

# PAPERS IN POPULATION AGEING

6

## DEMOGRAPHIC PROGNOSIS FOR SOUTH ASIA: A future of rapid ageing



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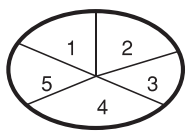
Asia and the Pacific Regional Office  
Bangkok, Thailand

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“The issues of ageing must be at the centre of the global development agenda. Today, the elderly are the world’s fastest-growing population group, and among the poorest. One person in ten is 60 years or older, but by 2050, the rate will be one person in five. We must meet the needs of the older persons who are alive today and plan ahead to meet the needs of the elderly tomorrow. In the developing world, there are almost 400 million people over age 60, the majority of whom are women, and this figure is expected to rise dramatically in the coming decade”.

**UNFPA Executive Director Ms. Thoraya Obaid’s address to the Second World Assembly on Ageing in Madrid in 2002**

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# Papers in Population Ageing No. 6

## DEMOGRAPHIC PROGNOSIS FOR SOUTH ASIA: A future of rapid ageing

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Asia and the Pacific Regional Office  
Bangkok, July 2009

# Acknowledgements

The preparation of this Report has been made possible by the contribution of several colleagues. To Mr. G. Giridhar, former Director of the UNFPA Country Technical Services Team for East and South-East Asia, Bangkok, we owe thanks for encouraging us to undertake the study. We owe gratitude to Ms. Nobuko Horibe, Director, UNFPA Asia and the Pacific Regional Office, Bangkok for her constant encouragement and support at every stage of the study until its completion. We are indebted to Mr. Najib Assifi, Deputy Regional Director and Rep. in Thailand and Dr. Saramma Mathai, Regional Team Coordinator and Maternal Health Adviser of the UNFPA Asia and Pacific Regional Office for their able supervision and guidance without which this Report could not have seen the light of day.

All UNFPA Representatives in the South Asia region and the staff of the eight Country Offices provided valuable inputs for their respective country briefs in section 5 and the illustrations. We would like to thank them profusely for enriching the Report with their contributions and saving us the embarrassment of having gaps in country specific information.

We wish to acknowledge the valuable advice of Professor Lindy Williams of the Department of Development Sociology, University of Cornell (USA.) We wish to thank Mr. Pongthorn Raksawong for assistance in compiling the statistics and to Ms. Suchitra Thamromdi for ungrudgingly providing secretarial support. We are indebted to Ms. Udari Pereira of the University of Colombo and Ms. D.M.M. Dissanayake of the Department of Women's and Child Development for compiling research materials and data for Sri Lanka. Finally, to Ms. Duangurai Sukvichai, we owe gratitude for her diligence and meticulous efforts in supervising the printing of the Report.

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# Foreword

Population ageing that had, until the turn of the century, remained a phenomenon largely exclusive to the developed countries has been manifesting itself in an increasing number of less developed countries. This Report shows how, after a late decline in fertility relative to South-East Asia and East Asia, South Asia too is set on a course of rapid ageing. The eight countries of South Asia - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka - present marked diversity with respect to population size, political structures and levels of human development. In all countries, including Afghanistan where a conflict situation has persisted for the past three decades, the increase in the older population is projected to be far greater than during the past four to five decades.

The Report describes the current situation of population ageing and how it is expected to evolve until 2050. It discusses the causes and consequences of the unprecedented foreseeable increments in the older population and their implications for policies and programmes. It brings out the importance of taking into account cultural influences in the formulation of policies for addressing issues arising as a result of rapid population ageing. The Report lays stress on ensuring for older persons an active and healthy life in which their freedoms and dignity are guaranteed within the context of the goal of creating a “society for all ages” endorsed by 159 countries at the Second World Assembly on Ageing in 2002. Taking note of how most of the countries of South Asia have, to varying extents, already introduced various measures to address ageing-related issues, the Report puts forward recommendations for improving the effectiveness of relevant policies and programmes.

The Report has benefited substantially from valuable inputs from the eight UNFPA Country Offices in South Asia. As such, the Report symbolizes increasing collaboration at the regional and national levels which UNFPA seeks to promote. I wish to thank the UNFPA Representatives in the sub-region for the invaluable contributions of the Country Offices. I would also like to thank my colleagues, Mr. Najib Assifi, Deputy Regional Director and Rep. in Thailand and Dr. Saramma Thomas Mathai, Regional Team Coordinator and Maternal Health Adviser of the Asia and the Pacific Regional Office for providing overall guidance and supervision for this study. For Mr. G. Giridhar, former Director of the Country Technical Services Team for East and South-East Asia, I would like to express my appreciation for initiating this study. Finally, I would like to thank Mr. Ghazy Mujahid, our former Adviser on Population Policies and Development and our consultant, Professor K.A.P. Siddhisena of the University of Colombo for preparing this Report using a highly participatory and professional process. Mr. Ghazy Mujahid also deserves to be commended for having started this series - Papers in Population Ageing - during his tenure with UNFPA.

Nobuko Horibe  
Regional Director  
UNFPA Asia and the Pacific Regional Office

# Acronyms

AIHRC	Afghanistan Independent Human Rights Commission
ANDS	Afghanistan National Development Strategy
CAFOD	Catholic Agency for Overseas Development
CBO	Community Based Organization
CPP	Cyclone Preparedness Programme (Bangladesh)
CRCA	China Research Center on Aging
DWARF	Development, Welfare and Research Foundation (India)
ECOSOC	United Nations Economic and Social Council
ESCAP	Economic and Social Commission for Asia and the Pacific
GAA	Global Action on Ageing
HAI	HelpAge International
HPRA	Health Policy Research Associates (Sri Lanka)
IASC	Inter-Agency Standing Committee (UN)
ICESCR	International Covenant of Economic, Social and Cultural Rights
ICRC	International Committee of the Red Cross
IFRCRC	International Federation of the Red Cross and Red Crescent
IDP	Internally Displaced Person
ILO	International Labour Organization
INPEA	International Network for the Prevention of Elder Abuse
MDG	Millennium Development Goal
MFS-UK	Medicins San Frontieres-UK
MIPAA	Madrid International Plan of Action on Ageing
MPF	Maldives Planning Forum
NGO	Non-Governmental Organization
NOAPS	National Old Age Pensions Scheme (India)
NPOP	National Policy on Older Persons (India)
PIDE	Pakistan Institute of Development Economics
RIC	Resource Integration Centre (Bangladesh)
SAARC	South Asian Association for Regional Cooperation
SANEI	South Asian Network of Economic Institutes
SLHA	Sri Lanka Health Accounts
TFR	Total Fertility Rate
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WEAAD	World Elder Abuse Awareness Day
WHO	World Health Organization

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# Executive Summary

## Introduction

During the 1950s and 1960s, most less developed countries were characterized by high fertility levels. Recognizing this as an impediment to socio-economic development, governments undertook sustained measures to promote family planning and provide increasing access to quality health services. As a result, in many countries there was a decline in fertility levels as well as an improvement in life expectancy during the last quarter of the 20th century. Since the turn of the century, the age structure in many less developed countries has been shifting more and more towards the higher age cohorts. In South Asia (comprising Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) too, population ageing, defined as an increase in the proportion of older persons (those aged 60 years and over), has emerged as a dominant demographic trend. Population ageing has manifested itself in all countries of South Asia, except Afghanistan which has been in a conflict situation for the last three decades. Projections show that the population of older persons is set to increase rapidly in South Asia and in Afghanistan too, there will be a significant increase in the older population after 2025. The changing demographic situation in South Asia, as reviewed in this study, points to rapid population ageing which will give rise to a number of issues. This study identifies these issues, describes what policies and programmes governments have introduced to address them. It concludes with recommendations on what would need to be done further to ensure for the increasing older population an active and healthy life in which

their freedoms and dignity are guaranteed.

## 1. Population ageing

In most countries of South Asia fertility remained high during the 1950s and 1960s. It started to decline significantly during the late 1960s that is later than in other parts of Asia. At the same time there were substantial improvements in life expectancy which increased gradually from 40 years in 1950 to 65 years in 2000. As a combined result of fertility-mortality trends, the proportion of older persons in South Asia's population which had declined from 5.8 to 5.5 per cent during 1950-1975, increased to 6.3 per cent in 2000. Projections show that by 2025 the proportion will have increased to 10 per cent and to 19 per cent by 2050. Nearly one in 5 South Asians in 2050 will be an older person. The increase in older population is projected at 350 million during 2000-2050, that is more than five times as much as the 66 million during 1950-2000. The increasing importance of the older population as a policy target group is highlighted by the increasing proportion of older persons in the population increment: while older persons constituted less than 7 per cent of the increase in population during 1950-2000, they will account for 20 and 62 per cent of the increase respectively during 2000-2025 and 2025-2050. As result of rapid population ageing, the potential support ratio, that is the working age population (15-64 years) per person aged 65 years and over, will decline from 14 in 2000 to 5 in 2050. This indicates that the support base for the older population will be reduced to almost one-third by 2050.

## 2. Characteristic features of population ageing

Three distinct features have been found to characterize the older population and become more pronounced with population ageing: (a) the increasing proportion of the “oldest old” (those aged 80 years and over) in the older population; (b) feminization of the older population; and (c) the greater extent of population ageing in rural areas. As these profoundly influence the resulting challenges, they have to be taken into account in the formulation of required policies and programmes.

Due to improving life expectancy and survival ratios at higher ages, the oldest old population in South Asia will increase at high rates during 2000-2050. As a result, the proportion of the oldest old population in the older population will increase from the present 8 per cent to 10 per cent in 2025 and further to 15 per cent in 2050. While during 1950-2000, the oldest old population increased by nearly 6 million, the increase will exceed 14 million during 2000-2025 and will further triple to 42 million during 2025-2050. Policies and programmes aimed at addressing issues related to older persons will therefore have to be designed to focus increasingly on issues which are more relevant to or specific to the oldest old, such as disability and long-term care.

As a result of higher female life expectancy, women constitute a majority of the older population and even more so of the oldest old population. Moreover, the proportion of women in both the older and oldest population is projected to further increase by 2050. Older women are more vulnerable than older men as a higher proportion of older women are “single”, that is unmarried, divorced or widowed. Moreover,

they face a higher incidence of disability and have fewer opportunities of productive employment. They are financially less secure and have less access to means of care and support in illness and disability. These trends add a significant gender dimension when addressing issues related to population ageing.

The incidence of population ageing is higher in rural areas. Since both fertility and mortality are found to be higher in rural areas, the rural-urban differentials in population ageing are explained by migratory flows. It is usually younger adults who move from rural to urban areas for education or employment, while some older persons prefer to return to rural areas after retirement from their urban jobs.

## 3. Inter-country variations in population ageing

There are considerable variations across the eight South Asian countries in the current situation of population ageing as well as the projected trends. The variations can be explained largely by past trends in fertility and to a lesser extent by differences in improvements in life expectancy which have been relatively less marked. At the turn of the century, the extent of population ageing in South Asian countries varied from nearly 10 per cent in Sri Lanka to under 4 per cent in Afghanistan. During 1950-2000, the TFR had fallen most in Sri Lanka from 5.9 to 2.1 while in Afghanistan it remained high declining marginally from 7.7 to 7.1. India and Bhutan ranked second and third with the proportion of older persons at respectively 7.1 and 6.8 per cent. In all other countries it was between 5-6 per cent and the variations could be largely explained by the extent of declines in fertility. The prognosis for all countries is a rapid increase in ageing in all countries relative to the past trends

as a result of declining fertility levels. In all countries, except Afghanistan fertility levels are projected to decline to below or near replacement level. In Afghanistan the TFR will be 3.8 in 2050.

In all countries the proportion of the oldest old in the older population will increase during 2000-2050. The proportion of females in the older population is more than 50 per cent in all countries except Bhutan and Maldives where it is respectively 47 and 40 per cent. The proportion of females in the older population is projected to increase continuously until 2050 but, despite increasing, will remain less than 50 per cent in Bhutan. In all countries the proportion of women in the oldest old population will continue to increase until 2050 and women will constitute a higher proportion of the oldest old population than of the older population. Like in most countries across the world, in all countries of South Asia, older women are more vulnerable than older men. A higher proportion of older females are “single”, illiteracy rates are higher among older females and a lower proportion of them are gainfully employed.

With the exception of Afghanistan, the countries of South Asia are all faced with the prospects of rapid population ageing. The older population will in each country constitute an increasing proportion of the future increments in total population. After 2025, older persons will be the only increasing age-group in Bhutan and Sri Lanka and will account for more than half the total increase in Bangladesh, India and Maldives. Development policies and plans in South Asia will therefore have to be increasingly linked to these demographic changes

#### 4. Emerging ageing related issues

A range of issues emerge with population ageing.

These can be grouped into the following categories: health services, long-term care, living arrangements, income and social security, protection against abuse, and need for special attention in emergencies

Remaining healthy and active is a prime concern in old age. Since the incidence of morbidity increases with age, population ageing is accompanied by an increase in demand for health services. In addition to the increasing number of older persons, population ageing results in increased health expenditures because of the “epidemiological transition” - shift in the disease pattern towards degenerative and mental illnesses which are more costly and take longer to treat. Population ageing also generates increasing requirements of long-term care since the incidence of disability increases with age.

The support base for older persons shrinks with population ageing. Traditional family ties have remained strong throughout South Asia and in the younger adults taking care of older parents and relatives is an accepted norm. However, reduced family size, nuclearization of families, increasing incidence of paid employment among women and migration have weakened the capability of the family to provide care for older parents/relatives. As such the increasing in proportion and numbers of older persons generate a growing need for alternative appropriate living arrangements.

Employment and transfer payments from relatives are the two major sources of financial support for older persons. However, with diminishing opportunities for work and the shrinking capacity of families to meet the economic needs of older relatives, the coverage of social security and welfare schemes will have to be

extended to keep the growing older population out of poverty. In South Asia, social security and welfare schemes are either non-existent or have minimal coverage. Given the projected rapid increase in population ageing there will be an increasing need for expanding social security coverage as well as the provision of welfare benefits.

Increasing elderly abuse is another issue which needs to be addressed. As the increasing number of older persons begins to exert a growing pressure on the resources of the family, the elderly face an increasing risk of abuse and neglect. Since elder abuse remains taboo, reporting and discussion of cases of abuse remain severely restricted. In addition to the home, elderly can also be faced with abuse in the institutional setting such as discrimination, neglect and maltreatment by caregivers and service providers. With growing preference for the nuclear family, an increasing proportion of older persons are choosing (or being forced) to live on their own, thus becoming an easier target for criminals. Moreover, older women are more vulnerable to abuse and neglect. Older persons are also at greater risk during calamities both natural and man-made. The experience of the tsunami, for example, showed how older people, particularly women, face a greater of being victims of neglect and abuse during relief operations.

The negative view of ageing and older persons needs to be dispelled. The positive side of population ageing should not be lost sight of. Older persons have extensive potential for contributing to development. The elderly, particularly older women, make significant contribution to housework and in looking after children in the extended family. The positive role older persons can and do play in promoting

economic development, preserving the social fabric and in maintaining or restoring harmony should be emphasized and publicized through the media.

## 5. Policy responses to population ageing

In all countries of South Asia, the government has been focusing increasing attention on population ageing, particularly since the Second World Assembly on Ageing held in Madrid, Spain in April 2002. All countries, with the exception of Afghanistan, have designated an agency to be responsible for ageing-related issues and the welfare of the elderly. Differences exist between countries in their response to the emerging issues depending on their individual situation, particularly the proportion of older persons in population. South Asia provides examples of a wide range of policy measures including elderly policies, legislation, tax benefits, discounts and social protection and welfare measures. Welfare measures in most of the countries remain limited and focus on older persons without families, having disabilities or having no assured means of income.

## 6. Recommendations

The Report concludes with the following set of recommendations:

- Governments should enhance the available mechanisms for the collection of relevant data to ensure that data on older persons are collected with regular periodicity, disaggregated by age, sex, sub-national units and socio-economic characteristics.
- Institutional structures characterized by a strong hub, specializing on ageing-related issues should be installed/strengthened and capacity should be built to improve skills in collection and use of

data and in conducting research for policy formulation, programming and monitoring and evaluation.

- Special emphasis should be given to the needs of older women in view of their greater vulnerability and gender-based mainstreaming should be a compulsory consideration in the design of schemes relating to older persons.

- Programmes for older persons should take into account the higher incidence of poverty faced by older persons predominantly in rural areas.

- Health policies should incorporate provisions for financially and physically accessible health care services for the older population and adequate attention should be paid to equipping health facilities with medicines and equipment needed for diseases of old-age and providing the required geriatrics trained health personnel.

- Governments should seek to strengthen the capacity of the family, which remains the most preferred and main source of care and support for older persons, through measures, such as tax benefits, allowances, home improvement assistance and other incentives to continue their caring role.

- Women should be provided appropriate incentives to facilitate combining care giving and employment through measures such as time off and promoting male responsibility in the caring for older persons.

- Governments should encourage and support community-based care (health and psycho-social) for older persons who are single or in need of acute and long-term care.

- Governments should encourage and facilitate

the formation of Older People's Associations/ Clubs/Activity Centres to promote active ageing and providing a chance for the community to gain from the experience of the older generation hence giving a value for the older age and wisdom.

- Gainful employment for older persons should be encouraged through improved access to credit and provision of inputs for the self-employed older persons and incentives to employers for employing older workers.

- Governments should increase the scope and coverage of the state pension schemes, encourage engagement of contributory private insurance plans and provide incentives for the development of traditional/indigenous community-based practices of ensuring social security.

- In emergency circumstances, Governments and aid agencies should ensure that older persons receive focused attention during rescue, relief, and recovery operations. Relief and rescue workers should be appropriately trained and briefed to ensure older persons get needed and adequate attention and participation where relevant.

- Steps should be taken to dispel the society's negative attitude towards ageing and older persons by highlighting the contributions of older persons and promoting respect for older persons among the coming generations.

Implementation of these recommendations would involve Government, NGOs, civil society, media, academia and older persons themselves. It will also call for mainstreaming population ageing into all development policies, programmes and actions.



# INTRODUCTION



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Four to five decades ago most less developed countries were still at the initial stages of the demographic transition, characterized by high fertility and high mortality. Their populations were largely young and, in some of the countries, becoming increasingly younger. A visitor to these countries could hardly fail to observe the presence of a large number of children as well as pregnant women. Realizing the adverse impact of these demographic realities on economic development, Governments responded by promoting female education and introducing

family planning programmes. The result was a decline in fertility rates, in some countries quite substantial, within a period of fifteen to twenty years. At the same time advancements in medical science and increasing access to quality health care led to a decline in mortality rates and improvements in life expectancy. Sustained declines in fertility and improvements in life expectancy resulted in accelerating the demographic transition towards the lower fertility-lower mortality stage.

The impact of these continuing trends is becoming increasingly visible in the changing demographic scenario in a number of countries - instead of seeing young children one cannot now fail to observe the presence of a large number of older persons. It is becoming increasingly evident that even in countries where the population was growing younger during the 1950s and 1960s, it has been "ageing" since the turn of the century. More importantly, all projections indicate that the rate of population ageing will continue to accelerate and the proportion of the older population (defined as those aged 60 years and over) will progressively increase. By 2050, the proportion of older persons in the population of less developed countries will have increased to more than 20 per cent from the current less than 10 per cent.

