Total Projected Population (%)
2006	1,582,304	6.11
2011	1,802,010	6.30
2016	2,080,537	6.64
2021	2,434,568	7.12

Source: CBS/MOPE: Population Projections for Nepal 2001-2021,

In Nepal, where the government's efforts towards the welfare and security of aged population have been grossly inadequate, any further rise in the size of aged population will undoubtedly exert pressure on the government. The government has already ratified **United Nations principles for older Persons 1991, Macau plan of Action on Aging 1998**, and the **Madrid International plan of Action on Aging 2002**, but faces a major Challenges in Phase-wise implementation of these communities (Subedi, 1999).

PAKISTAN

In Pakistan, the demographic transition has begun since the 1990s. The evidence shows a consistent decline in mortality with a resultant rise in life expectancy and a reduction in total fertility rate in recent years. As a result, the proportion of elderly population is expected to increase in the years to come. Based on U.N. (2002) projection estimates, the proportion of population 60 years and above in Pakistan will increase from 5.8 per cent in the year 2000 to 7.3 per cent in 2025 and 12.4 per cent in 2050¹⁸. Pakistan's demographic trends show that between 1990 till 2010, the 60+ population numbers increased by 75.1 per cent. If we compare the data over two decades, we see that Bangladesh has shown a 79.5 per cent increase; Sri Lanka has shown a 74 per cent increase and India's population has increased by 73.2 per cent.

Pakistan's life expectancy was increased from 45.6 years in 1950 to 66.8 years in 2008¹⁹. Pakistan is a developing country and today it is in the stage of transition. During this period the change is more obvious. As a result, in the last few decades massive urbanization and industrialization have brought tremendous changes in the society but at the same time has created various problems in the social system. Traditional support system for the elder persons in Pakistan based on joint family structure and kinship to ensure elder people's care security and respect has been declining as trend these days is more towards nuclear family



than on joint family system. People like to live with their spouses and children apart from their parents²⁰.

BHUTAN

Bhutan is a land-locked country, covering an area of 38394 square kilometers and comprising 20 districts. The estimated population for 2009 based on 2005 nation-wide census data was 683407. While the population at present is still predominantly young, by 2050 the proportion of population 60 years and above will have increased significantly (Table7).

Table 7: The estimate number of old age population in Bhutan in 2009 and 2050.

Age Groups	Male		Female	
	2009	2050	2009	2050
60-64	7679	98000	6879	95000
65-69	6366	60000	6050	64000
70-74	4677	49000	4350	49000
75-79	3099	30000	3027	40000
80+	2529	24000	2552	25000

Source: 2005 nationwide census data of Bhutan.

The common health problems encountered in the elderly population are hypertension, diabetes, cardiovascular problems, stroke and neurological disorders and musculo skeletal disorders. There is no separate national policy for health care of the elderly or ageing. The Ministry of Health does not have a separate programme for the elderly population. There is no national civil society or nongovernmental organizations providing care to the elderly population. This situation requires urgent improvement as the elderly population remains dependent for their general welfare and care. However, in the Bhutanese context, traditional Buddhist practices and principles require society to show respect and concern for the elderly population. The Royal Bhutanese Government is committed to providing support and care to elderly persons who do not have adequate family support²¹.

SRI LANKA

Ageing of the population poses several profound impacts on every aspect of life. This phenomenon will be visible in Sri Lanka in the next few decades as Sri Lanka is continuously experiencing one of the fastest ageing populations in the developing world due to its speedy demographic transition. The proportion of the population over 60 years has increased from 5.3 in 1953 to 10.8% in 2003 and it will further rise to one quarter of Sri Lanka's population



by 2030. The increasing trend of an older population over 60 years of age in Sri Lanka is conspicuously higher than that of its total population - 3.3 per cent of the average annual increase of the older population versus 1.2 per cent of total population during 1981-2001. In the South Asian context, Sri Lanka is unique both in the present process of ageing as well as in its future. The proportion of those over the ages of both 60 and 70 years in Sri Lanka is much higher than – almost double – any other country in the South Asian region in 2000 and 2030 (Table 8). In 2000, Sri Lanka 1 in 10 people over 60, whilst Afghanistan and India have 1 in 21 and 13 people respectively. By 2030 Sri Lanka is expected to have 22 per cent of its population aged over 60 or nearly 1 in 5, while other countries are expected to have somewhat lower rates, such as Afghanistan with 1 in 18 people, and India with 1 in 7.

Table 8: Ageing in Sri Lanka in South-central Asian Perspective: 2000-2030.

