

COVID-19 and Demographic Perspectives: Evidence from Bangladesh, India, Pakistan and Sri Lanka

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Abstract

Like many other parts in the world, many South Asian countries are currently experiencing the sternness of the unprecedented coronavirus disease 2019 (COVID-19) despite collaborative efforts taken by the respective governments under the umbrella of the South Asian Association for Regional Cooperation (SAARC). All of them have espoused obligatory policies including social distancing measures and lockdown to control the epidemic. In this paper, various demographic aspects of selected South Asian countries involving Bangladesh, Pakistan, India and Sri Lanka prior to the arrival of COVID-19 have been studied. In addition, the trends of COVID-19 cases in these countries along with death rates, recovery rates, sex and age distributions of the detected positive cases have been analyzed. Furthermore, the probable demographic consequences of COVID-19 in these South Asian nations have been discussed. Data from a number of sources have been utilized for the analytical purpose of the study. Finally, some recommendations are given for the corresponding authorities working in relevant sectors in these South Asian countries.

Research objectives

South Asia is the region comprising of approximately 1.8 billion people along with weak economic structure [1], incapacitating it to establish formidable health substructure, facing severe challenges to combat COVID-19 and associated consequences. In this paper, several demographic features of selected South Asian countries including Bangladesh, Pakistan, India and Sri Lanka before COVID-19 have been analyzed. Also, COVID-19 trends together with death rates, recovery rates, sex and age distributions of the detected positive cases in these nations have been analyzed. Additionally, the possible demographic consequences of COVID-19 in these South Asian nations have been conferred as well.

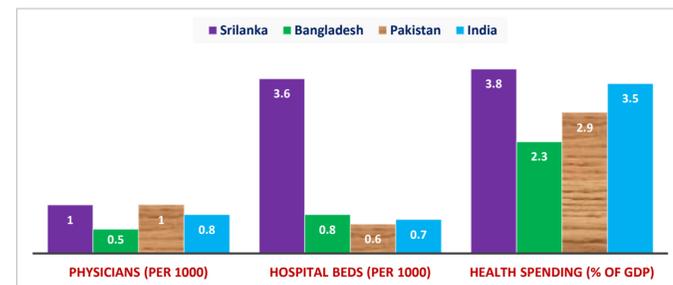
Methodology

Essential information concerning COVID -19 in Bangladesh has been collected from the dataset published by Institute of Epidemiology, Disease Control and Research (IEDCR), Bangladesh [2]. The database provided through website by the Ministry of National Health Services Regulations & Coordination, Pakistan has been considered for relevant COVID -19 information of Pakistan [3]. For India, COVID -19 data provided by National Informatics Centre, Ministry of Electronics & Information Technology, India has been used [4].

Data from the website of Health Promotion Bureau, Sri Lanka has been considered for the same in case of Sri Lanka [5]. The database of the World Bank has been utilized not only for information regarding selected demographic variables [6 - 9], but also for projected data about GDP growth in these South Asian countries [10].

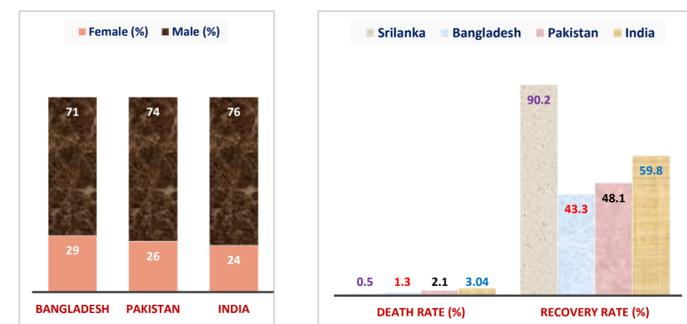
Results

Due to effective lockdown right from the beginning of the epidemic, Sri Lanka has been the only nation to successfully limit the number of COVID-19 cases among the four South Asian nations. Sri Lanka has the best records regarding proportions of physicians as well as hospital beds per 1000 people and health expenditure ratio with respect to GDP.



