

## **Elderly Care Provision under National Policy on Older Persons 2013: A Cross-Sectional Study in Dhaka City, Bangladesh**

Research Article

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### **ABSTRACT**

Bangladesh is undergoing a notable demographic transition, characterized by a substantial rise in the proportion of elderly individuals within its population. This demographic transition presents a range of economic, social and cultural issues that necessitate prompt attention and intervention. The aim of this study was to examine the current state of elderly care services and facilities available for older adults in urban landscape by taking into account the ‘National Policy on Older Persons 2013.’ This study was conducted in Dhaka city by employing a cross-sectional study design. The study population covers elderly people aged 60+ years, living in Dhaka City for more than five years continuously and are able to speak well with someone. The study was based on a sample of 240 and the respondents were chosen using convenient sampling technique. The data were collected through face-to-face interview using structured questionnaire and they were analyzed utilizing descriptive statistics. This study found that the existing elderly care services and available opportunities are below the satisfactory level for most of the older adults of the city, even though the ‘National Policy on Older Persons 2013’ was adopted a decade ago. The elderly people in Dhaka city encountered a number of difficulties considering their physical health, psychological and social well-being. In the case of availability of the affordable and quality healthcare services for older adults in their community, 30.4% of the respondents said that the availability, accessibility and affordability of quality healthcare services are very poor, followed by 24.6% below average and 26.3% at the average level. Nearly 75% of the study people said that they had ever experienced unfair treatment for being aged. Indeed, they receive care and support in an inconsistent, disorganized and incoherent manner. The study clearly revealed that there is a need to prioritize person-centered care as well as integrated care system for the effective management of the ageing population in Bangladesh.

**Keywords:** *Population ageing, Elderly care, Policy on older persons, Older adult’s well-being*

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## 1. Introduction

Bangladesh, a country with a population of 169 million and a population density of 1119 individuals per square kilometer in 2022, is currently grappling with the emerging challenge of population ageing within its vulnerable population and development context (BBS, 2022). Individuals who have reached the age of 60 and above are classified as senior citizens, comprising 9.28% of the overall population. The elderly population has increased from 1.02 crore in 2011 to over 1.53 crore in 2022. As per the preliminary report of the Population and Housing Census 2022, the current population of individuals aged 60 years or older in the country is 1.53 crore (BBS, 2011; BBS, 2022). This issue is of significant concern for the country as given its status as the eighth largest and one of the most densely populated countries globally. The country is presently transitioning into the intermediate phase of the ageing process and is projected to attain the advanced phase, wherein 25% of its populace will be aged 65 years or older, within the next 30-35 years. The level of reliance that elderly individuals have on the economically productive population is projected to experience a substantial rise (Rahman, 2022). In Bangladeshi society, it has been customary to hold elderly individuals in high esteem. The values upheld by various conventional social institutions are undergoing rapid transformation as a result of the influences of modernization and urbanization. For instance, the prevalence of nuclear and small-sized families is on the rise, resulting in a decrease in the traditional role and social standing of elderly people. This problematic feature is more visible in urban areas than that of rural region. Moreover, despite the implementation of policy interventions at various levels, their adequacy in addressing the issue remains insufficient (Karim, 2021). This study, therefore, aims to examine the current state of elderly care services and facilities available for older adults in urban landscape taking into account the ‘National Policy on Older Persons 2013’.

Bangladesh formulated the national policy on older persons with the aim of safeguarding the rights of older individuals in 2013. The policy explicitly stated that it is the primary responsibility of the state to ensure that elderly individuals are able to exercise their fundamental rights (Mamun and Chowdhury, 2021 as cited in Sarker, 2021). The National Policy on Older Persons 2013 has been taken on the basis of the Madrid International Plan of Action on Ageing. In accordance with policy regulation 8(1), it has been officially stipulated that individuals who have reached the age of 60 or above are classified as senior citizens within the jurisdiction of Bangladesh. The main objectives of this policy are: “a) to ensure the dignity of the elderly people in the society, b) to identify the problems of the elderly people, c) to change the attitude of the mass people towards the elderly people, and d) to take new Programs to address the needs of elderly people.” Its broad objectives for the elderly include: “Dignity, Participation, Self-dependence, Self-attainment, and Services. The Policy also proposed a working strategy aimed at safeguarding the rights of the elderly (Ministry of Social Welfare, 2017; Mazumder, 2017 as cited in Ferdousi, 2020). However, the study findings in this arena can serve as a base for the development of policies and Programs that are informed by evidence. Policymakers can utilize these findings to draw up more realistic and appropriate policy measures and programs that are better suited to cater to the unique requirements of the elderly population. It will also pave the way for further research on the health and well-being of the elderly people and sustainable development of a country with healthy aged population.

