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THE AGEING SITUATION IN NEPAL

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GEO POLITICAL SITUATION

Nepal is a small country located in south Asia. The country is landlocked between two giant countries India and China. It is surrounded by India on three sides and by China's Xizang Autonomous Region (Tibet) to the north. The kingdom of Nepal covers an area of 147,181 square kilometres, and stretches 145-241 kilometres north to south and 850 kilometres west to east. Noted for its majestic Himalayas, Nepal is very mountainous and hilly. It has a total population of 23,151,423 in an area of 147,181 square kilometres with a density of 157 persons per square kilometre.

Nepal has great physical diversity, ranging from the Tarai Plain – situated at about 300 metres above sea level in the south – to the almost 8,848-metre-high Mount Everest, in the north. The Himalayan mountain range forms the northern border of Nepal. Eight of the ten highest mountains in the world are found here, including the tallest, Mount Everest (29,035 feet).

The temperature and rainfall differ from place to place. To the north temperatures are below 40 degree Celsius and in the Terai, temperatures rise to 40 degrees Celsius in the summer.

The country is divided into three ecological zones: mountain, hill and Tarai (plains) accommodating 7, 44 and 49 % of the population respectively. It is inhabited by more than 100 caste and ethnic groups. Based on area of districts these regions constitute 35, 42 and 23% of the total land area.

There are 5 Development regions, 14 zones, 75 districts, 3995 village development committees and

36 municipalities. These districts are further divided into rural and urban areas. At present, there are 58 designated urban areas and 3,914 rural areas in the country. 42 districts have one or more designated urban areas whereas the remaining 39 districts are completely rural.

About 80 per cent Nepalese people are dependent on the agriculture for their livelihood. However, agriculture sector contributes only about 40 per cent of the GDP. The manufacturing sector is still weak (about 10% of GDP) to contribute substantially to the GDP and the larger proportion of the GDP is being contributed through trade, tourism and service sectors. The GDP per capita remains very low at US \$ 236.

Politically, Nepal has a multi-party democracy with constitutional monarchy. On November 9, 1990, the late King Birendra promulgated a constitution, which introduced a multi-party system. The nature of legislature is bicameral: National Assembly (also called upper house) with 60 members, of whom 35 are elected by the House of Representatives, ten appointed by the king and 15 are elected on a regional basis; House of Representatives (also called lower house) with 205 elected members from national single-member constituencies. The elected Prime Minister heads the government. The Prime Minister heads a Council of Ministers appointed from the elected House of Representatives and the National Assembly.

On February 1, 2005, His Majesty the King dismissed the elected government headed by Prime Minister Sher Bahadur Deuba and claimed supreme power. His Majesty the King of Nepal, Gyanendra Bir Bikram Shah Dev acted as a Chairperson of the Cabinet of Ministers.

Table 1: Census data for population

Age Group (years)	Population in Millions			
	Year			
	1971	1981	1991	2001
0 - 9 yrs	3.37	4.50	5.51	6.08
10 - 19 yrs	2.35	3.04	4.12	5.46
20 - 29 yrs	1.90	2.50	2.96	3.80
30 - 39 yrs	1.55	1.87	2.18	2.86
40 - 49 yrs	1.07	1.37	1.59	2.05
50 - 59 yrs	0.67	0.89	1.05	1.40
More than 60	0.64	0.86	1.07	1.50
Total	11.55	15.03	18.48	23.15

Bureau of Statistics, CBS 2001

The main political parties are the Nepali Congress (Democratic), Nepali Congress, (Communist Party of Nepal), (United Marxist-Leninist) and United Left Front. Since last ten years Communist Party of Nepal (Maoists) has been carrying out a movement for the establishment of a Republic and Constituent Assembly.

There have been some significant political changes in recent days. On April 22, 2006 the King returned the executive power that he claimed 14 months ago to the people after the mass protest made all over the country by seven political parties. But who is going to be Prime Minister is still undecided.

DEMOGRAPHIC CHANGES

The ageing of the population has presented new challenges for meeting the rapidly increasing needs of the elderly and has become a global issue. Population ageing is also rising steadily in Nepal. The proportion of the elderly population has been growing and is predicted to grow further in the coming years. In the context of Nepal the elderly population is defined as the population aged 60 years or older, where life expectancy at birth is almost 60 years and the retirement age is around 58 years. Table 1 shows the census data showing demographic change in the number of elderly people over the last 4 decades.

Table 2: Number and Change in the Elderly Population

Census Year	Total population (in thousands)	Population aged 60 and over (in thousands)	% Share of elderly (60+ population)	Absolute change (In ' 000)
1961	9413	489	5.2	–
1971	11556	649	5.6	160
1981	15023	857	5.7	208
1991	18491	1071	5.8	214
2001*	23151	1504	6.5	433

Source: Population and development in Nepal, CPDS vol. IV²

Table 3: Growth rate and Total fertility rate (TFR)

Census	Growth rate of Total Population	Growth rate of Elderly Population	TFR
1971	2.07	2.42	6.3
1981	2.66	3.26	6.3
1991	2.10	2.26	5.6
2001*	2.24	3.40	4.1

Source: Population and development in Nepal, CPDS vol. IV

Numbers and Proportion of Elderly Population

The last five censuses of Nepal reveal that the number of elderly people is increasing continuously both in absolute number and proportion (Table 2). In absolute number it has increased to 1504 thousands in 2001 from 489 thousands in 1961. The change in the number of elderly people is significant over the last four decades from 1971 to 2001. For example, the proportion of population 60 years of age and older was 5.2 percent in 1961, which reached to 6.5 percent in 2001.

Growth of elderly population

An important feature of the elderly population is that it is increasing at a faster rate (3.4 percent) than the population as a whole (2.24 percent) (Table 3). At this growth rate it is estimated that the elderly population will double in less than 21 years where as the total population will double in 31 years.² It has been found that the Total Fertility Rate (TFR) continues to fall in the country. Accordingly, the rise of the youngest age group will be smaller. But the number and proportion of elderly population will increase. This will have major implications on the individuals, the families and the society as a whole.³

SOCIETAL IMPLICATIONS OF AGEING:

a) The Family

In a country like Nepal, which is known for its richness in cultures and tradition. family values are highly regarded by all Nepalese people. The joint

family system is commonly seen in Nepalese society where senior persons are given a special position. The elder person, considered as an idol of discipline and justice, is also responsible for the well-being of the family and he or she contributes to the upbringing of the young and becomes an educator and guide who fosters the initiatives of the family. Different ethnic group/communities have their own customs and traditions to pay respect to elders. In some communities like Newars special celebrations are performed to respect the elders when they complete 77 years, 84 years and 90 years. In fact the person is considered to attain a status of God as it reached that particular age. This symbolises a unique cultural tradition to honour the elders. Thus our culture displays high regard and respect for the elderly citizens and normally no major decision is taken in a family without the eldest person's consent. One of our major festivals Vijaya Dashami is also concerned with showing respect to the elders.

But it has now become a sad reality that inevitable changes in the society and family structure with the changing times has also brought some serious changes on the role and perceptions for older persons. Passing through the so-called modernisation phase, Nepal is now witnessing to its traditional family system disintegrating. More and more Nepalese homes are going nuclear. There was a time when small family units were rare. Everybody lived together. Being old didn't translate into solitary existence. Grandparents looked after grandchildren who found in the former a good company. Grandparents for their part thus did not have to grapple with loneliness and at the same time found

themselves contributing to strengthening the family bond. The middle generation found solace in the fact that their children derived growing-up support from both their parents and their grandparents. All this is fast disappearing. With the headlong pursuit for materialism, many in the present generation are abandoning the age-old, time-tested family structure. In the process, parents are being abandoned. The old social values are being replaced by new values adopted by the young generations under the influence of western culture. So living conditions for the elderly have worsened, as they are dependent on the breadwinners of the family. One can even see how reasonably well off children have no qualms in leaving their parents in old age homes. There are even some cases where children trick their parents to get the property and lease them in misery after getting the property.

The situation of elderly persons living in rural areas are further being worsened due to the recent uprising of the Maoist Guerilla activities because of which their children are forced to join the Maoist group. This has left elderly parents alone on their own and forced to move towards urban areas where they have to have to make their living by having all kinds of hardship of doing hazardous work or even begging. This is one of the facts that have been stated during the speech made by then State Minister for Women, Children and Social Welfare, H. E. Mrs. Sushila Swar during the Second World Assembly on Ageing held in Madrid, Spain on 9th April 2002.⁴

The causes of concern for the elderly citizens are due to the fact that the family is the only supporting institution in a country like Nepal and with the change in preference of modern society to live in a nuclear family, the plight of these 60-plus citizens is becoming more and more worrisome. This is more evident in the findings that family size in Nepal is decreasing with five members in a family in 2001. This figure was 5.6 members in 1991 and 5.8 members in 1981.¹

In Nepalese society the younger generations do pay respect to elders, as culture is still an important and influential part of people's life according to which elders are given enough respect. But when it comes

to advice, ideas and principles one can easily sense the aura of generation gap stemming up. Younger generations considered older people's view as conventional and out of date and tend to disregard their suggestions and ideas.

In the context of Nepal one big thing that has widened a gap between older and younger people is due to education. While younger generations are well educated and connected with new technological advancement, the fact that many older adults didn't receive education like of today and some are illiterate has made younger people feel more superior in their ability and as such they do not show deference to the suggestion of the elderly and tend to consider them old fashioned and outdated.

b) Care - Services for Older Persons

The increasing population of aged people is becoming one of the problems that Nepal has been facing in recent years. Different efforts are being made by concerned authorities to address it and services are being offered but unfortunately they are grossly inadequate and have not been able to meet the needs of the elderly population.

Role of Government

Old age allowance:

According to the constitution of the kingdom of Nepal, 6 state policies under section 9 clearly state the provision of providing social security to the aged. Pursuant to the constitutional provision in 1995, the government introduced for the first time, a non-contributory, universal social security programmes like allowance for senior citizens of 75+ years of age. Subsequently the programme was expanded to include helpless widows of 60+ years old and physically and mentally retarded persons. The amount of old age allowance has been increased from Rs 100 to Rs. 150 per month since 1999 in recognition of the international year of the old. In addition a lump sum of Rs. 2000 (approx USD 28) was made available to those elderly persons who were over 100 years in age.