This study analyses the situation of population ageing in South Asia.<sup>1</sup> At present the eight countries of this sub-region together account for 15 per cent of the World's and nearly 25 per cent of the developing world's older population. These proportions are projected to increase to respectively 22 and 28 per cent by 2050 (UNDESA 2007a). The study reviews the changing demographic scenario since 1950 and how it is projected to evolve to the year 2050. It brings out the distinct difference between the changes in the age structure of the population during the fifty years before and after 2000, highlighting issues relating to the older population which the national governments will have to

address. It reviews policy measures which some of the governments in the sub-region have already initiated and outlines recommendations for further measures that should be considered during years to come. The Report is divided into six sections. Section 1 explains the demographics of ageing: how the decline in fertility and improvements in life expectancy contribute to changes in the age structure of the population and the demographic impact of these changes. Section 2 describes the characteristic features of the older population, highlighting the gradually increasing shift towards older ages within the older population, the high female: male ratio among the older population and the rural-urban differences in population ageing. Section 3 describes briefly the emerging population ageing situation in each of the eight countries of South Asia bringing out the wide differences from country to country. Key issues which will inevitably emerge over the period to 2050 as a result of the demographic changes are discussed in Section 4. Section 5 provides a review of relevant policy measures and programmes that have been introduced by Governments in countries where population ageing has already come to be recognized as an issue to be addressed. This section includes a review of the role played by other stakeholders, and both bilateral and multi-lateral donors, including the United Nations, in supporting Governments to address the ageing-related issues. The concluding Section 6 summarises the main findings of the study and policy recommendations.



# Section 1: Demographics of Population Ageing

The socio-economic and demographic characteristics of the eight countries covered in this Report vary widely. So also do the political structures as over the past five decades the sub-region has continued to provide examples of secular and religious states, democratic structures, kingships and military dictatorships. Demographically the region includes India, the world's second most populous country with a population of more than 1.1 billion and Maldives with a population of about 300,000. The pace of the demographic transition, that is, change from high fertility/high mortality to low fertility/low mortality has also varied from one country to the other. Some of the countries, notably Sri Lanka, are well ahead and nearing completion of the demographic transition while others are at

different stages with Afghanistan still in the initial high fertility/high mortality stage (Siddhisena 2004). This section reviews the impact of trends in fertility and mortality in South Asia on ageing of the sub-region's population, focusing on a comparison of the past trends to 2000 and the future projections to 2050. On the whole, the sub-region figures as a "late starter" in the process of demographic transition in Asia, lagging behind Asia's other two sub-regions, East Asia and South-East Asia.<sup>2</sup>

## 1.1 Fertility and mortality trends

At the beginning of the 1950s fertility was high in South Asia with an average TFR (total fertility rate) of 6.1 (Table 1).<sup>3</sup>

**Table 1 Fertility trends, 1950-2050**

	1950-55	1975-80	2000-05	2025-30	2045-50
World	5.0	3.9	2.6	2.2	2.0
Less developed regions	6.2	4.6	2.9	2.3	2.1
East Asia	5.7	3.1	1.7	1.8	1.8
South-East Asia	6.0	5.1	2.4	1.9	1.9
South Asia	6.1	5.2	2.9	2.1	1.9

Sources: UNDESA (2007a) & UNDESA (2007b)

The rate declined to 5.2 during 1975-1980. The decline was less than the average for the less developed countries. Compared to other parts of Asia, the fertility decline was similar to that in

South-East Asia but much less than in East Asia. During the last quarter of the 20<sup>th</sup> century South Asia experienced a more rapid decline in fertility and the TFR came down from 5.2 in

1975-80 to 2.9 in 2000-2005. The decline was much more significant than during the previous three decades and more than the average for the less developed countries. By the turn of the century, South Asia's TFR had dropped to the average for the less developed countries. It is projected that the rate will decline further to near replacement level by 2025 and to just below replacement level at 1.9 by 2050.

While fertility rates declined, there was an increase in the life expectancy at birth. Substantial declines in mortality characterized South Asia during 1950-1975 as a result of improved provision of quality health services to an increasing proportion of the population. As shown in Table 2, the resulting increments to life expectancy at birth were substantial.

**Table 2 Life expectancy at birth (years), 1950-2050**

	1950-55	1975-80	2000-05	2025-30	2045-50
World	46.6	59.9	66.5	71.1	75.1
Less developed regions	41.1	56.9	64.6	69.6	74.0
East Asia	42.9	66.4	73.8	76.4	79.6
South-East Asia	41.0	54.8	69.0	73.9	77.4
South Asia	39.6	52.2	64.4	70.4	75.0

Sources: UNDESA (2007a) & UNDESA (2007b)

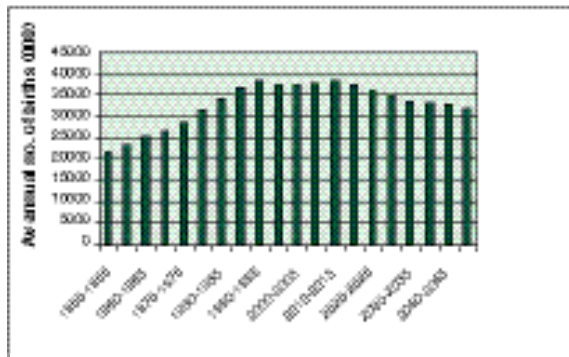
Life expectancy at birth in South Asia was only 40 years during the early 1950s. There were substantial improvements during the second half of the 20<sup>th</sup> century and, by the turn of the century, life expectancy at birth had increased by 25 years to reach 65 years. In South Asia more years were added to life expectancy during 1950-2000 than on average in the less developed countries bringing the sub-region at par with the less developed countries. Further increments to life expectancy, though smaller given the larger base, are projected during 2000-2050. By 2050 life expectancy is expected to reach 75 years, slightly above the average for the less developed countries and equal to the world average. However, it is projected to remain lower than in South-East Asia and by even more than in East Asia.

## 1.2 Changes in age structure

The impact of declining fertility and increasing life expectancy described above has been a shift in the age distribution of South Asia's population towards the higher age groups. Falling fertility reduces the number of births thereby reducing the "inflow" of population into the lower age cohorts. Improvements in life expectancy results in an increasing number of persons reaching the age of 60 years and also surviving longer after that age. The combined effect of falling fertility rates and improving life expectancy is therefore a decrease in the increment to the population of younger ages and an increase in the number of those 60 years and over, that is, the old age population.

Figure 1 depicts the past and projected trends in the annual number of births in South Asia. During the 1950s the average annual number of births in the sub-region was 22 million. The number of births increased gradually to 38 million by the turn of the century. This was despite the decline in the total fertility as the past higher levels of fertility contributed to a continuing increase in the number of women in reproductive ages (15-49 years) more than offsetting the impact of declining fertility on the number of births. The average number of births is projected to stabilize until 2010-2015. After that the combined effect of the decline in TFR and the slowing down of the increase in the population of women of reproductive ages will bring down the number of births to 32 million by 2050.<sup>4</sup>

**Figure 1 Impact of declining TFR on births in South Asia, 1950-2050**



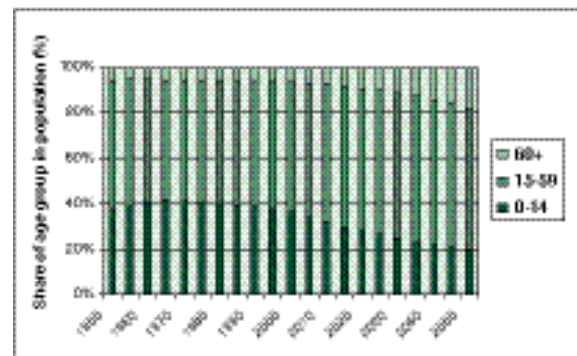
Source: UNDESA (2007a)

Increasing life expectancy results in an increasing proportion of the population able to reach age 60 years, that is enter old age. Hence, while the number of births will decrease during 2010-2050, an increasing proportion of population will be able to reach the age of 60 as a result of improving life expectancy. It is estimated that 70 per cent of the children born at present can be expected

to reach age 60 years. By 2050 this survival rate will have increased to 87 per cent. A larger proportion of the population will therefore reach old age.

The impact of declining fertility and improvements in life expectancy on the age structure of the population is brought out in Figure 2.

**Figure 2 South Asia's changing age structure, 1950-2050**



Source: UNDESA (2007a)

In 1950, older persons accounted for 5.8 per cent of the sub-region's total population. Children (0-14 years) constituted 37.4 of the population. By 1975, the proportion of older population had declined to 5.5 per cent and that of the child population had increased to 40.8 per cent. South Asia's population was thus becoming "younger". This was similar to the trend in the less developed countries. The next quarter saw a significant change in trend reflecting the impact of the declines in fertility and improvements in life expectancy. By the turn of the century the share of the child population had fallen to 36.2 per cent and that of the older persons had increased to 6.3 per cent. Though these changes were modest in comparison to those in the less

developed countries as whole and in East Asia and South-East Asia, the message at the dawn of the new century was clear that the population of South Asia was also on the way to ageing.

The projected changes in the age structure show that by 2025, the older population will constitute 10 per cent of the total population and the share of the child population will have declined to 26 per cent. During the next twenty-five years, the trends would continue and it is estimated that in 2050, the share of the child population will decline to 20 per cent and older persons will constitute 19 per cent of the total population. Nearly one in five persons, compared to the

current one in fourteen persons in the sub-region, will be above the age of 60 years in 2050. The proportion of the older population in South Asia's total population will be slightly below the average for the less developed countries and well below the rest of Asia, particularly East Asia. However there is no reason for complacency as after 2025 the older population in South Asia will be increasing at a higher rate than in South-East Asia, East Asia and the less developed countries as a whole.<sup>5</sup>

The relevance for policy of the changing demographic trends is brought out by figures summarized in Table 3.

**Table 3 Increasing Importance of population ageing in South Asia, 1950-2050**

	1950-1975	1975-2000	2000-2050	2025-2050
Average annual rate of increase in total population (%)	2.1	2.2	1.4	0.7
Average annual rate of increase in older population (%)	1.0	3.0	3.3	3.0
Increase in older population as % of increase in total population	5.2	8.3	20.3	62.3
Increase in number of older persons (000)	16864	49147	120094	230608

Sources: UNDESA (2007a)

The older population increased at a lower rate than total population during 1950-1975 but outpaced it during 1975-2000. During the 2000-2050 the differential in the rates of increase is projected to further widen. While population growth will slow down to an average annual rate of 0.7 per cent during 2025-2050, older population will continue to increase on average at an annual rate of 3.0 per cent. As a result older persons will constitute an increasing proportion of the increment in total population. Older persons accounted for 5.2 per cent and 8.3 per cent of

the total population increase during 1950-1975 and 1975-2000. The share is going to increase to 20.3 per cent in 2000-2025 and 62.3 per cent in 2025-2050. For policy makers and providers of services for older persons, the growing magnitude of the task of dealing with the issue is most vividly brought out by the projected additions to the older population. The increase during 2000-2025 is expected to be 120 million that is more than double that during 1975-2000. The additions will increase further to 230 million during 2025-2050. The first half of this

century will see an increase of 350 million in the population of older persons in South Asia, that is, more than 5 times the increase of 66 million during the second half of the last century.

### 1.3 Implications of changes in age structure

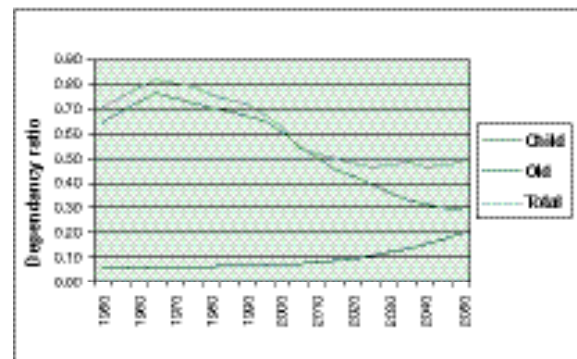
The shifting age structure of the population towards older age cohorts results in changes in key demographic indicators such as the dependency ratio, the median age, the ageing index and potential and parent support ratios. Trends in these provide an indication of the socio-economic implications of ageing which policy makers would need to take into account.

#### 1.3.1 Dependency ratio

The dependency ratio is a key indicator of the social support needs. The total dependency is calculated as the ratio of the number of children (those aged 0-14 years) and persons aged 65 years or over to the number of persons aged 15-64 years. The assumption underlying the ratio is that all persons under 15 and those aged 65 or over are likely to be dependent on the rest of the population of working ages. Since neither all those in the two “dependent” age groups necessarily require support nor are all those aged 15-64 years are working and having dependants to support, the dependency ratio provides at best only a rough approximation of the actual dependency burden in a society. Hence, if interpreted with caution, the dependency ratio is a useful indicator of trends in support needs and how these can be expected to change as the population ages.

Figure 3 shows the past and projected trends in the dependency ratios in South Asia.

**Figure 3 Child and old age dependency ratios in South Asia, 1950-2050**



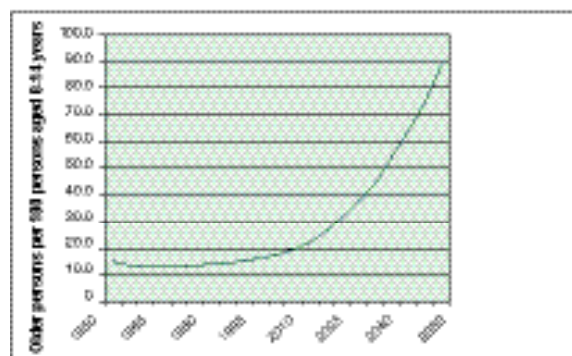
Source: UNDESA (2007a)

Prior to 1970 when the population was growing “younger”, old-age dependency ratio declined slightly but the total dependency ratio increased as a result of the increase in the child dependency ratio. Since 1970 both the child dependency ratio and the total dependency ratio have been declining. While the old age dependency ratio has been increasing, the increase has not been enough to offset the decline in the child dependency ratio. However, during the second quarter of this century (2025-2050) it is projected that the increase in the old age dependency ratio will reach a level high enough to offset the decrease in the child dependency ratio, thereby resulting in a slight increase in the total dependency ratio.

#### 1.3.2. Ageing index

The shift in the balance between the child and older population is measured by changes in the ageing index. The ageing index is the ratio of the population aged 60 years or over to that under age 15. Figure 4 shows the past and projected trends in the ageing index in South Asia.



**Figure 4 Ageing Index, South Asia: 1950-2050**

Sources: UNDESA (2007a)

In 1950, the ageing index was 15, that is, there were 15 older persons per 100 children. The ageing index fell to 13 by 1965 and then began to increase reaching 14 in 1985. By the turn of the century it had increased to almost 18. It is projected that it will more than double to 38 during the period 2000-2025. The increase will be much greater during the following 25 years

reflecting the increasing pace of population ageing and it is estimated that by 2050 the ageing index will have reached 88. The ageing index in South Asia has been and will remain lower than the average for East Asia as well as for South-East Asia where it will exceed 100 by 2020 and 2040 respectively. However, it is the significantly increasing upward trend in the ageing index during the next few decades that depicts the increasing pace of ageing of South Asia's population.

### 1.3.3 Median age

The median age is the age that divides the population into two equal parts, one with ages below the median age and the other with ages above the median age. As the population ages, the median age usually increases. The median age in South Asia is currently about 24 years. As shown in Table 4, this is lower than the median age in East Asia and South-East as well as the average for the less developed countries.

**Table 4 Trends in median age (years), 1950-2050**

	1950	1975	2000	2025	2050
Less developed regions	21.4	19.4	25.6	30.8	36.6
East Asia	23.5	21.6	33.5	40.5	45.5
South-East Asia	20.5	18.7	25.7	32.7	40.0
South Asia	20.6	19.6	23.5	29.2	37.0

Sources: UNDESA (2007a) & UNDESA (2007b)

After declining during 1950-1975, the median age increased in the less developed regions and the three sub-regions of Asia. By 2007, the median age in South Asia had increased by 3 years above the 1950 level compared to the increase by 5 years in South-East Asia and 10 years in East Asia. It is projected that in South Asia another

5.7 years will be added to the median age by 2025. With greater increases in other regions the gap will thus widen. However, during 2025-2050 there will be a narrowing of the gap and the median age in South Asia will increase by 7.8 years reaching 37 years, slightly above the average for the less developed regions.

### 1.3.4 Potential support ratio

The potential support ratio is a key age structure indicator relevant to population ageing. It is defined as the ratio of population aged 15-64 to that aged 65 and older and is intended to indicate the support base of persons in ages most likely to be economically productive and hence available to support the older population. Although the cut-off age for defining “older persons” is 60 years, for the purpose of calculating this measure those 60-64 are grouped with productive age adults since a significant proportion of the 60-64 year olds are found to

be gainfully employed. Some persons aged 65 or older continue to be self-supporting and thus are not dependent on others and not all persons in ages 15 to 64 are economically active, especially among those still attending school at the younger cohorts of this age range. Nevertheless, even though the ratio is therefore not an exact measure of the support base, a falling potential support ratio would reflect a shrinking support base of economically active adults on whom the old age population can depend. Table 5 shows the past declines and the much larger projected declines in the potential support ratio in South Asia and other parts of Asia.

**Table 5 Potential support ratio, 1950-2050**

	1950	1975	2000	2025	2050
	<i>(population 15-64 years/population 65+)</i>				
<b>Less developed regions</b>	15.2	14.4	12.2	7.7	4.4
<b>East Asia</b>	13.7	12.3	8.8	4.5	2.4
<b>South-East Asia</b>	15.2	15.0	12.9	7.6	3.7
<b>South Asia</b>	16.7	16.5	13.8	9.3	5.1

Sources: UNDESA (2007a)

In South Asia there were on average about 17 adults to provide support for one older person. The ratio was higher than the average for the less developed countries and remained higher until the turn of the century. It is projected that the potential support ratio in South Asia will remain higher than the average for the less developed countries and for both East Asia and South-East Asia. However, the decline will be much larger than during the past fifty years. While the ratio declined by only 3 during the last fifty years of the previous century, it will decline by 4.5 years during 2000-2025 and a further 4.2 years during 2025-2050. The potential support ratio in South Asia will be only 5.1 in 2050 compared to 13.8

at the beginning of the century. An increasing pace of population ageing will thus result in a significant shrinking of the support base for the older population.

### 1.3.5 Parent support ratio

With continuing improvements in life expectancy and increase in survival ratios, there is a gradual shift towards older cohorts within the population of older persons (60+).<sup>6</sup> The parent support ratio is used to monitor the trend in this shift. It is defined as the number of persons aged 85 years or over per 100 persons aged 50 to 64. It relates those aged 85 or over to their presumed offspring,

who were born when the older persons were in their twenties and thirties. As such it is used to assess the demands on families to provide support for their oldest members. However, because the persons included in the numerator are not necessarily related by kinship ties to those

in the denominator, the parent support ratio relates the oldest population (85+) to their “hypothetical offspring”. Table 6 summarises the information on the past and projected changes in this ratio.

**Table 6 Parent support ratio, 1950-2050**

	1950	1975	2000	2025	2050
	<i>(population 85+ per 100 persons aged 50-64)</i>				
Less developed regions	1.1	1.5	2.4	4.0	9.2
East Asia	0.9	1.7	3.2	6.2	18.2
South-East Asia	1.2	1.3	2.3	3.4	9.5
South Asia	1.4	1.2	2.0	3.4	6.4

Sources: UNDESA (2007a)

In 1950, the parent support ratio in South Asia was 1.4, that is, higher than in the less developed countries as well as in East Asia and South-East Asia. This could be explained by the relatively higher differentials in the life expectancy after reaching the age of 85 years. By 1975, these differentials had disappeared and by the turn of the century the parent support ratio in South Asia stood at 2.0, lower than the average for the less developed countries and the two other sub-regions of Asia. The ratio is projected to increase to 3.4 by 2025 and 6.4 by 2050. This will be lower than the average for the less developed

countries as well as less than in South-East Asia and East Asia. It should be noted that the smaller increase in the parent support ratio in South Asia, despite the faster pace of ageing, can be explained by the time lag between the increase in the older population (60+) and the oldest population (85+). With ageing there is an increase first in the population 60-84 years and then subsequently in the 85+ as the larger numbers of 60-84 start entering the oldest cohorts. As such the increase in the parent support ratio manifests itself at later stages of ageing.



## Section 2: Characteristic Features of Population Ageing

The discussion in Section 1 has shown that with respect to population South Asia has been a relatively “late starter” but its population is projected to increase more rapidly during the next four to five decades than during the last fifty years of the previous century (1950-2000). This is also brought out by the significant differences in the past and projected trends in key indicators of population ageing. It is evident that policy makers have no reason to be complacent and need to address the emerging ageing-related issues as a priority since South Asia is now set on the road to rapid ageing. In addition to the overall increase in the proportion and number of older persons, there are three distinct features of the older population that would need to be taken into account in the formulation of relevant policies and programmes. These features which have been commonly observed in other countries around the world (Mujahid 2006) are (a) ageing of the older population; (b) feminization of ageing; and (c) the higher rural concentration of older population.