## 2. Study Methods and Materials

This cross-sectional study adopted quantitative method to find out the answers of formulated research questions. The study was conducted in Dhaka city, Bangladesh on April and May, 2023 and the sample size was determined using Cochran’s Sample size formula. Following this

formula, the sample size was:

$$\begin{aligned}
 n &= Z^2pq/e^2 \\
 &= \{(2.58)^2 (0.1) (0.9)\} / (0.05)^2 \\
 &= 240 \\
 \text{Here, } n &= \text{sample size} \\
 p &= \text{the population proportion} \\
 &= \text{Total number of population/Total number of} \\
 &\text{elderly people } (= < 60) \\
 &= 169828911 / 15326719 \\
 &= 0.0928 \text{ (BBS Census, 2022)} \\
 e &= \text{acceptable error } (e = 0.05) \\
 z &= 2.58 \text{ (at reliability level 99\% or} \\
 &\text{significance level 0.01)}
 \end{aligned}$$

This study introduced a technique of non-probability sampling method for not having an accurate sampling frame that is the accurate list of the elderly people living in Dhaka city. The participants were chosen using convenient sampling technique. In this case, the selection criteria of participants were age, time-frame of living in the selected city area, and the ability to speak well. Those who are aged 60 or more than 60 years, living in Dhaka City for more than five years continuously and are able to speak with someone were chosen as participants for this study in terms of their consent to participate willingly.

The data were collected through personal interview survey using questionnaire with close-ended and semi-structured questions. The questionnaire items were developed through literature review as well as having a focus on the services supposed to be provided as per the national policy on older persons 2013 for the senior citizens of the country. The Cronbach's alpha value for the items was 0.82, which indicates that the internal consistency of the test items was generally at the accepted level. Data collected from fields through surveys were coded into IBM SPSS Pro 26.0 and they were analyzed utilizing descriptive statistics.

However, the study was carried out exclusively in a

singular city in Bangladesh and the study respondents were selected using convenient sampling technique. Due to its utilization as a non-probability sampling technique, the potential for limited generalizability of the findings of this study to other groups of elderly people exists. In addition, several participants indicated the presence of a disparity between their documented age on their National Identification (NID) card and their actual age. However, further studies can be carried out in rural areas or other regions or communities, taking into account the specific local circumstances and variables that may impact the process of the availability of and access to elderly care.

### 3. Theoretical Framework

The social and psychosocial theories of ageing basically focused on how older people's lives are affected by social structures, how they adjust to shifting roles in society, and how they deliberately create their lives within certain institutional frameworks (Giddens and Griffiths, 2006). The most well-known psycho-social theories of ageing include: a) Disengagement Theory b) Activity Theory c) Exchange Theory d) Phenomenological Theory, and e) Political Economy of Ageing. Considering the research objectives, however, this study exclusively focused on disengagement theory of ageing and political economy of ageing.

Disengagement theory is one of the first theories of ageing, reflecting the functionalist approach to sociology that was prevalent during the period of Talcott Parsons in the 1950s and 1960s. Elaine Cumming and Warren Earl Henry developed this theoretical framework in their book "Growing Old" (1961). According to this theory, aging causes physical and psychological decline over the course of time and that the shifting social roles for older adults must be taken into account to make their life easy as well as to make space for succeeding generations (Hendricks, 1992; Cumming and Henry, 1961; Estes et al. 1992 as cited in Giddens and Griffiths, 2006). While activity theorists argue that it is crucial for older people to remain socially

active and engaged, disengagement theorists claim that it is both natural and inevitable for people to reduce their level of activity as they get older as well as to pick and choose more passive role and responsibilities. However, according to the disengagement theoretical perspective, this does not imply that all older individuals should be physically unable to perform their daily activities. Theorists also do not advocate for the elderly to be put into a forcibly passive role. Indeed, they introduce a “laissez-faire” attitude that upholds and endorses the decreased level of activity on the part of older people that usually happens with ageing but not always and their adjustment to the natural changes that accompany ageing (Decker, 1980).

Certainly, the disengagement theory of ageing may not provide a comprehensive explanation for the complicated dynamics of the elderly care system; it can still provide invaluable insights and considerations for conducting research from an individualistic perspective. The relevance of this theory in the context of this study pertains to its underlying assumptions that emphasize how important it is of understanding the individualized experiences and perspectives of elderly people concerning their roles in society and relationships with other. Additionally, it underscores the necessity of acknowledging the requirement for sustained social contact and interaction, specialized care provision as well as support system for elderly people considering several points that mostly include as people age, they often face declining physical and mental health, leading to increased dependency on others for assistance. Elderly care provision is necessary to address these needs and to ensure the well-being of older adults. Social isolation can negatively impact mental health, so services like assisted living facilities, home healthcare, and hospice care can help maintain dignity and quality of life. Elderly care services can fill the gap in informal caregiving networks, providing professional support to older adults who may not have family members available. Investing in elderly care can also result in cost savings by

preventing hospitalizations and delaying institutionalization.

On the other hand, as a macro-level theoretical approach, the political economy of ageing highlights the impact of social policies, the distribution of resources, and racial/ethnic minorities', sexual minorities', and the disabled's wellbeing (Portacolone and Herd, 2018). Townsend (1986) lists four primary sources that make up to how society views ageing: formal retirement policies, low pension levels, institutionalization of the elderly and centralized provision of community care (Townsend, 1986 as cited in Jackson, 1994). This approach offers significant contributions to the understanding of the various structural and systematic elements that impact the well-being and healthcare accessibility of older individuals placing a particular emphasis on analyzing policies and economic structures that influence the provision of elderly care services. However, Abdi, Spann, and Borilovic *et. al.*, (2019) in a review study on the care and support needs of elderly individuals using the “WHO international classification of functioning, disability and health framework (ICF)” revealed that that older adults encountered a broad spectrum of physical, social, and psychological difficulties as a result of having to deal with chronic medical conditions. These difficulties called for care and support in three primary areas: 1) physical health (activities related to getting around, taking care of oneself and daily living) 2) mental health; and 3). social engagement and connections.