Although this sort of allowance is certainly a good move from government side to give some form of financial security, the Programme has however, failed to give direct benefits to the elderly people in terms of supporting their daily livelihood. The allocated amount is not enough to manage the day-to-day living cost in consideration of rising expenses of present times. Also the elderly are not getting the allowance regularly and in time.⁷ Since this scheme requires verification through a citizenship certificate which some of the elderly females did not have they were denied from their rights.³

Medical treatment facilities for the elderly

Apart from providing the monthly allowance to the elderly persons, medical treatment facilities have been made available to those of 65+ age for local level treatment. A sum of Rs 2000 (approx USD 28) is provided for such treatment in one installment, which should not exceed Rs 4000 (approx USD 56) in a year. This programme is implemented through a committee formed at the local level. This programme is currently under implementation in 17 out of 75 districts.

It has again become matter of doubt as a report has shown that people have been unable to take a benefit of this fund due to lack of awareness. This is a very sad reflection of poor governance from authorities

The Ninth plan (1998-2002)⁸ of His majesty's government of Nepal has included a separate chapter dealing with "Helpless, Disabled and Senior Citizens".

In its objective the plan states that senior citizens are assets of the nation because they carry social values, tradition and culture. The state will properly honour and protect senior citizens, helpless widows and disabled citizens together with mainstreaming their capability, experiences, knowledge and peculiarities in national development. The experience of elders will be capitalised for national development.

- Elderly homes will be established in all five development regions. All senior citizens!

helpless widows and disabled citizens will be ensured with social and economic security, and their rights will be guaranteed and preserved.

- Similarly all zonal hospitals will have geriatric wards. Senior citizens will be treated he subsidized rates at hospitals and health centres. Efforts will be made to make available some concession in the fees for treatment in private nursing homes and clinics Mobile health services will also be arranged for their treatment.

- Elderly homes will be established in all regions, keeping in view the need for the welt'are of senior citizens.

- Senior citizens will be given concessions also in public transportation and entertainment fees.

Unfortunately, except the old age allowance scheme many of the objectives of this plan have largely remained unimplemented. Till the present date there is no special geriatric ward in any of the hospital of Nepal. There is no presence of any provision of concessions in public transportation and entertainment fees to older adults

The Tenth Periodic Plan (2002-2007), which has commenced from July 2002 has included a separate section dealing with "Senior Citizens Helpless, or Disabled and Other Social Security". The objective of the ninth plan has been continued in the tenth plan also. It has again been stressed that the knowledge, skill and experience of the senior citizens will be utilised in development and social works apart from programmer to honour them.

Pension and Retirement Benefits

Government employees are entitled to receive the following benefits on their retirement from service; Pension, Gratuity, Payment for medical expenses, Payment for accumulated leave Pension is provided to civil servants, military, police and teachers. The standard retirement age is presently 58 for the civil servants, which may vary in the case of other services. As f'or example, the retirement age for teachers is 63 years whereas the lower ranks of the

military and police may retire at age 46 - 48. The vesting requirement for a civil service pension is 20 years and 16 years for the military and police. People who leave before completing 20 years of service do not qualify for a pension, but do receive a gratuity if they are employed for at least 5 years. The gratuity is paid as a lump sum.

Employee's Provident Fund has offered since 1996 a non-contributory pension to its members. It pays an annual pension of 5 percent of the members' deposit at the time of retirement.

Though the scheme has undoubtedly provided good social security for the paid employers, the concern for elders from the informal sector has largely remained unaddressed. At present social security benefits in one form or other including retirement benefits are made available to the regularly paid employees in the formal sector such as government, private enterprises, and others. There is no provision of such benefits in the informal sector (mainly includes agriculture). As a result a large segment of the labour force, which is involved in the informal sector, have to depend largely on themselves and their families for subsistence in old age. According to the Nepal Labour Force Survey, NLFS (1998/99) ⁹ the age group of 60+ has a high rate of labour force participation i.e. 63.2 %.

It is evident that workers in the informal sector are outside the formal system of social security. Thus, in the informal sector, the issues of old age security and health are largely handled within their family itself. There is however a gradual decline in the role of the family as an institution in the process of modernization. The need for broad-based social security for elders is, thus, increasing more and more not only for the wage earners but also for the selfemployed in general.

Senior Citizen's Act

The Ministry of Women, Children and Social Welfare is preparing a draft of the Senior Citizens' Act¹⁰ to ensure social, economic and human rights of elderly citizens through legislation. "The proposed law will ensure protection and provide shelter to the economically and socially deprived senior citizens

and will also give them shelter in the old age homes. A code of conduct will also be drafted under the Act to give guidelines and uniformity to run these homes, as well as provide financial support to establish and operate old age homes for those old people who are helpless, not cared for and given service by anyone,"

It is good news that legislation on senior citizens is in the offing and win its final stage of preparation but it is needed to be observed now up to what extent the act will be implemented. Because the government has already failed to implement its policy to provide geriatric health services through lack of proper infrastructure, it would be too much to expect just by introducing a legal provision on paper. Hence, even after the promulgation of the Act, the activists and social workers should lobby strongly to implement effectively the provisions. The new ordinance is also making it mandatory for the children to look after their elder parents. This provision can be doubtful for its effectiveness because the "looking-after" issue is very subjective. It will be difficult for the elders to prove at the court that their children are not looking after them properly. The draft bill should, therefore, consider certain effective ways to help the senior citizens.

One of the noteworthy parts of the Act is that the new ordinance will also ensure old people's right to take decision on their property. This is certainly an appreciable effort as there have been many reports across the country that children leave their parents after inheriting the property and force the elderly to take a shelter in old age homes. This is due to our legal provisions according to which parents cannot deny to pass on their ancestral property to their children and also children may not need to look after their parents to inherit such property. If the proposed ordinance could incorporate will-based transfer of property, our social system would definitely undergo a complete transformation and the parents, with certain property, will not be neglected by their children.

Old age homes

His majesty's government of Nepal (HMGN) for the first time presented a policy and programme on old

age homes in the Ninth Plan. The ongoing Tenth Plan has also put forth a policy for old age home. Due to increasing change in social and economic situation, old age homes are seen as necessary for elderly at all levels. Several old age homes have been developed in Nepal in recent years to rehabilitate the elderly people for their welfare, their development and promotion. Altogether 103 old age homes are currently registered, including those operating in full ownership of His Majesty's Government of Nepal (HMGN) and through other social levels, with the Social Welfare Council (SWC), HMGN. Of them, 48 are situated within Kathmandu and the rest in different districts of the country. HMGN has been providing grants for 15 old age homes in addition to the government-owned "Pashupati Old Age Home" every year and has declared one old age home each in four development regions as a model old age home. However, the Far West Region was not covered. No study has been done by either governmental or non-governmental organizations to reflect the actual conditions of these old age homes other than some studies done by sociology students in some selected old age homes. It has also come to notice that some of these old age homes are also not operating because of management problems as reported in one of the daily national newspapers.¹¹

Role of Private sectors and voluntary sectors

From private sectors many NGO's are working for the rights, welfare and care of the elderly. Different old age homes are also being run by different NGO's. From time to time NGOS conduct different talk programmes, and seminars to discuss the needs of elderly people. Some of the NGOs that are working in this field includes National Senior Citizen Organisation Network Nepal (NSCONN) and Senior Citizen Welfare Association of Nepal (SCWAN) etc. They are also involved in carrying out different studies to identify the status of the elderly. But given such conditions the sad reality is that these efforts from private sectors and government sectors are still inadequate. Many NGO's face shortage of funds so that their objectives remain unfulfilled.

Role of family

In Nepal there is no specific law, which requires the family to look after their elderly parents compulsorily. In fact according to the civil conduct code children especially the son become the direct bearer of parents' property and they may not even need to look after their parents to inherit it. This has made elderly people very likely being neglected.

In Nepal due to strong cultural and religious values children would look after their parents naturally, out of love. They are given respect and care and regarded as heads of family. This is particularly true in the case of middle class people where elderly people are happily placed. But due to increasing modernisation, economic pressure and migration of rural people in search for work, the life of rural elderly people has become difficult and they remain deprived of family care. The in-laws consider them "inactive", "burdensome" and "passive recipients of support".⁴ Elderly people even from a well off family are suffering from isolation and are unable to reveal it due to fear of social stigma. Thus H.E. Mrs Sushila Swar, State Minister for Women, Children and Social Welfare during a Second World Assembly on Ageing in Spain has rightly stressed the need of reviving the old values of family cohesiveness and creating the environment to keep them in families where they can be comfortably placed.

ECONOMIC IMPLICATIONS

The increasing numbers of older persons and an increase in the incidence of chronic degenerative diseases will call for increased health expenditure. However, the government provides limited special services for these groups of older persons. As of today government has not made any such provision of health care concessions for the elderly. However, the Senior Citizen Act in the off;ing has aimed to address it. Government has allocated some funds in some regional government hospitals for the treatment of the elderly. This fund is also very insignificant and available only to a small number of government hospitals. According to a news report

in a national daily, only one elderly person had benefitted from this fund during the fiscal year 2002/2003 in one of the regional hospitals. All in all the health care expenditure on the elderly has been very scanty.

Old age allowance is the only form of social security that is available to Nepalese elderly. Pension scheme is only provided to paid employers and those elderly from the informal sector are not entitled for that benefit despite the fact that a large number of elderly belong to the informal sector (agricultural sector).

In Nepal almost 41% of the population live below the poverty line and make USD1 per day.¹² In such situation the matter of concern rises for most vulnerable persons who have no assets, little or no savings, no pensions or social security. The majority of the elderly engaged in economic activities are in the agricultural and informal sectors and as a result they are likely to have neither reliable nor sufficient incomes, pensions, and health insurances. As elderly people have a reduced capacity for finding work, aging increases their dependency on their families. Therefore, the economic resources available to the family will largely determine the welfare of the elderly.

RECOMMENDATIONS

In view of the increasing population of the elderly certain recommendations are made to ensure that the needs of older people are well addressed and they receive good care which they deserve to live a dignified life.

1. The Senior Citizen Allowance programme for elderly persons has set the lower age limit of 75 years, which should be further lowered. Such programme has certainly been beneficial to the population especially those who are in dire need of financial help for their sustenance. However it is suggested to enlarge the coverage of the programme, as the beneficiaries at present are limited in number .
2. It has come into notice from studies that the elderly are not getting the allowance regularly

and in time. There is also duplication in access to the social security scheme. For example, pension holders also get the senior citizen allowance. These elderly people may not be in need of the social security programme. So, it is necessary to revise the policy because such situation will ultimately exhaust the fund for needy people.

