

# Policy Brief

## Care and Supports: Voices of the Older People in Bangladesh

### Key Messages

- Older people are disadvantaged in terms of their care and supports related to basic needs.
- A wide range (27-69 percent) of older people needed supports related to food, clothes, treatment, and finance.
- Older people also needed care during illness, washing clothes, visiting hospitals, walking, and outing.
- Universal coverage of old-age allowance, food rationing, and free healthcare are recommended policy options.

### Background

Like many developing countries of the world, population ageing, and its subsequent effects are becoming evident in the socio-economic, demographic and cultural context of Bangladesh. Although the percentage of the older population, aged 60 and above (8.2), is not until now very high, the absolute number of older people (13.7million) in 2019 has appeared as one of the major deciding factors for the socio-economic development of the country<sup>1</sup>. The magnitude of such kind of challenges would likely to be intensified further by adding the number of older people. The projected number of older people in Bangladesh will be around 30 million in 2041 and 55 million by 2061<sup>2</sup>. The changes in the socio-economic context sowing to the combined effects of rapid urbanization, industrialization, modernization have instigated quick changes also in the age-old traditional care and support for this large and growing number of older people. Growing urban context; declining average family size; increasing migration, especially female migration who are usually the main caregiver to older people, to join in the labour force; and changing attitude of the younger generation are some of the potential primary causes of deteriorating the care and supports related traditional trends and patterns for older people. Inadequate care and supports of older people and its dire outcomes are almost hidden in society, although some shocking news of older abuse has been reported in electronic and print media occasionally, which destroys our common-sense psyche and compels us to think in a new way. A range of initiatives has been observed in both public and private sectors to ensure access to different types of care and supports related to food, clothes, healthcare, and shelter for older people. Old Age Allowance, National Policy for Older Persons 2013 and Parents Care Act 2013 are some of the leading government initiatives to ensure care and supports for older people. However, relatively low coverage, lack of awareness about, and challenges in implementing the government policies and laws have also been observed. In this context, this research-based policy brief will draw the attention of the policymakers,

development partners, and researchers for addressing the care and supports related specific needs of this emerging group of people.

### Methods and Materials

This policy brief primarily used data of the ‘Study on Older Population in Bangladesh’, which was conducted with a nationally representative sample of 6272 older persons by the Department of Population Sciences (DPS) of the University of Dhaka<sup>3</sup>. This report also used relevant government information and related policies to explore and integrate the gaps and suggest policy measures.

### Key Findings: Care and Supports

Access to basic care and supports is one of the constitutional rights for all Bangladeshis including older people. Despite having both the informal and formal systems, the country is predominantly dependent on the informal system to deliver care and supports of older people. The findings of the DPS study have identified a wide range of needs among older people linking to different aspects of care and supports (Table 1). Care and supports for older people are measured through access to food, clothing, physical, mental, and financial supports<sup>3</sup>.

**Table 1: Types of care and supports required by older people**

Care and supports needed to	%
• manage regular food	36
• manage food during sickness	53
• manage clothes in time	45
• washing clothes	40
• get medicine in time	46
• visit the health centre	54
• overcome physical illness	27
• cope with frustration	32
• help during walking	53
• go outside for refreshment	61
• get money to visit relatives/friends	64
• avail money for social needs	69
• have pocket money	60

- Older people have endured difficulties in accessing their daily dietary requirements, including buying basic food basket as per need. Support was essential for 36 percent of older people in accessing regular food. More than half of the older people (53 percent) mentioned that they needed supports to ensure access to food during illness. Receiving clothes in time is an essential need for a human being. However, 45 percent of older people needed supports in managing clothes on time. Moreover, support in washing clothes was also required for 40 percent of older people.
- Medication in time is a prime concern for healthy living. Forty-six percent of older people stated that they needed support in getting necessary medicine in time. For 54 percent of the cases, older people needed supports to visit the health centers. Also, 27 percent and 32 percent of older people needed care during physical illness and mental frustration, respectively.
- Older people also need supports for movement and mobility. More than half (53 percent) of older people mentioned that they needed supports for walking. Sixty-one percent of them also reported that they needed assistance to go outside for refreshment.
- Older people also have limited access to resources. Sixty-four percent of older people needed financial supports visiting relatives/friends, 69 percent needed supports for spending on social events, and 60 percent needed supports for managing their pocket expenditures.
- Living arrangement is another vital determinant of physical and mental health as well. However, 11 percent of older people were not satisfied with their living arrangements while 46 percent were moderately satisfied with that issue. The reasons for dissatisfaction with their living arrangements included lack of air, extreme hit, cold, lack of lighting and air flow and too noisy.

**Figure 1: Percentage distribution of the two prioritized problems, areas of expenses, and felt needs**



The study of DPS identified the two prioritized problems, areas of expenses, and felt areas of needs of older people (Figure 1)

- Sixty-nine percent of older people mentioned physical sickness as their first problem, which was followed by physical weakness (15 percent).
- The top two areas of expenditure of older people were food (83 percent) and medication/treatment (15 percent).
- Older people were also asked to identify the two prioritized areas in which they need foremost supports. Free treatment (74 percent) and old-age allowance (15 percent) were the two prime needs they felt the most.

Care and supports as well as prioritization of the problems and needs of older people are also varied by their demographic, socio-cultural, and spatial attributes<sup>3</sup>.

- Mixed outcomes regarding access to care and supports were found by the ages of older people. The young-old people aged 60-69 years, for instance, had comparatively greater access to financial resources than old-old people aged 80 years and above. However, the old-old people were found more likely to receive greater care and supports than that of their counterparts, young-old people. The highest percentage of government supports were received by the old-old (41 percent) people followed by the middle-old people, aged 70-79 years, (31 percent), and the young-old people (18 percent).
- Older women, for instance, had limited access to healthcare facilities, family supports during illness, financial supports to realize essential goods or services, and less power to control over the life and resources. Such outcomes were also supported by their greater emphasis on the old-age allowance compared to older men. Among the studied sample, around 90 percent of older people considered themselves as eligible to receive old-age allowance while only around 24 percent of them received such allowance.
- Older people had limited access to social gatherings and activities. Moreover, they endured disrespect occasionally in social gatherings, which caused further stress for the physical and mental health of them.

### Call for Actions

- Strengthening the media awareness programs explaining/highlighting the legal rights of older

people to protect their rights, care, and supports in the family and community level.

- Since food is the most prioritized area of expenditure of older people, food rationing for them would be an effective strategy to ensure access to adequate food.
- Universal coverage of old-age allowance would be efficient in reducing old-age disadvantages since the majority of the older people was considered themselves eligible for this allowance.
- Launching the provision of free geriatric care at local level public health facilities would support to reduce health related sufferings of older people.
- Free health camp would be organized twice a year targeting to older people at sub-district and district levels to strengthen their access to better healthcare.
- Monthly door to door visit by community health workers targeting the older people might be introduced to check and address the disadvantages of the older people.
- As a signatory of Vienna International Plan of Action on Ageing, and Madrid International Plan of Action on Ageing, the government would strengthen its commitment with increased and sustained financing for the old age population.

### **References**

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