#### 4. Study Findings

This study interviewed 240 (Male-136 and Female 104) elderly individuals aged 60 years or above from Dhaka City Corporation, Bangladesh. The percentage of male respondents is 56.7, while women are 43.3%. With regard to the age distribution, 26.6 % of the study population is 60 to 64 years, 29.7% 65 to 69 years, 20.0% 70 to 74 years, 14.5% 75 to 79 years and 9.3% is equal to or above 80. The elderly care services in this study were examined using semi-structured questionnaire

on a number of variables with several indicators: physical health and medical services (presence of chronic disease, patterns of disease they have been suffering from for more than one year, health checkup interval, health insurance and availability of affordable and quality healthcare services), living conditions, financial and social security, social connection and psychological well-being, access to information, technology, transportation and other services, and age-friendly environment (experience of ageism, patterns of ageism, awareness about elder abuse programs, and level of respect and recognition given to older adults for their knowledge and experience).

About 80% of the study participants acknowledged that they suffered from at least one kind of chronic disease. In the case of the pattern of disease they were suffering from, 33.8% of the study respondents reported that they had arthritis pain, followed by high blood pressure (27.9%), asthma (19.6%), diabetes mellitus (15.0%), heart disease (6.7%), kidney disease (8.8%), stroke (3.0%) and cancer (2.1%). However, only 14.2% reported that they need help in performing basic activities of

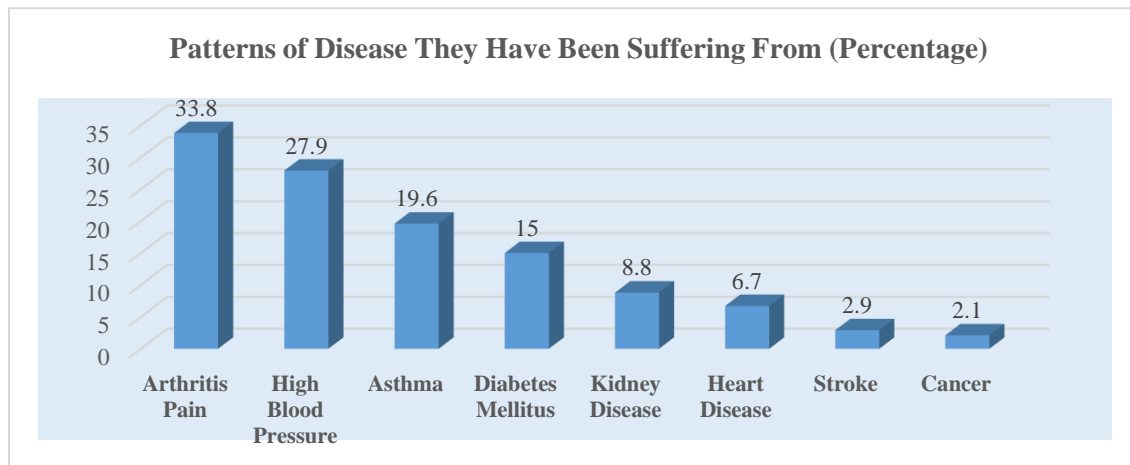
daily living, while 85.8% said that they can independently perform their basic activities of daily living. Around 10% of the respondents said that they go for health checkups on a weekly basis and 15.8% reported that they go for health checkups on nearly every month, followed by annually 20%. On the other hand, a larger share of the study participants, that is around 40%, said that they rarely go for health checkups, followed by never 14.2%. With regard to the health insurance, only 5.4% reported that they have it, while about 95% of the elderly individuals who were involved in this study said that they have no health insurance. In the case of availability of the affordable and quality healthcare services for older adults in their community, 30.4% of the respondents said that the availability of and their access to the affordable and quality healthcare services is very poor, followed by 24.6% below average and 26.3% at the average level. Only 5% of the respondents said that the availability of and their access to the affordable and quality healthcare services is excellent, followed by 13.8% at the level of above average (Table 1 and Fig.1).

**Table 1.** Distribution of Respondents in Terms of Health, Well-being and Medical Services.

<b>Health, Well-being and Medical Services</b>			
	<b>Categories</b>	<b>Frequency</b>	<b>%age</b>
Are you suffering from any kind of chronic disease?	Yes	189	78.8
	No	51	21.2
	Total	240	100.0
Necessity of Help in Performing Basic Activities of Daily Living (BADL)	Yes	34	14.2
	No	206	85.8
	Total	240	100.0
Frequency of Health Checkups	Weekly	23	9.6
	Monthly	38	15.8
	Annually	48	20.0
	Rarely	97	40.4
	Never	34	14.2
	Total	240	100.0

Heath Insurance	Yes	13	5.4
	No	217	94.6
	Total	240	100
Availability of affordable and quality healthcare services for older adults	Very Poor	73	30.4
	Below Average	59	24.6
	Average	63	26.3
	Above Average	33	13.8
	Excellent	12	5.0
	Total	240	100.0