3. In order to become eligible for old age allowance they should produce a Citizenship certificate. And, there are some elderly populations in rural remote areas who might not have it and thus they are not entitled to this allowance. To amend the distribution of this allowance, there is need for a review of the law and policy to make the social security programme more realistic.
4. Elderly people because of their age related altered physiological conditions require special care and treatment. So establishment of geriatric ward in every hospital becomes a most necessary factor to ensure good pharmaceutical care and treatment for these vulnerable populations.
5. It has been realised that the current civil code does not provide adequate safeguards to the fundamental rights of the elderly persons in regard to their ownership of the assets earned by them. There are several cases of sons and daughters claiming their share in the property and leaving the elderly parents even homeless and destitute. Therefore it has been suggested that the present civil code need to be revised.
6. Government and agencies concerned should seek to make the physically capable elderly people self-reliant by involving them in various income-generating activities by providing special opportunities. It is to be realised that there are prospects of proper use and transfer of their knowledge skills and experience. Hence, the family, the civil society and the government should open clubs at settlements level to facilitate transfer of knowledge and other beneficial things from the elderly people to young. They can be given opportunities in a number of the local development programmes

like working as a member of the VDC, community level user's groups, school managerial committees, mother's group, local level development planning etc.

7. In order to increase awareness of the problems and special needs of the elderly the subject of Geriatrics should be incorporated in curriculum of medical schools. Also much stress should be given in the curriculum of medicine, pharmacy and nursing for geriatric care and its treatment. In addition efforts should be pursued to bridge the intergenerational gap by bringing together the elderly and the younger generation in different activities at the local level.
8. It is a widely accepted fact that there is not a single practising geriatric physician or any

geriatric pharmacist in the hospital of Nepal, so government should create a post for them so as to ensure better health care delivery for the elderly. Similarly a provision should be made to provide special training to those healthcare professionals who are responsible for providing geriatric care.

9. Government should allocate more funds for carrying out more research activities in this group of the elderly population so that each of the issues of the elderly can be identified and addressed.
10. A mobile health camp for the elderly living in rural areas should be formed where there is no hospital.

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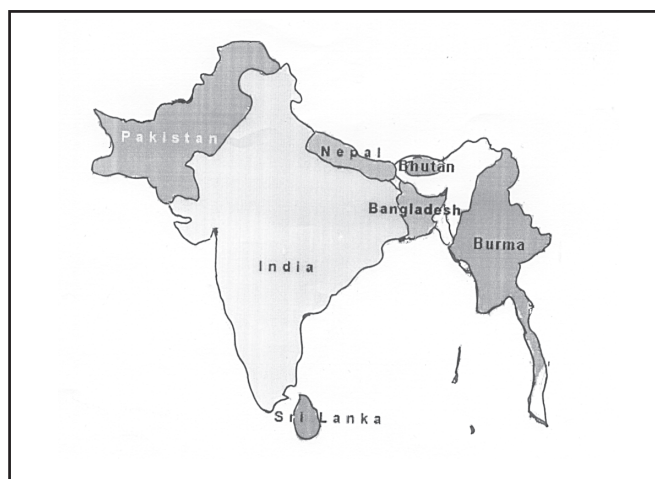
Country Report

THE EMERGING AGEING SITUATION IN BANGLADESH

Md. MEHEDI HASAN KHAN

Geo-Political Situation of Bangladesh

Bangladesh is located in the north-eastern part of South Asia with a land area of 1,47,570 sq. km. It has a shared border with India and Burma. Although emerged as an independent country only in 1971, its geo-political and other aspects of socio-cultural context can be traced back to 3000 B.C. from the history of Indian Civilization.



The topography of Bangladesh is mostly flat with small hilly areas and is criss-crossed by numerous water bodies. Economy is agriculture based and occupying 68.5 percent of the total labour force and contributing 25 percent of the total GDP (BBS, 2005).

Despite having much of political unrest and military intervention, Bangladesh has been ruled by democratically elected government for most of the time since its independence. Bangladesh ranks 139th in the Human Development Index (HDI) in 2005 and belongs to the category of medium human development countries (UNDP, 2005)

POPULATION TRENDS AND PATTERNS

1. Major Population Trends

With a population of about 147 million in 2006 and 900 people per sq. km., Bangladesh is the 7th largest and most densely populated country in the world, excluding city-states like Hong Kong or Singapore (PRB, 2006, BDHS, 2004). The population of Bangladesh is likely to grow up to 172 million by the year 2020 and will stabilize at 210 million by the year 2060 even if replacement level fertility is achieved by the year 2010 (GOB, 2004). These extreme features of Bangladesh population can be traced back to three politico-administrative regimes and corresponding socio-economic and politico-cultural context that Bangladesh has experienced since the beginning of the last century. A least three major types of population trends can be identified during this period (BIDS, 2001). Table 1 presents the major trends of Bangladesh Population during 1911 to 2001.

The **first phase** during the British rule from 1911 to 1941 was characterized by very low growth rate of less than 1 percent with a declining trend in 1921, defined by moderately high birth and very high death rate. Very low life expectancy and declining growth trends were due to many deaths by influenza epidemic and gross under enumeration because of boycotting the 1921 census for political reasons respectively (UN, 1981). An over enumeration happened to establish communal supremacy in the 1941 census and a resulted sudden increase was observed. Percentage of population 60 years and above showed a declining trend from 1911 to 1941. But the absolute number of population began to show its ever-increasing trend since 1911.

The **second phase** of 1951-1974 periods was characterized by rising growth due to sharply falling mortality level from the previous decades. The declining growth rate in 1951 (.50 percent) was due to different natural disasters and various politico-economic conflicts like political distrust, war, famine, communal riots, etc. and the resulted various coverage errors due to the partition of the Indian Sub-continent into two separate countries (UN, 1981; BBS, 2003). The catastrophies, which determined the previous trends, were absent during the 1951 to 1961 period and the number, growth rate, density and life expectancy increased remarkably. Number of population has become almost double to 55.2 millions in 1961 from 28.9 millions in 1901. Life expectancy has become more than double from the previous periods and set the condition for the emergence of the elderly population. Despite a small percentage increase, the number of elderly people has become double to 2.6 million in 1961 from 1.3 million in 1911 and again showed more than 50 percent increase in 1974.

Despite three major catastrophes such as the cyclones and floods of 1970, the War of Independence in 1971 and the famine of 1974, during the 1961-1974 period, the overall population growth trends continued and got a new momentum with the advent of the independent Bangladesh.

Declining population growth rate with low birth and low death rate from the previous decades has marked the **third phase** of 1981-2001. Despite this declining trend, there was a high population growth rate (on average 2.1 percent) during 1974 to 2001, which accounted for the unprecedented increase in population volume in Bangladesh. Crude birth and crude death rate fell sharply in 1974 -1981 due to improving living conditions and public health, and prevalence of modern birth control technologies. The total number of population has crossed to hundred millions for the first time and has become more than double to 111.4 millions in 1991 from 55.2 millions in 1961. Despite a declining growth trend of the 1990s, this second doubling has taken less time than

Table 1: Trends of Bangladesh Population (1911-2001)

Year	Total Population (in millions)	Average Annual Growth (%)	% of Population 60 years and above	Number of 60 years and above (in millions)	Crude Birth Rate	Crude Death Rate	Life Expectancy
1911	31.5	0.87	4.4	1.3	52.9	47.3	22.9
1921	33.2	0.52	4.1	1.3	50.4	41.7	20.1
1931	35.6	0.68	3.2	1.1	52.7	37.8	26.7
1941	41.9	1.65	3.5	1.4	49.4	40.7	31.8
1951	44.1	0.50	4.4	1.8	51.3	29.7	N.A.
1961	55.2	2.23	5.2	2.6	50.0	18.5	48.1
1974	76.3	2.50	5.7	4.0	47.4	19.4	46.2
1981	89.9	2.33	5.6	4.9	34.6	11.5	54.8
1991	111.4	2.15	5.4	6.0	31.6	11.2	56.1
2001	130.03	1.54	6.1	7.9	18.9	4.8	64.9

Source: BBS, 2003, *Report on Sample Vital Registration System (1999-2001)*
 BBS, 2003, *Population Census 2001, National Report (Provisional)*
 BBS, 1978, *Statistical Pocket Book of Bangladesh*

the first doubling due to the earlier effects of high fertility. Steady life expectancy increase has continued and has contributed to the increasing number and percentage of elderly population. Although the percentage increase is not that high, the absolute number of elderly people has increased almost six times to 7.9 million in 2001 from 1.3 million in 1911.

Demographic transitions with declining birth and death rate as well as emergence of an elderly population happened in the developed countries with much socio-economic development and modernization. In the case of Bangladesh, these transitions have taken place in the absence of concurrent improvements in the levels of incomes and standards of living (BIDS, 2001). The per capita GDP of Bangladesh is now US dollars 445 and the literacy rate is only 47.5 percent (BBS, 2005, GOB, 2005). 68.8 percent of households have no electricity, only 30 percent of households use sanitary toilet facility and 19.2 percent people have no toilet facility at all (BBS, 2003). There is one hospital bed for 4,109 persons and one physician for 4,043 persons (BBS, 2005).

