

Demographic Profile and Present Situation of Elderly Women in South Asian Countries

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Abstract

Globally, life expectancy at birth increased from around 47 years in the 1950s to 67 in 2008, an increase of 20 years in the space of half a century. The gain has been impressive among less developed regions, i.e. 24 years compared to 10 in developed regions (UN, 2007).

South Asia has the world's largest concentration of people living below the poverty line. Poor delivery of key public services is of particular concern, ranging from health and education to legal services and road maintenance. International Year of Older Persons in 1999 and the 2002 Madrid World Assembly on Ageing describes current situation of population ageing, its causes and consequences and implications at the policy. Almost all the 15 countries reviewed have put in place an institutional structure for dealing with issues relating to older people and framed some relevant policies, plans or laws.

The present paper will highlight the situation of elderly women with special demographic characteristics and how the cultural and geographical background affects the situation of elderly women. The present paper is a review paper aimed at describing the situation of elderly women influenced by socio cultural characteristics of south Asian countries.

Key words: *Elderly women, demographic profile, socio cultural background.*

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Introduction

“You can tell the condition of a nation by looking at the status of its women”
—**Jawaharlal Nehru**

In majority of the countries throughout the world, the demography of elderly people is undergoing a change. The number of people over 65 is increasing rapidly due to a significant decline in the number of births, advancement in medical treatment and technology, eradication of many infectious diseases, and improved nutrition, hygiene and sanitation. However, the increase in developing countries is far more rapid than in countries that are already developed, leading to an urgent need for focus to be placed on this particular group of people in developing countries.

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Statement of Problem

According to UN record in 1980 worldwide older population were 382 million and it was over numbered in 2017 which was 962 million. It was more than twice as large as in 1980. It is expected to double in 2050, when it is projected to reach nearly 2.1 billion. (United Nations, 2017).

South Asia has the world’s largest concentration of people living below the poverty line. Health and education to legal services and road maintenance of such specific needs there are poor delivery of key public services. South Asia includes following countries India, Pakistan, Bangladesh, Nepal, Sri Lanka, Bhutan, Maldives, and Afghanistan which are the members of SAARC.

Researcher aims to understand and describe the demographic situation of Elderly in South Asian Region, to explore the situation of elderly women in the context of demography, socio and cultural characteristics, and compare them with inter country situation of elderly women India.

The world is entering substantially uncharted waters in terms of the size of its elderly populations. Every country in the world, the share of the population aged above 60 is projected to increase during 2000 and 2050.

Table 1
Demographic Profile of selected Countries and Areas
in the Asia-Pacific Region

<i>Country/Area</i>	<i>Total Population in 2000 (million)</i>	<i>Aged 60+ in 2000 (%)</i>		<i>Number Aged 60+ in 2025 (%)</i>	<i>Aged 60+ in 2050</i>
Bangladesh	137.4	4.9	6,734,530	8.4	16.0
India	1,008.9	7.6	76,679,240	12.5	20.6
Nepal	23.0	5.9	1,359,520	7.1	12.4
Pakistan	141.2	5.8	8,192,860	7.3	12.4
Sri Lanka	18.9	9.3	1,759,900	18.0	27.6
Maldives	0.2	5.3	15,423	6.2	12.1

Women are tend to live longer than men at global level. A effect of women's greater longevity is an older population that is predominately female: in 2017, women accounted for 54 per cent of the global population aged 60 years or over and 61 per cent of those aged 80 years or over. In developed countries average difference in longevity between men and women is about eight extra years and it is now increasing in developing countries.

According to UNESCO rate of literacy among elderly women in South Asia shows that more elderly women are illiterate in South Asia. Considering the Asia pacific region during 1990 to 2016 adult literacy rate rose from 46% to 72% in South Asia; Even female literacy rates are increased faster than male. However South Asia is the only region where half of the global population is illiterate.

Table 2
Sex Ratio at Birth, Age 60 : Men to 100 Women

<i>Country</i>	<i>Total Sex Ratio Year (2005-2010)</i>	<i>Sex Ration in 60 + Age Group Year 2011</i>
Bangladesh	105	96
India	108	92
Pakistan	105	106
Nepal	105	81
Sri Lanka	104	85

Source: World Population Prospects 2010 revision.