(Source: Field Data, 2023)



**Fig. 1.** Distribution of Respondents in Terms of the Patterns of Disease. (Source: Field Data, 2023).

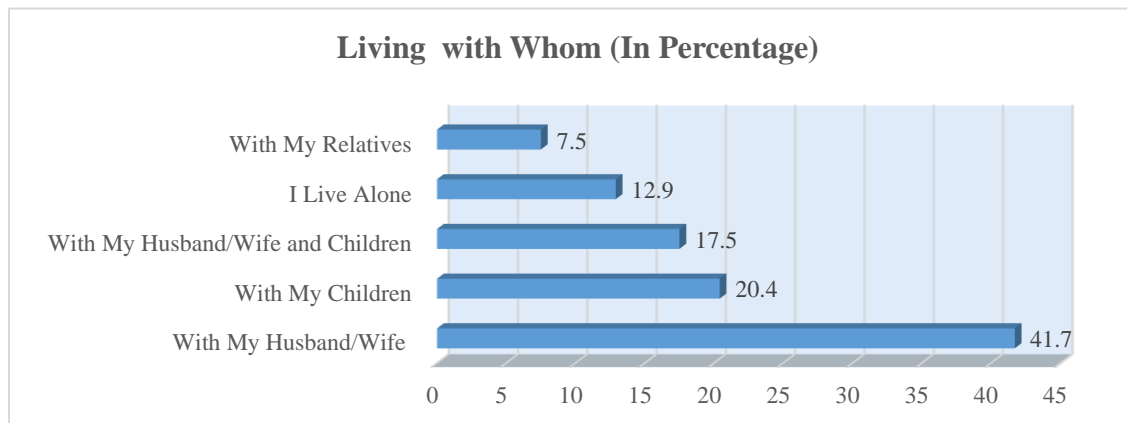
In the study, around 61.6% elderly people mentioned that they live in a rented house, followed by own house (29.3%), and staff quarter (9.2%). About 12.9% of the study respondents said that they live alone, while as much as 41.7% participants stated that they live with their spouse, followed by with their children (20.4%), both with their spouse and children (17.5%), and with their relatives (7.5%). In replying to a question about

how they feel about their current housing, 12.5% of the respondents said that they are very dissatisfied with their current housing situation followed by 26.7% dissatisfied, 30.4% satisfied and 11.3% very satisfied. However, the question was asked in Likert-scale and 19.1% respondents said they feel neither dissatisfaction nor satisfaction about their current housing situation (Table 2 and Fig. 2).

**Table 2.** Distribution of Respondents in Terms of Living Conditions

Living Conditions			
Housing Condition	Categories	Frequency	%age
	Rent	148	61.6
	Own	70	29.2
	Others	22	9.2
	Total	240	100.0
Subjective Perception about Current Housing Situation	Very Dissatisfied	30	12.5
	Dissatisfied	64	26.7
	Neither Satisfied Nor Dissatisfied	46	19.1
	Satisfied	73	30.4
	Very Satisfied	27	11.3
	Total	240	100.0

(Source: Field Data, 2023)

**Fig. 2.** Distribution of Respondents in Terms of Living Status. (Source: Field Data, 2023).

The elderly people are endowed with a number a retirement benefits depending on the country's welfare state programs. The most common retirement benefits include access to pension, old age allowance, widow allowance etc. In this study, it is found that nearly 21% of the study participants receive pension after their retirement from formal employment sectors, 12% get old age allowance provided by government, 2% get widow allowance

and more than half of the older persons who were involved in this study that is 65% of the study participants reported that they do not have any kinds of retirement benefits. A larger share of the elderly people that is about 54.2% study participants said that they do not at all feel comfortable with their savings, followed by slightly (22.1%), moderately (15%) and only 8.7% said that they feel much comfortable with their savings. In

terms of the affordability of basic necessities (food, housing, utilities), 22.1% elderly people said that their affordability of basic necessities is very poor, followed by below average (23.3%), average (26.3%), above average (20.4%) and only 7.9% acknowledged that their affordability of basic necessities is excellent. Around 35% of the study respondents reported that they always take a balanced diet, followed by sometimes (42.1%) and 22.1% said that they hardly take a balanced diet in a typical week. Moreover, with regard to the