2. Age Composition of Bangladesh Population

Present age composition of Bangladesh population is the outcome of the previous population trends. In Table 2, broadly three age-groups such as 0-14, 15-59 and 60+ age group are taken to comprehend the age dynamics of Bangladesh population. It is a young population as an average of 44 percent of population has belonged to the category of 0 - 14 age group during the 1911-2001 periods. Most of the people (on average 51.74 percent) have belonged to the working age group of 15-59 in these periods. The number of 60+ people was small (less than 5 percent in 1911-1951 periods) in comparison with developed or some other Asian countries. A steady increase of the 60+ people (an average 6 percent) is observed from 1961 to 2001 period. Although this percentage is not that high in comparison with some other Asian countries, the absolute number (7.9 million in 2001) is quite phenomenal (Rahman, 1999). The impacts of this population trend are reflected in the total dependency and old age dependency ratio. The total dependency ratio has a declining trend and the old age dependency ratio is gradually increasing. These increasing trends of old

Table 2: Percentage Distribution of Population by Broad Age-group, Old Age Dependency Ratio and Total Dependency Ratio in Bangladesh, 1911-2001

Year	Total	0 - 14	15-59	60+	Old age Dependency	Total Dependency Ratio
1911	100.0	42.3	53.3	4.4	8.2	87.6
1921	100.0	42.3	53.6	4.1	7.6	86.5
1931	100.0	41.9	54.9	3.2	5.8	82.1
1941	100.0	41.4	55.1	3.5	6.4	81.5
1951	100.0	42.1	53.5	4.4	8.2	86.9
1961	100.0	46.0	48.8	5.2	10.7	105.0
1974	100.0	48.0	46.3	5.7	12.3	116.0
1981	100.0	46.7	47.8	5.5	11.6	109.2
1991	100.0	45.1	49.5	5.4	11.0	102.0
2001	100.0	39.3	54.6	6.1	11.2	83.1

Source: BBS, 2003, *Population Census 2001, National Report (Provisional)*
UN, 1981, *Population of Bangladesh, Country Monograph Series No. 8*

**Table 3: Projected Changes in Some Selected Population Parameters (2011 - 2051)
(Based on attaining NRR-1 in the year 2016)**

Parameters	2011	2021	2031	2041	2051
Population (million)	152	171	189	202	213
Total Fertility Rate (TFR)	2.93	2.86	2.79	2.59	2.38
Percentage of Women at Reproductive Age (15 - 49)	57.8	58.2	53.5	50.7	46.0
Expectation of Life at Birth					
Male	64.1	67.4	70.8	74.1	77.5
Female	63.5	66.9	70.2	73.6	76.9
Percentage of Population aged 15 to 64	65.8	69.9	69.7	69.3	67.6
Percentage of Population aged 65 and over	4.1	4.9	7.1	10.1	12.8
Median Age	24.0	28.0	32.0	36.0	38.0
Percentage of Urban Population	29.58	36.21	43.55	51.60	60.36

Source: Unpublished Research Report of NIPORT, 2005

age dependency ratio with other poverty and under-development scenario will have severe socio-economic implications for the total population, especially on the aged population of Bangladesh in the near future.

3. Future Population Trends

Table 3 represents the projected scenario of Bangladesh population trends from 2011 to 2051. The National Institute of Population Research and Training (NIPORT) has made this projection on the basis of the adjusted population by age and sex of the 2001 census and of attaining NRR-1 in 2016. Life expectancy is projected by assuming that, during the projection period, mortality will continue to decline at the same pace as in the past two decades. It can be seen from the table that although TFR will have declined to 2.38 in 2051, the total number of population will be very large at 213 million.

One of the important features of this projection is the significant change of the age structure of the population. The main changes will be an increase in the proportion of the population aged between 15 and 64 years, which correspond to the increase of working age population as well as elderly population and a decline in the proportion of the young population. However, the absolute number of young

population will continue growing; only its pace of increase will be slower than in the previous decades. The percentage of women at reproductive age will begin to decrease from 2031. Life expectancy will be increased to 77.5 and 76.9 years for man and woman respectively in 2051 and the resulted increased number of aged persons (65 and over) is also evident. In all the projected years, female life expectancy will remain lower than male, which is a very uncommon trend in most of the population of the world. Most of the people of the country will live in urban areas from 2041, which will bring a major change in population distribution with concurrent socio-cultural context.

SOCIETAL IMPLICATIONS ON AGEING

1. Traditional Role of the Family

As mentioned earlier, Bangladesh society is agriculture based where traditional norms and values of religion, family and kinship networks play a major determining role in functioning of the society. Older persons are usually and traditionally valued in this society with high esteem. In different decision making processes of the family as well as in society, parents as well as other older members play a determining and counselling role. Due to economic hardship and non-formal nature of employment,

most of the older people do not have the opportunity of retirement or pension and have to be engaged in money earning activities of the family. Children are socialized to respect the aged members of the society. In joint families, the children are usually socialized by the grandparents. The joking-casual relationship between grandparents and grand children is one of the characteristic features of the Bangladesh family structure. Dependent aged members of the family, in most cases, live with other family members in extended or joint families where they get shelter, food or any other care they need. They are usually cared for by other female family members such as wife, daughter or daughter-in-law.

Changes in the Family: Demographic Issues

Due to modernization, urbanization and industrialization of the society, some changes have happened in the forms and functions of the family.

The number of traditional joint families, where the roles and status of the older persons used to operate is decreasing and instead, the number of nuclear families is increasing in the urban and rural areas. The average size of households has declined in both rural and urban areas. It has declined from 5.9 and 5.6 in 1973 to 4.8 and 4.9 in 2001 for urban and rural areas respectively (BBS, 2001). The fertility rate (TFR) has declined from 6.3 in 1975 to 3.0 in 2004) and disintegration of joint family households may be responsible for lowering the household size (BBS, 2001; BDHS, 2004). Migration of family members (both male and female) to the major urban centres and to other countries also contributes to lowering the average family size.

Urbanisation

As Bangladesh society is being urbanized at a much faster rate (urban population increased from 2.55 percent in 1911 to 23.1 percent in 2001) and the corresponding number of nuclear families is increasing, where there is no place for the older members. Many educated urban women as well as rural women are now involved in professional and other socio-economic activities outside home and

thereby creating vacuums for taking care of the aged members of the family in both rural and urban areas. Socio-economic hardship together with a different urban crisis does not encourage families taking the responsibility of the dependent aged members of the family. The interactions between generations have decreased over periods. Many socializing activities of the children which were performed previously by the older members within the joint or extended family are now being performed by secondary institutions outside the family.

Economic Issues

Unfavourable rural socio-economic conditions coupled with women's employment opportunity with other related pull factors in the urban areas encourages women to migrate to the major urban centres. Thus the prevailing overall social situation is acting like a two-edge sword for the aged people as the urban environment is pushing the aged to rural areas and simultaneously creating a rural family disintegration by pulling the rural women in the urban areas where this are the main care givers for the aged members, thereby creating a crisis for the aged people. Besides, international migration of people has left many aged parents alone in their home in both rural and urban areas. In the major urban centres, the necessity of a retirement home is being felt seriously and a number of old homes have already been established in Dhaka, the capital and the major urban centre of Bangladesh.

Modernisation Issues

The advent of industrialisation and modernisation is weakening the traditional norms and value structure of family and religion and transforms society gradually from altruism to individualism where the requirements of the aged are overlooked and neglected. People are now being engaged in a more secondary-formal relationship than primary-informal relationship. The younger are getting less contact with the aged and thereby not developing the extent of respect and love for the aged like their earlier generations had.

CARE- SERVICES FOR OLDER PERSONS IN BANGLADESH

1. Care-Services in Family and Kinship

Care services for older persons in Bangladesh society basically come from the family members and kinship network in both rural and urban areas as most of the aged people live within family and some kind of kinship networks. Fictive kinship and other sociocultural networks also play some important role. Usually women play the major care giving role for the older. Usually the money earning son takes the responsibility of taking care of the aged parents. When the earning son does not live with the aged parents, they usually send money for parents. The older members live with other family members where they get shelter, food, treatment and other daily usual care services. Sometimes, they have separate living arrangement. However, the extent and context of care services for the older persons vary in the context of the respective family's socio-economic context.

2. Government Roles

The government has a formal pension scheme for its retired employee. Usually 57 years is the retirement age for government employee. However, in some semi-government and autonomous bodies 65 or 67 years is the retirement age. There are some other systems like a gratuity scheme or benevolent fund. Rationing of some food items and medicare facilities have existed for retired government personnel, semi-government or even some private sector establishments. From 2004, the Government of Bangladesh has introduced Festival Bonus once in a year for formal government pension receivers. But only a very small fraction of the elderly gets these kind of facilities as most of the people are engaged in informal, self employed sectors where there is no provision for any pension facilities. Some type of long-term saving system and insurance from the government is available which are aimed to serve the purpose of the elderly people.

Although initiatives to provide care services for the elderly outside the family was first taken during the 1960's from some personal initiatives, government

and other non-government or voluntary sectors have started to think about the emerging population ageing context in a very recent time. The Ministry of Social Welfare is responsible for directing some government programmes like the "Old-Age Allowance Scheme". This system started for the poor elderly people who are not covered by the government pension system in only 1997. Initially only 0.4 million people (men and women in equal number) were covered in rural as well as in municipal areas. The extent of this service has extended over the years and now almost 1.6 million aged people get a monthly allowance of US\$ 2.7 per month in both urban and rural areas. But this is only for 19 percent of the total aged people. Government introduced another programme on Allowance Scheme for Widowed and Distressed Women" in 1999 which has covered 5 extremely poor women in a ward who are either widowed or have been deserted by their husbands. They are given US\$ 2 per month (GOB, 2005). In the fifth Five Year Plan, six centres for the elderly in six divisions were planned to establish facilities of geriatrics and other social security programmes for helpless aged people, to provide them life long care and protection under a new approach entitled "Social Security Programme for Old and Shelterless People" (GOB, 1998). This Ministry is helping to organize the World International Elderly Day since 1991 to create awareness among people about this issue. It works jointly with Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM). The ministry also helps other private and voluntary sectors to run their own activities for the welfare of the aged people.

The requirement of welfare services for the elderly is emphasized in the Population Policy of Bangladesh (GOB, 2004). The family support system is recommended to be strengthened through advocacy and counselling regarding responsibilities of family members for the elderly and creating awareness in the light of religious values. Amount and coverage of the existing Old Age Allowance System is recommended for further extension. Emphasis was given to ensure social security and free medical care support for the childless and helpless elderly couples.

3. Private and Voluntary Sectors Role

The emerging issues of ageing are only recently attracting the attention of researchers as well as policy makers. But the role of government, private and voluntary sectors is very limited in comparison with the numbers of the elderly as well as the demands of the services they need. As mentioned earlier, BAAIGM is playing a pivotal role in providing medical and different socio-cultural services for the elderly since its inception in 1960. There are some private associations of retired people, which serve subsidized medical facilities and other types of socio-cultural support. Despite having more than 3,000 Non Government Organizations (NGO), only a few private, voluntary organizations have come forward to have programmes for the welfare of the elderly population. Recently BRAC, a prime NGO which earlier denied a micro-credit for elderly people has started to realise the plight of the elderly and has changed its policy to bring this population into its development activities (HAI, 2000). There are a few examples of rich persons and organisations who have come forward for the welfare of elderly people. On their initiatives, some old homes have been established where elderly people get shelter, food, clothing, treatment and other socio-cultural facilities. The major political parties of Bangladesh have recently included the old age health care and welfare commitment in their Election Manifesto.