Marriage Age of Girls

According UNISEF global databases, 2016, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys, 2007-2015, reveals that around one in two girls is married off before the age of eighteen. It moreover shows that South Asia has highest prevalence of child marriage in the world. Among all South Asian countries Bangladesh has the highest rate of child marriage in the region and it 59 percent, followed by Nepal 37 percent, Afghanistan 35 percent and India 27 percent. Study gives confirmation that approximately half means 45 percent of all women aged 20-24 reported being married before the age of 18.

On the other hand South Asia has observed the largest decline in the child marriage in the last decade. In last two years marriage age of girl's before 18 has dropped from nearly 50 percent to 30 percent. Before the age of 15 there were almost one in five girls (17 percent) are married. In South Asia child marriage is declining 63 percent in 1985 to 45 percent in 2010, with the decline being especially marked for girls under 15 (32 percent in 1985 to 17 percent in 2010). As marriage age of girls is still 15-18 years, hence more efforts are needed to protect older adolescents girls from marriage.

Discussion

Literature Review

Study of age well foundation (2010) revealed that health problems among older women are occurred due to negligence, lack of awareness, lack of financial support and religious mindset of women. If some older women have property/money with ownership however they cannot possibly use the money or take financial decisions on their own. Women are not using their own property or money for their own welfare due to social tradition and pressure. Though they may be rich or poor but they always have to behave as per directions given by the others. There are also few family problems faced by elderly women the older women such as uncomfortable relations with daughters-in-law, limited interaction with children and grand-children. Furthermore relationship issues like their daughters-in-law don't like their interference in family matters, children get busy with their jobs, and their husbands invariably have mood swings after retirement. Many times elderly women have restrictions

on spending their free time and movement from family members. It was also found that majority of elderly women were self conscious as they had in their young life due to home bound life style they don't attain confidence even in their young life.

Apart from this due to old age there are changes in physical appearance, dependency on spectacles & hearing aids, receding hairline, wrinkled skin, all these make them more and more embarrassed. Due to cultural impact of society among elderly women almost all the women turn towards religion. Hence many women give their attention to religious activities like *Satsang*, *Pravachan*, pilgrimage, etc. after losing their life-partner or any other family members. Elderly women who belong to orthodox family have been following religious lifestyle since childhood. Comparing with rural and urban life style joint family system is still alive in villages; elderly women who live in cities are more prone to social alienation/marginalization. When children are grown up and husband's older women find it difficult to cope with old age who live in semi urban situations/industrial townships. (Age well 2010)

Salahuddin and Jalbani,(2006) explained that due to over-mortality of the male/husbands of women there are increase in the rate of single women in the older age groups and which shows these single women need financial support.

Pakistan Medical Research Council (2005) state that due to employment opportunities children were migrated hence women were more likely to report living alone because their spouses had died and even men were more likely to state that they were alone because they had never married or because their children had migrated.

Leibman (2002) reveals about the health condition of elderly women. Osteoporosis was more common and occurs often in menopausal women due to the bone loss associated with a decrease in estrogens. Study also shows that during the first five to ten years of menopause, women are known to lose as much as 20 percent of their bone mass.

Kirkley L (2005) explored in the study that there are higher number of widows than widowers while considering the marital status elderly women. The proportion of widows was three times that of widowers in 1981and four times in 1994.

Parera R.(2004) conducted study on health concerns of the women. Results shows that 55 percent of the middle class women and 57 percent

of the lower class women suffer from various health issues such as pains in joints. Diabetes, blood pressure. However heart attacks could be seen among the aged irrespective of social class.

ILC-I (2006) highlighted that in Bangladesh male members are the main earner in the family and they reported economic problems in care giving. Beside this it was found that female are more tolerant care givers than men because female in large numbers did not report poverty as constraint..

Available literature and research articles focused on demographic situation in South Asia and situation of elderly women. However there is very limited factual data available on vulnerability of women in countries like Afghanistan, Maldives, and Bhutan. Present research paper tries to explore socioeconomic and health condition of elderly women in South Asian countries and how socioeconomic changes in society are defeating cultural and family values in South Asia.