Country	Proportion 60+		Proportion 70+		Median age		Sex Ratio+ in	
	2000	2030	2000	2030	2000	2030	2000	70+
Afghanistan	4.7	5.5	1.5	1.8	15.6	20.1	9.8	9.5
Bangladesh	4.9	9.7	1.8	3.5	20.0	25.6	10.0	10.1
Bhutan	6.5	7.4	2.5	3.2	5.7	20.6	8.9	8.3
India	7.6	14.0	2.9	5.9	20.6	30.4	9.2	8.8
Nepal	5.9	7.8	2.1	2.9	15.9	20.9	9.7	9.1
Pakistan	5.8	7.8	2.1	3.2	15.8	20.8	10.0	9.8
Sri Lanka	9.8	21.5	3.9	9.2	26.9	39.2	99.6	10.0

Source: United Nations, 2001, world Population Prospects, the 2000 Revision.

The table (Table 9) below indicates the increase in the proportion of population 60 years old and over between 1991 to 2021 in Sri Lanka²².

Year	Proportion of population above the age of 60 years (In %)
1991	1.4
2001	1.9
2011	2.8
2021	4.0

Source: United Nations, 2001, world Population Prospects, the 2000 Revision.

Due to high fertility before the 1950s, the proportion of younger people in Sri Lanka increased up to 1971, thereafter decreasing gradually. This is expected to continue decreasing swiftly as fertility decreases, notably since the 1990s. Thus this shift of age structure from younger to older resulted in a transformation of the shape of the age



pyramid of the country. Thus Sri Lanka has begun a conversion of the age pyramid from a broad based to "barrel-shaped" or "urn-shaped" confirming aging at the apex²³.

MALDIVES

The Maldives is an archipelago of about 1 200 small coral islands. Of the 200 inhabited islands, one third has fewer than 500 inhabitants. The extremely dispersed and fragmented population of about 290,000 people makes the development problems of the Maldives unique. In addition, the survival of the country's low-lying islands is threatened by the constant rise in sea levels due to global warming. Maldives is in the mid of later stage of the demographic transition, which is expected to advanced in the future. The proportion of the population 65 years and older will move from 3.5 per cent in 2000 to 6.3 per cent in 2025. In Maldives, the population has been projected to have a 4.8 per cent, 6.15 per cent and 12.7 per cent of its population above 65 years of age in the years 2015, 2025 and 2045 respectively (Table 10)²⁴.

Table 10: Projected Mid-year population for Maldives by age group and sex 2012-2021.

Years	65 years and above population projection		
	Both Sex	Males	Females
2012	16,015	8,602	7,413
2013	16,171	8,636	7,535
2014	16,392	8,705	7,687
2015	16,678	8,809	7,869
2016	17,022	8,945	8,077
2017	17,101	8,955	8,146
2018	17,305	9,030	8,275
2019	17,692	9,198	8,494
2020	18,351	9,501	8,850
2021	19,328	9,961	9,367

Source: Maldives CEDAW Report 2000.

AFGHANISTAN

Afghanistan illustrates the devastating impact of decades of war and conflict on development. This land-locked country has been through 23 years of war, virtually without pause. As a result, every single aspect of development – from the incidence of poverty, to health care, agriculture, environment, and education has been adversely affected. Afghanistan today is not just one of the poorest countries in the world, but also has the



worst human development indicators, comparable to only two equally war stressed countries in Africa – Sierra Leone and Angola.

Afghanistan is yet to start the demographic transitions that will just start to be evident in 2025. The proportion of the population 65 years and older will move from 2.1 per cent in 2000 to 2.9 per cent in 2025²⁵.

CONCLUSION

The Countries of the SAARC region share many things including geographical boundaries, Climate change, socio-economic and health problems of population, low participation of woman in any developmental process and under development etc. Almost each country's demography in SAARC has been characterized by a growing trend of declining fertility, reduction in child and general mortality and increasing life expectancy. These changes will result in countries of the SAARC having a different population size and composition than at present. This will increase the share of older people and slow down the new young age groups. Although there is an intra regional variation in the pace and level of change in terms of declining fertility and mortality and increasing life expectancy in all SAARC countries. Countries like Afghanistan and Pakistan are still a rapid growth in young population due to their low pace of fertility transition. Sri Lanka presents a different type of scenario. Sri Lanka is also one of the fastest aging countries in the world. In slightly more than two decades, Sri Lanka's population will be as old as Europe's or Japan's today, While the other SAARC countries will also expected to achieve below replacement level fertility in coming two or three decades. This demographic transition is likely to bring challenges and opportunities for all SAARC countries. The growing numbers of the aged pose a somewhat different, but equally compelling, set of concerns in all SAARC countries about the health, economic well being and social security arrangements and overall care for the elder population.

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