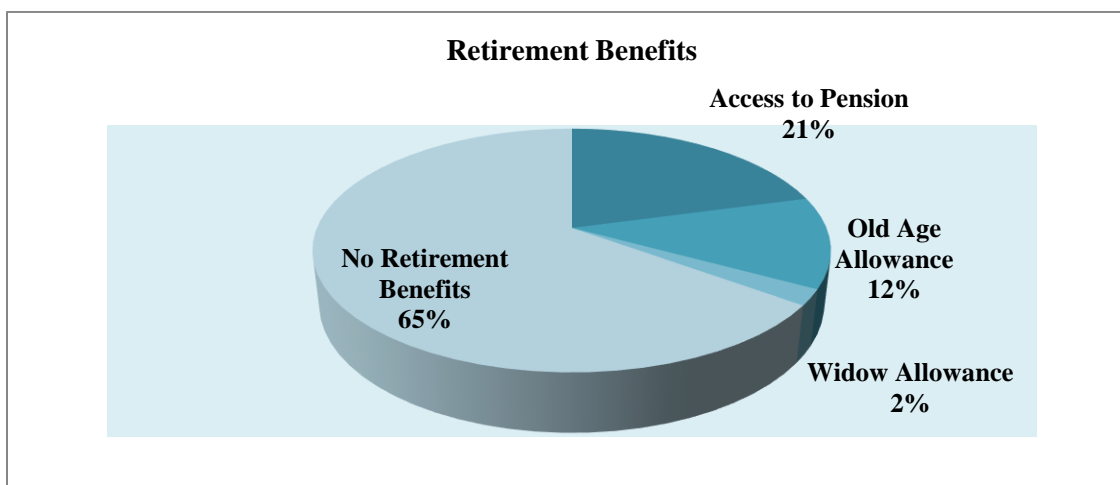
accessibility and affordability of long term care services (home-based care, assisted living, nursing home) 49.6% of the respondents said that their access to the affordable long-term care services is very poor, followed by below average (32.1%) and at the average level (10.9%). Only 2.5% of the respondents said that the availability of and their access to the affordable long-term care services is excellent, followed by 5.0% at the level of above average (Table 3 and Fig. 3).

**Table 3.** Distribution of Respondents in Terms of Financial and Social Security.

<b>Financial and Social Security</b>			
Subjective Perception on the Comfort with Their Savings	Not at all	130	54.2
	Slightly	53	22.1
	Moderately	36	15.0
	Very	21	8.7
	Total	240	100.0
Affordability of Basic Necessities (food, housing, utilities)	Very Poor	53	22.1
	Below Average	56	23.3
	Average	63	26.3
	Above Average	49	20.4
	Excellent	19	7.9
	Total	240	100.0
Accessibility and Affordability of Long-term Care Services (home-based care, assisted living, nursing home)	Very Poor	119	49.6
	Below Average	77	32.1
	Average	26	10.9
	Above Average	12	5.0
	Excellent	6	2.5
Frequency of Eating a Balanced Diet	Mostly	86	35.8
	Sometimes	101	42.1
	Rarely	53	22.1
	Total	240	100

(Source: Field Data, 2023)





**Fig. 3:** Distribution of Respondents in Terms of Access to Retirement Benefits. (Source: Field Data, 2023)

The data presented in table 4.4 is about social connection and psychological well-being of the elderly people who were involved in this study. Around 40% of the respondents said that they participate in such activities as praying, volunteer work, taking care of grandchildren etc. five or more than five days in a typical week to keep them socially and productively engaged, followed by 3-4 days a week (31.7%) and 0-2 days in a week (28.3%). But in terms of the involvement in group activities, the larger share of the participants, that is 59.2%, said that they rarely involved in group activities; 31.3% said that they took part in group activities once or twice in a month, followed by at least once a week (9.6%). With regard to the level of community support and inclusiveness for older

adults in community, 12.1% of the elderly people said that they enjoyed a high level of community support and inclusiveness as elderly in their community, followed by moderate level of community support and inclusiveness as elderly in their community (17.9%). On the other hand, about 70% of the respondents reported that they enjoyed a low level of community support and inclusiveness as older adults in their community. Above all, in response to the question to rate their overall life satisfaction, around 40% of the elderly people who were involved in this study said that they were either dissatisfied or very dissatisfied with their livings, followed by 'neither satisfied nor dissatisfied' (28.3%), satisfied (25.4%) and very satisfied (5%).

**Table 4.** Distribution of Respondents in Terms of Social Connection and Psychological Well-being.

Social Connection and Psychological Well-being			
In a typical week, do you have activities that keep you socially and productively engaged?	Categories	Frequency	%age
	Yes, 5 Days or More a Week	96	40.0
	3-4 Days a Week	76	31.7
	0-2 Days a Week	68	28.3
	Total	240	100.0

Involvement in Group (formal/informal) Activities	At Least Once a Week	23	9.6
	Once or Twice a Month	75	31.3
	Rarely	142	59.2
	Total	240	100.0
Level of community support and inclusiveness for older adults in community	High	29	12.1
	Moderate	43	17.9
	Low	168	70.0
	Total	240	100.0
Frequency of experiencing negative feelings such as blue mood, anxiety, depression in last two weeks	Never	13	5.4
	Seldom	48	20.0
	Quite Often	114	47.5
	Very Often	28	11.7
	Always	37	15.4
	Total	240	100.0
Life Satisfaction	Very Dissatisfied	28	11.7
	Dissatisfied	71	29.6
	Neither Dissatisfied Nor Satisfied	68	28.3
	Satisfied	61	25.4
	Very Satisfied	12	5.0
	Total	240	100.0

(Source: Field Data, 2023)

The data presented in table 4.5 is about elderly people's access to information, use of technology such as mobile phone and internet, access to transportation facilities and their subjective perception on the necessity of old care home services. It is found in the study that a significant proportion of the study participants that is more than 50% reported that they cannot easily access the information that they need, while 35.8% of the respondents said that they can easily access the necessary information. In terms of using technology, the study findings revealed that as many as 42% of the study participants use mobile phone, while nearly 58% of the study older persons

do not use mobile phone. Only 9.6% said that they use internet, whereas 90.4% of the participants reported that they are not accustomed to using internet. Like the access to information, the study findings revealed that a significant proportion of the study participants that is more than 73.7% reported that they cannot easily access the transportation facilities, while 26.3% of the respondents said that they can easily access the transportation facilities. In response to the question whether they feel the need of old care home services, it is found that nearly ten-fourths that is 39.2% of the study older persons said that they feel the need of old care home services. On the other hand, 60.8% of the study people reported that they do not feel so.