ECONOMIC IMPLICATIONS

In the context of the country's poverty and underdevelopment scenario with other demographic and socio-cultural changes, the emerging elderly population will have severe economic consequences. As the country's existing Social Security System and Health Care Expenditure pattern are far from the actual demand of any age-group of the population, the emerging new pattern of the demand of the elderly section will create huge burden on the already overloaded system. As only a negligible percentage of the elderly get a formal pension or a minimum old age allowance, the vast majority will have to depend on other family members or on other sources. These economically dependent elderly parents and grandparents will become a burden on the major portion of the working age population of 40-54 age

groups who at the same time will have to shoulder the responsibility of their children also (Kabir, 1999). But the changing family structure (emerging nuclear family structure) and declining norms and values with other sociodemographic issues like mass poverty, migration to the urban centres and in other countries will not allow many elderly parents to live with their children, which may create a huge human problem. Fortunately this kind of emerging situation has already got attention from some concerned bodies and some initiatives have also been observed. The horizon of these types of initiatives must be broadened to accommodate this elderly section into the socio-economic development process of the country. Any such initiatives will involve new budgetary allocation which will create enormous pressure on the economic planning of the country.

The existing Health Care Expenditure pattern in Bangladesh will find itself in a new dimension with the emergence of the new pattern of health problems of the elderly and related treatment requirements. In the health care budget, new allocations will be required to create a geriatric section with other related medical options in the health care system. Taking these kinds of measures will be very difficult as Bangladesh is far behind having the medical facilities and infrastructure to meet the needs of the already existing health problems.

RECOMMENDATIONS

Most of the problems of the aged population in Bangladesh are related to the existing overall mass poverty and underdevelopment context of the country. Some new dimensions have also been added in the context of the changing demographic and socio-cultural factors. Aged people should be classified into old, medium old and very old and accordingly measures should be taken. In the context of the demographic situation, socio-economic and cultural situation of the country, a National Ageing Policy should be created first where the following items should be incorporated for the betterment of the elderly people:

1. Mass awareness should be created about elderly issues

2. Family and religious values should be upheld and encouraged so that the young generation becomes aware and happy to take care of the elderly.

3. The existing social safety network (Old age allowance, old home, pension, Widow Allowance etc.) should be broadened in terms of coverage and amount.

4. Some savings and insurance system should be created for different socio-economic strata of society which can serve the economic purpose at old age.

5. Major urban centre based economic-administrative activities should be decentralized so that migration to the urban centres decreases and people stay in rural areas and can take care of the elderly members of the family.

6. Some suitable employment opportunity should be created so that the elderly can engage themselves and have economic security.

7. Elderly people should have some privilege at different public places.

8. Government and non-government organisations should encourage policies that can ensure the participation of elderly people in different development processes.

9. Elderly people should have access to proper medicate support.

10. Existing medical infrastructure and personnel should be properly equipped and trained to meet the requirements of the elderly.

11. As there is an emerging socio-demographic as well as medical issue, research on ageing from different academic perspectives should be encouraged and undertaken.

12. Mass media should be encouraged to play an important role to create awareness among people about the elderly issues.

13. Ageing issues should be incorporated in the

education system by including in textbooks at secondary and higher secondary level.

14. Separate laws can be enacted to protect and promote the well-being of the elderly people.

COUNTRY ORGANISATIONS FOR THE ELDERLY

A number of government and non-government organizations work for the welfare of the elderly in Bangladesh:

Government Organization: *Ministry of Social Welfare*

This Ministry executes the Old Age Allowance Scheme and Widow Allowance Scheme in Bangladesh through the Directorate of Social Welfare. Besides, they help other nongovernment organizations to run their activities for the welfare of the elderly. Directly and indirectly, the Ministry of Health and Family Welfare, the Ministry of Women and Children Affairs, the Ministry of Information, the Ministry of Finance are also related in elderly focused activities.

Non-government organizations:

1) Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM)

It is the earliest private institute established for the welfare of the elderly in Dhaka in 1960. Now it has 50 branches in the country. This prime organization is now running a 50-bed geriatric hospital with outdoor medicare and pathological services, recreation and library programmed a research and publication centre. It provides training and management in income generation activities for the elderly. In Dhaka, it has an Old Home where 25 men and 25 women have full residential facilities (BAAIGM, 2005).

2) Elders Rehabilitation Centre

Situated at the outskirts of Dhaka city at Gazipur, this old home has accommodation for 500 older

people. Now it has 25 male and 25 female older persons who have free accommodation, food, clothing and medicate facilities. They participate in gardening, farming, pisciculture and other recreational activities (Abedin, 1999).

3) Resource Integration Centre (RIC)

This organization has some project area with the help of HelpAge International(HAI) where it provides 'community based habitation' where older people get micro-credit, medical services, housing grants, monthly pension, day care facilities, funeral support and some socio-cultural activities.

4) Bangladesh Women's Health Coalition (BWHC)

This organization has started work for elderly women by providing small-scale geriatric health services in 1998. Now it is working to improve health and social status of older women by giving them access to appropriate health care services, improving health seeking behaviour and facilitating their active role in health promotion.

5) Service Centre for Elderly People (SCEP)

Established in Rajshahi, a divisional city in 1994, it provides health services and recreational facilities like arranging listening to the radio, watching television, reading newspapers, magazines and playing different indoor games for the older persons.

6) Elderly Initiatives for Development (EID)

EID was established at Manikganj, a nearby district headquarter of Dhaka in 1995. Its activities include health care, continuing education, financial support and services, psychological support and community awareness creation (Samad, 2005).

7) Bangladesh Retired Government Employees Welfare Association

This organisation was established in 1955 in Dhaka to render benefit and service to government pensioners and their family members, run vocational training facilities, organize recreational facilities for older members and respective families, provide accommodation to pensioners having no such provision and to arrange health care facilities for pensioners and their family members (Abedin, 1999).

8) Defence Personal Welfare Trust, Dhaka

This trust provides socio-economic and medical services for employees of the defence services.

9) Bangladesh Retired Police Officer's Welfare Association

This organisation provides socio-economic services to retired police members and their families.

10) Bangladesh Association of Gerontology

It was established in 1998 in Dhaka to provide a multidisciplinary forum for researchers in the field of population ageing. It published a book on some research findings of population ageing entitled "The Elderly-Contemporary Issues" in October, 2003.

11) Ragib-Rabeya Foundation, Dhaka

It is a charitable organization giving fund on different organization doing research and other activities on the older population.

12) Givency Group of Companies

It is a corporate organization which has a centre for the welfare for the elderly and the children in Dhaka.

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POPULATION AGEING IN BULGARIA

ELIA GEORGIEVA

Introduction

Bulgaria is situated in Southeastern Europe and occupies the eastern part of the Balkan Peninsula. It borders the Black Sea to the east, Greece and Turkey to the south, Serbia and the Republic of Macedonia to the west, and Romania to the north.

Politics in Bulgaria takes place in a framework of a parliamentary democratic republic.

Population Trends and Patterns

The Bulgarian population is subject to the steady process of ageing. The basic reason for that is the downward tendency in birth-rates in the last several decades. In the past 15 years the decreasing of the birth rate is accompanied by the consequences of the growing emigration of primarily young people.

The process of stable depopulation accompanied by ageing has been established in the country since 1990. Bulgaria is among the European countries with the largest share of old population. The economic and social crisis in Bulgaria after 1989 had a strong influence on the demographic processes and caused a serious demographic crisis.

The Bulgarian population in 2005 was 7 720 000 persons.

Since 1989 the Bulgarian population has decreased by more than one million people - due to the high emigration rate, low birth rate, etc. The change in the age structure in the country was seriously affected by the emigration outflows of Bulgarians to other countries. The population growth has been negative since 1989.

The changes of the Bulgarian population are represented in table 1:

Table 1 Bulgarian population by years

1887	3 154 375	1990	8 669 269
1900	3 744 283	1995	8 384 715
1910	4 337 513	2000	8 149 468
1926	5 478 741	2001	7 891 095
1934	6 077 939	2002	7 845 841
1946	7 029 349	2003	7 801 273
1965	8 227 866	2004	7 761 049
1985	8 948 649	2005	7 720 000

The ageing of the population is expressed more strongly in the rural areas of Bulgaria than in the urban (where currently 70 percent of the Bulgarians live).

The data show that during the whole long period 1887-2002 the numbers of young people declines and that of the old people increases. This process is more intensive in the last decade. The main reasons for the ageing of the Bulgarian population are: the low birth rate (Birth rate for 2005: 9,2 births/ 1000 population), the low fertility rate (1, 3 children per woman in her fertility period), the high emigration and the increase in the life expectancy (Life expectancy at birth, female: 76 years; male: 69 years).

The age structure of the Bulgarian population in 2005 is:

- persons under working age (0-14): 14,8 percent
- persons of working age: 62,4 percent
- persons over working age (over 65 years old): 22,8 percent

The changes in the age structure of the Bulgarian population are represented in table 2:

Table 2 Age Structure of the Population

Year	Under working age	In working age	Over working age
1990	21,6%	55,56%	22,9%
1995	19,1%	56,6%	24,3%
2000	16,8%	58,3%	24,9%
2001	16,3%	59,2%	24,5%
2002	15,9%	60,1%	24,0%
2003	15,5%	60,8%	23,7%
2004	15,1%	61,6%	23,3%
2005	14,8%	62,4%	22,8%

The number of people over 65 continuously increases. This is due mainly to the present longer life expectancy at birth. The age pyramid of the Bulgarian population is narrowing at the bottom and widening at the top.

The number of old people has already considerably exceeded that of the young people.

The projection is that the process of depopulation and ageing in Bulgaria will deepen. The hypothetical number of population in Bulgaria to 2050 will be about 5 million.

Societal Implications of Ageing.

A) The Family

The aging of the Bulgarian population influences the family structure and interactions.

Older persons depend upon spouses and children for emotional and physical support, and financial aid as well. Some of the old people are living alone (due to marriage of their children, death of a spouse, etc). The lonely old persons often have problems with their selfcare. Many old persons in Bulgaria live in poverty, because of the very low pensions in the country. Some of them rely on the financial help of their children especially the ones with children abroad.

Many old people in Bulgaria live with their children. The care giving roles and responsibilities in such cases may be shared. Sometimes the middle age

child takes care of the old parent (with the consequent psychological and economical strain). Sometimes the married young couple continue to live with the parents of the one spouse- because of lack of own flat, financial means, etc.

The grandparents could provide a great deal of practical and emotional support, taking care for the youngest in the family. If the old persons are in relatively good health, they could be very useful- taking care of the grandchildren and making the life of the young couple easier. Some old people in Bulgaria are forced to work, because that is the only way for them to survive (taking into account the low pensions).

