AN INCLUSIVE APPROACH TO CARE OF THE ELDERLY
IN BANGLADESH

Anwara Begum Ph.D.
anwarabids@gmail.com

Rizwana Islam

BIDS RESEARCH ALMANAC 2017
INTRODUCTION

- Demographic Issues - global phenomenon;
- Aging of population is an emerging issue;
- Bangladesh: demographic and eco. reality;
  - Not just resource; moral, social, psychological-cohesion and bondage;
  - Societal integration: women empowerment;
  - Urbanization; migration; industrialization;
  - A gap exists between needs and provision of care;
  - An approach that upholds dignity of the elderly, and integrates society, so that needs are effectively met;
# LITERATURE REVIEW

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Author(s)</th>
<th>Period covered</th>
<th>Topic addressed primarily..</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Bloom 2016; Kabir et al., 2016; Prasad 2011; Fleicher 2010; Khan 2008; Hossain et al., 2006; Hossain 2005; Rajan 2011; Mujahid et al., 2009; PRP 2009; Akhter et al., 2006; Barkat et al., 2003; BDHS 2007; Bengtsson et al., 2011;</td>
<td>2003-2016 (14)</td>
<td>Aging is increasing and posing challenges to societies: unable to harness benefits of population dividend;</td>
</tr>
<tr>
<td>2.</td>
<td>Barikdar et al., 2016; Unnayan Onneshan 2010; Hossain 2006; Abedin 1999; Roy, Amlan, Agarwal, Shivani 2009;</td>
<td>1999-2016 (5)</td>
<td>Social and Economic Implications: need to mobilize public and private support; A platform for redress; Active participation of experienced, in labour force, to improve GDP Imp</td>
</tr>
<tr>
<td>3.</td>
<td>Flora 2011; Streatfield 2008; Shreshta 2000; Kabir et al., 2013; Wencke and Alfonso 2010;</td>
<td>2000-1013 (5)</td>
<td>Health is of paramount importance;</td>
</tr>
<tr>
<td>Sl No.</td>
<td>Author(s)/Doc</td>
<td>Period Covered</td>
<td>Topic Addressed, inter alia ..</td>
</tr>
<tr>
<td>-------</td>
<td>---------------</td>
<td>----------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>4.</td>
<td>Constitution of Bangladesh, (declared on 10 April) 1971; Barikdar et al., 2016; Khan 2008; Kabiruzzaman et al., 2009; Amerana 2007; Second World Assembly on Ageing 2002; Ministry of Social Services and Health- Sri Lanka 2012;</td>
<td>1971-2016 (7)</td>
<td>Government could play a vital role; Also, need a more robust social welfare system;</td>
</tr>
<tr>
<td>5.</td>
<td>Rahman 1999;</td>
<td>1999 (1)</td>
<td>Needs are unmet; More care required from kith &amp; kin, and also people in the community;</td>
</tr>
<tr>
<td>6.</td>
<td>Rahman and Ali 2008; Cain 1991;</td>
<td>1991-2008 (2)</td>
<td>More homes should be set up for elderly</td>
</tr>
<tr>
<td>7.</td>
<td>Khandkar et al., 2013; Majumder and Begum 2008; Kabir, Haque and Chaklader 2005; Rahman 2000; Roy 2002;</td>
<td>2000-2013 (5)</td>
<td>Aging is synonymous with poverty; Allowance(s) should be enhanced (cash or kind);</td>
</tr>
<tr>
<td>8.</td>
<td>Uddin et al., 2013; Unnayan Onneshan 2010; Barkat et al., 2003;</td>
<td>2003-2013 (3)</td>
<td>Further exploration and analysis is required on a country wide scale;</td>
</tr>
</tbody>
</table>
This study aimed to:

Assess the gap between needs and current provision

An assessment of adequacy was gleaned by:

1. Identifying issues and challenges (literature review and empirical exercise)
2. Formulating “a situation analysis” (review of public, community and civil society initiatives, GoB policies and programmes for the elderly);
3. Appraising the old-age care system/institutions;
4. Generating new and updated information to help improve the situation;
5. Disseminating and creating awareness for addressing requirements, approach etc.
DATA AND METHODOLOGY

- **Data Sources:** Secondary & primary sources for the analysis of the current old age scenario of Bangladesh.
- **Quantitative Sample:** Approximately 136, gave in-depth information on the profile of the elderly, their disadvantages and needs;
- **Qualitative Sample:** 22 KIIIs and an Opinion Survey (30 Qual.) from cross-section of society;
- **Interviews:** lawyers, private entrepreneurs, community workers, recipients of services, service providers, social welfare officers, youth leaders, health care workers, fire-brigade Ps etc.
KEY QUESTIONS

- (a) Is it worthwhile for Bangladesh to focus on this issue – Age 60+ and the future: 18 million by 2025?
- (b) Can the elderly be productive and play a useful role? Are policies in line to move in that direction?
- (c) Public versus private responsibilities;
- (d) Ways of reducing cost to the society;
- (e) Strengthening social fabric, through involving the elderly in social care and services;
- (f) Can awareness raising contain abuse of the elderly?
- (g) How to make care, integral and inclusive?
POPULATION DISTRIBUTION, 2016 AND 2051
(2015 PROJECTION, BBS)
EXISTING SUPPORT PROGRAMMES FOR THE ELDERLY