### 2.1 Ageing of the older population

The increasing proportion in the older population of the “oldest old” (defined as those aged 80 years and over) is described as ageing of the older population. With improving health standards, an increasing proportion of older persons are able to reach the age of 80 years and also live longer after that. Table 7 summarises information on (i) life expectancy at age 60 years defined as the average number of years a person reaching age 60 years is expected to live; (ii) survival rate to age 80 years, that is, the percentage of children born that can be expected to reach the age of 80 years, and (iii) life expectancy at age 80 years, defined as the average number of years a person reaching 80 years is expected to live. All these measures are computed assuming the continuation of prevailing mortality conditions.

**Table 7 Life expectancy and survival rates of older and oldest old persons in South Asia**

	2005-2010	2025-2030	2045-2050
Life expectancy at age 60 (years)	17.7	19.5	21.1
Survival rate to age 80 years (%)	29.3	38.9	47.9
Life expectancy at age 80 (years)	6.9	7.5	8.2

Sources: UNDESA (2007a) & UNDESA (2007b)

At present life expectancy at age 60 years is estimated at about 18 years.<sup>7</sup> This is projected to increase to 19.5 in 2025-30 and to 21.1 in 2045-50. During the next four to five decades life expectancy at age 60 years will increase by 3.4 years. As such an increasing proportion of the population would be able to reach the age of 80 years. Moreover, those reaching the age of 80 in 2045-50 would on the average be expected to live another 8.2 years compared to the 6.9 years which a person reaching 80 years at present can be expected to live. A gradual increase in the

proportion of population able to reach 80 years and living more years will contribute to an increasing proportion of the oldest old in the older population. As a result the proportion of the oldest old in the older population will increase from about 8 per cent at present to 10 per cent by 2025 and to nearly 15 per cent in 2050.

The magnitude of the task this increase will present for policy makers dealing with ageing issues is brought out in Table 8.

**Table 8 Impact of the ageing of the older population in South Asia, 1950-2050**

	1950-1975	1975-2000	2000-2025	2025-2050
Average annual rate of increase in older population (%)	1.9	3.0	3.3	3.0
Average annual rate of increase in oldest old population (%)	1.3	4.5	4.4	4.4
Increase in oldest old population as % of older population	4.0	10.2	12.0	18.4
Increase in number of oldest old persons (000)	682	5025	14357	42394

Sources: UNDESA (2007a)

The oldest old population has been increasing at a higher rate than the older population and is projected to continue doing so until 2050. The oldest old will constitute an increasing proportion of the increments in the older population and during 2025-2050 almost one-fifth of the increase in the older population will be accounted for by the oldest old. In absolute terms there will be a phenomenal increase in the numbers of the oldest old. During 1950-2000, the oldest old increased by nearly 6 million. The increase will exceed 14 million during 2000-2025 and will triple to 42 million during 2025-2050. Within policies and programmes aimed at addressing issues related to older persons, increasing

attention will therefore have to be paid to issues which are more relevant to or specific to the oldest old.

## 2.2 Feminization of Ageing

In most countries, the older population is disproportionately female. While the sex ratio at birth is generally 104-106 males per 100 females, it is reversed in the older age cohorts. This is explained by the higher life expectancy of women. In South Asia, female life expectancy was lower but gradually increased to exceed male life expectancy during the 1970s. Table 9 summarises information on differentials in female and male

**Table 9 Gender differences in life expectancy and survival rates in South Asia**

		1950-55	1975-80	2000-05	2025-30	2045-50
Life expectancy at birth (years)	M	40.7	52.5	63.0	68.9	73.1
	F	38.2	51.8	65.9	72.2	76.9
Survival rate to age 60 years (%)	M	n.a.	n.a.	69.7	78.8	86.3
	F	n.a.	n.a.	75.4	83.8	89.2
Life expectancy at age 60 (years)	M	n.a.	n.a.	16.8	18.4	19.7
	F	n.a.	n.a.	18.6	20.7	22.7
Survival rate to age 80 years (%)	M	n.a.	n.a.	25.5	34.1	41.9
	F	n.a.	n.a.	33.3	44.5	54.6
Life expectancy at age 80 (years)	M	n.a.	n.a.	6.7	7.2	7.6
	F	n.a.	n.a.	7.1	7.8	8.8
n.a. = not available						

Sources: UNDESA (2007a) &amp; UNDESA (2007b)



Photo credit : UNFPA-Bangladesh Country Office, Dhaka

life expectancy and survival ratios for South Asia. Until the 1980s life expectancy for males was higher than that for females. However, by the turn of the century female life expectancy in South Asia came to exceed male life expectancy. It is projected that life expectancy at birth for females will continue to improve at a higher rate than that for males and difference of 2.9 years will have widened to 3.8 years by 2050. The differentials are reflected in the higher survival rate of females to age 60 years. A higher percentage of female

babies than male babies is expected to reach the age of 60 years. The male advantage in sex ratio at birth is more than offset by the time of reaching old age. Moreover, on reaching old age, older women are expected to survive on average more years than older men. Hence, a higher percentage of women than men reach age 80 years. The gender difference in the survival rate to age 80 years is wider than in the survival rate to age 60 years. As evident from the gender differences in life expectancy at age 80 years, the higher percentage of women entering the oldest old cohort are also expected to survive more years than their male counterparts.

As a consequence of the gender differences in life expectancy and survival rates the proportion of women in the older population which declined from 50 to 48 per cent during 1950-1975 had increased to 51 per cent by the turn of the century. It is expected to increase further to 52.1 per cent by 2025 and to 52.7 per cent by 2050. Given the wider gender differences in life expectancy and survival rates in the oldest age

cohorts, women will constitute even a larger proportion of the oldest old population. Of the oldest old population 52 per cent were women in 2000. Women will account for 56.5 per cent of the oldest old population in 2025 and 58 per cent in 2050.

What this increasing feminization of the older population will mean in terms of addressing gender issues within ageing-related policies and programmes is brought out by figures presented in Table 10. Women will constitute an increasing

proportion of the additions to the older population. During 1950-2000, women accounted for 51.6 per cent of the increase in the older population. The corresponding figures for 2000-2025 and 2025-2050 will be 52.8 and 53.3. In absolute terms, the additions to the population of older women will be 63 million during 2000-2025 and 123 million during 2025-2050. Given that the population of older women increased by only 34 million during 1950-2000, this means that the increase of 186 million during the next 50 years will be more than 5 times.

**Table 10 Impact of feminization of the older population in South Asia, 1950-2050**

	1950-2000	2000-2025	2025-2050
Females in increase in population 60+ (%)	51.6	52.8	53.3
Females in increase in population 80+ (%)	50.5	58.9	58.8
Increase in number of older women (000)	34047	63360	122948
Increase in number of oldest old women (000)	2883	8452	24941

Sources: UNDESA (2007a)

Feminization of the oldest population will be even more striking. While 50.5 per cent of the increase in the oldest population was accounted for by women during 1950-2000, women will constitute 59 per cent of the increase in the oldest old population during 2000-2050. The number of oldest old women will increase by 8 million during 2000-2025 and by 25 million during 2025-2050. This projected increase of 33 million in the oldest old female population during 2000-2050 will be more than 11 times the additions during the preceding 50 years.

The large additions to the population of older and oldest old women will call for special attention to be paid to the female population within policies and programmes for older persons. Since older women are more vulnerable

than older men, their larger numbers become even more significant. Differences in three aspects - marital status, labour force participation and level of literacy - indicate the greater vulnerability of older women. More than half (53 per cent) of older women are "single" compared to 18 per cent older men.<sup>8</sup> Older persons who are "single" are likely to be less secure financially and not enjoy as much care in illness and disability as those having a spouse. The reasons for a much larger proportion of older women being "single" are not far to seek. Wives usually outlive husbands since female life expectancy is higher and husbands are generally older. Moreover, the re-marriage rate on losing a spouse through divorce or death is much lower among women.

In South Asia, where social security and social pensions cover at best a very small proportion of the older population, participation in the labour force can be used as a proxy for financial security. Almost 50 per cent of men aged 65 years are economically active compared to only 12 per cent of the women.<sup>9</sup> Higher illiteracy levels among older females also contribute to their greater vulnerability.<sup>10</sup>

### 2.3 Rural-urban differentials in ageing

Population ageing has been observed to manifest itself earlier and advance more rapidly in rural areas. This is despite the usually higher fertility and lower life expectancy in the rural areas compared to urban areas. The higher proportions of older persons in rural population can be explained largely by the pattern of rural-urban migration in which younger family members are more prone to move to the cities. The weakening of family ties as a result of urbanization and the transition to industrial societies thus add another dimension to issues related to population ageing. In the absence of adequate welfare systems, older persons left behind in the rural areas are likely to be more adversely affected and stand in need of support.

Information is available on the age-sex distribution

of population by rural and urban areas for most of the countries of South Asia. However, aggregation of data at the regional level is virtually impossible. The only reliable source of the rural-urban distribution of population by age are Population and Housing Censuses which countries conduct mostly every ten years and not in the same year. Then there is no standardized definition of “rural” and “urban” and definitions vary from country to country. Also, at times countries change the definitions from one period to another which precludes unqualified inter-temporal comparisons of rural-urban distributions of population. Nevertheless, a number of countries do distinguish between “rural” and “urban” areas at a given point in time and valid comparisons within each country can be made. Generally, rural areas are found to be characterized by agriculture as the main economic activity, higher incidence of poverty, poorer infrastructure and access to social services relative to urban areas. Moreover, under normal conditions in any given country urban populations are known to increase at a faster rate than rural populations due to migratory flows from rural to urban areas. Evidence on rural-urban differences in population ageing are presented in the next Section for whichever countries relevant data are available.



## Section 3: Inter-Country Variations in Population Ageing

Discussions in Sections 1 and 2 show that South Asia as a region has been a “late starter” in the ageing process but is projected to age rapidly during the next four to five decades. Though the proportion of older persons will remain relatively lower than in East and South-East Asia, the differences will continue to narrow until 2050. Moreover, the ageing process will be characterized by the same features as observed in other countries - ageing of the older population, feminization of ageing and higher rural ageing. However, the regional picture conceals wide differences between the eight countries of South Asia. Countries fall between two extremes: Afghanistan where older persons constitute only 4.4 per cent of the population and Sri Lanka where the older population already exceeds 11 per cent.<sup>11</sup> Studying country level variations within the region will, on the one hand, help identify countries where population ageing calls for more urgent attention and, on the other, bring out possibilities of inter-country collaboration in addressing ageing-related issues.

The inter-country comparison of the progress of population ageing<sup>12</sup> will focus on:

- trends in fertility and mortality
- extent of population ageing;
- changes in age structure of the population;
- ageing of the older population;
- feminization of ageing; and
- higher incidence of ageing in rural areas.

### 3.1 Trends in fertility and mortality

The data on TFR presented in Table 11 show that in most countries of South Asia there was no appreciable decline in fertility until the 1970s. In four countries - Afghanistan, Bhutan, Maldives and Pakistan - there was no change in the high fertility rates between 1950-55 and 1975-80. There was a moderate decline - 7 to 20 per cent - in Nepal, Bangladesh and India. The only exception was Sri Lanka where TFR declined by 33 per cent.

**Table 11 Fertility trends in countries of South Asia, 1950-2050**

Country	1950-55	1975-80	2000-05	2025-30	2045-50
Afghanistan	7.7	7.7	7.1	6.2	3.1
Bangladesh	6.7	5.6	3.0	2.3	1.9
Bhutan	6.9	6.9	3.8	2.6	2.1
India	6.0	4.8	2.8	1.9	1.9
Maldives	7.0	7.0	3.8	2.4	1.9
Nepal	6.1	5.7	3.3	2.4	2.0
Pakistan	6.6	6.6	3.7	2.6	2.1
Sri Lanka	6.7	3.8	1.9	1.9	1.9

Sources: UNDESA (2007b)

During the following twenty five years, the declines in the TFR were larger. In Sri Lanka the TFR declined by 50 per cent to below replacement level at 1.9. In Afghanistan, however, the TFR declined by only 0.6 and remained at a high of 7.1. Further declines are projected to 2025-30 with the TFR falling to below replacement level in India as well. By 2050, in all countries TFR will decline to below or near replacement level except in Afghanistan where it is projected at 3.1.

Improvements in life expectancy have also varied widely across the countries. At the beginning of the 1950s, life expectancy at birth in most countries except Pakistan and Sri Lanka was below 40 years. It was 43 years in Pakistan and highest in Sri Lanka at 53 years. The past trends and projected increases in life expectancy are shown in Table 12.

**Table 12 Life expectancy at birth in countries of South Asia (years), 1950-2050**

Country	1950-55	1975-80	2000-05	2025-30	2045-50
Afghanistan	31.9	42.1	47.7	56.3	62.8
Bangladesh	37.6	48.9	64.8	71.6	75.8
Bhutan	36.6	43.3	64.9	71.7	75.8
India	39.6	52.9	64.9	71.3	75.9
Maldives	38.9	54.8	68.5	74.6	77.7
Nepal	36.2	48.7	63.8	71.0	75.4
Pakistan	43.4	64.0	64.8	70.9	75.4
Sri Lanka	53.2	65.8	75.1	78.0	80.5

Sources: UNDESA (2007b)

By the turn of the century, there had been significant improvements in life expectancy in all countries, except Afghanistan. While there was an addition of 20-30 years in life expectancy in other countries, life expectancy in Afghanistan increased by only 16 years. At the beginning of this century, life expectancy was 48 years in Afghanistan and 75 years in Sri Lanka. In the other six countries it ranged from 63-69 years. Further increases are projected and by 2050 it is expected that life expectancy in all countries, except Afghanistan, will exceed 75 years. In Afghanistan it will be 63 years, while in Sri Lanka it will exceed 80 years.

### 3.2 Extent of population ageing

The inter-country variations in the extent of population ageing at the turn of the century and the projected changes to 2050 (Table 13) reflect the differences in the magnitude and timing of the fertility declines and improvements in life expectancy. Sri Lanka has the highest proportion of older persons and will be the most "aged" country in South Asia in 2050. In Afghanistan the proportion of older persons remains below 4 per cent and will be only 5.6 in 2050. The other countries fall in between these two extremes.

**Table 13 Extent of ageing in countries of South Asia to 2050**

Country	% age of older persons in population		
	2000	2025	2050
Sri Lanka	9.3	19.7	29.0
India	7.1	11.5	20.2
Bhutan	6.8	10.1	23.3
Pakistan	5.7	8.6	16.5
Maldives	5.5	8.5	20.0
Nepal	5.5	7.8	14.0
Bangladesh	5.2	9.2	17.0
Afghanistan	3.8	3.8	6.6

Sources: UNDESA (2007b)

The proportion of older persons was less than 6 per cent in five of the countries. In 2000 South Asia's population was thus still "young" with the older persons accounting for less than 10 per cent of the population even in the three most "aged" countries - Bhutan, India and Sri Lanka. However, the situation is changing rapidly and by 2025 the proportion of the older population will increase significantly in all countries, except Afghanistan. In three countries the proportion of older persons will exceed 10 per cent. In Sri Lanka, every one in five persons will be an older person. The proportion of older population in Sri Lanka will thus be the fourth highest among the 24 countries of East, South-East and South Asia by 2025.<sup>13</sup> The age ranking of the countries will remain the same, except for Bangladesh which will rank 4th in 2025 as against 7th at the turn of the century. Further increases in all countries are projected to 2050. In all countries, except Afghanistan where the proportion of older population will remain less than 6 per cent, older persons will account for 20 per cent or more of the population in 4 countries. In Sri Lanka the proportion will increase to 29 per cent.

It is evident that in all the eight countries, except Afghanistan, the proportion of older population will increase over the first quarter of this century and then further and more significantly over the second quarter of this century. The implications of these changes in terms of the changing relevance of the older population in each country are brought out by figures summarized in Table 14. Data for 1975-2000 have been added to compare the change during the first quarter of this century with the change during the last quarter of the previous century.



Photo credit : Ms. Asma Rahimi, Advocacy and Communications Officer, UNFPA-Afghanistan Country Office, Kabul.



**Table 14 Increasing relevance of older population in countries of South Asia**

Country	Increase in older population (000)			Older persons as percentage of increase in total population		
	1975-2000	2000-2025	2025-2050	1975-2000	2000-2025	2025-2050
Afghanistan	247	998	2673	3.3	3.8	8.2
Bangladesh	3555	11732	24094	5.9	17.6	50.1
Bhutan	21	44	136	10.6	17.0	114.3
India	39480	92265	169142	9.1	23.0	80.2
Maldives	6	20	67	4.4	14.3	67.7
Nepal	592	1692	4210	5.4	11.7	32.3
Pakistan	4386	11079	28865	5.8	13.7	42.9
Sri Lanka	860	2264	1421	17.1	140.3	(-) 88.0

Sources: UNDESA (2007b)

In all eight countries, the increase in the older population during 2000-2025 will be two to three times larger than during 1975-2000. In India, for example, the older population will increase by 92 million during 2000-2025 as against 39 million during 1975-2000. Even in Afghanistan, where the proportion of the older population is expected to remain unchanged, the absolute increase as during 2000-2025 will be four times as much as during 1975-2000. Further increases during 2025-2050 of two to three times as much as during 2000-2025 are projected in each country, except Sri Lanka. In Sri Lanka, the older population is projected to increase by 2.3 million during 2000-2025 and 1.4 million during 2025-2050. The impact of the earlier decline in fertility in Sri Lanka will reach the older cohorts ahead of the other seven countries. The need to focus increasing attention on the older population is indicated by the increasing share of older persons in the increment to total population. In all countries older persons will constitute a much larger share of the change in population during 2000-2025 than during the preceding

twenty-five years. In Sri Lanka, during 2000-2025 only the older population (60+) will increase while the population below 60 years will decline. Total population will still increase as the increase in the older population will more than offset the decline in the under-60 population. During 2025-2050, this situation would hold in Bhutan, while in Sri Lanka the total population will decline as the increment in the older population will fall short of offsetting the decline in the under-60 population.

It is evident that, with the exception of Afghanistan, the countries of South Asia are all faced with the prospects of a rapid ageing of their population. During 2025-2050, in two countries - Bhutan and Sri Lanka - older persons will be the only increasing age-group. In another three - Bangladesh, India and Maldives - the older population will account for more than half the total increase in population during 2025-2050. Development policies and plans in South Asia will therefore have to be increasingly linked to these demographic changes.

### 3.3 Changes in population age structure

It is important for policy makers to take into account trends in key indicators of changes in the age structure of the population - ageing index, median age, potential support ratio and

parent support ratio - to understand the implications of the process of ageing. The rate and extent of changes in each of these indicators vary with the pace of population ageing. Past and projected trends in the ageing index and the median age are shown in Table 15.

**Table 15 Indicators of changing age structure in South Asia 1950-2050**

Country	Ageing Index (older persons per 100 persons <15yrs)				Median Age (years)			
	1950	2000	2025	2050	1950	2000	2025	2050
Afghanistan	10.6	8.0	8.6	10.6	18.6	18.3	17.7	23.0
Bangladesh	17.0	14.1	33.4	81.7	20.0	21.0	27.8	35.1
Bhutan	9.6	17.0	42.5	130.5	18.0	19.3	32.0	39.9
India	14.4	20.2	46.3	111.1	21.3	22.7	29.9	38.6
Maldives	25.9	13.6	31.0	101.0	24.7	18.9	29.5	36.8
Nepal	17.2	13.4	25.2	60.5	21.1	19.3	25.3	32.5
Pakistan	21.7	3.5	28.5	75.5	21.2	18.8	26.8	34.1
Sri Lanka	13.5	34.7	99.6	173.7	19.5	27.5	37.4	43.4

Sources: UNDESA (2007b)

During the second half of this century the Ageing Index declined in all countries except Bhutan, India and Sri Lanka. A declining ageing index reflects a more rapid increase in the child population (0-14 years) than the older population (60+). The ageing index increased most in Sri Lanka followed by Bhutan and India. These as shown by the discussion in section 3.2 are the earliest agers in South Asia. The ageing index is projected to increase in all countries during 2000-2025 and by even more during 2025-2050. In 2026, the older population will exceed the child population in Sri Lanka. This will be the first time in any country of South Asia that older persons will outnumber children. The same will happen in Bhutan and India during 2025-2050 and in Maldives in 2050. In Sri Lanka there will be 1.7 times as many older persons as children in 2050.

