

Elderly Population Growth in Bangladesh: Preparedness in Public and Private Sectors

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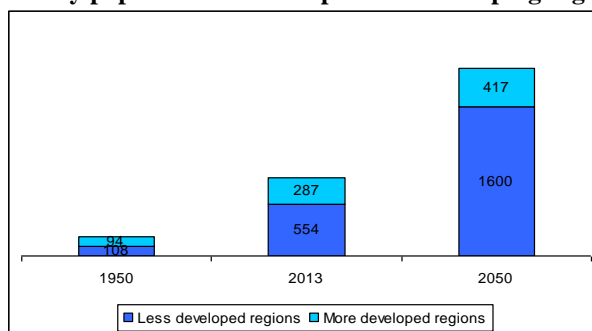
Abstract :- Ageing of the population is now one of the most important facts that came to the foreground in the 21st century. The rapid growth in the elderly of Bangladesh population after 2040 will challenge existing health care services, family relationships on social security. Because of change in the family structure there will be implications on health care of elderly from the family and unmet need of health care services in the public sector will rapidly increase. the aim of this research is to explore how the aging situation in Bangladesh is addressing and anticipating the challenges of an aging society. A review of program activities suggests that Bangladesh preparedness for an aging population is decidedly mixed. Public policy may have an important influence on the role of family support systems in the future but it is not significant considering the absolute size of the elderly population. Current demographic trends indicate that Bangladesh will very different in the coming decades than is to day. Mortality and fertility will be lower, and life expectancy will be rising. Population growth will have slowed substantially as supported by the medium and low variants projections respectively. Strengthening human capital by ensuring empowerment education and employment of all citizens will yield a high return to investment and will help countries reap a demographic dividend that can lift millions out of poverty. Creating hope and opportunity for young people to develop their full potential can drive progress in the years to come and ultimately result in a second demographic dividend of healthy lives, wealthier and more productive older person.

Keywords: *elderly, population, Bangladesh, public, private, support*

I GLOBAL CONTEXT OF AGEING

Ageing of the population is now one of the most important facts that came to the foreground in the 21st century. Sharp declines in fertility, combined with rising life expectancies, will eventually produce unprecedented population ageing, commonly measured as the percentage of the population age 60 and older (UN –DESA, 2012 Revised). With the increase in life expectancy of the world population ageing is now a global issue. It is common all over the world that elderly age range is increasing rapidly and on the other hand the number of children and youth population is declining. In 2013, the number of world population of age 60 years and above was about 84 million, contributing about 12% of the total population. In the year 2050, there will be manifold increase; the world's elderly population is projected to be 2 billion, which is about 21% of the total 10 billion of the world population. The current annual rate of increase of the population of the world is 1.2% while at the same time the rate of increase of the elderly population of age 60 and above is more than double (UN-DESA,2012 Revised). It is reasonable to believe that Bangladesh will have a changed demography of population with lower percentage of young people and higher percentage older people in a period of time, shorter than that taken by the developed countries (UNFPA, 2013, BBS 2011).

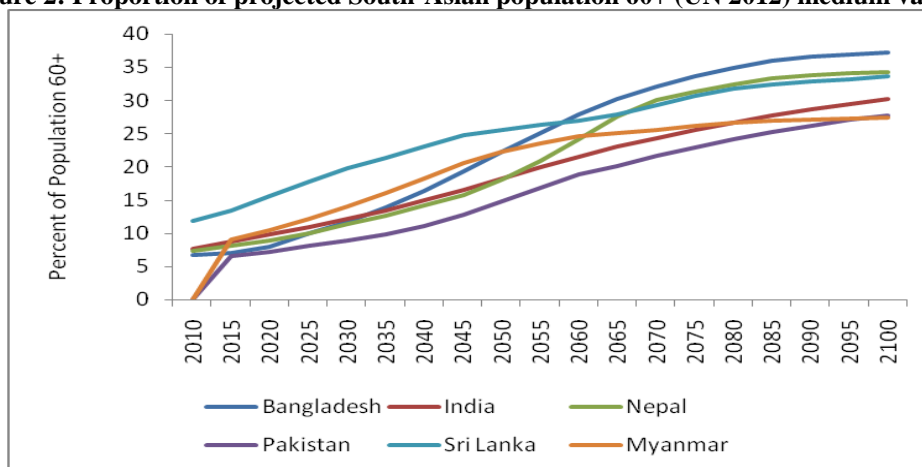
Figure 1: Size of elderly population in developed and developing regions (in million)



Source: UN DESA: World population projection 2012 Revised

By 2030 about one sixth of the world’s population will be aged over 60 years. Older people are the fastest growing population group in the world. Populations are aging most rapidly in developing countries. By 2030 Europe will be the oldest region with older people constituting 24% of the total population. The oldest country will be Japan (31%). Seven of the ten countries with largest populations in the world will be from developing countries. These countries are China, India, Brazil, Indonesia, Pakistan, Mexico and Bangladesh. The rate of increase of elderly populations is 5 times higher in developing countries than in many western countries (UN-DESA, 2012 Revised). By 2025 India along with four other Asian countries (Bangladesh, Nepal, Pakistan and Myanmar) will account for about 17% of the world’s total elderly population (UN-DESA, 2012 Revised). Among the some selected countries in South Asia, elderly population growth in Bangladesh will be much higher than those other countries (See Figure 2)