Country-wise Situation of Elderly Women

In India average elderly people are expected to live more than 20 years after completing 60 years of age thus it is the second largest number of elderly in the world. Particularly older women are suffering from an issue of marginalization/isolation or alienation in old age. As per Government record life expectancy during 2009-13 shows those 69.3 years for women and 65.8 years for male. According to 2011 census percentage of widow women at the age of 60-64 (34.7 percent) at the age of 65-69 (43.0 percent) at the age of 70-74 (60.2 percent) ,at the age of 75-80 (62.0 percent) and at the age of 80+ (69.0 percent). It was also found that in agriculture sector elderly workers were increased over a time. It shows that 60 percent are male and 70 percent are female elderly workers were working in agriculture of all 80 percent of elderly. Emotional alienation was another issue of elderly women those who are staying with their children and grand-children. Research also shows that younger generations rarely interact with their elderly family members because of fast changing socio-economic scenario of the country, fast paced modern life style & rapid urbanization across the country. Popularity of nuclear family system has virtually crushed strong traditional bond between grand-children & grandmothers. Older women, who live in cities, are prone to social alienation/marginalization in comparison with older women of villages. Older women who live in semi urban situations/

industrial townships also find it difficult to cope with old age, particularly after their children have grown up and husbands have retired. Lack of social security was another kind of distress of older women. As they are totally ignored by their own kith and kin, women don't expect any kind of social security from others.

Pakistan

Total current population of Pakistan is around 189 million people. It is expected that there could be 30 percent raise in population and by 2030 it will reach around 245 million people. Now just like India, Pakistan is also called as young country with almost three quarters of the population aged 40 years or younger by 2030. Pakistan, however, despite its youthful population, may not experience its demographic dividend to its fullest extent because of government idleness.

Turning towards the health condition of elderly women it would be expected that they may have higher rates of morbidity than elderly men like hypertension, diabetes etc. It was also found that predominance of heart disease is more among widowed than currently married, never married, divorced or separated. Data draw attention on family and social problems of aged. It shows that 6 percent of elderly were living alone due to the death of a spouse (32 percent), followed by unmarried (13 percent), no relatives (13 percent), the separation of children (13 percent) and children being away due to employment (8 percent). Gender differences in reasons for living alone were apparent. This situation could create financial constraints for these women. Eventually due to these financial issues elderly women have also been seen to involve in beggary and some time they have started prostitution as a profession or an organized crime.

Women are mainly bound to their homes, which is why to arrest the increasingly unsustainable population rate, women must be provided with more employment opportunities to prevent families from starting at an early age. In Pakistan due to uncertainty of child survival thought of family planning is possible only after women had four or five children. Hence it was suggested that necessary investments in family planning must be made in conjunction. To make the population growth slowdown women should get support to delay childbearing. It could be possible only when women having assurance of their survival. Though they want to have space in between two children they do not have access to

contraceptives. For securing the health status of women in old age girls education, job opportunities and access to contraceptives will lower the fertility rate and set free the economic potential of women in Pakistan.

Maldives

It is the another developing country with a unique geography that fragments the population across many small islands. Due to limited natural and human resources there are the difficulties in providing social health-care services for the elderly. It is estimated that the number of older people in the world will increase from 606 million in 2000 to nearly two billion in 2050. As elderly population in the world is increasing, same in Maldives, life expectancy has increased steadily. According to the WHO life expectancy in Maldives is: Male 77.2, female 79.9 and total life expectancy is 78.4 which gives Maldives a World Life Expectancy ranking of 35. in 2018. Taking into consideration of family status of elderly women in present era, Maldives is accepting nuclear family pattern than extended family. The situation becomes worse for woman when she has been sexually and physically abused. Sometime she was required to take care of the father and he was also the abuser.

Sri Lanka

Sri Lanka is unique country in the South Asian region, both in the present process of ageing as well as in its future. In 2000 and 2030 the proportion of those over the ages of both 60 and 70 years in Sri Lanka is much higher than—almost double—any other country in the South Asian region. However population of Sri Lanka is expected to get older by 2030, unlike India and Pakistan. A major challenge facing Sri Lanka is its aging population and a resurgent fertility trend that are set to combine and increase the dependency ratio. The Central Bank of Sri Lanka highlighted in a report that to reduce the consequences of an increasingly dependent population in old age more women need to attract into the workplace. However it quite crucial to improve female labor participation in this regard. Traditionally family is main caregiver and support base for the Sri Lankan elderly and they have depended on the same. Considering the expectations of economic wealth, this feature cannot be expected to continue in future, as large proportion of females who were housewives are now employed in Sri Lanka and abroad, and both children and their spouses are engaged in work outside the home.

Same as like in other countries females have greater commitment to working outside the home and root behind this is economic hardships in the rural sector. Furthermore due to lack of opportunities of different occupational avenues in rural areas there is greater mobility of educated youth from rural to urban areas. But longevity of elderly women is more thus impact of this migration have greater impact on elderly widows, who predominantly reside in rural areas.