The past and projected changes in the Median Age follow more or less the same pattern as that of the Ageing Index. During 1950-2000 both indicators increased in Bhutan, India and Sri Lanka. Bangladesh was the only country where the ageing index declined but there was an increase in the median age. Projections for the median age show that it will increase in all countries during 2000-2025 and further during 2025-2050. In 2050, the median age will be highest in Sri Lanka (43 years) and lowest in Afghanistan (23 years).

It is evident that in most countries there will be an unprecedented increase in the size of the older population relative to that of the child population during the first and second quarters of this century. In fact, in some countries the size of the

older cohorts decreased relative to that of younger cohorts during 1950-2000. Even the “early agers”, will experience much larger changes in the age structure than during the second half of the previous century. It can therefore be concluded that for countries of South Asia it will be the first time in history that they will be having to face the challenge of population ageing and at such scales.

What the change in the age structure of the population will mean in terms of the change in support that could be available for older population from the younger cohorts is reflected in Table 16 which provides figures for the Potential Support Ratio and the Parent Support Ratio.

**Table 16 Support available for the elderly in countries of South Asia: 1950-2050**

Country	Potential Support Ratio (population 15-64/ population 65+) population 50-64)				Parent Support Ratio (population 65+/100 persons aged 50-64)			
	1950	2000	2025	2050	1950	2000	2025	2050
Afghanistan	21.4	22.6	23.5	18.5	0.2	0.7	0.9	1.0
Bangladesh	10.6	18.1	11.4	5.8	2.2	1.2	1.5	3.7
Bhutan	22.8	12.4	10.1	4.1	—	2.2	2.9	4.5
India	18.9	13.2	8.7	4.7	1.3	2.1	3.8	7.2
Maldives	12.5	15.2	12.8	5.0	—	—	2.0	4.0
Nepal	14.0	16.0	12.7	7.2	1.0	1.3	1.8	3.0
Pakistan	10.6	14.9	11.5	6.2	1.7	2.0	3.0	4.8
Sri Lanka	15.5	10.3	4.8	2.8	0.5	3.5	4.7	14.5
— insignificant number of persons aged 65+								

Sources: UNDESA (2007b)

During 1950-2000, the Potential Support Ratio declined in the three “early agers” but increased in the other five countries. Significant declines in the ratio are projected during 2000-2025 in all countries except Afghanistan. During 2025-2050 however the ratio will decline in all countries. By 2050 the potential support ratio will have fallen to less than 5 in Bhutan, India and Sri Lanka. In all countries there will be on average a smaller number of economically active adults to support one older person than at the turn of the century. In Sri Lanka there will be less than 3 economically active adults per older person compared to about 10 at present.

Between 1950 and 2000, the Parent Support Ratio increased by varying degrees in all countries, except Bangladesh. In Afghanistan too the ratio increased. This could be because of the conflict situation during the last two decades of the previous century in which a larger number of adults than older persons are more likely to have been killed. Hence, the additions to the 50-64 age cohorts would have been reduced to a greater extent than additions to the 65+ which would depend on those who had already turned 60 during the early years of the conflict and remained less affected. It is projected that the Parent Support Ratio will increase in all the countries

during 2000-2025 and by an even greater extent during 2025-2050. The increase will be the largest in Sri Lanka where the ratio will increase to more than three times from 4.7 in 2025 to 14.5 in 2050.

### 3.4 Ageing of the older population

Evidence on trends in the Parent Support Ratio indicate that, in all countries of South Asia, the

population of the oldest old would be increasing during the next four to five decades. The oldest old have specific needs which give rise to specific policy challenges. It is therefore important to look at how the situation of the ageing of the older population would evolve differently in these countries. Table 17 summarizes the trends in the ageing of the older population.

**Table 17 Ageing of the older population in countries of South Asia: 1950-2050**

Country	Percentage of population 80+ in older population				Increase in population 80+ (000)		
	1950	2000	2025	2050	1950-2000	2000-2025	2025-2050
Afghanistan	2.7	4.7	5.5	5.8	27	60	161
Bangladesh	9.4	6.7	7.3	11.2	206	899	3442
Bhutan	---	7.9	9.8	11.5	3	5	12
India	6.7	8.2	10.8	15.3	4726	11852	33562
Maldives	---	6.7	8.8	10.8	1	2	8
Nepal	5.6	6.9	7.9	10.2	60	148	500
Pakistan	5.7	8.0	9.5	12.1	483	1179	3997
Sri Lanka	2.0	12.0	10.5	20.8	201	212	707
--- insignificant number of persons aged 80+							

Sources: UNDESA (2007b)

In all countries except Afghanistan and Bangladesh, the proportion of the oldest cohorts in the older population increased during the second half of the previous century. However, the oldest old population increased by over 200 thousand. During 2000-2025 the proportion of the oldest population in the older population will increase in all countries, except Sri Lanka. Nevertheless, the population of the oldest old will increase by 212 thousand during the twenty-five year period compared to 201 thousand during the preceding 50 years. In all countries the proportion of the oldest old in the older population will increase

during 2025-2050 and in most countries the increase in the oldest old population will be 3-4 times that during the preceding twenty five years. The most significant increase will be in Sri Lanka where the proportion of the oldest old in the older population will nearly double between 2025 and 2050. The projected ageing of the older population in Sri Lanka is typical of countries which begin to age rapidly. The rate of increase in the population of 60-79 years begins to accelerate and it is with a time lag that this impacts on the 80+ population. Hence, in Sri Lanka the projected increase in the older population at an accelerated



pace during 2000-2025 will translate into a rapid increase in the oldest population 2-3 decades later.

Evidence shows that, while the additional numbers of the oldest old will be much larger during 2025-2050, the additions in the near future too would be significantly larger than what the countries have been used to during the last few decades. As such it would be appropriate for policy makers to also take into account the specific needs of the oldest old in the formulation of policies and plans for the older population.

### 3.5 Feminization of Ageing

As shown by the regional overview, women constitute a majority of the older and oldest population and a higher proportion of older women than older men are single, not in the labour force and not literate. It is important to see how the extent of feminization of ageing as well as the gravity of relevant gender issues varies across the countries.

#### 3.5.1 Older female population increasing faster

Table 18 summarizes the data on the proportion of females in the older and oldest population in each of the 8 countries.

**Table 18 Feminization of ageing in countries of South Asia: 1950-2050**

Country	Proportion of females in older population (%)				Percentage of females in oldest population (%)			
	1950	2000	2025	2050	1950	2000	2025	2050
Afghanistan	50.1	50.6	50.5	50.5	50.0	54.1	54.6	55.4
Bangladesh	58.4	51.2	51.3	52.8	68.0	53.6	56.7	59.8
Bhutan	42.9	47.4	47.6	47.7	---	50.0	50.0	52.0
India	49.9	51.1	52.2	52.9	55.2	52.1	56.7	58.1
Maldives	42.9	40.0	51.4	52.9	---	---	50.0	63.6
Nepal	56.0	56.1	56.7	55.7	68.8	59.8	60.8	64.9
Pakistan	42.7	50.6	49.8	50.7	42.0	47.8	52.3	53.5
Sri Lanka	46.3	52.4	55.9	58.4	37.5	51.2	62.2	67.4
--- Insignificant number of persons aged 80+								

Sources: UNDESA (2007b)

The figures show that in 1950 the proportion of females in the older population was less than 50 per cent in four countries - Bhutan, Maldives, Pakistan and Sri Lanka. In another two - Afghanistan and India - it was about half and in only Bangladesh and Nepal it was significantly

more than fifty per cent. By the turn of the century in Bhutan and Maldives there were less older women than older men, while in all the others it had increased to more than 50 per cent. In Bangladesh, the proportion of older women declined from 58 to 51 per cent. The proportion

of women in the older population is projected to increase during 2000-2025 in all countries except Pakistan where it will decline to slightly below 50 per cent. In Bhutan it will remain less than 50 per cent. In most countries, the proportion of women is projected to increase between 2025 and 2050 and in all countries, except Bhutan, women will comprise more than 50 per cent of the older population in 2050. The gender balance in the oldest old population varied widely across the countries in 1950. However, by the turn of the century, in all countries except Bhutan and Pakistan, women constituted the majority of the oldest old population. By 2050, women will

constitute more than half the oldest old population in all the eight countries. Moreover, in all countries the proportion of women in the oldest old population will be more than the proportion of women in the older population.

### 3.5.2 Greater vulnerability of older female population

Women in the older and oldest population are more vulnerable than their male counterparts as shown by gender differences in economic activity, illiteracy and marital status summarized in Table 19.

**Table 19 Gender differences in the socio-economic circumstances of the elderly**

Country	Economic activity (percentage of 65+ in labour force), 2000		Illiteracy rate (% illiterate of 60+), 2000		Marital status (% of older persons who are single)*	
	M	F	M	F	M	F
Afghanistan	67	28	74.5	96.8	17	62
Bangladesh	66	23	n.a.	n.a.	5	57
Bhutan	72	31	n.a.	n.a.	n.a.	n.a.
India	59	18	48.0	80.3	19	56
Maldives	60	32	9.5	10.7	28	54
Nepal	71	38	72.5	95.8	20	50
Pakistan	57	11	69.0	91.7	21	50
Sri Lanka	41	10	n.a.	n.a.	19	49
* different years ranging from 1980 to 2004 n.a. = not available						

**Sources:** UNDESA 2006a (for economic activity and marital status);  
UNDESA 2007b (for illiteracy rate).

In all countries, a smaller proportion of older women than older men are economically active. Except in Maldives, there are also wide differences in illiteracy rates with a much higher proportion of older women being illiterate. A higher proportion of older women than older men are single.

### 3.6 Rural-urban differences in population ageing

Table 20 summarises information on rural-urban differences in ageing for countries of South Asia except Afghanistan for which rural/urban disaggregated data have not been available <sup>14</sup>

**Table 20 Rural-urban differences in ageing and feminization of ageing  
in selected countries of South Asia**

Country	Year	% of older persons in total population		Percentage of females in older population	
		Urban	Rural	Urban	Rural
Bangladesh	2005-6	5.3	6.8	44.5	46.9
Bhutan	2005	3.3	3.6	51.0	47.9
India	2001	8.7	7.7	50.9	50.6
Maldives	1995	3.9	5.7	46.2	39.8
Nepal	1996	4.8	5.6	54.5	51.5
Pakistan	2003	5.1	6.5	45.2	44.2
Sri Lanka	2001	9.0	9.4	53.8	52.9

**Sources:** Bangladesh: Figures from Bangladesh Bureau of Statistics provided by UNFPA - Bangladesh Country Office, Dhaka; Sri Lanka: Census, 2001 (excluding North and East); all others: UN Demographic Yearbook, various issues

In all countries the rural population is more aged than the urban. Since both fertility and mortality levels are known to be generally higher in rural areas, *a priori* one would expect the degree of ageing to be higher in urban areas. The higher incidence of ageing in rural areas suggests that the observed differences in ageing cannot be explained by differentials in fertility and mortality.



Photo credit : Peter Lowe and UNFPA-Bhutan Country Office, Thimpu.

The different patterns of ageing in rural and urban reflect the impact of internal migration. Internal migration is characterized by an outflow of young adult cohorts from rural to urban areas, with a larger number of younger people moving out to urban areas for education or for employment. A flow of older people returning to their villages on retirement from their urban jobs could further contribute to the rural-urban imbalance in ageing.

Another feature, common to all countries is the lower proportion of females in the rural older population. Though the difference is not very significant in some countries, the direction of the difference is consistent. This difference in rural-urban feminization of ageing too could be attributed to the pattern of migratory flows: a higher incidence of return to rural areas of male urban retirees leaving their spouses behind with their adult offspring and the greater likelihood of rural elderly widows moving to urban areas for joining the families of urban-based offspring.

## Section 4: Emerging Ageing-Related Issues

With South Asian's changing demographic scenario, a wide range of issues will emerge which policy makers in each country will have to address sooner or later. As yet it is only in Sri Lanka and, to a lesser extent in India, that older persons constitute a significant proportion of the total population. Hence, evidence of the emergence of key socio-economic, cultural and political issues is available mainly from these two countries. As such in providing examples of the most important ageing-related issues likely to emerge, evidence from other countries, particularly those of the other sub-regions of Asia, may therefore be needed to supplement the information from South Asia.

In the light of the main features of the changing demographic scenario characterizing population ageing as outlined in sections 1 to 3, the various issues emerging as a country's population ages can be grouped into the following categories:

- Health services
- Long-term care
- Living arrangements
- Income and social security
- Protection against abuse
- Special attention in emergencies
- Others

### 4.1 Health services

Health has always been considered the primary concern in old age. Though older persons are now entering old age on average in better health and living longer than in the past, the increasing

life expectancy does not rule out but at best postpones the increasing incidence of morbidity.<sup>15</sup> Meeting health needs of the ageing population is a priority ageing-related issue and has been drawing increasing attention, particularly in the context of budgetary allocations for the health sector. There should therefore be little surprise that it is a very common notion to linkage and deteriorating health and the need for increasing health sector allocations. The inter-linkages have often been emphasized to such an extent as being described a "threat" that population ageing poses.<sup>16</sup> Though this is not altogether true, available evidence on the impact of ageing on health expenditures does point to ageing resulting in higher health expenditures, both public and private.<sup>17</sup>

In addition to higher morbidity associated with ageing, an important contributory factor to increasing health expenditures as a result of population ageing is the shift in the patterns of morbidity and the causes of mortality, commonly referred to as the "epidemiological transition". As the age distribution shifts more and more towards older cohorts, infectious and nutritional disorders yield place to chronic, degenerative and mental illnesses as the leading causes of morbidity and mortality. The epidemiological transition is linked closely to the demographic transition and hence, as compared to the developed countries, is taking place at a much faster pace and at comparatively lower levels of income with much less social welfare provisions in place. Many disabling and chronic illnesses such as heart ailments, diabetes, stroke, hearing and visual





Photo credit : National Secretariat for Elders, Sri Lanka

impairments, dementia as well as the effects of trauma among older people are incurable and require longer term care. So do terminal diseases such as cancer. The higher incidence of morbidity and the epidemiological transition together call for both increasing health services as also re-structuring these to cater to the changing morbidity pattern in an ageing population.

The frequency of accessing health services - such as out-patient consultations, in-patient admissions

and clinical tests - are known to increase with age. Per capita health expenditures of older persons are estimated to be higher than those of the not old; while within the older, the more aged incur even higher expenses than those below 70 years (Mahal & Berman 2001). Evidence from South Asia is not readily available but attempts have been made at estimation. A recent study on population ageing and health expenditures in Sri Lanka provides estimates for the distribution of health expenditures across age groups on the basis of the variation in volumes of services provided to people in different age groups. The average unit costs (prices) of outpatient and inpatient medical services delivered by the public and private sector were derived from the total number of annual contacts and the estimate of such expenditures as reported in the SLHA (Sri Lanka Health Accounts) database. Applying the annual number of visits disaggregated by private and public sectors per year within each age group to these unit cost estimates, the study estimated total expenditures by age group. Table 21 summarizes the estimated distribution of health expenditures by broad age groups.

**Table 21 Estimated share in health expenditures by age: Sri Lanka, 2005**

Age group	Share of population (per cent)	Percentage share of costs:				
		Public outpatient	Private outpatient	Public admission	Private admission	Total
0-14	25	27.7	19.6	27.7	19.6	24.2
15-59	65	66.2	62.9	66.2	62.9	59.1
60-74	8	12.5	13.8	12.5	13.8	13.1
75+	2	3.6	3.7	3.6	3.7	3.7

Source: Pannaz-Eliya 2007

The estimates show the older persons to be the only group whose share in total health expenditures is more than proportionate to their share in population. On average the total

medical costs in Sri Lanka of a person aged 60-74 years are estimated to be 60 per cent above and for those 75+ nearly 100 per cent above the average. It should be noted that the estimation is

based on a uniform average unit cost for each service accessed, for example, an outpatient visit or an inpatient day in hospital. To the extent the unit cost of service for an older person may be higher, the health expenditure of older persons would increase further.

Evidence on morbidity among older persons in India (Table 22) indicates higher morbidity among older women than older men and reveals distinct rural-urban differences in the pattern of

morbidity.

Except for diabetes, the prevalence of visual impairment, hypertension and coronary heart disease is higher among older women. Also, the prevalence of visual impairment is more common in the rural areas, while the incidence of diabetes, hypertension and coronary heart diseases are greater in the urban areas. This is as expected for these “diseases” which are known to be related with relative affluence and modernization.

**Table 22 Specific morbidity data on older persons in India, 1996**

Morbidity/ Disease	Urban		Rural	
	Male	Female	Male	Female
	(percentage prevalence)			
Visual	9.8	19.2	13.4	22.3
Diabetes	16.6	15.3	6.6	4.7
Hypertension	20.2	21.4	8.4	14.7
Coronary heart*	22.8	24.1	10.3	14.3
* population 60–64 years; all others 65+				

Source: Kumar 2003

The data presented in Tables 21 and 22 are fragmentary but together indicate that the increasing proportion of older persons in population and a further ageing of the older population can be expected to result in increasing health expenditures. Also, increasing feminization of ageing would call for increased expenditures as well as targeting the specific needs of women. Health planning for older persons would also have to take into account rural-urban differences. In addition to demographic changes, another aspect which can be expected to contribute to further increasing health expenditures as a result of ageing is the increasing awareness of the older population. Health consciousness of the older persons, as of the rest of the population, will continue to grow with their increasing educational levels, exposure to the media and improving availability of health

services. Measures need to be put in place for the increasing proportion of older population expected to seek medical care and access to health facilities.

## 4.2 Long-term Care

The incidence of disability increases with population ageing (De Silva, Amarabandu & Gunasekera 2008). Though there is no denying association between morbidity, frailty and disability, it is very important to emphasize that older persons in any country are a heterogeneous group not only in terms of various socio-economic characteristics (such as education and income) but also in terms of their health status and the extent of loss in mental, physical and social functioning. Disability in the older population also has gender connotations as generally the incidence

of disability is known to be higher among older women than older men and to increase with age. Moreover, the chances of recovery or return to active status are also lower among women and decrease with age (Mujahid 2006). While all persons with a disability, irrespective of age, need long-term care, older persons, due to their frailty, stand in need of more intensive long-term care.<sup>18</sup> As in the case of morbidity, evidence on disability

is also difficult to come by for developing countries. Evidence from India (Table 23) shows that incidence of disability is considerably high with more than the one-third of the older population reporting at least some form of disability. The incidence of disability is higher among females than males. It is also higher in the rural areas except in the case of visual disability among older women.

**Table 23 Incidence of disability: India, 1995/96**

Form of Disability	Urban		Rural	
	Male	Female	Male	Female
	(% of older persons reporting disability)			
Any	33.3	36.7	38.0	42.5
Visual	22.6	36.0	24.9	29.1
Hearing	11.1	13.2	13.9	15.6
Speech	2.9	3.4	3.2	3.8
Locomotor*	8.0	9.4	10.7	11.5
Amnesia	6.1	8.0	9.6	11.3
*includes those who cannot move themselves or any object				

Source: Chakrabarti 2004

Further evidence (Table 24) shows that incidence of disability in the older population increases with age. These trends - higher incidence of disability among older women and incidence of disability increasing with age - are also observed in other countries (Ahmed 1995).