Figure 2: Proportion of projected South-Asian population 60+ (UN 2012) medium variant



Source: UN DESA: World population projection 2012 Revised

The Global Age Watch Index ranks countries by how well their older populations are comparing. Global Age Watch Index 2015 ranks 96 countries according to social and economic well being of their older persons. The construction of the index has missing data from 98 countries but still represents the 91% of the world population. The ageing watch index is based on four indices. These include

- Income security¹
- Health status²
- Capability³
- Enabling Environment⁴

¹ Pension income coverage, Poverty rate in old age, Relative welfare of older people, GNI per capita

² Life expectancy at 60, Healthy life expectancy at 60, Relative psychological wellbeing

³ Labour market engagement of older people, Educational attainment of older people,

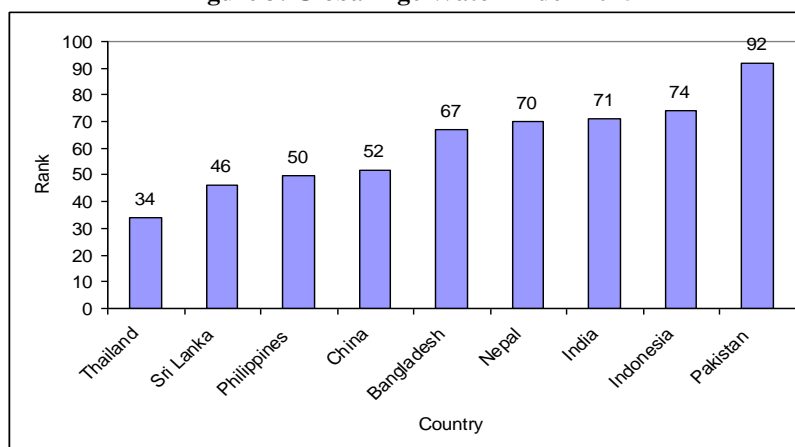
⁴ Social connections, Physical safety, Civic freedom, Access to public transport

This year world elderly day theme was “Sustainability and Age Inclusiveness in the Urban Environment” fits in perfectly with the objectives of 2030 Agenda for Sustainable development: Leave no one behind.

Consequences of Increased Elderly Population

Elderly population will have many effects on their care. The following Figure 4 shows the implications population ageing into several strategies. All strategies need to be taken into account while considering ageing issue for their welfare. Elderly age related ailments will increase as a result of increase in life expectancy. As a consequence, financial burden on individual level and at the household level will rise. This will affect stability of household income. Age related ailment will also have an impact on social and psychology of the elderly persons. If this situation continues then this will have impact on public expenditure on social security and health services

Figure 3: Global Age Watch Index 2015



II AIM AND OBJECTIVES

In the light of the above remarks, the aim of this research is to explore how the aging situation in Bangladesh is addressing and anticipating the challenges of an aging society. A review of program activities suggests that Bangladesh preparedness for an aging population is decidedly mixed. Public policy may have an important influence on the role of family support systems in the future but it is not significant considering the absolute size of the elderly population. In Bangladesh, ageing policy and maintenance law regulated by the government for the children for the family care of the elderly are now legally responsible for the support of their elderly parents.

The specific objectives of the research:

- To investigate the situation of elderly in Bangladesh and its implications in terms of support ratio, health care and, social safety.
- To identify the both public and private sector programs and their coverage
- To assess how far we are prepared to meet the needs of the large elderly both in public and private sectors in future?
- To discuss the policy implications of the large elderly population on social security pension benefit and health care services

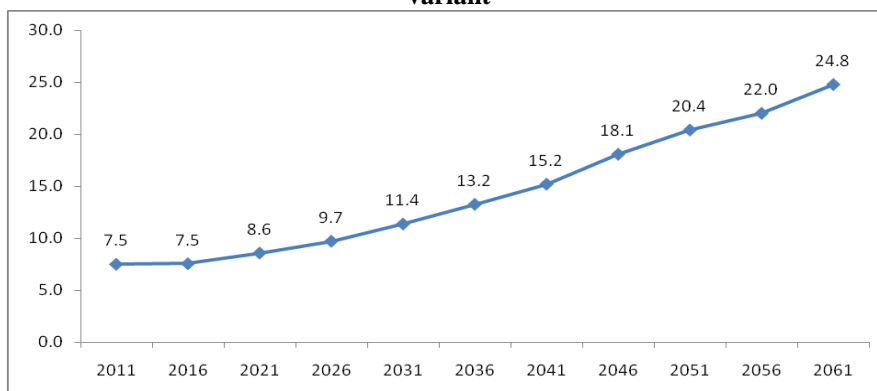
III AGEING IN BANGLADESH

Rising longevity rates and falling fertility rates will result in a rising elderly dependency ratio, largely offset by a declining youth dependency. The obvious questions to be raised are how Bangladesh is positioned and what policy dilemmas the societies will face in terms of addressing the challenges the aging situation.