**Table 5.** Distribution of Respondents in Terms of Access to Information, Technology and Other Services.

<b>Access to Information, Technology and Other Services</b>			
	<b>Categories</b>	<b>Frequency</b>	<b>%age</b>
Easy access to information about rights, entitlements and available services	Yes	86	35.8
	No	154	64.2
	Total	240	100.0
Use of Mobile Phone	Yes	101	42.1
	No	139	57.9
	Total	240	100
Use of Internet	Yes	23	9.6
	No	217	90.4
	Total	101	100
Easy Access to Transportation Facilities	Yes	63	26.3
	No	177	73.7
	Total	240	100
Feelings about the Need of Old Care Home Services	Yes	94	39.2
	No	146	60.8
	Total	240	100

(Source: Field Data, 2023)

The data presented in table 6 and figure 4 show the distribution of respondents in terms of their experience of ageism that mainly refers to unfair treatment based on an individual's age. From this study, it is found that nearly 75% of the study old age people have ever experienced unfair treatment for being aged. In contrary, about one-fourth that is 25% of the respondents reported that they have not experienced so. In a subsequent question to those who experienced ageism were asked to say the patterns of ageism they have ever experienced in their life. As much as 76.5% of the respondents who reported to have experience of ageism faced

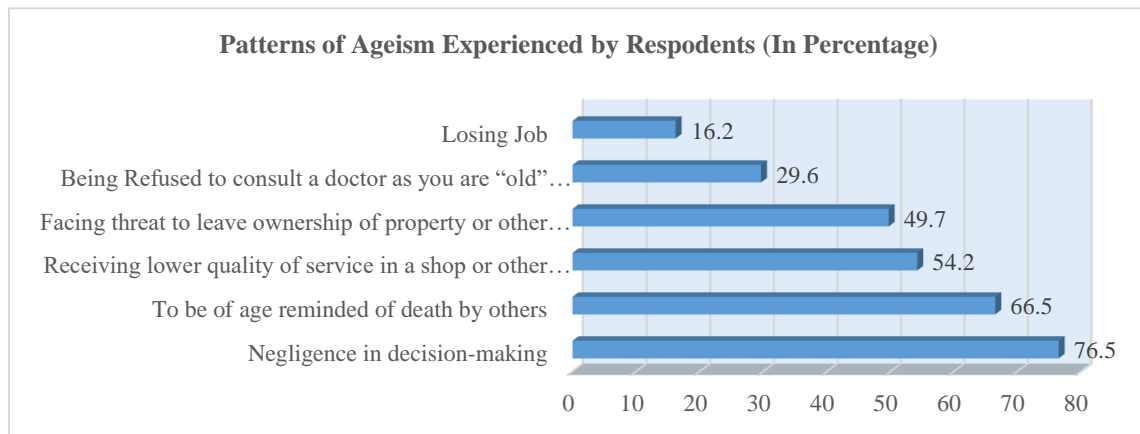
negligence in decision-making, followed by 66.5% to be age reminded of death by others, 54.2% receiving lower quality of service in a shop or other places like, 49.7% facing threat to leave ownership of property or other assets, 29.6% being refused to consult a doctor as you are "old" or treating disease as consequence of being aged and 16.2% losing job (Figure-4.4). With regard to the level of respect and recognition given to older adults for their knowledge and experience, only 8.8% of the elderly people who were involved in this study said that they enjoyed a high level of respect and recognition given to older adults for their knowledge and experience, followed by 31.7% moderate level of respect and recognition given to older adults for

their knowledge and experience. On the other hand, around 60% reported that they enjoyed a low level of respect and recognition given to older adults for their knowledge and experience. Moreover, less than half of the study participants, that is 40.4%, said that they are aware of initiatives or programs that address and prevent elder abuse, while more than half of the study participants, that is 59.6%, said that they are not aware of initiatives or programs that address and prevent elder abuse

**Table 6.** Distribution of Respondents in Terms of Age-friendly Environment.

Age-friendly Environment			
Experience of Ageism	Categories	Frequency	%age
	Yes	179	74.6
	No	61	24.4
Level of respect and recognition given to older adults for their knowledge and experience	High	21	8.8
	Moderate	76	31.7
	Low	143	59.5
	Total	240	100.0
Are you aware of any initiatives or programs that address and prevent elder abuse?	Yes	97	40.4
	No	143	59.6
	Total	240	100.0

(Source: Field Data, 2023)



**Fig. 4.** Distribution of Respondents in Terms of the Patterns of Experienced Ageism.

(Source: Field Data, 2023)