The percentage of persons physically immobile - defined as those who cannot move without help

- increases with age and is higher among women. Hence, not only the overall incidence of disability in total population going to increase with population ageing, but also both ageing and feminization of the older population will add to the incidence of disability in the older population. Moreover, disability is expected to affect the older population to a greater extent in rural areas.

**Table 24 Disability by age, sex and residence: India, 1995**

Age (years)	Urban		Rural	
	Male	Female	Male	Female
	(% of population physically immobile)			
60-64	2.2	3.3	2.4	3.3
65-69	4.1	4.7	3.3	4.9
70 & above	8.1	11.7	8.3	13.5

Source: Prakash (2000)

**Table 25 Percentage distribution of older persons by age, sex and living arrangement in selected countries of South Asia**

Form of living arrangement	60+		60-69		70-74		80+	
	M	F	M	F	M	F	M	F
<b>Bangladesh 1999-2000</b>								
Alone	0.6	3.3	0.6	4.3	0.8	2.6	0.5	1.2
With spouse only	6.6	2.4	4.0	3.3	7.0	1.3	8.1	1.4
With child/grandchild	81.6	87.5	94.1	87.1	89.2	88.0	88.3	88.1
Others	2.1	6.7	1.4	5.3	2.9	8.1	3.1	9.3
<b>India 1998-1999</b>								
Alone	1.8	6.0	1.6	4.6	2.3	6.1	1.8	4.9
With spouse only	10.0	6.0	9.3	7.5	12.1	4.3	8.1	1.7
With child/grandchild	83.7	82.7	84.6	82.9	81.8	82.7	84.1	81.7
Others	4.6	6.2	4.6	5.0	3.8	6.9	6.1	11.6
<b>Nepal 2001</b>								
Alone	2.6	6.6	2.1	6.0	3.9	8.7	1.6	4.7
With spouse only	11.0	8.2	10.6	8.5	11.6	9.5	11.5	1.8
With child/grandchild	82.7	79.5	83.3	80.8	82.1	76.8	80.0	77.3
Others	3.7	6.7	3.9	4.7	2.4	5.0	6.8	16.2
<b>Pakistan 1990-1991</b>								
Alone	2.9	2.2	3.5	1.5	1.8	1.2	2.8	7.7
With spouse only	6.2	6.2	3.8	5.7	6.6	6.2	7.7	1.2
With child/grandchild	87.1	86.9	88.6	88.1	86.5	89.8	82.5	75.7
Others	4.8	6.7	4.1	4.8	5.1	2.9	7.1	15.4

Source: UNDESA 2006b

### 4.3 Living arrangements

Throughout South Asia the responsibility of caring for older persons has been traditionally recognized as the responsibility of offspring, particularly sons, and other younger relatives. This is in conformity with the implicit “intergenerational contract” whereby the younger generation who have been brought up and taken care of through their childhood and youth by the older generation “repay” the older generation by taking care of it during old age. As such, in South

Asia the multi-generational household is the accepted norm for families having one or more older relatives. However, with declining family size and the increasing incidence of migration, co-residence arrangements would come under ever increasing strain. Evidence is not available to establish time trends in the extent of co-residence in any South Asian country. However, data summarized in Table 25 suggests that as population ageing progresses, there will be an increasing need for alternative living arrangements for the older population.



Table 25 shows data for the latest available year for 4 countries of South Asia on the distribution of older persons by age, sex and form of living arrangement. The figures are not comparable across countries but, on the basis of the pattern within each country, they bring out the following common features:

- More than 80 per cent of older persons reside with a child or grandchild. The proportion of older men in such co-residence is slightly more than of older women in all countries and for most age-groups.
- Except in Pakistan, a higher percentage of older women than older men live on their own.
- A higher percentage of older men than older women live with a spouse. This conforms with the lower proportion of “single” older men than men (Table 19 above).
- In most cases a higher proportion of older women than older men live with others, that is either distant relatives or non-relatives.
- The proportion of those living with others increases significantly for the oldest old and a much higher proportion of the oldest old women than men live with others.

It is evident that co-residence in a multi-generational household is the norm. However, the gender differences in the pattern of living arrangements indicate the greater vulnerability of older and oldest old females. A higher proportion of males live with a spouse and with a child or grandchild. Hence, a higher proportion of older men live within the close family (spouse or/and child/grandchild) where the level of care and concern is likely to be higher. A higher proportion of females live alone and with distant relatives or non-relatives. The proportion of those living with distant relatives and friends is significantly higher for the oldest old. This indicates that with

advancing age the elderly are compelled to seek support. It also shows that people are likely to be more ready to assist oldest old distant relatives and friends, particularly the women. Partly the readiness to assist older women and the oldest old could be explained by sympathy which means beneficiaries having to compromise their dignity.

While the most common living arrangement for older persons continues to be co-residence with close relatives, this traditional arrangement guaranteeing family support of the elderly can be expected to undergo change (Mason 1992). The traditional family support base is likely to shrink as a result of the reduction in family size and the nuclearisation of families, as well as both internal and international migration (De Silva 2005). In addition, globalization is contributing to an increase in the pace at which the divide between the attitudes of the older and younger generations is widening. Hence, the younger may prefer to live independently. Moreover, due to the widening inter-generational division in attitudes, the older persons too may not find it easy to adapt themselves to the rapidly changing life styles of their offspring. Traditionally, it is usually the daughter-in-law or the daughter who takes the responsibility for looking after the older relatives. With an increasing proportion of women joining the labour force this support base is dwindling as a working woman is neither available nor can be expected to provide the required care and support.<sup>19</sup> With co-residence becoming less and less feasible both the younger persons and older persons may increasingly prefer alternative living arrangements. The incidence of residing with the close family is lower among older women and among the oldest old. Hence, ageing and increasing feminization of the older population would also contribute to a move away from co-residence. While traditional

family ties continue to remain strong, efforts should be made to strengthen these and promote co-residence but measures would need to be taken to ensure appropriate alternative arrangements in situations where co-residence is not or ceases to be viable.

#### 4.4 Income security

Income security for the older population is of paramount concern as the probability of falling into poverty is known to increase with old age. A number of studies have shown that the incidence of poverty among the older population is higher than the national average (World Bank 2006; HAI 2007c). Moreover, the incidence of poverty among the older population progresses with ageing. The Household Income and Expenditure Survey 2002 in Sri Lanka showed 19.9 per cent of those aged 60-69 years, 22.2 per cent aged 70-79 years and 25 per cent aged 80 years and above as being in poverty (Sri Lanka 2002a).<sup>20</sup> Furthermore, older women are more prone to poverty than older men (ECOSOC 1999; ESCAP 2002). As such poverty among the older population is aggravated by both the feminisation of ageing and ageing of the older population described in Section 3 above. In South Asia, as in other less developed regions, governments will have to focus increasing attention on ensuring that the projected large numbers of older persons have sufficient resources for meeting their basic needs.

In most countries, older persons have been found to rely on five main sources of income:

- Earnings from employment
- Family transfers
- Contributory pensions
- Savings and investment
- Non-contributory social pensions

Surveys conducted in a number of countries have shown that the primary sources of financial support on which a majority of older persons rely are their own employment earnings and family transfers (Mujahid, Pannirselvam & Dodge 2008). As only a small proportion of the population has been employed in the formal sector, the proportion of the older population having pension coverage or savings and investment incomes sufficient to meet their basic needs has remained insignificant. No South Asian country has any social security (contributory pensions) scheme applicable to those working in the informal sector.<sup>21</sup> The primary sources of income security for older persons are hence family transfers and their own incomes from employment. While in South Asia the traditional “inter-generational contract” whereby offspring and younger relatives provide financial support to parents and older relatives is and can be expected to remain strong, it will nevertheless gradually dwindle as a support base due to falling fertility levels and the subsequent declines in the potential support ratio (Shantakumar 2002).

In South Asia, older persons have therefore had to continue working for as long as they have the strength to do so. With the expected decline in the family support base, an increasing proportion of South Asia’s older population would be hoping to rely on employment as the primary source of income security. It is therefore important to assess the potential of employment for older workers as a source of income sufficient to keep them above the poverty line.

##### 4.4.1 Opportunities of gainful employment for older persons

Employment has been an important, though not



the only, source of financial security for South Asia's older population. A high proportion of older persons, both male and female, remain economically active. As can be seen from Table 26, the activity rates fall with age but still remain

considerably high. In India, for example, 35 per cent of males and 9 per cent of females aged 80 years and more were reported as economically active in the 2001 Census count.

**Table 26 Percentage of population economically active**

Age (years)	Male	Female	Male	Female	Male	Female	Male	Female
Bangladesh					Bhutan			
	1981		2005		2005			
60-64	84.7	4.8	82.7	22.8	63.3	41.6		
65 & >	68.8	3.8	69.2	14.8	37.5	22.8		
	India							
	1991		2001					
60-69	71.4	20.8	69.7	26.3				
70-79	47.0	9.2	49.3	13.3				
80 & >	31.7	5.7	34.6	8.6				
Maldives					Nepal			
	1985		2006		1981		2001	
60-64	72.9	22.4	78.5	46.4	89.3	39.9	81.9	52.3
65 & >	49.4	16.4	63.6	72.2	68.7	35.0	59.7	34.3
Pakistan					Sri Lanka			
	1980		2007		1985		2000	
60-64	86.7	5.7	76.9	19.1	67.1	22.5	49.0	13.3
65 & >	59.8	3.2	47.7	13.4	44.8	10.7	40.6	10.2

Source: ILO database LABORSTA accessible at [www.ilo.org](http://www.ilo.org)

Overall the data presented in Table 26 show that participation of older persons in the labour force has been high and increased in most cases. Though the female participation rates have been much lower than male participation rates, these have increased in all countries except Sri Lanka. The increase in the participation of older females in the labour force is largely a reflection of a broader trend of increasing female participation rates across all age groups.

Whether the increasing participation of older persons in economic activity is a positive sign remains questionable. While, on the one hand, increasing participation rates indicate that a larger proportion of older persons are actively engaged and can earn their own living, on the other, it reflects dwindling traditional family support and a severe shortage of pensions. Such a large percentage of the older population, particularly the oldest old, should not be having to work for

a living. Moreover, participation in economic activity does not necessarily mean having an adequate income. In fact, studies have shown that older persons work for much lower wages and the wage rate for older workers declines with age. A study of the labour market for older persons in Sri Lanka based on the World Bank 2006 Sri Lanka Aging Survey concluded that “a vast majority of Sri Lankan old workers are engaged in the informal sector, work long hours, and are paid less than younger workers” (Vodopivec & Arunatilake 2008). It found that wages of workers of those aged 65 years and above are only a fraction of wages of workers in their late 50s and early 60s in the public sector. A significant reduction of wages of older workers occurs in the public sector, with workers aged 65 and over earning barely over 1/3 of what the workers in the 60-64 group are earning. Wages for women aged 65 and over were found to be only one-fifth of those for workers in the 55-59 age group. The reduction in wages for workers above 65 years of age is more striking in the public than in the private sector.



Photo credit : Penny Tweedie/HelpAge India

With the unprecedented large increases in the number of older persons, particularly the oldest old, it would become increasingly difficult for older persons to find gainful employment. Also,

because of rapid advances in technology older workers may need re-training in order to qualify for certain jobs. Moreover, as a result of their increasing numbers, older workers could face more exploitation and receive even lower wages, particularly because unemployment and underemployment among the younger working age groups in South Asia are also high.<sup>22</sup> Hence, opportunities of gainful employment can be expected to fall increasingly short of ensuring income security for the older population. With the likelihood of older persons facing increasing difficulties in getting employment and the foreseeable decline in family transfers, increasing reliance will have to be placed on social security and welfare schemes for ensuring income security for the older population. Social security benefits depend on the individual's past contributions to a pension scheme, while welfare payments are those to which a recipient is entitled because of need.

#### 4.4.2 Social security

Social security coverage has been limited to those employed in the organized sectors.<sup>23</sup> Those employed in the formal sector can, or may be required to, contribute to a pensions scheme which entitles them to receive a pension benefit after retirement. The amount of the pension received depends on the amount of the contributions made during the working years. South Asia, together with sub-Saharan Africa, ranks lowest in social security coverage with 5-10 per cent of the economically active population covered by social security schemes (Reynaud 2002). In India, for example, of an estimated workforce of 397 million, only 28 million employed in the formal sector were covered by social security (India 2006). The situation is similar in Pakistan where provisions

of regular pensions are limited to employees in the formal sector. Social security schemes in the public and private sectors cover a small proportion of the older population (Mahmood & Nasir 2008). A significant proportion of the elderly population working in the informal sector has no access to social security schemes.

The burden of supporting a social security system increases with the pace of ageing. A decline in the potential support ratio accompanying population ageing indicates that a smaller number of workers have to contribute towards paying for the social security benefits of a growing number of older persons. This is particularly the case in the more common traditional social security systems - the Pay-As-You-Go - where the contributions of the current work force pay for the benefits of current retirees. Ageing of the older population adds further to the burden of maintaining social security systems. Not only are there more people who have to be paid pensions but also on average they have to be paid for a longer period of time. Moreover, while governments are taking steps to widen social security coverage,<sup>24</sup> it cannot have a significant impact during the next ten to fifteen years. Even if the coverage were to be extended to cover the entire working population, those who will be able to make contributions for less than ten to fifteen years would not have an adequate pension. Extending the social security can therefore be viewed, as a long-term solution while during the short-term increasing reliance will have to be placed on the welfare system to guarantee income security for the increasing number of older persons leaving the labour force.

#### 4.4.3 Welfare benefits

Welfare benefits are distinguished from pensions

in that they are not dependent on participation in a particular pension scheme or on past contributions. The entitlement to welfare benefits, which are invariably state-funded, is based solely on age or/and need. Welfare benefits could take the form of cash payments (such as Old Age Pensions), food assistance, the provision of free or subsidized services (like health care), tax exemptions and discounts (as in pharmacies, travel etc).

Some of the countries in South Asia have had welfare schemes targeting exclusively older persons but these have at best remained very limited in coverage.<sup>25</sup> Nepal has an Old-Age Allowance Programme under which a universal pension of Rs. 100 (US\$ = 80 rupees) is paid to those aged 75 years. Widows aged 60 year and over are entitled to receive an allowance under the Helpless Widows Programme (Shrestha & Satyal 2003). Similarly, in Bangladesh, the Government pays a monthly allowance of Taka 100 (US\$ = 65 taka) to ten very poor elderly persons from each of the over 4,000 administrative wards in the country (Rajan, Perera & Begum 2003). Poor persons aged 65 years and over in India are entitled to receive a means-tested monthly pension of Rs 75 (US\$ = 45 rupees) under the National Old Age Pensions Scheme (Chakraborti 2004).

The elderly, particularly the needy or those having a disability, also benefit from general welfare schemes such as the 'Samurdhi' and 'Mahajandara' Programmes in Sri Lanka and the Zakat Fund in Pakistan. Governments have also gradually been introducing measures aimed at alleviating the economic hardships faced by the elderly. These have included tax exemptions on incomes, higher rates of return on investments and subsidies on housing, health care and

transport facilities. With declining family support, shrinking employment opportunities and the time required before the coverage of contributory pensions can be increased to have any significant impact, an expansion of welfare systems would be required during the next few years to alleviate poverty among the increasing older population (HAI 2006). Given the low income level of South Asian countries as well as a number of other competing demands on government funds, the burden of extending the coverage of assistance to ensure income security for the elderly is generally viewed by governments as one of the most serious ageing-related issue they need to address.

#### 4.5 Protection against abuse and violence

Population ageing has been seen to result in increasing neglect and abuse of older persons. Elder abuse is defined by WHO as “a single or repeated act, or lack of appropriate action, occurring in any relationship where there is an expectation of trust that causes harm or distress to an older person” (WHO 2002). The growing number of older persons traditionally expected to be taken care of is contributing to increasing stress in joint and extended families. The faster pace of lifestyle changes has resulted in a quicker widening of the generation gap making it difficult for both the younger and older persons to adjust to each other’s attitudes. The youth fail to understand the values cherished by the elderly while older persons are virtually bewildered at the rapidly changing attitude and lifestyles of the younger persons. Neglect and abuse of the elderly has come to be recognized as a universal phenomenon as reflected in the establishment of the International Network for the Prevention of Elder Abuse (INPEA) in 1997 and the designation of 15th June as World Elder Abuse Awareness Day

(WEAAD) in 2006.<sup>26</sup> Abuse can be physical, psychological, emotional, financial or social.

Data on elderly abuse are not available for most countries as discussion of elderly abuse in South Asia remains a taboo. The incidence of neglect and verbal abuse of the elderly is reportedly much higher than that of physical abuse though it is not unknown particularly cases of violent crime targeting older persons. Generally, like domestic violence elderly abuse goes unreported as victims prefer to remain silent to avoid bringing shame to their own family as well as for fear of retaliation. So deeply entrenched is the psycho-cultural barrier preventing elders to report abuse that the tendency is still to be found among the South Asian diaspora in North America (Gupta & Chaudhuri 2008). However, various types of elderly abuse are known to exist and to be on the increase in all countries of South Asia. Like domestic violence, abuse and neglect of the elderly are also gradually coming out more into the open as a result of awareness creation campaigns (INPEA 2008).

A study on elder abuse in India based on focus group discussions involving older persons showed that the elderly suffered abuse, neglect and emotional distress but by and large were reluctant to complain and even tried to justify their maltreatment by offspring and other younger family members (Soneja nd; Shah, Veeton & Vasi 1995). In Bangladesh, elderly abuse, typically neglect and abandonment, particularly in the rural areas is reportedly on the increase (Hossain, Akhtar & Tajuddin 2006). In Pakistan, the elderly’s traditional place of honour in the family has been eroding and the Government is planning to use legislation - Senior Citizens Welfare Bill - to protect the older population from neglect and abuse and make it

mandatory for the offspring to provide care and support to their elderly parents (GAA 2009).

Elderly abuse is not confined to the home. The elderly can also be faced with abuse in the institutional setting such as discrimination, neglect and maltreatment by caregivers and service providers <sup>27</sup>. Moreover, elder abuse is a gender issue as generally older women are more vulnerable to abuse and neglect (Shankardass 2003). In addition to abuse, older persons are also becoming increasingly vulnerable to violent crime. As population ageing progresses, the growing preference for the nuclear family continues and an increasing proportion of older persons choose (or are forced) to live on their own. Older persons living on their own become an easier target for criminals. Priority needs to be attached to provide the elderly with protection against abuse and crime as these pose a serious threat to the dignity and safety of the older population.

#### 4.6 Special attention in emergencies

The risk of abuse and neglect of the elderly is aggravated during emergency situations arising out of conflict-related or natural disasters. This is due to both their greater vulnerability and lack of the needed focus in rescue and relief operations (Wells 2005). During armed internal conflicts and wars as well as in the event of earthquakes, cyclones and severe heat waves, adequate attention needs to be given to protecting older persons and preventing neglect during rescue and relief operations. The issue calls for greater attention in South Asia as almost all the countries have been affected by conflict situations or natural disasters or both. Afghanistan and Sri Lanka have been engulfed in an internal conflict situation for more than two decades. Nepal has

gone through a long period of civil strife. The Kashmir region, being at the centre of a border dispute between India and Pakistan, has suffered incidences of extreme violence over the last six decades. Bangladesh is prone to frequent cyclones. Afghanistan and Pakistan and, with some less frequency, India have experienced devastating earthquakes. India, Sri Lanka and, on a much smaller scale Maldives were affected by the Tsunami of December 2004. In all these situations older persons suffered more than proportionately and were found to have been generally marginalised during rescue and relief operations.

As has been observed in Afghanistan (HAI 2001), older persons when displaced or forced to flee the country are at greater risk due to the physical and mobility problems that older people face. As younger family members move to safety the resulting separation of older people from their families increases their vulnerability. Older persons account for most of the people remaining in the IDP camps in Pakistan-administered Kashmir because of their fear of the hardships of return and to protect the children left in their care (IASC 2008). In Sri Lanka, too, the armed conflict in the Northern Tamil Region has taken its toll on the older people who have suffered more than proportionately (Korf & Silva 2003).