It is found that from Global Health Watch data analysis that Bangladesh ranks 67 in global age watch index out of 96 countries. Figure 3 also suggests that Bangladesh’s position is better compared to its neighboring countries India, Pakistan and Nepal. A growing ageing population in any country carries great social, economic, and public health implications, which include higher expenditure on pension and health care, need social security reforms, shrinking of workforce, and hence shortage of active persons who able to support older persons (Kabir, 1991; Kabir and Salam, 2001; Kabir, H, 1992, Alam, 2006; UNO,1998; UNO,1994). Traditionally in Bangladesh and in Asia, care for the elderly has been a family responsibility. Because of unusual rise in the

numbers of elderly, several factors may reduce the ability of Asian families to care for the older generation (Saleheen, 2011; Peter, 1997; Linda.2004, Lucky et al, 2013).

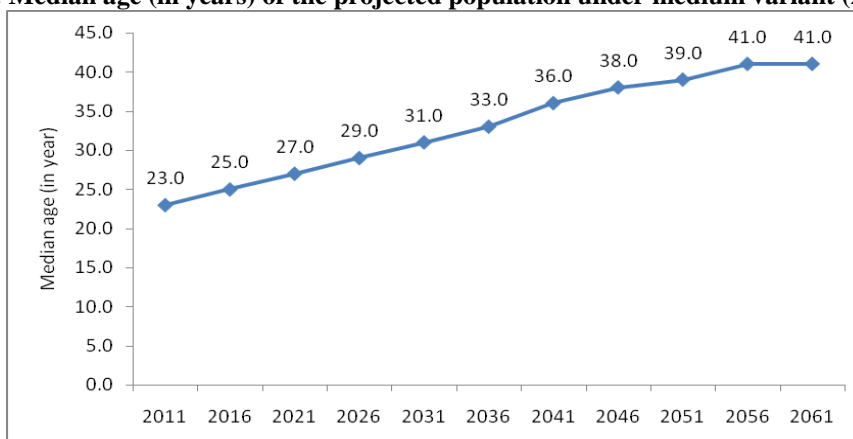
Figure 4: Percentage of projected elderly population under the assumption of medium variant



Source: The Impact of Demographic Transition on Socio Economic Development in Bangladesh: Future Prospect and Implications for Public Policy, UNFPA Bangladesh, 2015

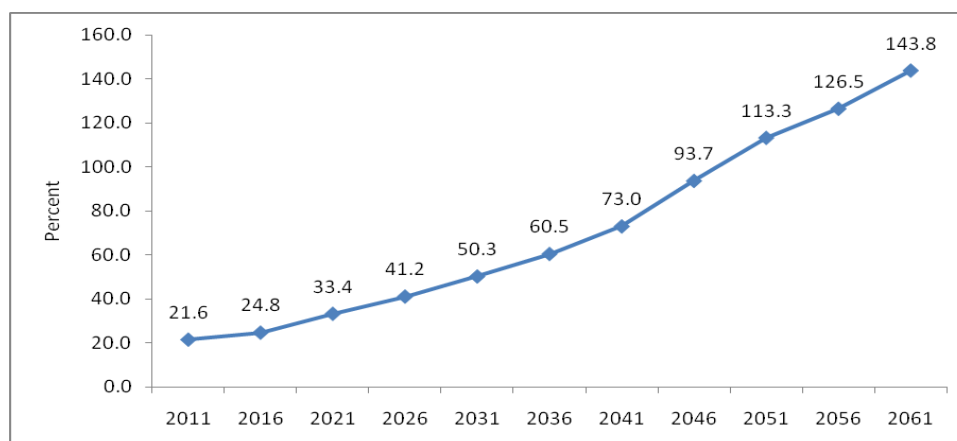
The rapid growth in the elderly of Bangladesh population after 2040 (Figure 4) will challenge existing health care services, family relationships on social security. Because of change in the family structure there will be implications on health care of elderly from the family and unmet need of health care services in the public sector will rapidly increase (Samad, 1998; Sattar, 1996; Population and Development Review, 2004). The increase of the proportion of elderly persons due to longevity will increase the median age of the population, elderly dependency ratio and the ageing index. Figure 5 shows the median age while Figure 6 shows the ageing index which is calculated as the ratio of population 60 years and above divided by the population under 15 years. Because of decreases in fertility and increase in life expectancy the dependency ratio will increase more than five times between 2011 and 2061. The increase of the proportion of elderly persons due to longevity will also increase elderly dependency ratio and the ageing index. For instance, in five decades the median age will increase from 23 years to 41 years – a difference of 18 years as against ageing index will increase almost seven times during the same period.

Figure 5: Median age (in years) of the projected population under medium variant (2011-2061)



Source: The Impact of Demographic Transition on Socio Economic Development in Bangladesh: Future Prospect and Implications for Public Policy, UNFPA Bangladesh, 2015

Figure 6 Trends in Aging index (2011 to 2061) under Medium variant [Aging index is defined as Population aged 60 Years and above divided by Population aged less than 15 years]



Source: *The Impact of Demographic Transition on Socio Economic Development in Bangladesh: Future Prospect and Implications for Public Policy, UNFPA Bangladesh, 2015*