## 5. Discussion

Ageing is a biological phenomenon that occurs due to the gradual accumulation of diverse molecular and cellular damage over time. This phenomenon results in a progressive decline in both physical and cognitive abilities, an escalating susceptibility to illnesses, and ultimately mortality (WHO, 2020). Regarding physical health and well-being, this study found that 78.8% of the study participants suffer from at least one kind of chronic disease. The National Council on Aging (NCA) suggested that around 92 % of older people have had at least one chronic condition, with 77 % having more than one or two health problems. The most frequent and expensive chronic health problems, according to this report, are Stroke, Cancer, Heart Disease and Diabetes, which accounted for two-third of all fatalities every year (Smith, 2016). Islam and Rahman (2017) in a study entitled “Health Problems of Elderly People in Bangladesh” noted the following common health problems the elderly people of Bangladesh suffer from: Hypertension, Heart Attack, Diabetes mellitus, Arthritis, Stroke, Cataract, Osteoporosis, Obesity, Skeletal Deformity, Sleep disturbance, Enlarged prostate in men, Changes in behavior and Dementia (Islam and Rahman, 2017). The prevalence of multi-morbidity constitutes a significant public health concern in numerous developing nations like Bangladesh, where the demographic is progressively ageing. In this case, psychological distress among elderly individuals with chronic conditions is a commonly overlooked issue (Wahlin *et al.*, 2015; Disu *et al.*, 2019). This study found that nearly 75% of the elderly people quite often experience negative feelings such as blue mood, despair, anxiety, depression in last two weeks. Sarkar (2021) in a study titled “Health-related quality of life among older citizens in Bangladesh” found that the majority of the elderly population experienced symptoms of anxiety or despair (81.6%), with pain or discomfort following closely behind (81.4%). Sara (2020) in a hospital-based cross-sectional

study found that chronic medical conditions have a significant impact on psychological stress. The study revealed that a significant proportion of the participants, specifically 88%, exhibited severe mental disorders while concurrently experiencing three chronic illnesses. However, the disengagement theory posits that the elderly individuals gradually curtail their physical activity and disengage from normal social roles and responsibilities. The reduction in physical activity and withdrawal from established social roles and responsibilities could potentially result in a decrease in physical well-being and overall health, as well as a change in their cognitive and psychological attachment to their immediate surroundings (Cumming and Henry, 1961).

To address the specific needs and problems of the elderly people, the government of Bangladesh formulated the ‘National Policy on Older Persons’ in 2013. Its main goal is to ensure a dignified, poverty-free, functional, and healthy life as well as to secure social life for elderly people. Its main areas of activities include: recognizing the contribution of older persons, emphasizing intergenerational communication and solidarity, taking necessary steps for ensuring social and special welfare facilities as well as security in life and property of older persons, reducing poverty and ensuring financial security, ensuring health care and nutrition for older persons, ensuring suitable accommodation, protecting older persons from unwanted situations that arise from climate change vulnerabilities and from the infection with deadly HIV/AIDS, providing education and training, and encouraging voluntary agency to work for the welfare of elderly people (Ministry of Social Welfare, 2014).

The findings of this study in terms of these basic services available for elderly people revealed that only a small proportion of the elderly people go for regular health checkups, even though the great majority of them suffer from chronic disease. Nearly, all of them have no health insurance. For

more than half of the elderly people, the availability of and their access to the affordable and quality healthcare services is below the average level, even though they live in the Capital city of the country. The situation is worse in the case of the accessibility and affordability of long term care services (home-based care, assisted living, nursing home). Around 70% of the study older persons said that their accessibility and affordability of long term care services (home-based care, assisted living, and nursing home) is below the average level.

With regard to the living condition, about 40% of the elderly people are dissatisfied with their current housing situation. The point of concern is that a larger share of the elderly people lives either alone or only with their spouse. They are separated from their children. Around 35% of the respondents said that they live with their children. The BBS data shows that the family size is gradually decreasing day by day. At present, the average family size is 4.0 at the national level, while in urban areas it is 3.9 (BBS, 2022).

Financial and social security is one of the major concerns in ensuring adequate care for the elderly population in Bangladesh. It is found in this study that more than 80% of the elderly people are now economically inactive either as retired employee or for sickness, while 65% of the study individuals have no access to retirement benefits that include pension fee, old age allowance and widow allowance. In a symposium on "Income Security for Older Persons in South Asia," Dulal (2017) contended that a substantial proportion of elderly individuals in Bangladesh are experiencing a range of fundamental human challenges, including insufficient income and employment prospects, extreme poverty, dementia-prone illnesses, and inadequate access to healthcare facilities, social exclusion, neglect, deprivation, and socioeconomic insecurity. However, the implementation of the old age allowance programme by the government of Bangladesh aims to enhance social security and

uphold the dignity of elderly citizens throughout the country since 1998. In fiscal year 2022-23, according to the information from Department of Social Services, the number of old age beneficiaries was 5701000 and the allocated budget was 3444.54 crore taka. Each beneficiary gets 500 taka per month after every three months. The amount is too low to meet their basic necessities. Hossain, Ullah and Haque (2020) in a study argued that a significant segment of older people lacks access to social security benefits. Furthermore, the government's allotment towards social security is inadequate. These findings are similar to those of the other national studies (Mehjabeen and Amanullah, 2019; Amanullah *et.al.*, 2019).