Though women live longer than male elderly, they are more prone to chronic illness and disabilities. Then there are very few old age social security and befits available for elderly women. Hence women are more poverty-struck and destitute. To meet the health and other needs of elderly women government and non government organisations provide feasible social security system. It was also found that irrespective of social class approximately 55 percent of the middle class and 57 percent of the lower class women suffer from pains in joints, Diabetes, blood pressure and heart attacks. (Parera R.2004)

Bangladesh

Bangladesh is also one of the country which shows improvements in life expectancy and increase the role of public to finance the ever increasing number of retirees. Bangladesh is country which has law to distribute assets and land to the women however considering the social context of Bangladesh, most of women in rural and urban slum area do not own land and other property. Due to this situation they are in worse situation in old age. Elderly women are also suffering from severe emotional problems such as loneliness and anxiety. Life expectancy in Bangladesh is 65 for male and 68 for female. Study revealed that due to longer life expectancy, extreme vulnerability and socio economic marginalization, the situation of older women is much worse than older men.

Despite some success emanating from family planning programs, Bangladesh has an obsession with the short-term, which riddles attempts to prolong marriage and reduce the fertility rate. Marriage age of girl shows that 18 percent girls got married before the age of 15 and 52 percent before the age of 15 (Ashadujjaman, Akter 2017). Half of all teenage girls have at least one child. Contraceptives prevalence rate is low in Bangladesh. Allowing women to explore employment options and contribute an income to the family will help and support to put more

money into better schooling and health care services. If women are entering the work force and improved access to better health care enables them to have a choice to delay in starting a family. To care for the increasingly aging population there is need to decrease child death and birth rate slows population growth, decreases the dependency ratio and frees up more resources. There is very limited access to health care services to for elderly rural women cause of socio-economic discrimination and several cultural factors at individual, societal and institutional levels which highly vulnerable.

Nepal

The Senior Citizens Act 2063 (2007) of Nepal defines elderly people as those people who are aged 60 and above. (Khanal, 2015). Nepal is also facing the challenges of transitions in ageing population. Nepal thus has been made some provisions to ensure adequate amounts of investment in young people, specifically children. This is useful because they can take care not only for themselves, but an increasingly ageing population out to 2030 and become more productive than their parents. It was found that to put the situation into perspective, Nepal has approximately one fourth of that time (about 28 years) compare to France had roughly 115 years to go from an ageing to an aged society. Nepal has systematically concentrated on uncontrollable population growth and economic stagnation. with achievement of declining birth and death rates and improved life expectancy. According to the latest CIA World Fact book Data, the zero-14 age bracket (30.93 percent of population) is the second largest section of Nepalese society. For Considering the future of demographic dividend of Nepal, children in the zero-14 age bracket must have appropriate educational, health and employment opportunities. Utilization of economic potential of its existing population must give priority, so that when elderly people start outweighing working-age people, the latter is able to support them. It was found that widows who were staying alone suffering from economic and health problems.

Bhutan

Bhutan's current population is around 770,000 people, with this figure expected to rise to approximately 886,000 by 2030. Due to increase in life expectancy and decreasing child mortality rate, Bhutan will likely experience a population explosion out to 2030 and onto 2050. Current

status shows that most of the population resides in the pre-reproductive and reproductive stages, meaning Bhutan will see a steady rise in its population out to 2030, but also the added possibility of an enlarged post-reproductive age (45 years of age +) section of society over the long term to 2050. It's very difficult to face the challenge of population rise up to 2030. The population is expected to double in about four decades. According to government report Bhutan has its inbuilt potential for rapid population growth because of high fertility rate, the low use of contraceptives and the relatively largest young population between the age group of 25-54 years. There is need to stress government efforts to lift its people's standards of living. It is expected that Bhutan will face similar challenge of high population growth of ageing population like Nepal by 2030, and hence more concentration is necessary on pre-reproductive (zero-14) age bracket that must be more economically productive than their parents ever were. Job creation and expansion in public sector must be focused. However, private sector could support for future growth engine. The government must ensure that private sector growth features throughout its future Five-Year Development Plans. Studies shows that due to higher prevalence of disabilities and chronic conditions reported by elderly women there were poorer self-reported health and subjective Quality of Life.