Bangladesh will face many difficulties in managing the challenges for large elderly population. This includes factors such as changing family structure from joint family to increasing number of nuclear families, poverty, social and cultural norms, lack of expertise in geriatric and inadequate health care facilities for the elderly population (Kabir et al, 1993; Kabir, 2003, Rahman; 2013). In recent decades, the population age structure in many countries has been reshaping due to combined effect of falling fertility and increased life expectancy. Because of demographic interaction, a trend of increasing proportion for aged 60 years or more has emerged which cause new concerns to the researchers, program managers and policy makers. Although ageing is relatively a new demographic phenomenon in Bangladesh, demographers and policy makers however, believe that it will have a profound impact on the economy, politics, and society as a whole. As more people live longer, retirement, pensions and other admissible social benefits tend to extend over longer periods of time (Khandoker, 2013; Barkat, 2014; Preston, 1996). The life expectancy of females is almost 2 years higher than the males indicating older females will survive more than older males (SVRS, BBS 2014). As a consequence, there will be more female older persons than the male older persons. The sex ratio of the male -female also supported it. The effect of increase in life expectancy can be observed from the Table 1. For instance, a person aged now 70 years would expect to survive another 14 years if the life expectancy increased to 75 years in 2020 as opposed to about 12 years if life expectancy if life expectancy remains 70 years in 2015.

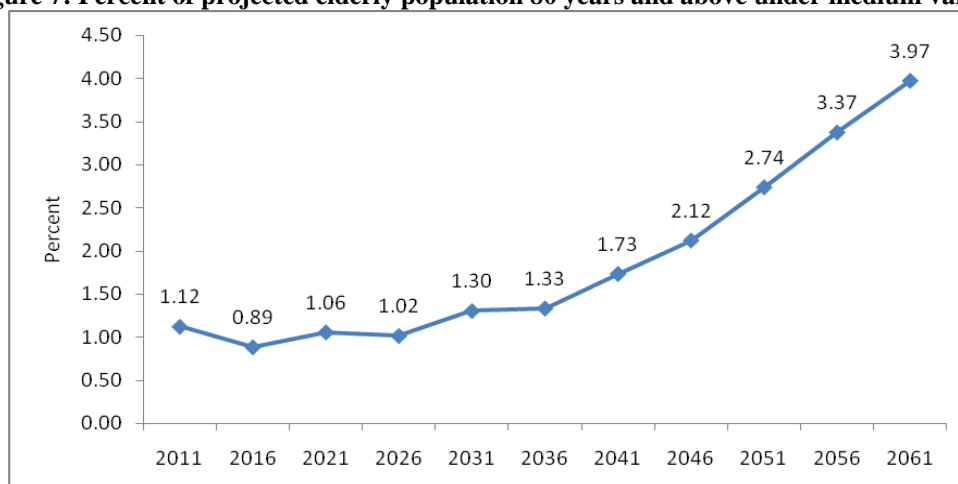
Table 1: Remaining years will survive at selected ages under the assumption of different life expectancies

Selected Age	Life expectancy (LE)=67 yrs in 2008	LE=70 yrs in 2015	LE=75 yrs in 2020
60	18.2	19.2	21.1
65	14.7	15.5	17.2
70	11.6	12.2	13.6
75	9.0	9.5	10.5
80	6.8	7.2	7.9
85+	5.2	5.4	5.9

Source: *UN South Asian Model Life Tables*

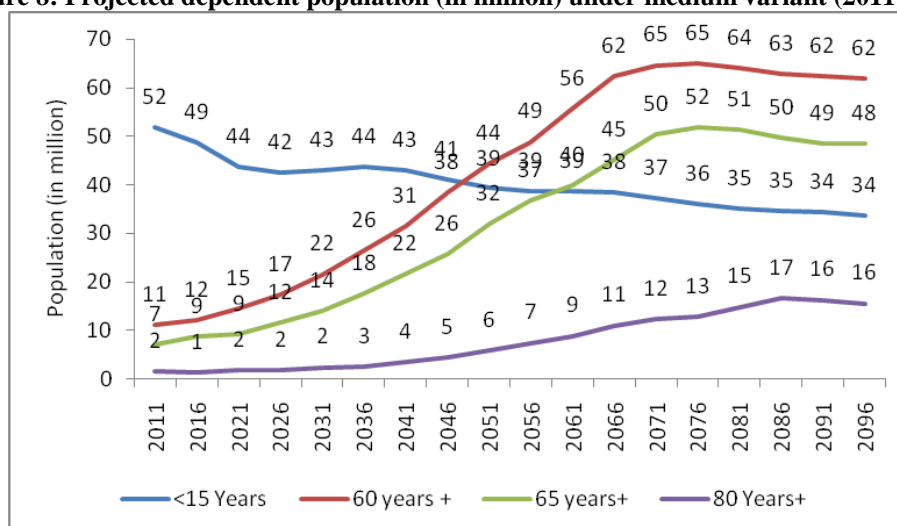
Because of increase in longevity elderly population aged 80 years will also increase enormously. For example, in 2011 about 1.1% of the elderly population was aged 80 years and above but by 2061 it will increase to about 3.97 % (Figure 7). As a result of change in the fertility and life expectancy, the different segments of the population will also change which is evident in Figure 8. The figure shows that population 60 and above and population below 15 years will be the same at around 2050. On the other hand, If we compare the population 65 years and above and the population under 15 years will be same around 2060 (Figure 8). Because of these changes in the age structure the support ratio index will have a significant impact on the elderly care.