The application of technology and its capacity to disseminate information enables senior citizens to confront the challenges of contemporary society with greater ease. It helps them to overcome the constraints of their psychological and social isolation, consequently accomplishing a higher standard of living (Roupa *et.al.*, 2010). In terms of using technology such as mobile phone and internet, the study findings revealed that as many as 42% of the study participants use mobile phone, and only 9.6% can use internet, while 90.4% of the participants are not accustomed to using internet. As per the report of the Population and Housing Census, 2022, the number of mobile phone users at the national level is 55.89%, while nearly one third of the total population (5 years and above) that is 30.68%, use internet. It is a commonly held belief that elderly people exhibit a lower level of adaptability to emerging technologies in comparison with those younger than them. This is attributed to their lack of familiarity with technology or their current state of health (Kontaxakis and Christodoulou, 2000 as cited in Roupa *et.al.*, 2010). Moreover, the study found that a significant proportion of the study participants cannot easily access the information that they need. Like the access to information, the study findings revealed that a significant proportion of the elderly

people that is more than 73.7% cannot easily access the transportation facilities. In spite of being guided traditional values and family system for many years, in addition, the study found that nearly ten-fourths that is 39.2% of the older persons feel the necessity of old care home services, while within the jurisdiction of the Ministry of Social Welfare, there exist a mere six facilities designated as old-age homes. Each one has a maximum capacity of accommodating 50 individuals simultaneously. The government needs to think about expanding the old care homes services and centers.

Age-friendly environment is another major sphere of care for the elderly. The World Health Organization (2020) suggests that the elderly population and their living environments exhibit a wide range of diversity, dynamism, and variability. The potential for either encouraging or preventing healthy ageing is significant when individuals interact with one another. Ward (1984) argues that as the population continues to age, new areas of concern and necessity arise, such as the development of a new care sector, geriatric healthcare, the implementation of inclusive social policies, and the requirement for modifications to urban infrastructure, including the establishment of a new road system and the alteration of buses and buildings. In this regard, the study findings revealed that a significant proportion of the elderly people badly suffer from the lack of age-friendly environment and services. Nearly 75% of the elderly people have ever experienced unfair treatment for being aged. With regard to the level of respect and recognition given to older adults for their knowledge and experience, only 8.8% of the elderly people who were involved in this study said that they enjoyed a high level of respect and recognition given to older adults for their knowledge and experience. In the case of the level of community support and inclusiveness for older adults in community, about 70% of the respondents enjoyed a low level of community support and inclusiveness as older adults in their community. Kalaycioglu (2019) in study on the social aspects of

aging in developing countries suggest that the modern society does not generally regard the process of ageing as positive but rather is viewed as burden and suffering. Bari (2017) argues that the occurrence of frequent illness or general malaise is a common aspect of the ageing process. In the developed world, the welfare of elderly individuals is regarded as a governmental obligation, resulting in widespread access to healthcare services and pension programs across most developed countries. In contrast, the situation in the developing part like Bangladesh is more pessimistic, despite the fact that certain countries nearby have made noticeable advancements in providing assistance to their elderly populations.

## 6. Conclusion

This study investigated the current state of elderly care services and facilities available for elderly population in metropolitan regions, specifically focusing on Bangladesh and its 'National Policy on Older Persons 2013'. The national policy on older persons has proposed a range of activities to address the specific needs of the elderly people but the study findings indicated that the process of ageing, which involves a steady decrease in physical and cognitive capabilities, presents considerable difficulties for the overall health and well-being of older individuals. There are several gaps in existing elderly care programs provided to the elderly in Bangladesh. These obstacles are further intensified by the high occurrence of chronic illnesses and psychological anguish. Although the 'National Policy on Older Persons 2013' has made attempts, there are still shortcomings in meeting the unique requirements of senior individuals. The elderly population faces limited access to healthcare services, including long-term care choices, financial and social security concerns, and insufficient retirement benefits. Furthermore, even though technical progress has the possible remedies to overcome the many obstacles encountered by older individuals, substantial inequalities in technology utilization and

availability continue to exist. In addition, it is crucial to have age-friendly environments and community support in order to promote the well-being and dignity of older persons. However, a significant number of elderly individuals experiences prejudice and social isolation. Based on these findings, therefore, it is clear that concentrated initiatives are necessary to enhance services and support systems for the elderly. This includes increasing availability of healthcare, improving social security benefits, encouraging technical proficiency, and cultivating communities that are accommodating to older individuals. Elderly care programs also need to provide a diverse range of options for senior citizens to engage in meaningful activities that are identical with their passions, interests, capabilities, and preferences. These activities may include physical exercises, recreational pursuits, cultural events, educational programs, paid employment, and volunteer work to promote their cognitive function, personal development, and physical well-being. There should be developed such circumstances that promote social interaction and relationships among elderly people through various means such as support groups, outings, and intergenerational programs. It is also strongly encouraged that elderly care providers and both formal and informal organizations as well as governmental and nongovernmental entities need to engage in a proactive partnership with community groups and local organizations in order to extend the scope of services, activities and resources at their disposal. Above all, there is a need to prioritize person-centered care as well as integrated care system for the effective management of the ageing population in Bangladesh.

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