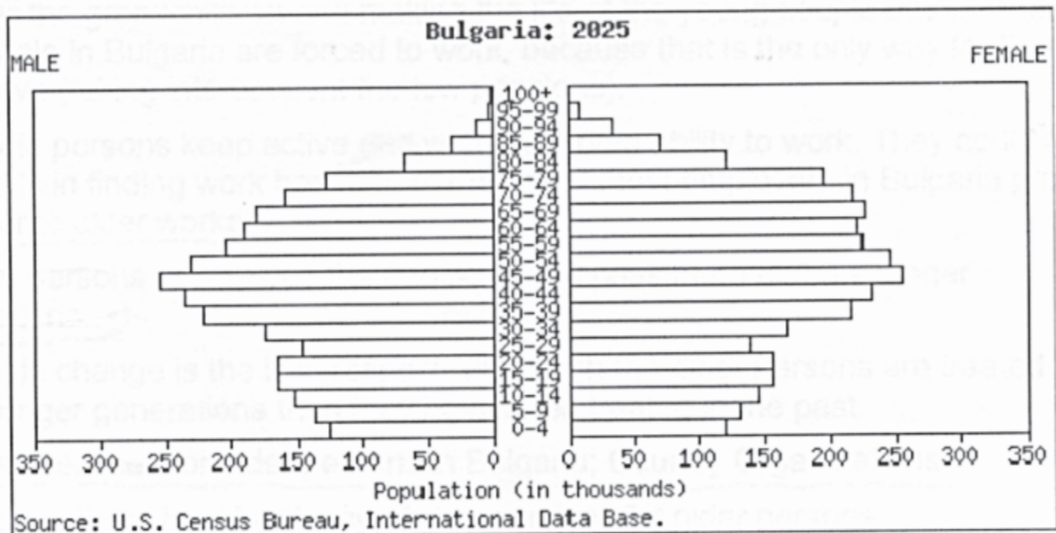
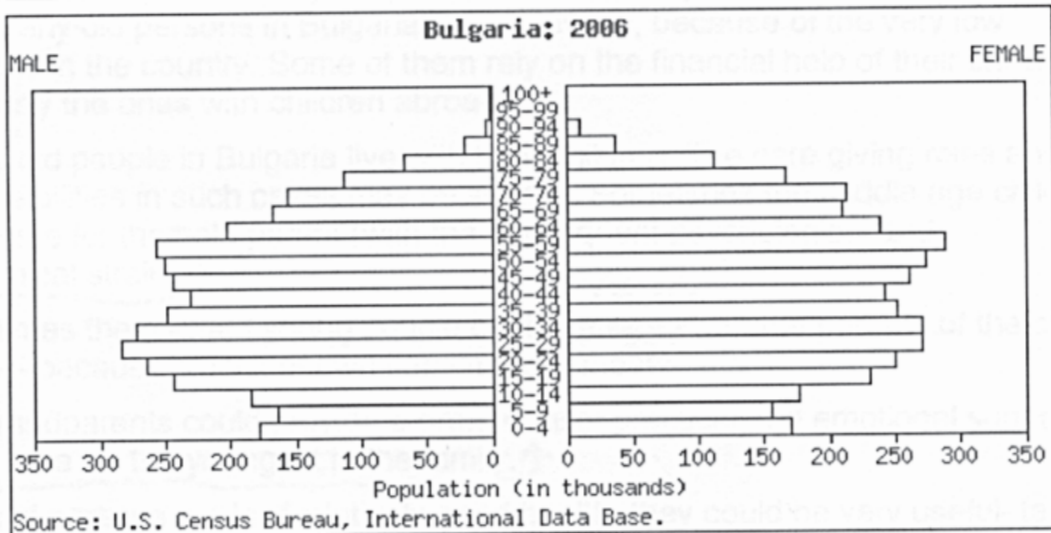
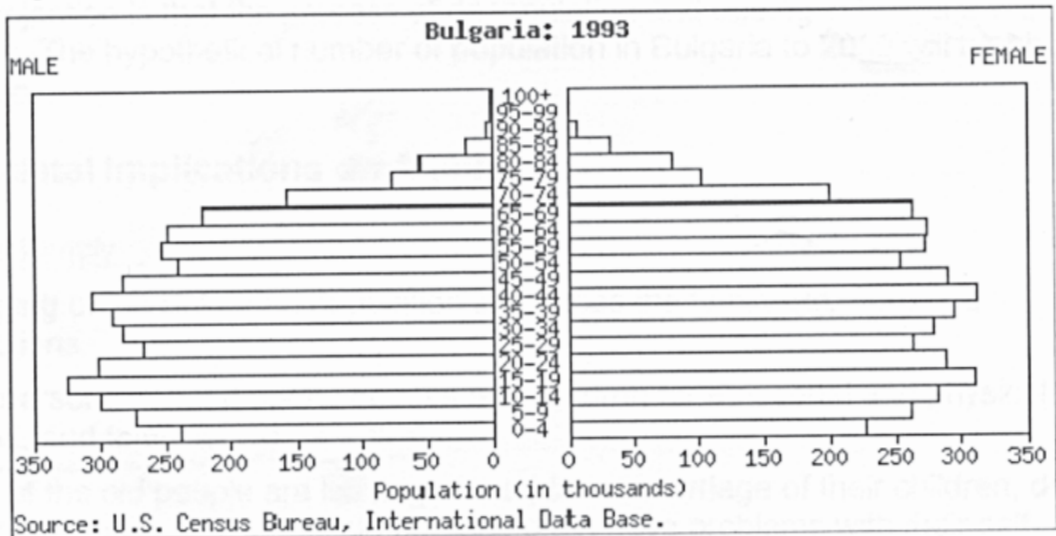
Other old persons keep active, with preserved ability to work. They could face problems in finding work because of their age- most employers in Bulgaria prefer younger to older workers. The old persons could keep the traditions and pass them to the younger generations. The main change is the less respect with which the older persons are treated by the younger generations than they have been treated in the past.

B) Care-Services for older persons in Bulgaria; Country Organizations.

In Bulgaria there is a deficiency of care services for older persons.

Often the family is the main source of support for the elderly. The children could provide financial help, help with the domestic chores, etc.

Figure 1 Population Pyramids for Bulgaria



The social services, provided for older persons in Bulgaria are as follows:

- social help for older persons with very low pensions, for the poor, for persons with severe disability;
- social kitchen;
- home social care;
- day care centres;
- club for the pensioner- providing peer support and activities in the leisure time;
- home social patronage - with own financial means of the persons in need- delivering food to the home of the older persons, help with the hygiene, etc.
- day care centres for old persons with physical and mental disabilities;

The Red Cross provides some initiatives for older persons: soup-kitchen for lonely old persons and socially weak pensioners, different social services in home:

- Social help by trained nurses to persons in need;
- Day centre for older persons in which lonely old people could find social contacts;
- Social patronage- home visits by volunteers for lonely, old and disabled persons;
- Psychosocial help through the telephones of trust;
- Centre for community based care in the capital of Bulgaria, for improving the quality of life through care for older and chronically ill persons.
- Boarding-house for old persons in Kurdjali, sheltering lonely old persons from the district.
- Centre "Home Care" is for the target group of persons over 65 years old and persons with disabilities, who can't leave their home.

Trained nurses and helpers provide specialized and unspecialized care and help: manipulations like injections, bandages, education in the accurate use of medicines, etc; cleaning the house, shopping, accompanying for medical examination or consultation, walking, educating persons in ways of self-help, etc. The centre works in collaboration with

the general practitioners, who refer patients with need for home care.

This project is based on the experience of a Swedish Association, adapted to the Bulgarian conditions. The project is supported by the Swedish Red Cross, German Red Cross and the Ministry of Health in Bulgaria.

From the beginning of 2005 in Bulgaria were opened 4 new Centres for home care (in Plovdiv, Blagoevgrad, Montana and Lovech), with the financial aid of the Italian Red Cross and the Gemman Red Cross.

Volunteers from churches also provide home help for older persons- buying food or medicines, cooking, cleaning, help with personal hygiene, etc. Some churches provide free clothes or food for persons in need.

In Bulgaria the services for old people are:

– Social services in the community:

- Day centres for old persons: 15
- Day centres for old persons with mental disabilities: 10
- Day centres for old persons with physical disabilities: 7

– Social services out of the community:

- Homes for the aged: 68
- Homes for aged persons with physical disabilities: 26
- Homes for oldpersons with mental disabilities : 54

The Ministry of Social Policy promotes the project "Development of an adult training centre network" (since 2006). The project is supported financially by the programme FAR of the European Community. The aim of the project is the improvement of flexibility of the work force. For the old persons with severe disabilities there is a National Programme "Social assistant".

One of the aims of the National Strategy for the demographic development of Bulgaria (for the period 2006-2020) is improving the quality of life

of the old persons and a policy targeted for an active ageing.

ECONOMIC IMPLICATIONS; RECOMMENDATIONS.

The ageing of the Bulgarian population is a serious challenge to the social security system. The social security system for old people in Bulgaria should be strengthened.

Ageing of the population causes many health, social and economic problems. The increased need of health care and social protection leads to increase of the expenditures in these spheres and a necessity for more resources.

Ageing affects negatively all spheres of the economic and social life in the country; health care, employment labour market, social protection and economic growth. In countries in economic transition, like Bulgaria, this process is accompanied by a decrease of income of the population, which requires special measures to adapt to the situation. Our policies should encourage social integration of the ageing persons and their active participation in economic and public life. Special attention and efforts should be directed towards meeting the needs of elderly people living in rural areas. Old persons should be given the opportunity to age with dignity-through increase in pensions, opportunities for living independently from their children, etc.

Crucial issues such as income security, social protection and poverty prevention should be components of any contemporary social policy to protect old persons. Social policies should be complemented by adequate health care policies.

Older people should be valued as important members of society. They should have opportunities to use

their skills, knowledge and experience to contribute to the community.

Some of the suggestions for a policy for improving the quality of life of older persons are:

1. Developing a policy for an active ageing:

- introduction of flexible forms of employment of the pensioners without conflicts with the younger generations;
- overcoming the negative attitude of the employers towards older persons and encouraging the usage of their work experience and skills for longer;
- stimulation of the voluntary participation of older persons in the social life of the community.
- creating opportunities for continuing education of the work force,
- consequent policy for encouraging the work activity of old people;

2. Adaptation of the social-security system

- Development of a system of social and health services and improving the quality of life of old persons: development of social services at home and in the community to be a priority to the institutionalized care;
- Providing opportunities for sport, tourism, recreation and involvement in the cultural life of the older persons.
- Broadening the quality and scope of the health and social services for older persons.