Figure 7: Percent of projected elderly population 80 years and above under medium variant



Source: *The Impact of Demographic Transition on Socio Economic Development in Bangladesh: Future Prospect and Implications for Public Policy, UNFPA Bangladesh*

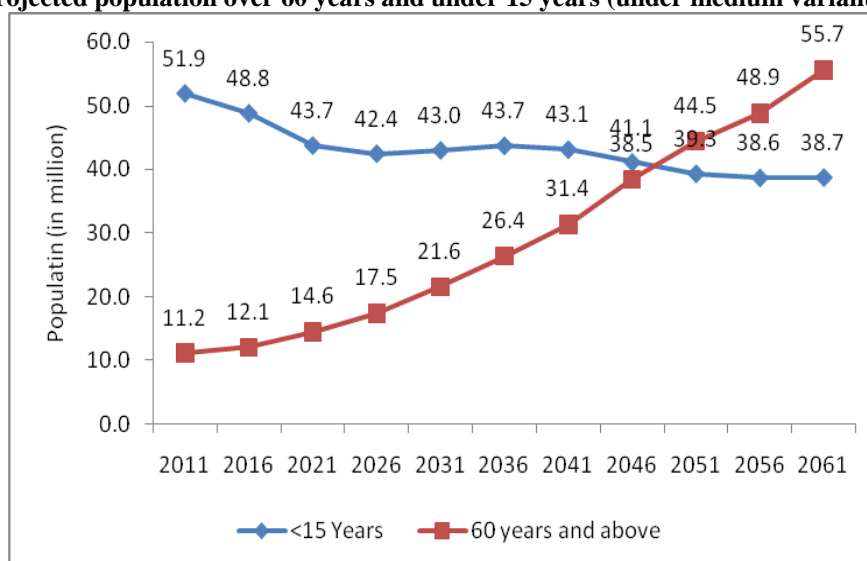
Figure 8: Projected dependent population (in million) under medium variant (2011-2015)



Source: *The Impact of Demographic Transition on Socio Economic Development in Bangladesh: Future Prospect and Implications for Public Policy, UNFPA Bangladesh, 2015*

Population ageing is a natural phenomenon and is inevitable in human history. In complex ways, it changes society and creates challenges and opportunities. Demographically, the older people are already making significant contribution to the society through formal workforce, informal work within family. Towards the end of the life, they will face health problems and challenges to their independent lives (Hermalin, 1995). One further factor, population ageing, is inherent to the demographic transition and potentially complicates the posited relationship between demographic change and economic growth (Khondoker, 2013; UNFPA, 2014; Linda 2004). Population ageing is a concern for various reasons. In Bangladesh and as in elsewhere South East Asia, traditional patterns of family care of the elderly are declining —because of smaller families, more years between generations, women working more, migration to urban areas leaving the elderly behind, and changes in social expectations. The elderly, who are often not able to support themselves and those who have no pensions, are financially dependent on family members and others. With the widespread fall in fertility rates and significant rise in life expectancy, the median age of Bangladesh population has been rising (See Figure 4). **In Bangladesh, the situation is paradoxical – on the one hand we are reaping the benefits of a large working age population and on the other hand we are sharing a significant portion of it being above 60 years by the year 2061, translating into 55.6 million elderly people.** This calls for a serious focus on elderly care. Analysis of projected data show that Bangladesh elderly population over 60 years will outnumber of population under the age 15 years (55.7 million as against 38.7 million a difference of 17 million, Figure 9).

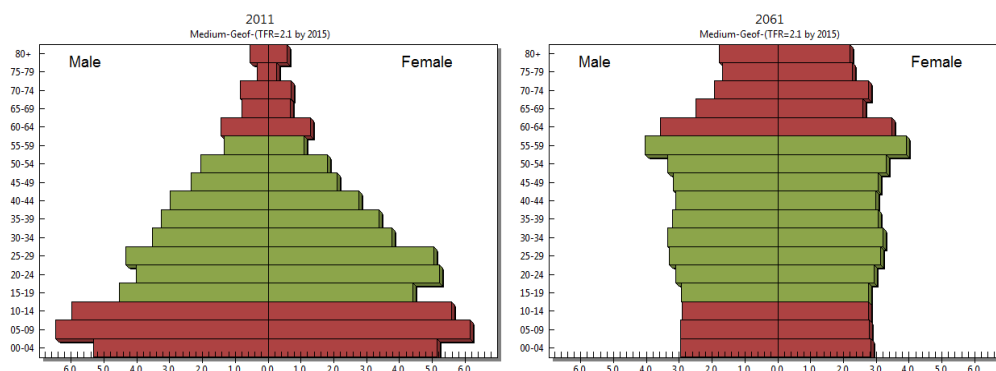
Figure 9: Projected population over 60 years and under 15 years (under medium variant) (2011-2061)



Source: The Impact of Demographic Transition on Socio Economic Development in Bangladesh: Future Prospect and Implications for Public Policy, UNFPA Bangladesh, 2015

Figure 10 shows population pyramid 2011 and 2061, the ageing population trend is being made worse by the high population growth in 1950s and 1960s. The babies born during the period of rapid population growth the social change between 1990 - 2015 with 35-37 million births estimated during this period. The large number of cohort of births born during the 1950s and 1960s are now beginning to have dramatic effect on the ageing situation in Bangladesh which is revealed in also population pyramid. In the 2011 population census under 15 has been dominant and because of falling in fertility rates the age pyramid is moving towards population stabilization.