The plight of the older persons during natural disasters is much worse than of younger persons. Lacking agility and strength, older persons have difficulty in escaping to safety during natural calamities such as floods, earthquakes and cyclones. In Bangladesh, older persons are the worst affected by frequent floods (HAI 2004). During the devastating earthquake which hit Pakistan- and Indian-administered Kashmir, older people were among the worst affected and found





Photo credit : UNFPA-Maldives Country Office, Male

it difficult to access relief packages and shelters or appropriate health services. Surveys in 41 camps in and around Muzaffarabad found that 8,400 older people had been left isolated and vulnerable (HAI 2008a). More comprehensive information on the plight of older persons in emergencies is provided by a study on the impact of the Tsunami which hit Indonesia, Thailand, India, Sri Lanka and Maldives in December 2004: *“Age discrimination caused older survivors to miss out on distribution of relief supplies, monetary compensation and access to services. Older people living with their children’s families became almost invisible when the relief material was distributed to the younger adults. Relief workers interviewed generally identified children, particularly orphans, as the main group needing special provision and did not regard older people as a vulnerable group with*

*particular needs”* (HAI 2005). In Maldives, which was hit but not as hard as the other countries, most of the deaths were reported among children and the elderly (WHO 2005).

A major contributory factor in the greater suffering of older persons during emergency situations has been the lack of attention during rescue and relief operations. Relief organizations have not had adequate mechanisms and procedures in place to cater specifically to the special needs of older persons or guide their workers to focus on the elderly (HAI 2008b). The Humanitarian Practice Network of the UK Overseas Development Institute surveyed staff of fifteen relief agencies<sup>28</sup> to ascertain policies and procedures the organisations had relating to care of the elderly during emergency situations. The results are summarised in Table 27.

The information provided by the staff of the organisations showed that a majority of them did not make efforts to identify the older people and only 6 per cent had any knowledge of direct policies or operational procedures the organizations had for older people. Given the continuing conflict situations in South Asia and the vulnerability of the countries to natural disasters, the issue of ensuring adequate protection and relief for older persons will need to be addressed by all countries.

#### 4.6.1 Long-term impact of conflict situations

While protecting today’s elderly in emergency situations is a current need, it is also important to take note of a longer term impact of conflicts and natural disasters on the older population of the future. The ways in which conflicts and natural disasters scar the lives of today’s younger population will have a profound impact on them



**Table 27 Preparedness of relief organizations to address elderly needs**

Humanitarian Practice Network Questions (covering fifteen relief organizations)	Yes <sup>(a)</sup>	No <sup>(b)</sup>	Some-times
	(% of responses)		
Does your organization have any direct policies or operational procedures for older people?	6	84	
Does your organization have any indirect policies or are older people covered elsewhere?	41	59	
Does your organization systematically include older people when disaggregating data?	6	65	29
Has inclusion of older people in the 2004 revised Sphere standards <sup>(c)</sup> had any impact?	24	76	

(a) 'Yes' answers include only those responses where explicit reference is made to older people.

(b) Answers to this question were vague. Organizations suggest that older people are covered through general interventions and policies/procedures which support them, but often not explicitly referred to.

(c) The Sphere Project was launched in 1997 by a group of humanitarian NGOs and the Red Cross & Red Crescent with the involvement of HelpAge International. The Project produced a set of universal minimum standards in core areas of disaster response for humanitarian workers. The Sphere guidelines recommend that special care must be taken to protect and provide for all affected vulnerable groups including older people.

Source: Wells 2006

as the older population of the future. Conflict situations, in particular, result in more male than female deaths. Hence, among the survivors there are more women than men who have lost their families - spouses and sons. The older population after two or three decades of a prolonged conflict situation would therefore comprise a higher proportion of women and that too widows and those who may have lost a son or two or even all their children. This situation is emerging in Cambodia as a consequence of the lives lost during the Khmer Rouge era about three decades ago (Cambodia & UNFPA 2007). Moreover, the incidence of disability in the projected older population can be expected to be higher as a result of current conflict situations and natural disasters.

#### 4.7 Dispelling negative attitudes towards ageing

Older persons have generally been viewed as weak and infirm and as those who have to be cared for and provided support. As such population ageing is widely feared for its adverse effects at all levels - family, community and national. A negative paradigm has emerged in which later life is often associated with dependency, vulnerability, an inherent lack of capability, and poor quality of life (Lloyd-Sherlock 2004). Worst off all, even older persons themselves tend to view old age as the last stage of life characterised by hopelessness and as such lose self-confidence as they age.<sup>29</sup> With the proportion of older persons



Photo credit : © UNFPA/ Pakistan C02008-IMG0066

increasing as projected, the need for dispelling such negative impressions relating to this large and growing segment of the population assumes added importance. Measures need to be taken to counter the negative image of ageing and older persons by highlighting the positive contributions the elderly can and do make at the family, community and national levels. In the more developed countries the image has gradually changed but in South Asia, as in most less developed countries, the negative attitudes have largely persisted.

The contributions and potentials of older persons need to be recognised and disseminated to counter the negative impressions of ageing.<sup>30</sup>

Limitations of space preclude documenting the various ways in which older persons contribute to the well-being of the family and to community and national development (Siddhisena 2005). Highlighting the following would serve the purpose at hand:

- In many cases, older persons provide material support to other family members. It is evident from the high rates of older persons' participation in economic activity that they do have earnings. Moreover, it has been shown by a number of studies that older persons spend a significant portion of their pensions in helping other family members particularly

the education of their grandchildren (HAI 2006; Mujahid, Pannirselvam & Dodge 2008).

- Older persons are the most trustworthy in looking after small children particularly their own grandchildren. They play a significant role in looking after grandchildren and, particularly older women, in helping with housework. In this way older persons make a crucial contribution towards facilitating full-time employment of women (daughters or/and daughters-in-law) which is becoming increasingly essential for adequate household income and for national development.
- Older persons, particularly older women, play an important role in looking after the well-being of other older persons and sick or disabled family members. The care provided by older women is especially critical. Such care assumes increased importance in countries where HIV/AIDS prevalence is high and older persons are left as the sole caregivers of orphaned grandchildren.
- Older persons in rural areas have extensive knowledge and experience

and can serve as invaluable sources of information on traditional agricultural practices, natural approaches to healing and health maintenance, and coping with various challenges in food production (Stloukal 2004). With increasing rural-urban migration, their intergenerational role assumes greater importance, particularly when they are charged with caring for and guiding young people whose parents have moved to cities (Knodel 2007).

- Older persons have various capacities, skills and wisdom as well as a wealth of information and knowledge of the area and community in which they have been living. They are also best positioned to help resolve disputes, if necessary, among various members of the community. All these, particularly the experience of past conflicts and natural calamities, enable older persons to render invaluable advice and direction during emergency situations (HAI 2006). Evidence is available from Indonesia to show how advice given by older persons on an exit strategy resulted in saving a number of lives during the Tsunami of 2004 (Abikusno 2005).

## Section 5: Policy Responses of South Asian Governments to Population Ageing

This section focuses on steps taken by the eight countries of South Asia towards addressing population ageing. Since the countries have been affected by ageing to varying extents and in different ways, the government responses have varied considerably across countries. Sri Lanka and India, being more affected by population ageing, have already introduced a number of policies while in Afghanistan, where the phenomenon is still not noticeable and there are other more urgent issues to address, the government has not felt the need for any action. Hence, this section focuses more on some countries than others. However, it should be pointed out that the review is not intended to be detailed or provide an exhaustive list of actions being taken by each country. The purpose is to provide an idea of the awareness of each government of the process of progressive population ageing and its consequences, and to describe briefly key measures put in place. It should be pointed out at the outset that a critical analysis of the assessment of implementation of policies and programmes is beyond the scope of this regional level review.<sup>31</sup>

### 5.1 Afghanistan<sup>32</sup>

With the proportion of the older population projected to remain at the current level of less than 4 per cent in Afghanistan, the Government does not consider population ageing to be an issue to be addressed as a priority.<sup>33</sup> However,

due to the conflict situation stretching over the last three decades, the Government does feel the need to safeguard the rights of vulnerable groups including older persons and to ensure that the elderly affected by the conflict receive adequate attention and assistance. Afghanistan's legal and policy framework is drawn from two main legal documents, the 2004 Constitution of Afghanistan and the International Covenant on Economic, Social and Cultural Rights (ICESCR), coupled with the Millennium Development Goals (MDGs) for Afghanistan, and the Afghanistan National Development Strategy (ANDS). Article 53 of the Constitution of Afghanistan guarantees the right to financial support of various vulnerable groups such as families left without providers, persons with disabilities and the vulnerable elderly (AIHRC 2008). The Afghanistan National Development Strategy (2008-2013) identifies the elderly as disproportionately represented among the chronically poor (Afghanistan 2008). It categorically states that "within the social protection policy, key undertakings will include the determination of a national poverty line, a focus on redressing gender-related discrimination, and the effective inclusion of children and the elderly within programmes". Moreover, under Pillar 3 (Economic and Social Development), one of the priority areas in the Strategy is "Social Protection" whereby, *".... Government is committed to pursuing sustainable income and transfer policies through pension reform and programmes focused*



*on the extreme poor.....*” (emphasis added). It is evident that the Government of Afghanistan is aware of the importance of issues facing Afghanistan’s older population but also has a number of more urgent priorities arising out of the demands of conflict-resolution and reconstruction.

## 5.2 Bangladesh<sup>34</sup>

Following a decline during 1950-1975, the proportion of older persons in the population of Bangladesh increased from 4.8 per cent to 5.2 in 2000. It is projected to increase to over 9 per cent by 2025 and further to 17 per cent by 2050. Until the late 1990s ageing was not seen as a priority issue and the Government did not formulate any policies and programmes specifically targeting the elderly.

Older persons were specifically identified as a vulnerable group in the Fifth Development Plan (1997-2002). One of the objectives of the Social Welfare Programme incorporated in the Plan was “to undertake social security programmes for persons who are under extremely difficult circumstances due to old age, having no shelter/being homeless, unemployment, disability, widowhood, divorce, abandonment and violence”. In 1998 the Government introduced the ‘Old Age Allowance Programme’ (*Boyoshko Bhata Karmashuchi*). Under this scheme 20 of the oldest and poorest persons in each ward (rural district) were eligible to receive a monthly allowance of Taka 165 (Taka 70=\$1). At present, about 1.7 million people aged 65 years and over are benefitting from this programme. The Government has allocated Tk. 4488 million for Old Age Allowance programme. The Government is increasing the number of beneficiaries and also enhancing the amount of

allowances gradually (Bangladesh 2007).

Before 1997, however, ever since Bangladesh became an independent country in 1971, the older persons were able to benefit from a range of social welfare schemes subject to meeting the requirements of eligibility of the respective schemes. Several ministries including the Ministry of Social Welfare, the Ministry of Health and Family Welfare, the Ministry of Food and Disaster Management, the Ministry of Women’s and Children’s Affairs and the Ministry of Freedom Fighters’ Affairs have administered a range of 27 social safety net programmes which include:

- (a) Food for work programmes
- (b) Cash for work programmes
- (c) Vulnerable group feeding
- (d) Gratuitous relief fund
- (e) Emergency fund for risk mitigation during natural disaster
- (f) Vulnerable Group Development (VGD)
- (g) Fund for Housing of Distressed

The social welfare programmes are designed and implemented to ensure effective participation of disadvantaged groups including older persons in the national development process both as contributors and beneficiaries rather than as mere recipients of relief and charity. In the implementation of the approach “Social Security Programme for Old and Shelterless People”, the involvement of local government at the grassroots level is being encouraged. With this approach these segments of people will be rehabilitated in their own area, thereby minimizing their migration to urban areas in the long-run.

In 2004 the Government adopted a comprehensive Population Policy which included older persons

among vulnerable groups and incorporated provisions for the elderly (Bangladesh 2004). In line with one of its objectives, “actively supporting measures to provide food and social security and shelter for the disadvantaged including the elderly, destitute, physically and mentally retarded persons”, the Population Policy includes the following strategies:

1. Strengthening family support system through advocacy and counseling regarding responsibilities of family for elderly, physical and mental retarded members and creating awareness in the light of religious values;
2. Increasing existing old age allowance and expanding its coverage; and
3. Ensuring social security and free medical care for childless and helpless elderly couples.

In 2006, the Government adopted the National Policy on Older People to be implemented by the Ministry of Social Welfare (HAI 2007b). It is expected that the Policy will contribute towards mainstreaming older people’s issues and a meaningful recognition of older people as a vulnerable group, leading to targeted funding and plans. The main objectives of the Policy are to:

- Ensure the dignity of the elderly people in the society.
- Identify and address the problems of the elderly people.
- Change the attitude of the people towards the elderly.
- Develop new programmes to address the needs of the elderly people for their socio-economic development.
- Develop special measures to help the elderly peoples during emergencies, like natural calamities, cyclone, earthquake etc.

- Ensure social security, health care, employment and rehabilitation.
- Implement the Madrid International Plan of Action on Ageing (MIPAA).

The Policy also outlines an institutional mechanism for its effective implementation. A National Committee on Ageing, headed by the Minister of Social Welfare, will coordinate programmes for the elderly at the national level. There will be Committees at the District and Upazilla (Sub-District) level for addressing elderly issues. The former will be headed by the Deputy Commissioner and the latter by the Upazilla Nirbahi (executive officer).

Some other key measures the Government has taken in view of the increasing number of older persons are:

(a) Under the comprehensive Cyclone Preparedness Programme (CPP) jointly operated by the Bangladesh Red Crescent Society and the Ministry of Disaster Management and Relief, training includes sensitizing relief and rescue workers to the needs of older persons and their requirements for specific rehabilitative services.

(b) The Government has provided project aid, amounting to Tk. 100 million, to the “*Probin Hitaishi Sangha*” (Elderly Citizen Welfare Association).

(c) The Government supports advocacy programmes, awareness building and community participation. It observes the International Day of Older Persons and the International Family Day for improving the quality of life of the elderly people and sensitizing the people on the issues regarding welfare of elderly persons.



The Ministry of Social Welfare has provided Tk. 2,910 million as micro credit since the inception of four micro-credit programmes in different times starting from 1974 to 2003 for the poor and the distressed. The numbers of beneficiary families are 2.9 million and elderly people are part of the beneficiary families.

There is opportunity of retirement incentives for the Government employees in Bangladesh. According to the Bangladesh service rules different types of pension are allowed by the government for the officials of the public service. Majority of the labour force in Bangladesh live in rural areas and most of them serve in Non Governmental organizations, and in most of the cases there is no provision for pension facilities (HAI 2007b).

A number of organizations have been active in the cause of older people, through a limited, yet increasing, number of programmes. Very recently, Bangladesh Girls Guides Association, Bangladesh Education Board, Retired Employee's Welfare Association and Bangladesh Society of Gerontology have joined in working for the welfare of the older population. NGO programmes directed specifically for older people include outdoor and indoor medical care, maintenance of old age homes, recreation facilities for the old people and seminars, workshops, training, research and publication activities:

(1) A few NGOs have also taken initiatives for inclusion of disabled people in their micro-credit groups to help them with income generation and older people are included.

(2) Bangladesh Retired Government Employees Welfare Association, which has been

working since 1976 as a registered organization provides medical services to the older population. Currently 62 district level organizations are working as affiliated bodies.

(3) Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) popularly known as *Probbhin Hitoishi Sangha* activities includes health care, recreation, rehabilitation, seminars, workshops, research and publications. Currently it provides services at 34 locations. Its programme will gradually be extended to all the 64 districts. It is the oldest and the largest of all organizations working for the well being of older people since 1960 and works mainly in urban areas.

(4) Bangladesh Women's Health Coalition (BWHC) with 26 centres at the beginning of 2004 is increasing including older women in education services for women and children through clinic based programmes in urban and rural areas by taking a "life-cycle approach" to health care. It has developed lot of IEC material on ageing issues.

(5) *Boisko Punorbashon Kendro* Rehabilitation Centre for the elderly population was established in 1987 in Gazipur. It is a full-fledged old home where elderly people 60 years and above from any religious faith can live.

Resource Integration Centre (RIC) provides community level assistance to poor and disabled older people with a primary focus on older women and works more in rural areas. It is gradually bringing emphasis on recreational activities for older people and has also initiated a programme on 'Older Citizens Monitoring Project.' The aim of the older citizens' monitoring (OCM) pilot project in Bangladesh is to increase

older people's access to two government services that are intended to alleviate poverty: the old-age allowance and the vulnerable group development programme. There are also programmes to enhance intergenerational relationships. Older citizens monitoring projects have shown how groups of older people have learnt about their rights, monitored service delivery, and used the information they have collected to press for improvements. This approach has resulted in more eligible older people becoming registered for healthcare and pension programmes, fewer older people being charged for free services, and banks and health facilities improving procedures for serving older people (HAI 2007a). It has also built the confidence of older people and their organizations to lobby on older people's behalf.

a) RIC has started advocacy programmes to include older people in relief measures by understanding their needs and difficulties.

b) RIC has also been conducting awareness programmes on rights of older people. They have also been publishing a newsletter since 2000 which has information on various concerns of older people and the community programmes on nutrition, dealing with emergencies, disaster management, etc. In recent local government elections RIC provided a forum for politicians to interact with older people and where older people questioned leaders on their plans and programmes.

c) Recently a Forum for Rights of the Elderly, '*Probin Adhikar Forum*' has been started and this is a non-political, non-profit making voluntary organization. It is an initiative to raise legal protection of older people.

d) Elderly Initiative for Development (EID) was established in 1995 as a community based self-help organization, and is registered with the Directorate of Social Welfare, Government of Bangladesh. It includes activities that centre around the following programmes: Health Care, Elderly Education, Pension Savings, Elderly Allowance, and Awareness Creation.

The Government has also received increasing support of the UN system in the area of ageing and older persons. The main thrust of WHO's programme is to conduct health promotion in household settings where elderly people live and work in a creative and cost effective environment that is supportive of health and of improving health and quality of life. In its operations, UNHCR gives special attention to vulnerable families like female-headed households and the elderly through the introduction of appropriate coping mechanisms. UNFPA, on the occasion of International Day of Elderly, and in line with ICPD mandate has been supporting/providing funds every year to national agencies/NGOs to observe/celebrate the day in a befitting manner. The Country Office raises awareness on the ageing population, and highlights the needs of the elderly and the responsibility of the community for the old age population, under all its Advocacy and Gender projects.

### 5.3 Bhutan<sup>35</sup>

At 6.8 per cent of total population, the proportion of older persons in Bhutan is the third highest in South Asia after Sri Lanka and India. The proportion of older persons in population is projected to exceed 10 per cent in 2025. After 2025, only the older population will increase

while there will be an absolute decline in population below 60 years raising the proportion of older persons to 23 per cent by 2050. Bhutan will then come to rank as the second most aged country next to Sri Lanka. However, despite their high and increasing proportion, the elderly in Bhutan do not have to face problems similar to those in many other countries. In Bhutan, responsibility of old-age care rests with the family. The culture of respect, care and compassion influenced by Buddhist philosophy has led to a norm of shouldering the responsibility of old-age care by family without taking it as a burden. The path of dependence of the elderly on kith and kin has been followed for centuries and intergenerational relations continue to be very strong. The norm is for older persons to co-reside with their offspring or other younger relatives.

The situation in Bhutan was best summed up by a Government official at the time of the Second World Assembly on Ageing in 2002: *“Contrary to the focus of the Conference on problems of ageing in society, Bhutan faces an inverse situation. In our context the aged are respected and well looked after, more so in our rural areas. But times are changing and it is possible that these issues discussed at the Conference will one day be relevant here”* (Bhutan 2002). The Government is thus becoming aware that “times are changing” and as the number of younger family members migrating from villages to urban areas for either education or jobs increases, older persons left behind in the villages are likely to face serious challenges. The National Plan of Action for Gender (2008-2013) formulated recently includes elderly care programmes. The King’s Secretariat also looks after the welfare of the elderly and disabled population through the kidu programme. Furthermore, Tarayana, an NGO set up by the Queen Mother, covers elderly beneficiaries within

its programme for providing support and an enabling environment for the poor.