- **Pensions**
  - For public sector retirees; a negligible fraction of the total population;
  - Most non-government employees are ineligible;

- **Old Age Allowance**
  - Nation-wide coverage. Formulated in 5th five-year plan, funded by national budget (since 1997: Tk.100);
  - 10 elderly poor, of whom at least 5 should be women of each ward, of a union throughout the country are sanctioned a monthly allowance of Tk.500 (to date);
  - Problems include:
    - Allowance is not enough to meet basic needs: not eligible if working, low;
    - Unclear selection process;
    - Lack of accountability, proper monitoring, transparency and nepotism (transaction costs);
    - Other Eligible Recipients left out of the network, many unaware;
EXISTING SUPPORT PROGRAMMES FOR THE ELDERLY (CONT'D.)

- National Policies for the Elderly
  - The Ministry of Social Welfare had finalized the National Policy for the Elderly people (2006) for the protection of elderly people from all hazards and also another National Policy for the Elderly (2013-2014) has been formulated;
  - Social security, health care, financial security, national awareness programmes etc.
  - Parent Care Act of 2013, for their Sustenance;
  - Policies and Act remain, effectively inactive;

- Other programmes
  - Micro-credit, health, nutrition, population sector programme, community empowerment etc.
  - These are yet to come into focus with regard to elderly;
**FINDINGS FROM QUANTITATIVE SURVEY**

- Most respondents were in 60-65 age range, married (higher no. males remarried); illiterate; 1/3 earn an income: more in cities; income deficit; transfer resource to children;
- Health: eyesight; gout; diabetes, depression; dental; psychological; financial constraints;
- Care, service problems; elders prefer family care; but, increasing small families, pose lack of time & care;
- Lack govt. health care program and insurance;
- Urban elderly females live with relatives; immobility;
- Women abused on account of food, money and HH chores;
QUANTITATIVE FINDINGS (CONTD.)

- Needs of elders may be met through universal old age allowance, enhanced to Tk.1000 or more;
- More women, total 7% suffered assault; more in urban;
- Activities: Men and women are equally active, but the latter often spend time for household chores;
- None witnessed animosity after transfer of asset;
- Majority participate in local activities, but, with fewer elderly women going out, in urban areas; Friends care;
- **Vision**: business; building better homes, sight-seeing; hajj; charity; social work; sermons; raising cattle & poultry; children’s enhanced earnings; healthcare; be well-off;
- Moreover, needs of children, grand-children, destitute featured prominently in their concerns and future hopes;
RESULTS OF QUALITATIVE SURVEY

• Elderly, instrumental in building the nation, are still active; 4 Levels’ mix could harness gains;

• Elderly lack social and economic security: aggravated by patriarchal set-up and cultural constraints; Daughters care a lot & sacrifice joy;

• Paid care givers are faced with abusive behaviour from family; Paid Institutions face funding, organization and management crisis;

• Insufficient health facilities, lack of training and resource; lack of caring attitude and constraints of time; -Inclusive Approach, now?
QUALITATIVE FINDINGS (CONTD.)

- Often family members are perpetrators of gross misconduct like:
  1. feeding raw meat;
  2. pushing out from bed;
  3. confining parent in the store room;
  4. servant’s quarters used for parent’s utensil cleaning;
  5. Sane parent, shackled to bed;
  6. forcing parents to sign legal documents;
  7. pressurizing parents to hand over money;
  8. intolerant, angry and inflicting physical abuse;
CONCLUDING OBSERVATIONS

- Existence of GoB support – unsatisfactory; Several Private responses exist – Community and friends create hope, “para”-culture; review delineates that inclusion of elders at National and local levels needed;
- Networks may reduce cost to the society;
- Support exists for strengthening of social fabric, through involving the elderly in social care and services; survey points to integration;
- A tool to create social awareness through engaging media & civil society - also help govt. redirect policies;
- Other examples of best practice exist - from India, Pakistan, Sweden, France, Brazil, Japan, UK., Korea, Germany, Turkey, Sri Lanka etc.,
CONCLUSION

- An **Inclusive Approach to Care of the Elderly** considers 4 Levels, important for engagement:
  - **Government Level**: As a Social Policy; MIPAA; Retirement Age; Increase Social Security like Pension, Allowance, Health Insurance; Banking; Budget;

  *Encourage pvt. Services & Establishments; Establish Transport and Health Initiative; Recreation & Sr Citizen Cards;*

  1. *Facilitate Network of Elderly; Infra-structure..*
CONCLUSION (CONTD.)

- **NGO Level:**
  - Awareness; Training; Social Services; Business; IGA; Inclusion; Replicate Good Practice;

- **Community Level:**
  - Establish “Probin Club”; Elder’s Committee; Culture; Grievance Redress Committee; Support the Network;

- **Family Level:**
  - Learn to care and share; Self-help; Home-based & Inst. Based Nursing; Respond to Creating Links; Willing to Utilize Skills; Lead Active Life and Help Others;
Questions?

THANK YOU!