Figure 10: Comparison of population pyramid (Population age group in percent) between base year and final year [Medium variant]



Source: The Impact of Demographic Transition on Socio Economic Development in Bangladesh: Future Prospect and Implications for Public Policy, UNFPA Bangladesh

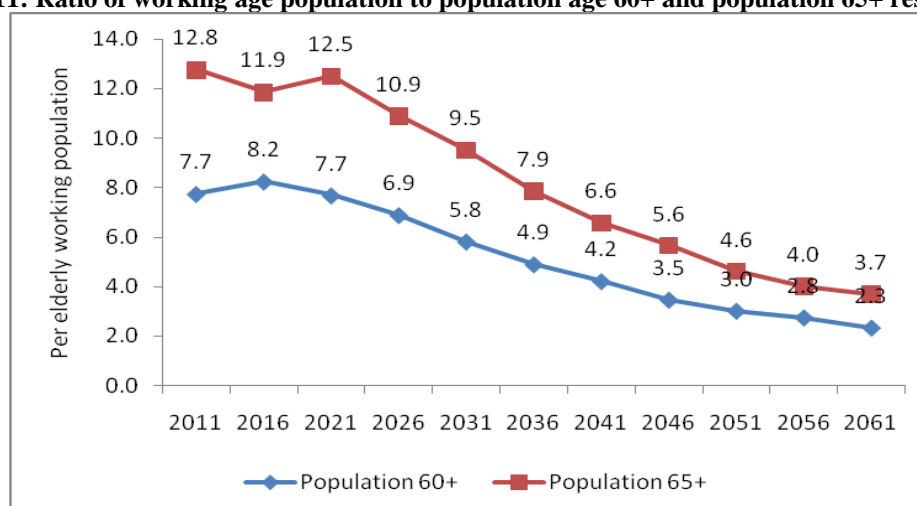
IV SUPPORT RATIO

In most traditional Asian societies, the elderly live joint and extended multigenerational households and rely primarily on their adult children for support and personal care. To day, the traditional family support system is under pressure from demographic, social and economic change. In Bangladesh fertility has been declining since 1975 and average family size has been low for last few decades (UNFPA 2015; Kabir and Salam, 1993; GED, 2013; Knodel and Debavaylya, 1992)). The elderly have few children to support, and many of these children have moved away from their family homes. Women are entering into the labor market in increasing numbers and they had less time than they had in the past to care for elderly family members. It is not clear how quickly or to what extent these pressures will undermine traditional family support systems. There are currently about 8 people of working age supporting each elderly of 60 years and above in Bangladesh; by 2061

this number is expected to fall 2.3 persons per elderly. With the elderly being fastest growing age group in Bangladesh, there will be increasing pressure on health care needs and social services for the elderly (Figure 11). The key aim should be to encourage people remain active, engage in regular exercise and refrain from behaviors that could have a detrimental effect on their health. The other driver of ageing within societies is the higher number of people reaching old age because higher size of the cohorts in the past. Among the greatest effects of this change will be the way in which health care is delivered. Reforming the healthcare financing system will be an essential part of dealing with an ageing population in future years.

Depending on how it is taken into consideration, community or home based care offer strong economic benefits. Ageing has different meanings. Cost is one thing; ability to pay is another. At the population level, aging is simply a shift within different age groups in a society towards the older ones. At the individual level, it is about people living longer. The two do not always overlap completely. In many developing countries like Bangladesh reduced fertility has driven population aging more than longevity. This shift means that for many population aging countries, there are bigger economic challenges than funding health care for senior citizens. In Bangladesh a huge population can not afford decent health care even at the current cost level. Today in Bangladesh there are about 8 working age persons available to support each elderly person aged 60 years and above. The support ratio will fall to 2.3 persons per elderly by 2061 [See figure 11]. On the other hand, number will be higher because of less number of elderly population aged 65 years and above and the ratio of working population. This demonstrates that there will be fewer persons at family level to support elderly population in future if present demographic transition continues.

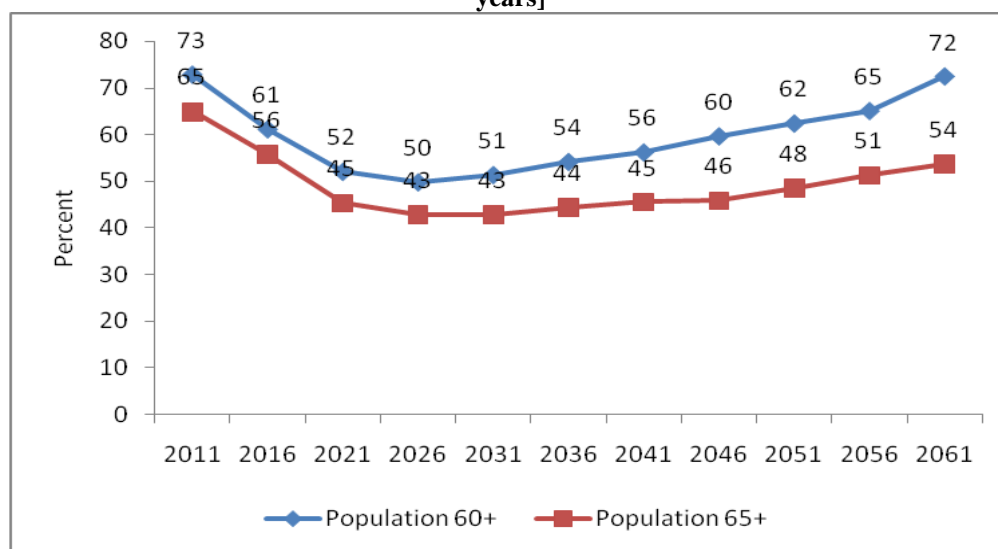
Figure 11: Ratio of working age population to population age 60+ and population 65+ respectively.