#### 5.4 India<sup>36</sup>

In India older persons constitute more than 7 per cent of the total population making it the second most aged country in South Asia. This proportion is projected to increase to over 11 per cent by 2025 and to 20 per cent by 2050. India is one of three countries in South Asia (alongwith Bhutan and Sri Lanka) where the proportion of older persons increased during 1950-1975 and further during 1975-2000. The Government of India has given priority to addressing ageing-related issues since soon after the country became independent in 1947. The Directive Principles of State Policy in Article 41 of the Indian Constitution (promulgated in 1950) recognized the needs of the elderly and enjoined upon the state the responsibility of making effective provisions for public assistance in cases of unemployment, old age, sickness, disablement, and in other cases of undeserved want.

Various programmes aimed at improving the welfare of the elderly have been operational since the 1950s. Following the introduction of a means-tested social pension by the state of Uttar Pradesh in 1957, every state has provided some kind of a means-tested pension to older citizens. Having developed more or less independently of one another since the 1960s, eligibility rules and benefit levels have varied significantly across states but coverage has remained far from universal. In 1995, the Government of India launched the National Social Assistance Programme (NSAP) which included the National Old Age Pensions Scheme (NOAPS)<sup>37</sup> to supplement the social assistance being provided by each state. In 1999, the Government also adopted the National Policy

on Older Persons (NPOP) which took a comprehensive view of the needs of older persons and, recognising that ageing was a national concern, aimed at ensuring that the elderly do not live unprotected, ignored or marginalized (India 1999). In line with the basic principles of the International Plan of Action on Ageing (adopted at Vienna in 1982), the National Policy enjoins the State and civil society to extend support for financial security, health care, shelter and other needs of older persons, provide protection against abuse and exploitation and empower them. The Ministry of Social Justice and Empowerment is the nodal point for coordinating the implementation of the NPOP and all activities relating to elderly issues.

In 1999, the Government also launched a new scheme - *Annapurna* - aimed at providing food security to senior citizens having no income of their own and no one to take care of them. Under this scheme every older person eligible for the NOAPS is given 10 kilogrammes of rice or flour free of cost. A five year plan of Action (2000-2005) was drawn up to identify the role of the State Governments and the Central Government in implementing the National Policy for Older Persons and review its implementation every three years (India 2002). A range of other benefits for older persons have been gradually introduced. The Income-Tax Act offers rebate to people aged 65 years and over. It also allows them a higher deduction - Rs. 15,000 - for medical insurance premia. In 2001, the Reserve Bank of India authorised banks to pay persons aged 65 years and above a 0.5 per cent higher rate of interest on fixed deposits. Older persons are also given discounts on travel - a discount of 30 per cent on train tickets for all persons aged 60 year and over and 50 per cent discount on

domestic airfares for persons aged 65 years and over. To encourage the building of facilities for older persons, the Ministry of Social Justice and Empowerment provides financial assistance up to 90 per cent of the project cost to organisations for establishing and maintaining old people's homes, day care centres and mobile medicare units.

India has had a number of laws within the context of which older persons can demand family support. The Hindu Adoption and Maintenance Act, 1956, entitles a parent unable to maintain himself or herself to maintenance. Under Muslim law too offspring are required to maintain needy parents, subject to certain circumstances. In addition, every person with sufficient means who fails to provide sufficient means to maintain his or her parents if they are unable to maintain themselves can be charged under the Code of the Criminal Procedure 1973. According to the provisions of this Code a person can be ordered to pay a monthly allowance not exceeding Rs 500 for the maintenance of his or her father or mother. While older persons could benefit under these laws, none of these bestowed any special attention on the aged people. In 2007, the Parliament enacted a more comprehensive law specifically for the protection of older persons - The Maintenance and Welfare of Parents and Senior Citizens Act 2007 - which makes it mandatory for children to provide support to elderly parents aged 60 years and over (Lingam 2007). It incorporates a number of provisions to protect and empower older persons. Cases under the law would be tried by special Tribunals and settled within 90 days. Under this Act an older parent who has made a gift to an offspring can cancel the gift in case the offspring fails to provide adequate maintenance.

### 5.5 Maldives<sup>38</sup>

At the turn of the century the older population constituted only 5.9 per cent of Maldives population of about 275,000. The proportion had declined from 8.2 per cent in 1950 to 5.2 in 1985 and then began to increase. The share of older persons in population is projected to increase to 9 per cent in 2025. By 2050, almost 22 per cent of the population of Maldives will be aged 60 years or more. Given the trends to-date, population ageing is not a priority issue in Maldives (Maldives 2007). However, the Government realizes that there will be a dramatic fourfolds increase in the older population during 2006-2045 and “plans have to be in place to provide for this group by the time it actually happens” (Maldives 2007). The Government has started identifying older persons as a section of the population requiring special attention and the Department of National Planning recognizes the need for further research on the situation of the elderly and for the Government to set up quality nursing homes for the elderly (MPF 2009). The Government is therefore fully aware of the emerging importance of population ageing and within the context of its commitment to “providing better transport facility, houses, advanced health facilities and ..”, the newly-elected President announced a monthly allowance (effective January 2009) of 2000 Maldives Rufiyaa (US \$150) for senior citizens, defined for the purpose as those above 65 years (Maldives 2008).

### 5.6 Nepal<sup>39</sup>

The proportion of older persons in the population of Nepal declined from 6.6 per cent in 1950 to 5.4 per cent in 1985. It then increased gradually to 5.9 per cent by the turn of the

century. It is projected to continue increasing and reach 7.8 per cent in 2025 and 14 per cent by 2050. Until the beginning of this century, population ageing was not considered an issue by the Government and the only measures put in place covering the elderly were the pension schemes for government employees and military and police personnel, and a social pension for persons aged over 75 years. The scheme for paying a monthly pension of Rs. 100 (Rs 75 =USD 1) to people over 75 years of age was introduced in five districts in 1995 and then extended to cover the whole country. The amount was increased to 150 Rupees in 1999.<sup>40</sup> Under the same scheme, widows over 60 years of age and disabled individuals over 16 years of age were eligible to similar allowances (Chalise 2006).

The need to address elderly issues was first mentioned in the Ninth Development Plan: 1997-2002 (Nepal 1997) and since then the Government has paid increasing attention to ageing-related issues. However, until the Second World Assembly on Ageing in 2002, the Government had put in place only two major programmes aimed at improving the welfare of the elderly (Nepal 2002a). One was the social pension for the 75+ elderly and the other the Senior Citizens Treatment Service’ for the provision of free basic health care services to the poorer and sick elders. Following its endorsement of the Madrid International Plan of Action on Ageing (MIPAA), the Government circulated its translation in Nepali to the general public and gradually introduced various measures aimed at improving the welfare of the elderly and protecting their rights (Nepal 2007a). The Tenth Plan (2002-2006) aimed at maximizing the knowledge, skill and experiences of the senior citizens in the social development sectors by creating an environment conducive to respect,

protection and convenience for older persons. It articulated a ten-point programme including the development of laws and regulations, the encouragement of NGOs and CBOs in the welfare, care and rehabilitation programmes of senior citizens and additional provisions for them in health and transport services.

The Government adopted the Senior Citizens Policy and Working Policy (Nepal 2002b) designed to guide programmes and projects relating to serving senior citizens. The Working Policy covered the following eight aspects: (i) economic, (ii) social security, (iii) health services, (iv) facility and honour, (v) participation and engagement, (vi) education and entertainment, (vii) miscellaneous and (viii) classification. The Policy ensured free medical treatment and services and discounts in charges in the means of transportation and communication. It also stipulated to establish a Social Security Fund at the national level to carry out the works relating to appropriate social security and services to the elderly citizens. In 2004 the Government formulated the Guidelines for the Implementation of the Health Service Programme for Senior Citizens (Nepal 2006). The Senior Citizens Treatment Service Guidelines cover 45 districts. In 2005, the Government approved the Plan of Action on Ageing which is being implemented by line ministries, local government, non-government organizations and civil societies. The long term goal/objective is to make old age secure and easy, and develop the capacity of the elderly utilizing their knowledge, skills, experiences and expertise in various spheres of nation building whilst providing them social and economic security with a life of dignity.

The Three Years Interim Plan: 2007/08-2009/10 (Nepal 2007b) for socio-economic development

devotes an entire chapter (Chapter 25) to the ageing situation and plans for senior citizens defined as those aged 60 years and over. It addresses the following aspects:

- To make the life of older persons convenient.
- To utilize the knowledge of older persons.
- To create necessary infrastructure to allow the elderly to live with dignity.
- To develop among the youth a respect for and a sense of duty towards the elders.
- To create an environment for the economic and social security and the protection of the rights and welfare of the older population.

The Plan allocated Rs. 433 million in 2006/07 for, among others, improvement of health services, strengthening social security and insurance schemes, institution and capacity building and research studies on ageing-related issues.

The Act relating to the elderly passed in 2006 for the first time guarantees elderly persons specific legal rights. It defines legal rights and offers protection for elderly persons in relation to:

- (a) State and family responsibilities for their maintenance and care.
- (b) The coercion of elderly persons by others in to begging or seculation (Sanyasi).
- (c) Property ownership and transfer of assets.
- (d) Priority in terms of access to and concession for public services.
- (e) Priority to and support in accessing legal rights.



The National Human Rights Action Plan (2002-2004) has also stipulated to protect the rights of senior citizens (UNDP 2004).

There are more than 25 institutions/NGOs registered in the country to serve senior citizens. These include:

1. National Senior Citizen Organization Network (NSCONN)
2. Siddhi Saligram Briddhasram
3. Senior Citizens Welfare Association, Nepal (SCWAN)
4. Nepal Participatory Action Network (NEPAN)
5. Asmi
6. Help the Aged Nepal
7. Old Age Management \ Social Welfare Trust

Old People's Homes have been on the increase in Nepal. The need for these homes, called *Briddhashram* has been growing due to modernization, urbanization, and various other factors, which have resulted in the elderly being neglected by family members. There are currently more than 100 registered homes of which about half are situated in Kathmandu and the rest in different parts of the country (Shrestha & Satyal 2003). The elderly are also found refuted informally in different temples and monasteries.

UNFPA, as the focal agency providing financial and technical assistance in the area of population, has supported research and training activities. It has sponsored Nepalese to attend training programmes on population ageing and elderly issues at the International Institute of Ageing INIA in Malta. It has also been active in supporting advocacy efforts aimed at enhancing the awareness of the Government of Nepal,

political and community leaders of the emerging population ageing situation.

#### 5.7 Pakistan<sup>41</sup>

The proportion of the older population in Pakistan declined from 8.2 per cent in 1950 to 5.3 per cent in 1985. By the turn of the century it had increased to 6.0 per cent. It is projected to exceed 9 per cent by 2025 and increase further to 18 per cent in 2050. The Government is becoming increasingly aware of the growing number of older persons and of the need to address the various problems that arise with ageing. The increasing Government concern with population ageing is reflected in the holding of the National Seminar on Ageing chaired by the Prime Minister in February 2008 (Mahmood 2008).

Of Pakistan's older population, only a small proportion who have worked in the public sector or in formal private sector have post-retirement pensions as well as free or subsidized medical care and subsidized education for children. Those who have held permanent jobs in the formal sector, particularly with multi-nationals may also have other benefits such as subsidized housing and discount facilities at certain designated shops. The vast majority of the older population continue to work for as long as possible to earn a living and then relies on family support which, given the declining potential support ratio, is gradually dwindling calling for increased Government involvement in ensuring the welfare of the elderly. Hence, issues such as income security, housing and medical care for elderly have assumed increasing importance in Pakistan, and with the passage of time have been receiving greater attention of the policy makers in the Government (Pakistan 2002).

In 2000 the Government established a National Senior Citizens Task Force to carry out an analysis of the ageing situation, identify needs of the elderly and draft a comprehensive National Policy in line with national/international commitments. Its mandate was to suggest mechanism for the implementation of all inter-sectoral activities related to the elderly people. A National Policy for Elderly was formulated by 2004 (Pakistan 2004). The Government also introduced some important facilities for elderly population. These consist of various measures for Senior Citizens including free membership to all public libraries, finalization of pension cases without delay and exemption from payment of taxes on recreational activities. Government has set up separate counters for Senior Citizens at outdoor department of major hospitals, all airport check points, airline reservation offices and major railway stations. Government has decided to affix special strips as mark of identification of senior citizens on their National Identity Cards to establish their right to special treatment and specified concessions. Efforts have also been made to ensure proper representation of senior citizens on relevant government bodies. Government has also notified focal points for helping the elderly in all the government hospitals.

A rebate of 50 per cent on income tax has been introduced for those aged 65 or over having an annual income of less than Rs. 200,000 (Rs 75=1 USD). The Federal Government has announced a 100 per cent exemption from local property tax for widows and retired government servants renting out property, and a 60 per cent exemption for others living in cantonments. The widows and retired persons have access to two savings products that give higher rates of return: the Behbood Savings Account and the

Pensioners' Benefit Account provide interest of 10.8 per cent on an investment of up to Rs. 2 million.

In addition to the Government, civil society organizations such as mosques, NGOs, financial institutions and private philanthropists have also been showing increasing interest in the welfare of the elderly. The main organizations providing social assistance are Zakat and Bait-ul- Mal. Zakat is state-based as well as privately disbursed. Zakat is an obligation of Muslims to pay 2.5 per cent of their annual monetary savings and certain assets in charity to the poor and needy. Though it does not specifically target the elderly only, payments from both the state-based zakat system and zakat disbursed privately benefit the older poor. Similarly, the Bait-ul-Mal, a semi-autonomous organization within the Ministry of Women Development, Welfare and Special Education has a mandate to provide social assistance to the deserving poor and needy people including the elderly. One of its leading programmes - the Food Support Programme - provides Rs. 2,400 annually in two instalments to the poor including the elderly. The Bait-ul-Mal also provides funding for a large number of NGO projects supporting institutions for disabled, orphans, abandoned and destitute women and other poor needing care as well as assistance for health of aged persons, particularly from rural areas.

The most recent decision is the landmark legislation aimed at making provisions for the welfare of senior citizens in Pakistan. The Pakistan Senior Citizens Welfare Act, 2007 has been finalized by the Government (Pakistan 2008a). The Act establishes a 10-member council with the Prime Minister as its patron-in-chief, the Minister for Social Welfare and

Special Education as the Chairperson and having representation of relevant federal line ministries as well as some key provincial departments. Under this Act, the Council will ensure settlement of their (senior citizens) all benefits, including pension before reaching the date of superannuation, besides providing facility of special counters at pension receiving places. The Act provides elderly with, among others, the following privileges:

- 20-50 per cent discount in transportation: road, train, air and sea, as well as concessions in private sector and fixing of quota.
- Free entry to public parks, museums, zoos, cinemas, theatres, public libraries and other public places.
- 10 per cent discount on telephone, electricity, gas and water charges provided the bill does not exceed Rs 1,000 per month.
- Eligibility for one time for Hajj (the annual pilgrimage to Makkah) under a fixed quota for the elderly (without the usual balloting) with the permission of one accompanying attendant if needed.
- A 50 per cent concession in income tax where the annual income does not exceed four hundred thousand rupees.

The Government is actively pursuing the passage of the law through Parliament (Pakistan 2008b).

#### 5.8 Sri Lanka<sup>42</sup>

The proportion of older persons in Sri Lanka's population is currently the highest in South Asia. Fertility decline in Sri Lanka started earlier than in the other South Asian countries and the proportion of older population increased gradually from 5.5 per cent in 1950 to 9.3 per cent in 2000. It is projected to increase to

nearly 20 per cent in 2025 and to about 30 per cent by 2050. Sri Lanka has a history of Government measures targeting the elderly population dating back to before the country became independent in 1948 (Sri Lanka 2002b).

Retirees from the public service have been covered by a pension system since 1901. However, these constituted a very small minority of the older population and the remainder did not receive any assistance from the state. The Poor Law Ordinance of 1939 was the first statutory provision of relief and benefit for those, including the elderly, who were unable to maintain themselves owing to physical or mental infirmity or incapacity. The legislation was initially operative in only three municipalities: Colombo, Kandy and Galle. The Government established a Provident Fund scheme in 1942 to cater to temporary and contract employees in the public sector not covered by the pension scheme. In 1944 the Government appointed the Social Service Commission to look into the problem of destitute elders. The Commission pointed out that nearly 37 per cent of the recipients of relief assistance were older persons and this led religious bodies and charitable organizations to open homes for the elderly.

At Independence, therefore, the Government of Sri Lanka inherited a tradition of concern for the elderly and subsequently introduced further measures. The Central Department of Social Services was established in 1948 with branches in District kacheris to provide social services to the elderly. Following a decision to set up state homes for lonely elderly without family support, the Government set up the first state run home for the elderly in Koggala in 1951. Three more homes for the elderly followed in Anuradhapura, Mirigama and Jaffna in 1952. By 1964-65,

80,000 aged people had been given public assistance. In 1957 there was a change in policy and cottage type accommodation housing no more than 25 persons was established. These cottage homes, which soon became the preferred mode of housing the aged, were established mainly by NGOs with government subsidies and to a lesser extent by local authorities and Rural Development Societies. While several such piecemeal measures were taken by the Government, it was mainly after 1982, following Sri Lanka's participation in the First World Assembly on Ageing (Vienna, 1982) that Government began to pay increasing attention to ageing-related issues and introduced a number of coordinated measures for the welfare of elderly people. It established a National Committee on Ageing under the Ministry of Social Welfare as the apex body to assist in policy making and the formulation of national plans and programmes for the welfare of elderly people. The Committee co-ordinates all public and private sector activities for elders. The Government reconstituted the Committee in 1992 and adopted a National Policy and a Plan of Action. The Policy focused primarily on preparing the population for a productive and fulfilling life in old age, socially, economically, physically and spiritually and ensuring independence, participation, care, self-fulfillment and dignity for the elderly.

A very significant development was the enactment of the Protection of the Rights of Senior Citizens Act (Act No. 9 of 2000) which made provisions for:

- a) A statutory National Council for Elders and Secretariat
- b) Maintenance Board for determination of claims from elders

- c) A National Fund for Elders and
- d) Protection of Rights of Elders. (ILO 2008)

Following Sri Lanka's endorsement of the Madrid International Plan of Action on Ageing at the Second World Assembly on Ageing (Madrid, 2002), the Government established the National Council of Elders and the National Secretariat (Mendis 2007). The National Council has registered recognized NGOs who work for senior citizens, and established a network of 10,000 Village Level Elders Committees and 125 Divisional Level Elders Committees throughout the country (Jegarasingam 2004, 2007). It has promoted the wider use of the Elders Identity Cards through facilitating the procedures for its issue to those aged 60 years and over. The Council has secured a number of privileges for the elderly in the form of priority treatment at hospitals, post offices and other public places, discounts at pharmacies and in means of transport. The Maintenance Board is empowered by the Act to inquire into complaints of elders including claims for maintenance from offspring or responsible younger relatives who may be failing to provide financial support. In 2006 the Cabinet of Ministers adopted a National Charter and National Policy for Senior Citizens. The National Policy seeks to assure senior citizens that their concerns are national concerns and they will not live unprotected, ignored or marginalized. The goal of the National Policy is the well being of the senior citizen. It aims to strengthen their legitimate place in society and help senior citizens to live the last phase of their life with purpose, dignity and peace.

Sri Lanka does not as yet have a social pensions scheme specifically targetting older persons. However, older persons benefit from the national poverty alleviation programme, known as the

“Samurdhi Programme,” which was initiated in 1995. In addition, a more targeted poverty alleviation programme, the Monthly Public Assistance Programme (‘Mahajanadara’) is aimed at vulnerable groups, including those with disabilities and destitute older persons. The cash transfers range from 100 to 400 Rupees (Rs 100 = USD 1) per month and go a long way to help poor elderly persons (Mujahid, Pannirselvam & Dodge 2008). The Government has also introduced three contributory social security pension schemes for farmers, fishermen and the

self-employed in addition to the already existing pension scheme and the Employees Provident Fund. All the three are voluntary and contributory schemes with contributions from the Government. The benefits under the schemes are in the form of a monthly pension for life after reaching the age of 60. Various financial and insurance institutions operate social security schemes on voluntary contributory basis. All the schemes are based on a regular saving plan over a given period of time.