Afghanistan

Present population of Afghanistan is approximately 34 million, with this figure expected to grow to 48 million by 2030. Afghanistan have strong cultural impact on demand large families and high fertility rate . It is one of development challenges for its ever growing population levels, Among South Asian countries Afghanistan has the highest fertility rates. If the CIA's World Fact book is to be trusted, Afghanistan's total fertility rate is 5.22 children born per woman. Due to a high fertility rate in Afghanistan there are challenges to improve the population's levels of health care and education and it resulted in increasing the dependency ratio and takes the economic potential of women of the work force. Though the fertility rate is expected to decline (2.7 by 2030), Afghanistan has such a rapidly unsustainable population it is highly difficult to manage such a rapidly unsustainable population. High cultural influence of having large families lead to have more youth population within the years to 2030. These bulges are not inherently bad; countries with suitable health

care, employment opportunities for men and women and access to birth control are able to accommodate the economic potential of the increasing population. However due to patriarchal social structure which limits the birthing options of females, poor health care, widening inequality and an inability to meet even basic needs are issues that appear difficult to solve even in today's climate. Envisaging the obsession with large families can be curbed, Afghanistan's long-term demographic outlook looks tough to manage. Considering the status of older women, it was found that they were involving in income earning activity, house hold responsibilities till end of their life and they may also endure chronic poverty.

Health Status of the elderly shows that due to the change in the social outlook the elderly population is unconsidered in most of the circumstances in rural areas and they have become the most vulnerable sufferers in the society especially the older women. Elderly women became very flexible and dynamic in the life course because they are adopting living conditions as per changing life circumstances. Socio Cultural factors such as marital status, financial well being, health status and family size and structure as well as cultural traditions influenced mainly. Moreover as age grows they suffer from lack of physical and mental well being mainly due to the improper support received from their family members. Health problem is the most serious thing that has to be concerned by the society on the whole. It was observed that almost all the women suffer from one or the other disabilities. The main facts being that, the older women often reflect the cumulative impact of poor diets. Lack of good food and safe drinking water, a gender based division of domestic tasks; environment hazards etc also have a cumulative negative impact on the health of women as they age.

Conclusion

The older population in each country will constitute an increasing proportion of the future increments in total population. Historical and ethnographic accounts point to the centrality of family and household to the care for the elderly in South Asia, as compared with North-West Europe Sex ratio. It is projected that the proportion of women in the older population will increase during 2000-2025 in all countries except Pakistan where it will decline to slightly below 50 per cent. It was also found that across the world, in all countries of South Asia, older women are more vulnerable than older men. (UNFPA 2009) as they are deprived

of access to education, health, etc. as more countries had influence of patriarchy since their childhood.

In India due to negligence and changing family structure they turn and engage themselves in religious activities, women have more religious influence hence. Due to lack of social protection, older women are forced to lead a life full of distress. In Pakistan elderly women tend to report higher rates of morbidity than elderly men like hypertension, diabetes etc. Older women due to their financial constraints and being vulnerable face tremendous financial hurdles. Ultimately, such older women have also been seen to indulge themselves in the curse of beggary. Studies have shown that even elderly women have started prostitution as a profession and organized crime due to the poverty. In all countries, a smaller proportion of older women is economically active than older men. Except in Maldives, there is wide difference in illiteracy rates with a much higher proportion of older women being illiterate. In Sri Lanka there are more elderly widows than widowers. This notably increasing trend of elderly widows implies a growing number of elderly women that are socially isolated, without the support of a husband or immediate family. In Bangladesh loneliness and anxiety are the major issues faced by the older population, especially for elderly women. Due to longer life expectancy, elder women are extremely vulnerable than men. In Nepal too older women especially widows and those who are without sons are facing economic vulnerability and consequences of health problem. In Bhutan the higher prevalence of disabilities and chronic conditions reported by women is consistent with the general finding of poorer self-reported health and subjective Quality of Life. In Afghanistan patriarchal social structure creates more vulnerability for older women to even meet basic needs. This issue appears difficult to solve even in today's climate. Health problem is the most serious thing that has to be considered by the society on the whole.

Recommendation

Majority of studies were conducted on total elderly population in developing and developed countries and elderly women were the part of the study. In depth study on the issues of elderly women need to be conducted, as women are vulnerable in all countries of South Asia. In most of the countries in South Asia women are bound to household responsibilities with total dependency on husband or children. It shows

that family values and respect towards elderly in families are slowly disappearing which existed earlier in these countries. Hence there is a need to imbibe these values among younger generation either through intervention or through research studies. Special pension policy provision and social security provision for elderly women needs to be framed in countries where elderly population of women is increasing.

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