Source: The Impact of Demographic Transition on Socio Economic Development in Bangladesh: Future Prospect and Implications for Public Policy, UNFPA Bangladesh, 2015

Demographic shift brings with it social and economic change. As mortality and fertility decline, countries typically enjoy a period when the ratio of working age population rises and young dependency ratio declines (Figure 12). Due to fall in fertility, a country typically enjoys a temporary demographic dividend a span of time in which the relative number of elderly rises. The result is a dramatic increase in the share of the population in the traditional working years. The percentage of population aged 15-64 will grow steadily as a share of the total population. At the same time declining child dependency will free up women’s time for participation in the labor market if such opportunity is created. The situation provides one-time demographic window of opportunity will actually lead to a “demographic dividend “. It will turn into a demographic dividend only if the country invests heavily in health, education, skills development, and the employment generation, especially for the adolescents and youth (UNFPA, 2015). More specifically, the demographic “dividend” will be harnessed if three conditions are met. First, improvement in health status, especially children’s and women’s health, will contribute both to improved child survival and decrease in the number of children born to each family in successive cohorts, thus accentuating the population bulge in the cohorts now entering or about to enter in the working age. These large cohorts and the smaller cohorts that will follow them will benefit from health services and education. From now, however, the period of demographic dividend will end or the relative growth in the elderly population will outnumber the relative decline in the child population.

Figure 12: Trends in Dependency Ratio (2011 to 2061) under Medium variant [Dependency ratio is defined as (Population aged 60 Years and above + Population aged less than 15 years)/ Population 15-59 years and Population aged 65 Years and above + Population aged less than 15 years)/ Population 15-64 years]



Source: The Impact of Demographic Transition on Socio Economic Development in Bangladesh: Future Prospect and Implications for Public Policy, UNFPA Bangladesh, 2015

The shift in the specific health care needs of ageing population will require major adjustments in health care services. One key challenge for policy makers and health care providers will be a shake-up of geriatric services and training (Crimmins, 1999; Ismail, 2006; Sattar, 2003; BAAGIM, 2014; Sir William Beveridge Foundation, 2014; Subarta Trust, 2014). Given the rising demand for social care services from an aging population, how government will take the responsibility meeting the need will be a major question in future. Beyond this, a greater understanding of the needs of elderly is also required. The proportion of people working age – who generates the income to pay for medical care – will increase, even as the number of elderly grows because of the drop in the number of children up to middle of this century.

V CHANGED SOCIAL CIRCUMSTANCES OF ELDERLY POPULATION

Since the, traditional family system is in jeopardy and the life-styles and aspirations of the Bangladeshi people have markedly changed, with important consequences for older people's position in society and the sources of their material and instrumental support. Until recently and for many generations throughout South Asia, the acceptance and practice of filial piety greatly influenced the relationship between older parents and their adult children. To show respect and care for parents and the aged' has long been a norm and obligation of adult children in Bangladeshi culture. The customary tradition has been for older parents to live with the eldest son, his wife and children in three-generational households, and for all to share in the household work of a collective economic unit. But this traditional cultural norm has been changing rapidly. A decade ago elderly care in Bangladesh was considered primarily a family domain. A private provision for elderly care was virtually non-existent. To day for variety reasons this tradition is no more effective.

VI PUBLIC SECTOR ACTIVITIES

The issue of ageing in Bangladesh as such has not yet received any priority from the government except providing old age allowance (OAA) since 1998; making an ageing policy; maintenance law for the children to look after the elderly and declaration of Senior Citizen by the President of the Country. In Bangladesh the National Policy for the Elderly was launched in 2014 as a direct response to the Madrid International Plan of Action on Ageing. The plan highlights the responsibility of the Bangladesh Government to support older people via social, health and economic sectors. Old age allowance program (OAA) or Boiskho Bhata was first introduced in 1998 and only 3.3 % of the elderly aged 60 years were covered under the program at that time and the coverage has increased to 30% of the elderly population according to the latest information published by the Directorate of Social Services (2.5 million elderly population aged 60 years and above; (Khondoker, 2013). The amount is now TK. 400 equivalent to US \$ 5 and over. The majority of elderly population in Bangladesh still receives no pension at all (Khondoker, 2013). The benefit of the OAA has

increased over time but its value relative to prices has remained constant. This suggests that purchasing power has not increased greatly (Khondoker, 2013). Khondoker, 2013 also explored options for Bangladesh for income and non-income insecurities and vulnerabilities which are real in Bangladesh. Old age well being options is redesigned under the existing OAA system. He suggested introducing a comprehensive pension under a three tiered system; and integrated care system (Khondoker, 2013). The three tiered pension system proposed by Khondoker is as follows:

Tier 1: a tax-financed benefit that provides less well off older people with minimum income guarantee