## Section 6: Conclusion and Recommendations



Photo credit : United Nations Mission in Nepal (UNMIN)

This study shows that the eight countries of South Asia account for 15 per cent of the World's and nearly 25 per cent of the developing world's older population. In all the countries the increase in the older population is projected to accelerate during the next four decades. Population ageing is a relatively recent phenomenon in South Asia. In five of the countries - Afghanistan, Bangladesh, Maldives, Nepal and Pakistan - it is only since the

mid-1980s that the proportion of the older population has been increasing. However, in all countries the share of older persons in population is projected to increase and by 2050 South Asia will account for 22 per cent of the World's and nearly 30 per cent of the developing world's older population. It is therefore important that governments and development partners have a realistic assessment of the magnitude and nature of the problem and

formulate policies and plans to address the emerging issues as well as exploit opportunities arising from population ageing.

Global and regional initiatives during the past ten to fifteen years, in particular, the Second World Assembly on Ageing in Madrid (2002) and the Macao Regional Review of the Implementation of the MIPAA (2007) have contributed to raising awareness among governments on population ageing and emerging ageing-related issues. All countries have framed some policies, laws or programmes to address various issues in the context of older people, but still there is a need to improve policy and programme measures and increase budgetary allocations to for addressing the issue. Countries, in which the phenomenon of population ageing became evident earlier, an institutional framework has been in place for a longer period and is more developed. The main conclusions of the situation analysis of ageing in South Asia and recommendations for improving the response to population ageing are summarized in this section.

### 6.1 Conclusions

- The process of ageing is irreversible. Therefore, the proportion of the “older persons” will continue to increase. The underlying demographic factors such as declines in fertility and mortality cannot be influenced by policy. Fertility is unlikely to rise again, at least in the foreseeable future, and mortality rates will improve further or at least stabilize.
- Pressures on the productive workforce to support the older population will increase due to the fact that older persons are themselves “ageing” and the increasing

proportion of the “oldest old” will continue to rise adding a special dimension to the needs of care and welfare.

- Proportion of women is higher in the population of both the “older” and the “oldest old” making women more vulnerable, even more so in their old age. A much higher proportion of older women than older men are single, financially dependent, illiterate and in need of long-term. Moreover, the male dominated property rights aggravate the marginalization of women in old age.
- Population ageing is a greater phenomenon in rural areas than in urban areas, largely due to the out-migration of younger adults from predominantly farmer communities in the villages.
- Though females comprise the majority of older persons in both rural and urban areas, the ratio of older women to older men is generally lower in the rural areas.
- The implicit “intergenerational contract” whereby the younger generation who have been brought up and taken care of through their childhood and youth by the older generation “repay” the older generation by taking care of it during old age remains strong and the multi-generational household is the accepted norm for families having one or more older relatives. However, with declining family size and the increasing incidence of migration, co-residence arrangements of extended families would become an ever increasing strain.
- Opportunities of gainful employment

for the elderly, particularly women, are expected to become scarce, both due to the continuing increase in the working age population and the introduction of new technology for which older persons lack the expertise. Global economic downturns, like the one presently gripping most countries, can be expected to result in increased competition for employment opportunities where the older people would be further marginalized.

- With declining proportion of working age population, narrowing of the tax base would be inevitable resulting in aggravation of the issue surrounding the availability of adequate funding to support pension and welfare schemes for the older persons.
- Social security schemes are not well established in the region and in most countries coverage is at best extremely limited both in terms of number of beneficiaries and the amount of benefits.
- Older persons undergo greater hardship in coping with day to day living as well as in emergency situations such as natural disasters and man-made disasters such as armed conflicts.
- The positive side of population ageing and the contributions older persons can make to socio-economic development have not been adequately highlighted resulting in an overall negative attitude, even among older persons themselves, towards ageing.
- Awareness of the phenomenon of population ageing and its consequences has been growing among the national governments. Every government has introduced at least some measures aimed at improving the welfare and security of its older population and designated a body to coordinate programmes relating to the elderly

**Table 28 National coordinating bodies on population ageing and elderly persons**

Afghanistan	Ministry of Labour, Social Affairs, Martyrs and Disabled*
Bangladesh	National Committee on Ageing Ministry of Social Welfare
Bhutan	Ministry of Health
India	National Council of Older Persons Ministry of Social Justice and Empowerment
Maldives	Office of the Minister of Planning and National Development
Nepal	Ministry of Women, Children and Social Welfare
Pakistan	National Committee on Ageing Ministry of Women's Development, Social Welfare & Special Education
Sri Lanka	National Committee on Ageing Ministry of Social Welfare

*\*Not specifically designated but takes care of older persons within its mandate for social affairs*

## 6.2. Recommendations

All sectors of civil society led by the respective governments would hold the responsibility of implementing the recommendations listed below. As such NGOs, research and academic institutions, media, private sector, faith-based organizations, community-based organizations, national and local support networks would all need to contribute towards implementation. However, the Government would have to take the initiative and provide an enabling and supportive environment.

- Providing a better understanding on population ageing and assessment of its impact for a broader audience should be prioritized by Governments and should enhance the available mechanisms for the collection of relevant data. It is important to ensure that data on older persons are collected with regular periodicity, disaggregated by age, sex, sub-national units and socio-economic characteristics.
- Institutional structures characterized by a strong hub, specializing on ageing-related issues should be installed and in cases where there is an existing structure (such as the coordinating bodies), necessary alterations should be done in order to strengthen the same for enhanced effectiveness. Capacity of relevant staff should be built to deepen their understanding of population ageing and to improve their skills in collection and use of data and in conducting research for policy formulation, programming and monitoring and evaluation.
- In all policies and programmes for older persons, emphasis should be placed on

addressing the needs of women who usually form a majority of the older and ildest old populations. Their greater vulnerability should be taken into account in the formulation and implementation of all relevant policies and programmes. Gender-based mainstreaming should be of compulsory consideration in the design of schemes relating to older persons.

- Programmes for older persons should take into account the higher incidence of poverty and accessibility issues pertaining to services, both physical barriers and socio-economic barriers faced by the older persons predominantly in rural areas. Older persons in rural areas are in a far more vulnerable situation than their urban counterparts, particularly in terms of the declining family support due to the out-migration of young rural adults.
- Health policies should incorporate provisions for financially and physically accessible health care services to meet the needs of the older population. Adequate attention should be paid to equipping health facilities with medicines and equipment needed for diseases of old-age and providing the required geriatrics trained health personnel.
- Given the regional, cultural and historic base, Governments should seek to strengthen the capacity of the family, which remains the most preferred and main source of care and support for older persons, to be able to continue providing such care and support. Policy measures, such as tax benefits, allowances, home improvement assistance and other incentives should

be introduced to support and encourage families to continue their caring role. Multi stakeholder initiatives involving the Government, the private sector and the NGO sector should be considered an ideal tool in such exercises.

- Women, who constitute the majority of care givers at the family and community levels, should be provided appropriate incentives to facilitate combining care giving and employment through measures such as time off and promoting male responsibility in the caring for older persons. In this case, a balance is required to be maintained between elderly care and nurturing the young with possibly added responsibilities for the male counterparts.
- Governments should encourage and support community-based care (health and psycho-social) for older persons who are single or in need of acute and long-term care, which is found to be cost-effective and conforming to the older persons' preference for 'ageing in place'. Governments should make provisions for institutional care where necessary, with sufficient inputs into standardization of facilities and personnel attached to service provision in the given sector.
- Governments should encourage and facilitate the formation of Older People's Associations/Clubs/Activity Centres to promote active ageing by providing a forum for older persons to participate in community affairs, leisure and recreational activities and, where necessary,

influence decision making, assert their rights and claim their entitlements from the duty bearers. Further, this would also provide with a chance for the community to gain from the experience of the older generation hence giving a value for the older age and wisdom.

- Gainful employment for older persons should be encouraged and facilitated to enhance productivity. In the informal sector, older persons should be encouraged to continue in employment through improved access to credit and provision of inputs and means of skills upgrading. In the formal sector, continuation of employment of older persons should be encouraged by raising the mandatory retirement age and providing tax rebates for employers employing older workers.
- Governments should increase the scope and coverage of the state pension schemes, encourage engagement of contributory private insurance plans and provide incentives for the development of traditional/indigenous community-based practices of ensuring social security. In addition, Governments should make adequate budgetary allocations for the provision of welfare benefits to all deserving older persons in an equitable way.
- In emergency circumstances, such as natural disasters, epidemics and conflict situations, Governments and aid agencies should ensure that older persons are directly targeted in rescue, relief, and recovery operations, as well as in development programmes. Relief and rescue workers should be appropriately trained and briefed



to ensure older persons get needed and adequate attention and participation where relevant.

- Governments, probably with the private sector and NGO involvement should undertake to dispel the society's negative attitude towards ageing and older persons through measures such as media campaigns highlighting the contributions of older persons at the family, community and national levels and also on social justice. Teaching of respect for older persons and the inevitability of reaching old age to prepare younger generations to enter old age better prepared and with a positive attitude should be introduced in the curricula at various levels of formal and informal education.

Above recommendations suggest, as shown by the analysis in this study, that population ageing impacts all aspects of life and a noteworthy aspect of a wide range of sectors. Essentially, Governments should seek to mainstream ageing in all development policies, programmes and strategies, such as those for poverty alleviation, rural development and designing of infrastructure. It is near compulsory to have a strong coordinating ministry to develop a comprehensive policy for older persons jointly with relevant ministries, NGOs, civil society, donors, older persons organizations and other relevant stakeholders.

### 6.3 The Way forward

In almost all countries of South Asia, the foundation has already been laid to meet the challenges arising with the unprecedented growth of the older population for future development through the existing institutional structures.

However, there is need for further strengthening and enhancement of awareness on population ageing. A number of the recommendations given above are being acted upon in varying degrees. Nevertheless, there is need for increasing the momentum and emphasis and to strengthen both national efforts and regional cooperation within the global context in the area of population ageing.

It is important that a comprehensive and systematic framework for gathering data and information and promote research to identify the circumstances and needs of older persons within a broad spectrum be put in place at the national level. Research should include identifying and establishing indicators which can be used to monitor the implementation of various measures aimed at improving the quality of life of the older population through sustainable programme development initiatives given that the Governments of concern have a culture or political will or the vision to allocate substantial proportions of financial resources to be invested into social welfare. Governments should encourage the active participation of NGOs, civil society and older persons' organization associations in the formulation, implementation and review of national policies and programmes of action on ageing. As the older persons are affected by and have a role in every aspect, emphasis should be placed on a multi-sectoral approach to population ageing.

South Asia includes countries such as Sri Lanka and India which have been faced with ageing issues since a long period of time as well as countries such as Afghanistan and Maldives where the issue is now emerging and is expected to assume some seriousness in the next few years. This provides a unique opportunity of cooperation

at the regional level which needs to be further exploited in addressing population ageing. Inter-country exchanges of information and experience on ageing should be promoted through sub-regional, regional and interregional activities, including South-South cooperation. However, the national agendas would need to prioritize population ageing to facilitate inter-country cooperation.

UNFPA has assisted member countries in addressing ageing issues and also actively promoted and participated in relevant regional level and global level activities, both on its own and in collaboration with other agencies particularly the UN-ESCAP, the Economic and Social Commission for Asia and the Pacific. However, ESCAP does not have an explicit mandate nor the necessary capacity to undertake country level activities. UNFPA, being UN's lead agency in the area of population, should invest in drawing attention in each country to the rapidly emerging issue of population ageing. It should encourage and assist member states in

undertaking detailed situation analysis of population ageing and how it is seen evolving during the next four or five decades, particularly in countries where the proportion of older persons has already reached relatively high levels. Just as the extent of ageing varies between countries and between rural and urban areas in most countries, it also varies between regions within each country. The regional dimension of ageing should be looked at within each country so that priority can be given to the more aged areas in efforts towards addressing the issues of concern.

UNFPA should also enhance its activities in assisting inter-country as well as inter-regional exchanges that would enhance best practices to be replicated with conditional alterations. Given cultural similarities, the experiences of East and Southeast Asian countries can help provide countries of South Asia with greater insight into the issues emerging as a result of the rapid ageing of their populations as projected for during the first half of this century.

# Endnotes

- <sup>1</sup> South Asia is here defined to cover eight countries - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. They are all members of the South Asian Association for Regional Cooperation (SAARC) formed in December 1985. While seven of the countries are founding members of the Association, Afghanistan joined in April 2007.
- <sup>2</sup> East Asia includes the People's Republic of China, Japan, the Democratic People's Republic of Korea, the Republic of Korea and Mongolia. South-East Asia includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste and Viet Nam.
- <sup>3</sup> All statistics for "South Asia" given in this Report, unless otherwise stated, are weighted averages for figures reported in the source for each of the eight countries. The weights have been appropriately selected. For example, TFR for South Asia has been estimated as the average of country TFRs weighted by the population of women 15-49 years in each country.
- <sup>4</sup> It should be noted that the population of women of reproductive ages (15-49 years) will not decline. The size of the increment will start becoming smaller after 2025.
- <sup>5</sup> During 2025-2050, the older population will increase at an average annual rate of 3 per cent. The corresponding rates of increase will be 1.5 per cent in East Asia, 2.7 per cent in South-East Asia and 2.5 per cent in the less developed countries as a whole (UNDESA 2007a).
- <sup>6</sup> This will be discussed further under "ageing of the older population" in the next section.
- <sup>7</sup> Corresponding data for earlier years are not available.
- <sup>8</sup> The term "single" is used to cover those divorced, widowed and who never married. The figures are the weighted average of 7 countries (excluding Bhutan) for which data are given in (UNDESA 2006a).
- <sup>9</sup> Figures are weighted average of economic activity rates reported in (UNDESA 2007b) for population aged 65 year and over.
- <sup>10</sup> Sex-disaggregated data on illiteracy rates of older persons are not available for all the 8 countries. However, figures available for some of the countries as given in (UNDESA 2006a) show that illiteracy rates are significantly higher among older women.
- <sup>11</sup> To facilitate comparability between countries, data for all countries (except where stated) are taken from UN or World Bank databases and may therefore differ from figures available from particular national sources.
- <sup>12</sup> The purpose of this country level review is to highlight significant trends to help provide some guidance for policy formulation. It is not intended to provide a detailed analysis

of trends in each country. It is expected that the brief review provided here will assist each country in deciding to undertake a national situation analysis in which the issues highlighted in this regional review could be further analysed.

- <sup>13</sup> The proportion of older persons in Sri Lanka will be lower than in only Japan, Republic of Korea and Singapore.
- <sup>14</sup> It should be pointed out that the figures presented in Table 20 may not necessarily match the figures given in Tables 13 and 18 due to different sources. Figures in Table 20 are from national Censuses and Surveys as reproduced in various issues of the UN Demographic Yearbook.
- <sup>15</sup> The impact of increasing life expectancy on the onset of morbidity and its duration is being widely discussed in the developed countries (Hellner 2005).
- <sup>16</sup> It is not rare to come across in the literature papers with titles like “Health expenditure growth: reassessing the threat of ageing” (Dormont 2006).
- <sup>17</sup> Evidence on the correlation between ageing and health expenditure is available for several developed countries but is very hard to come by for developing countries.
- <sup>18</sup> It should be noted that those born with or incurring a disability at a young age are more likely to adopt a lifestyle to cope with the disability than those who incur a disability in old age.
- <sup>19</sup> For a discussion of how the system of familial care of the elderly is coming under strain in Sri Lanka, see (Vodopivec 2008).

<sup>20</sup> For similar evidence for China, see (CRCA 2007).

<sup>21</sup> Sri Lanka’s contributory pension scheme for informal sectors which currently has a very limited coverage is a striking exception (ILO 2008).

<sup>22</sup> As pointed out by Professor Kabir, “In view of the prevailing unemployment situation in Bangladesh, extending the age of retirement and taking up initiatives towards the generation of employment opportunities for elderly may not be feasible options for Bangladesh. Long-term planning is required to cater to the changing needs over time of the young, elderly and working-age populations in order to ensure that adequate resources are available when and where they are needed” (Kabir 2009).

<sup>23</sup> For the exception from Sri Lanka see note 21 above.

<sup>24</sup> Steps being taken by governments in South Asia are discussed in section 5.

<sup>25</sup> Some illustrative examples are cited here. For measures in other countries see section 5.

<sup>26</sup> The Network was established as an International NGO in 1997 and has consultative status at the Economic and Social Council of the United Nations.

<sup>27</sup> For a discussion of elderly abuse in the institutional setting see (WHO 2002).

<sup>28</sup> The questionnaire involved staff from the following agencies: Action Aid, the British Red Cross, CAFOD, CARE, Christian Aid, Concern, Islamic Relief, Merlin, MFS-UK,

Oxfam, the IFRC, the ICRC, Save the Children UK, Tear Fund and World Vision

- <sup>29</sup> The views expressed by an older woman from Thailand “I feel older persons have no value; I don’t know what I live for. I am waiting to die as I have no hope” could well be shared by a large number of poverty-stricken older persons in South Asia (Mujahid, Pannirselvam & Dodge 2008)
- <sup>30</sup> In the developed countries, Governments have pursued policies to counter the negative attitudes towards older persons and the media too has played a major role. In Australia, for example, The Office for Older Australians, in the Department of Health has created an online gallery of positive images of older persons. The site also provides information relating to positive and healthy ageing, work and later life planning, and health and care. (UNDESA 2008)
- <sup>31</sup> A critical assessment of national policies is beyond the scope of this regional level situation analysis. It is, however, expected that this review will help in raising awareness among some of the countries of the need to undertake a detailed situation analysis of ageing at the national level including a critical assessment of policy implementation.
- <sup>32</sup> The authors wish to thank Mr. Younus Payab of the UNFPA-Afghanistan Country Office, Kabul for providing valuable inputs for this sub-section.
- <sup>33</sup> It should be pointed out that these figures refer to population 60+ while in Afghanistan both the Afghanistan Census Act and the Afghanistan Pension Law define older persons as those aged 65 and over.
- <sup>34</sup> The authors wish to thank Ms. Nazia Yusuf of the UNFPA-Bangladesh Country Office, Dhaka for providing valuable inputs for this sub-section.
- <sup>35</sup> The authors wish to thank the UNFPA-Bhutan Country Office, Thimpu for providing valuable inputs for this sub-section.
- <sup>36</sup> The authors wish to thank the UNFPA-India Country Office, New Delhi and Prof. P.M. Kulkarni of Jawaharlal Nehru University, New Delhi for providing valuable inputs for this sub-section.
- <sup>38</sup> The authors wish to thank Ms. Kumiko Yoshida of the UNFPA-Maldives Country Office, Male for providing valuable inputs for this sub-section.
- <sup>39</sup> The authors wish to thank Mr. Bijay Thapa of the UNFPA-Nepal Country Office, Kathmandu for providing valuable inputs for this sub-section.
- <sup>40</sup> In September 2008, the newly elected Government increased the allowance to Rs 500 per month and lowered the age of eligibility to 70 years.
- <sup>41</sup> The authors wish to thank Dr. Mohammed Nizamuddin and Ms. Fauzia Mahmood of the University of Gujrat, and Dr. Sara Raza Khan of the UNFPA-Pakistan Country Office, Islamabad for providing valuable inputs for this sub-section.
- <sup>42</sup> The authors wish to thank Ms. Malathi Weerasooriya of the UNFPA-Sri Lanka Country Office, Colombo for providing valuable inputs for this sub-section.



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**“It is not by muscle, speed or physical dexterity that great things are achieved, but by reflection, force of character, and judgement; and in these qualities old age is usually not only not poorer, but is even richer”**

**Marcus Tullius Cicero, Roman Senator (106-43 B.C.)**



Asia and the Pacific Regional Office  
Bangkok, Thailand  
July 2009

ISBN 978-974-680-244-4