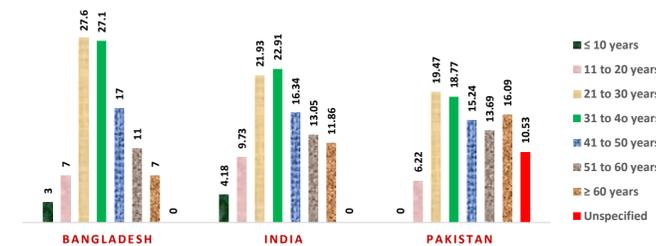
Distributions of physicians (per 1000 people), hospital beds (per 1000 people) and health spending (% of GDP) in Sri Lanka, Bangladesh, Pakistan and India in 2020

India has the highest death rates from COVID-19, followed by Pakistan and Bangladesh, while Sri Lanka has the least one. As far as sex distribution of the COVID-19 cases is concerned, almost similar pattern is visible



Death rate (%), recovery rate (%) and sex distributions (%) of COVID-19 cases in the selected South Asian countries

More than half (54.7%) of the COVID-19 cases in Bangladesh belong to ages between 21 to 40 years. Similar distributions can be envisioned in the other two South Asian neighbors as well.



Age distributions (%) of COVID-19 cases in the selected South Asian countries

According to the latest report provided by the world bank, trends of GDP growth in all these South Asian countries would shift in reverse directions as presented in the table below.

	Bangladesh	India	Pakistan	Sri Lanka
GDP projection before COVID-19	2.0 to 3.0	4.8 to 5.0	-2.2 to 1.3	-3.0 to -0.5
Revised projection due to COVID-19	-6.1 to -4.4	-5.4 to -4.1	-2.7 to -2.1	-3.5 to -2.5

Downturn in economy has its demographic consequences in several dimensions. People belonging to the poorest wealth quantiles are the most severely affected ones. The rural to urban migration is now changed towards the opposite direction as the low-income people are no longer being able to bear the cost of urban life, creating additional burden to the already underprivileged rural areas. The distribution of population density would be altered as well. The GNI per capita would decline, limiting people's ability to expend adequately to fulfil all of their basic needs. The already existing inadequate healthcare facilities would face further snag to deal with vital maternal and newborn health related issues like childbirths in the presence of skilled birth attendants (SBAs), antenatal care, vaccination of the newborns and so on. Moreover, the municipal health staffs are also unable to deliver the essential services to their respective communities because of the social distancing measures and enforced lockdown by the governments of the countries. The interruption in immunization programs in the countries would have long-run consequences on child health, while the pause in free access of services like contraceptives funded by the governments together with the national and international non-government organizations (NGOs) would impact the family planning programs in the respective nations. All these would result in higher TFR, MMR and U-5MR in the aforementioned South Asian countries. If the pandemic prolongs for longer period, there is every chance that the rising trends concerning various aspects of maternal and child health in these countries prior to the arrival of COVID-19 might shift in the opposite direction.

Conclusion

In this study, situational evaluation concerning several demographic aspects prior to the arrival of COVID-19 in the said South Asian countries has been accomplished. The COVID-19 pandemic has augmented and worsened the already prevailing disparities about various demographic features in these nations who might have to go through noteworthy negative demographic consequences in the absence of immediate effective measures. It is apparent from the study that the epidemic has created institutional anarchism in the education structure which would have severe consequences in future if appropriate arrangements are not made on time. New policies like conducting real-time video classes from remote zone should be considered not only to mitigate the loss but also to ensure uninterrupted education of millions of students in these countries. The corresponding governments must design their future socio-economic plans focusing rural economy seriously since a large ratio of urban population have migrated from the urban centers to their villages putting extra pressure on rural socio-economic structure. The vaccination programs must be continued to safeguard the health of children who are the future of the nations. The governments together with the NGOs need to instigate wide-ranging healthcare schemes to address various issues concerning maternal and child health for the preclusion of any further mortality and morbidity of the mothers and their children as well. Finally, the citizens of the above countries must perform responsively to help the governments to control the virus and reduce the demographic consequences as well.

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