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Country Report

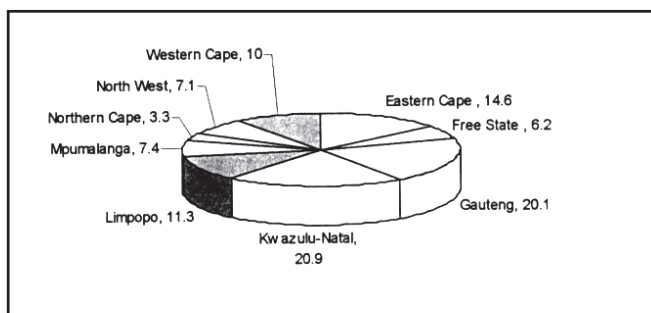
LIMPOPO PROVINCE, SOUTH AFRICA Demographic Aspects of Ageing

ISABEL MOHALE

South Africa's population in 2006 has been estimated at 47.4 million with females having a slight edge (51%) over males. The estimated population resides in nine provinces whose share of the national population is shown in figure 1.

Limpopo province is the fourth most populous province in South Africa with an estimated population of 5.4 million which translates into 11.3% of the nation's population. Figure two shows the map of South Africa and the nine provinces which constitute it.

Fig. 1: Population distribution by province (percentage)

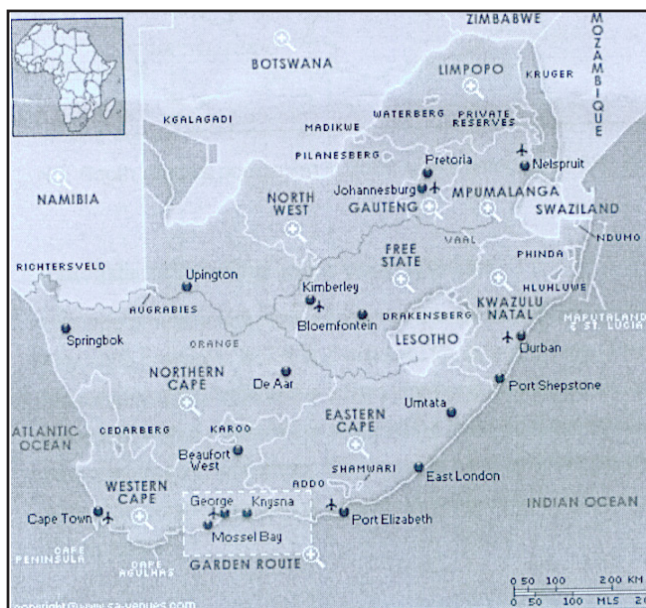


Source: Statistics South Africa - 2006

Population trends and patterns

As shown in figure 2 Limpopo province shares borders with neighbouring states including Zimbabwe, Botswana and Mozambique. Substantial population movements take place between Limpopo province and the neighbouring states particularly Zimbabwe. These movements, particularly the undocumented movements, have an impact on the size and structure of the population that may not be reflected in Figure 3. Information in Table 1 has been used to produce the age-sex structure depicted in

Fig. 2: Map of South Africa by province



N. B. South Africa's population in 2006 is estimated at 47,390,900

Fig. 3: Age - sex structure for Limpopo province - 2006 (percentage)

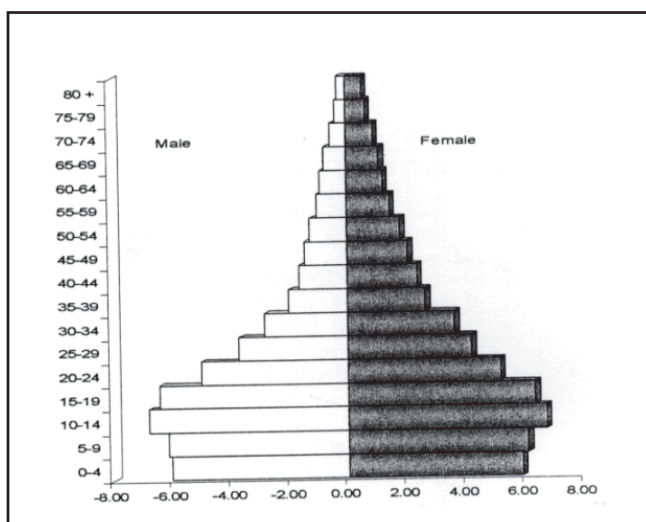


Table 1: Estimated population for Limpopo province by age group and sex - 2006

AGE GROUP	MALES	FEMALES	TOTAL	PERCENT
0 - 4	339,700	335,800	675,500	12.6
5 - 9	347,000	346,500	693,500	12.9
10 - 14	383,200	383,000	766,200	14.3
15 - 19	363,000	361,900	724,900	13.5
20 - 24	282,500	294,200	576,700	10.8
25 - 29	209,000	238,800	447,800	8.3
30 - 34	160,400	206,300	366,700	6.8
35 - 39	112,700	150,500	263,200	4.9
40 - 44	93,400	134,100	227,500	4.2
45 - 49	82,600	117,300	199,900	3.7
50 - 54	71,100	102,400	173,500	3.2
55 - 59	58,200	82,600	140,800	2.6
60 - 64	51,700	70,200	121,900	2.3
65 - 69	42,900	63,200	106,100	
70 - 74	29,600	51,400	81,000	5.5
75 - 79	20,600	37,500	58,100	
80+	16,500	31,000	47,500	
Total	2,664,100	3,006,700	5,670,800	100
Total*	2,525,500	2,839,900	5,365,400	100

Source: Stats SA 2006 N. B. Totals marked with (*) are based on the new provincial boundaries

Figure 3. This information shows that the age structure of Limpopo province has not changed substantially from the structure in 2001 - when the latest census was conducted - albeit there have been demographic and political changes. To put the matter in context, the demarcation of South African provincial boundaries was revised this year, a process that saw Limpop's population declining to around 5.4 million as indicated in Table 1. Without the demarcation changes, the population of Limpopo Province is estimated at close to 5.7 million in 2006. Besides this, available information in Table 1 (based on new provincial boundaries) shows that females constitute the majority in Limpopo province (52.9%). Close to 40% of the population (39.8%) are children below fifteen years. People aged 65 years and older constitute 5.5%. The age - sex structure of Limpopo province differs somehow from the national structure as shown in figure 4.

While the national structure is more broad based, the structure for Limpopo province is characterised by substantial indents particularly in the under nine age category and 20 - 24 and 25 - 29 age groups. Most of these indents are attributable to out-migration.

Assumptions

Fertility

Nationally, fertility has been on the decline for several years. Statistics South

Africa estimates national fertility to have declined from 2.9 in 2001 to 2.7 children per woman in 2006. The estimated fertility for Limpopo province in 2006 is around 3.3 children per woman, a drop from 3.9 children in 1998.

Mortality

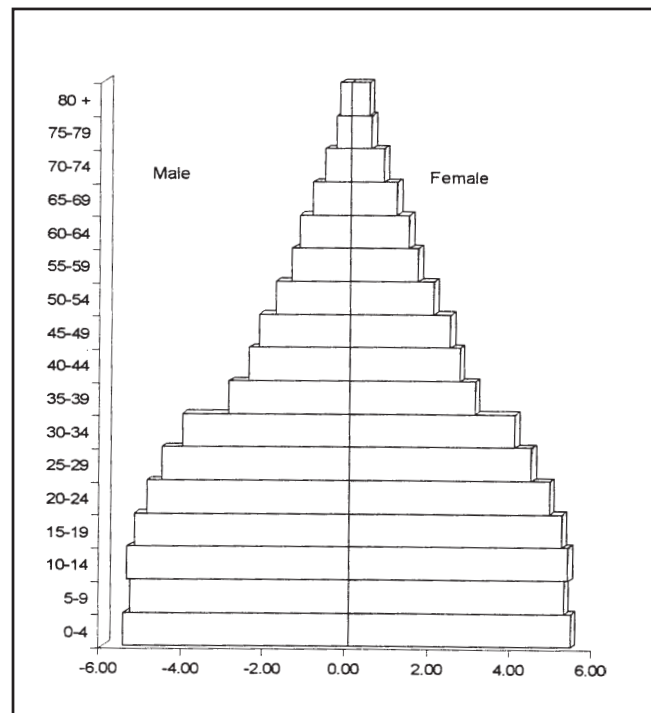
Nationally, life expectancy at birth is estimated at 49.0 years for males and 52.5 years for females. The life expectancy at birth for both sexes is estimated at 50.7 years. Life expectancy for Limpopo province is estimated at 50 and 55 years for males and females respectively (see Stats SA, 2006: 4 - 5 on www.statssa.gov.za).

