



Karolinska
Institutet

Public health perspective

Zarina Nahar Kabir

Senior Researcher and Associate Professor of Public Health

Karolinska Institutet

Stockholm

1. Family Caregivers

- In discussion on health and welfare of older persons, it is vital to consider the role of family caregivers, mainly women, in caring for older persons.
- High prevalence of non-communicable disease and disability in older ages as well as co-morbidity (two or more chronic conditions).
- People with different health conditions with different needs, and specific care and health care requirements: decline in functional ability, e.g., limitations in mobility or cognitive impairment require greater care.
- In Bangladesh, as in most low- and middle-income countries, care of older persons is provided almost solely by family members. No role of the State.

1. Family Caregivers

- What are the family caregivers' needs?
 - Both physical and mental health affected: poor physical health, stress, depression, quality of life, etc. which in turn can affect quality of care provided.
 - Care, particularly in relation to health, provided by family caregivers are rarely evidence based: we do our best, often based on 'common sense'.
 - Yet, there is great deal of evidence on, such as nutrition, rehabilitation, etc. for specific conditions. Important to reach out such knowledge to family caregivers to support them in providing evidence-based care.
 - Hence, important to understand what family caregivers' needs are, both in terms of caregiving activities, and their own health and wellbeing.

2. Healthy Ageing: Life course perspective

- Not enough to live longer, but to 'enter old age' in good health.
- WHO defines healthy ageing as: "process of developing and maintaining functional ability that enables well-being in older age".
- Functional ability refers to both physical and cognitive abilities.

2. Healthy Ageing: Life course perspective

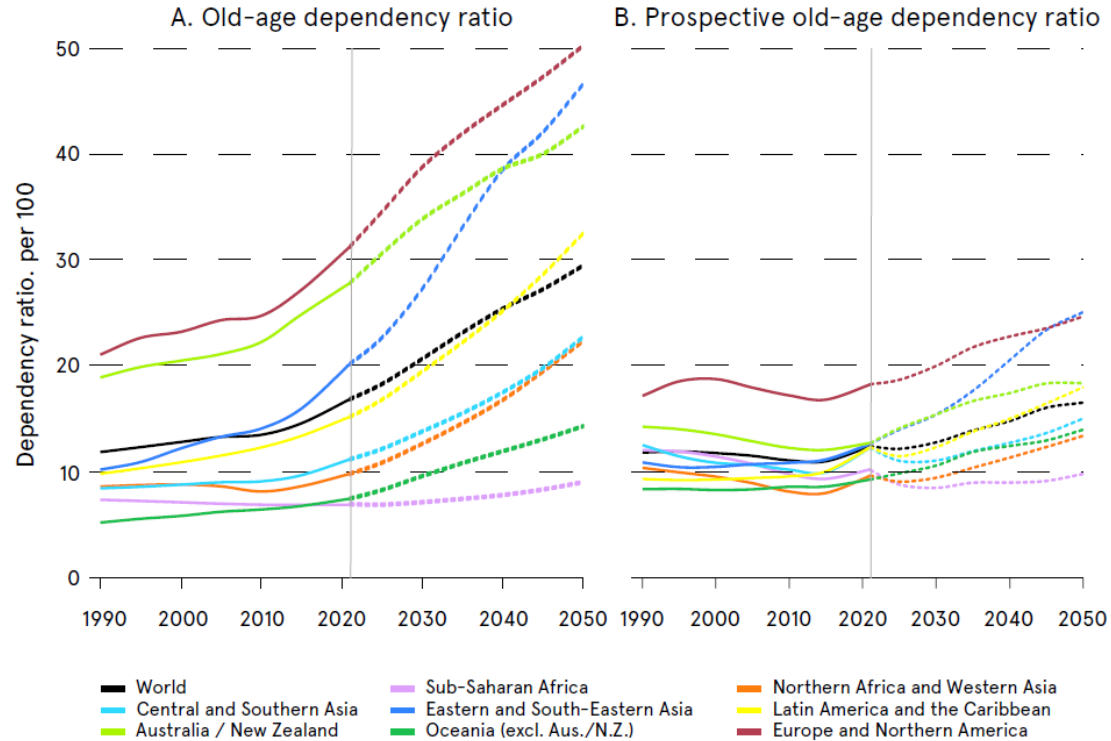
- Healthy ageing is a process that spans over life-course.
 - To be considered a continuum from early to later stages of life and not as separate slices (phases). The different phases are interconnected.
 - Actions and exposures in early stages of life will bear consequences in later life to remain active and independent.
 - In addition to health-related exposures such as nutrition and life-style practices, education and employment in early life are important determinants of health in later life.
 - This is particularly important for women: women live longer but with morbidity and age-related disabilities.

Old age dependency ratio

- **Chronological** measure of old age dependency ratio: Ratio of number of persons 65+ and number of persons in working age.
- **Prospective** old age dependency ratio: number of persons with remaining (e.g. 10) years till life expectancy over number of persons between age 20 and that age. This can be a proxy measure of economic dependency on others due to old age.
 - Implication that impact of population ageing is lower than what is indicated by the chronological measure (in contexts where life expectancy is high).

Figure 1.4

Traditional and prospective old-age dependency ratios, world and regions, estimates for 1990–2021 and projections for 2022–2050



Sources: United Nations (2022a), own calculations, based on Sanderson and Scherbov (2005, 2010, 2019). Note: The bump in the trajectories of prospective ratios around 2020–2022, as shown in panel B, are due to the impact of the COVID-19 pandemic, which interrupted trends in life expectancy for most regions.