Implications

Unemployment

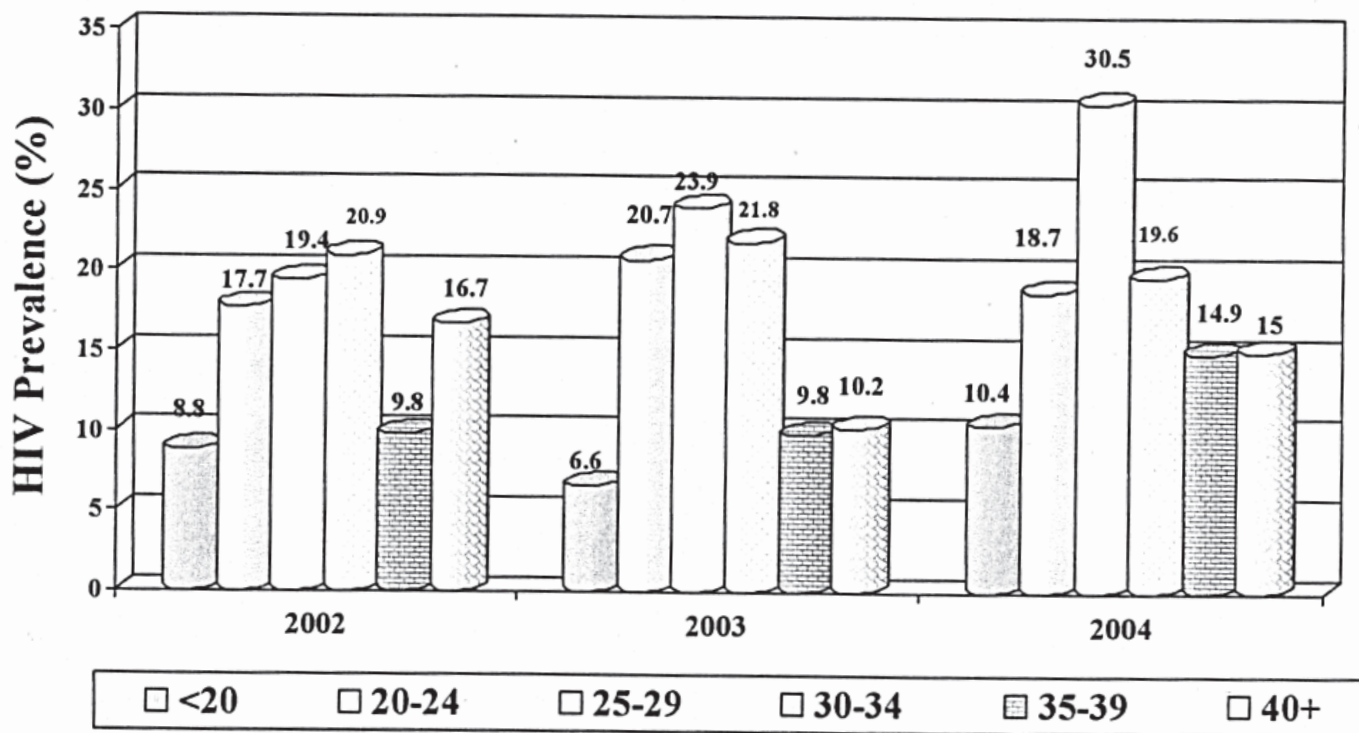
The age-sex structure for Limpopo province portrays a generally youthful population. The challenges facing Limpopo province then are more biased towards issues dealing with the young and economically active population. Economically, employment creation will be one of the main challenges given the unemployment rate to have risen from 31.2% (March 2004) to 32.4% (March 2005) to 35.6% (March 2006). This is according to the latest Labour force survey conducted by Statistics South Africa. The March 2006 figures put the

Figure 4: Age - sex structure for South Africa - 2006 (percentage)



unemployment rate in Limpopo province at 35.6% the highest in South Africa. This is exactly 10% higher than the National figure of 25.6%.

Figure 5: Limpopo HIV Prevalence by Age group 2002 - 2004



Source: Limpopo provincial Department of Health and Social Development

HIV PREVALENCE

Results emanating from the National HIV and syphilis survey conducted by the National Department of Health in 2005 indicate that HIV prevalence has consistently risen in Limpopo province. Available information shows HIV prevalence to have risen from around 8% in 1997, a moderate figure by all accounts. Figures indicate that the Provincial figures have risen from 17.5% (2003) to 19.3% (2004) to 21.5% (2005) as compared to the National figures which increased from 27.9% (2003) to 29.5% (2004) to 30.2% in 2005. Of more concern is the distribution of prevalence rates by age. Information in Figure 5 show that in 2003 and 2004, HIV was more prevalent among pregnant mothers aged 20 - 25 years. Much as the prevalence rates in Limpopo are lower than the National rate, the consistent rise must be a great concern.

While the percentage of people aged 65 and older stands at 5.5% in Limpopo province, the relatively high incidence of HIV and AIDS is likely to raise that figure if the status quo prevails for reasonable long. The high HIV and AIDS incidence could increase AIDS related mortality particularly in the sexually active population thereby reducing the proportion therein. This would have numerous socio-economic consequences one of which is the aged having to take care of the orphaned children. Although the South African Government has already put mechanisms (in the form of grants including child support grants) to mitigate the consequences of such events, several other initiatives addressing children's welfare and education and up-bringing will remain a challenge.

COMMENTS

Close to 80% of the population of Limpopo province is rural. One in three people above the age of twenty has no formal education and at least 35.6% of the economically active population is unemployed. This population profile and the inherent demographic changes are critical if the goals and objectives of provincial growth and development strategy in Limpopo Province are to be achieved. This is because population itself constitutes the object of development effort as well as an enabling environment for successful development strategies in the Province.

South Africa is committed to meeting the Millennium Development Goal (MDG) of halving the population living in poverty by 2014. The Provincial Growth and Development Strategy of Limpopo province is aligned to the National Development framework whose [national] goals are in line with the global agenda.

The current population profile of Limpopo province enlists an environment in which the fruits of accelerated economic growth and development would be beneficial to a small fraction of the population. This situation will retard the progress towards reducing unemployment if the effects of this population profile are not mitigated. The limited supply of skilled labour, exacerbated by outmigration is a challenge in terms of programmed ability to render services due to a shortage of human resources. In spite of the status quo, optimism prevails in terms of the existing programmes which are intended to address the social challenges that communities are facing. These programmes include Early Child Development, youth empowerment, crime prevention, HIV/AIDS outreach, and the Expanded Public Works Programme, amongst others.

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AGEING IN TURKEY

Edited by Joseph Troisi and Yesim Gokce Kutsal

The well-being and quality of life of older persons often depend on the realisation of recommendations based on scientific research. Although considerable progress has been made in understanding the various issues of older persons in Turkey, the need for the multidisciplinary approach is increasing not only in scientific research but also in the areas of policy-making and service planning.

Aware of the fact that policy-makers need better and more realistic data regarding the medical, social and economic situation of the elderly Turkish population, Hacettepe University Research Centre of Geriatric Sciences (GEBAM) has carried out an in depth study of 1,300 persons aged 65 and above, living in various districts of Turkey's capital, Ankara. This study takes into account various aspects of aging including:

public health and chronic diseases, drug use, oral and dental health, nutrition risk screening and dietary assessment, physical independence and quality of life, nursing and social work services, as well as social and economic issues. This book does not only contain the results of this research but presents the most frequently met issues being faced by health practitioners and other professionals working in the field of ageing and among older persons. It also contains recommendations on how the challenges of the phenomenon of aging in Turkey can be met with.

The cost of this publication is \$20 excluding postage and can be ordered by sending an e-mail at mariella@inia.org.mt.

PUBLICATIONS

INIA's principal medium for regular international communication is the quarterly gerontological publication **BOLD**, the first number of which appeared in November 1990. **BOLD** serves to disseminate worldwide the results of study and research on a comprehensive range of problems and issues concerning older persons with specific references to developing countries.

A regularly updated diary of forthcoming international conferences and training programmes serves as a useful channel of information with specific references to developing countries.

The publication is distributed internationally to the United Nations and many related organisations and agencies; to research institutes and to individual professionals and bodies working in the field of Ageing, as well as to INIA's Collaborative Network. **BOLD** is also available on subscription online. Its International Standard Number (ISSN) is 1016-5177.

For further details on **BOLD**, **EXPERT GROUP MEETINGS** and other Publications, and to order them from INIA use links to **BOLD** and **EXPERT GROUP MEETINGS** on a top menu.

INTERNATIONAL DIARY 2006/7

7th February 2007 – The Royal Society London
Falls Prevention in Older People
Website: www.healthcare-events.co.uk

16th - 17th February 2007 - Chapel Hill, North Carolina, United States
18th Challenges in Geriatric Practices Aging in a Changing World
Website: <http://www.med.unc.edu/cme/geriatrics07.htm>
Contact person: Amy Rix

1st March 2007 – Durham, North Carolina, United States
Alzheimer's 2007: Strategic Directions in Research and Care
Website: <http://adrc.mc.duke.edu/news.html>
Contact person: Mary Trabert

7th - 10th March 2007 - Chicago, IL
2007 Joint Conference of NCOA and the American Society on Ageing

21st - 23rd March 2007 – Unesco, Paris
CICRED Colloquium on Population Development
E-mail address: colloque-pripode@cicred.org

30th - 31st March 2007 – Edmonton, Alberta, Canada
Edmonton Aging Symposium – Repairing the Damage
Website: <http://www.edmontonaging-symposium.com>
Contact Person: Kevin Perrott

16th - 19th June 2007 - Toronto Canada
Festival of International Conferences on Caregiving, Disability, Ageing & Technology
E-mail address: info@ficcdat.ca

17th - 21st June 2007 – Jerusalem
7th World Congress on Brain Injury
Websites: www.kenes.com/ibia07 (Congress)

18th - 20th June 2007 – Malta
IAHSA 7th International Conference
E-mail address: iahsa@aahsa.org

5th - 8th July 2007 – St. Petersburg, Russia
VI European Congress of IAGG
Website: www.gerontology.ru/congress2007
E-mail: congress2007@gerontology.ru

6th - 8th September 2007 – University of St. Gallen, Switzerland
The 3rd World Ageing & Generations Congress

24th - 25th September 2007 – Greater Toronto Area – Mississauga, Ontario, Canada
2nd Canadian Coalition for Seniors' Mental Health Conference
Website: <http://www.ccsmh.ca>
Contact Person: Kim Wilson

2008

17th - 20th March 2008 – Washington D.C.
2008 Joint Conference of NCOA and the American Society on Aging

6th - 8th April 2008 – Antalya, Turkey
Geriatrics Congress
Website: www.geriatrics2008.org

29th June – 2nd July 2008 – Seoul, Republic of Korea
Announcement of the XVIIth World Congress on Safety and Health at Work

2009

16th – 19th March 2009 – Las Vegas N.V.
2009 Conference of NCOA and the American Society on Aging
Website: www.internationalbrain.org (IBIA)



INIA'S ACTIVITIES 2007



7th - 16th February	45th Session of the Commission for Social Development (ECOSOC) (New York)
19th February – 3rd March	International Short Training Programme in SOCIAL GERONTOLOGY , (MALTA)
5th – 16th March	International Short Training Programme in ECONOMIC AND FINANCIAL ASPECTS OF AGEING , (MALTA)
7th – 18th May	International Short Training Programme in MEDICAL GERONTOLOGY (GERIATRICS) (MALTA)
18th - 20th June	IAHSA Seventh International Conference (MALTA) E-mail: iahsa@aahsa.org
October 2007 – June 2008	International POST GRADUATE DIPLOMA IN GERONTOLOGY AND GERIATRICS (Dip.Ger) European Centre of Gerontology and Geriatrics, (University of Malta), (MALTA)
5th – 16th November	International Short Training Programme in DEMOGRAPHIC ASPECTS OF POPULATION AGEING, POLICIES AND ITS IMPLICATIONS FOR SOCIO-ECONOMIC, POLICIES AND PLANS ,(MALTA).

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