Tier 2: a mandatory contributory pension scheme for the formal sector workers

Tier 3: Voluntary pension schemes: managed by the private sector (often employment-based scheme)-into which people can opt if they desire an additional income in old age

The Cabinet approved ageing policy in 2014 and declaration of Senior Citizen by the President of the country is an important step towards the welfare of the elderly population. Under the ageing policy a number of benefits such as identity cards, health cards, and old home and day care centers, reserved seats in buses and railways and offering tickets at a discounts are also proposed in the policy (See Ageing Policy, 2014). Private entrepreneurship by the elderly people will also be promoted as delineated in the ageing policy. To implement the regulation, a national committee will be formed under the Social Welfare Ministry. A number of options for OAA were simulated and its impact on poverty reduction through elderly population aged 60 years or 65 years were estimated. If 600 BDT is given as OAA, then Khondoker (2013) estimated that almost similar amount would be required (for details see Old Age Well being: Options for Bangladesh” by Khondoker, 2013). The Parliament in 2013 approved a law named Maintenance of Parents by their children and the President has approved it. There is no information whether the law is maintained effectively or not because monitoring from the Social Welfare Ministry is absent.

VII PROGRAMS IN THE PRIVATE SECTOR

Probin Hitoishi Sangha:

Long before the government’s move, initiatives for the welfare of the elderly were taken from the non-government organization like Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM). Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) started their elderly activities since 1960. They can provide services to a very limited number elderly population. Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) is the prime non-government organization at national level working for the welfare of the elderly persons in Bangladesh. The organization was established in 1960. The services by the BAAIGM include health care services; recreational socio-economic activities (include indoor games, library facilities, picnic sports, milad, group discussion, eid reunion etc. to encourage exchange of ideas and increase awareness of the problems of old age, income generating activities of the destitute elderly persons, relief and rehabilitation during natural calamities. The BAAIGM has already constructed a dormitory building having 52 seats under a development project with the financial support of the government. It includes:

- 50 beds Geriatric hospital
- 50 capacity dormitory for the elderly
- Recreational and reading facilities
- Vocational training
- Research and publication

Elderly Rehabilitation Center, Gazipur

The elderly rehabilitation centre has a land of 60 bighas where accommodation for 500 old people will be possible when the complex will be completed. Currently 50 elderly (25 males and 25 females) are residing.

Resource Integration Center (RIC), Subarta Trust, William Beveridge Foundation and a number of other NGOs also work for the welfare of the elderly population. RIC has many interventions strategy to achieve the rights of elderly. RIC also formed elderly committee at the union level in their working areas. Besides union committee RIC also formed Ward committee; Upazila committee. In addition, RIC provides:

- Social security as well as relief at the time of natural calamity
- Arrange advocacy with the local administration so that elderly widowed women get their OAA and they may be involved in income generation activities.
- Involve elderly people in the PKSF micro-credit program a joint venture recently introduced by both.

Subarta Trust

Subarta Trust supports the elderly in their residential arrangement named cottage where professional Geriatricians and Therapist take care of elderly. They have both indoor and outdoor services. Resident’s services include health care services, food, recreation, library facility, ambulance service, routine health check

up and physiotherapy service. At Dhaka a 10 storied building is under construction and will be able to cover more elderly people in the coming years. They also brought land in Singair where besides constructing many cottages there will be recreation facilities. In addition, there will be fish culture, vegetable gardening and tree plantations etc to give diversified recreation facilities to ensure home environment in the cottage. They are currently providing services through cottage at Dhaka and Savar respectively and claim charges for the services. However, their service will be for the elderly who are financially well off and can afford it. Urban middle class and poor will not be able to afford it. Subrata has a plan for services for the elderly poor which can be obtained through sponsorship. They receive Jakat and CSR fund for specialized services for the poor.

William Beverage Foundation

William Beverage Foundation also provides health and social care through home care to the vulnerable elderly people in Bangladesh since 2007. They have trained Physiotherapists and Geriatric doctors to care them on call. Besides trained workers to provide services at the household level. The component of services includes health care, help to individual for their daily needs, household cleanliness and Dementia Awareness Campaign. Elderly can also visit their health centers to receive services from trained therapist and medical professionals. They claim charges for the services. Gradually they will expand the services at the divisional level.

VIII OPTIONS FOR THE FUTURE FOR WELFARE OF THE ELDERLY

Help Age International (HAI) proposed to extend the services to the poor elderly by utilizing existing health workforce and the facilities both in private and public sectors. This can be done under the framework of integrated services as operated with the initiative of BRAC. The integrated services include mobile Medicare service, physiotherapy care, shelter assistance, disability aids in appropriate cases and referring dementia and mental cases to appropriate care service center. Khandoker (2013) mentioned that BRAC supported program has a large volume (80,000) of community health volunteers (known as *Shasthyashebikas* and community health workers (7900 known as *Shasthyakarmis*). They can provide a cost effective service to bridge between the community they serve and the formal health systems. Currently essential health care reaches (EHC) 92 million people throughout the country with its seven services components- health, nutrition education, water and sanitation; family planning; immunization; pregnancy related care; basic curative services and tuberculosis control. Khondoker (2013) proposed a joint initiative of the approach may be under taken with the agencies such as BRAC, GB, Dhaka Ahsania Misson and ASA to reach poor elderly population. Help Age International (HAI) proposed an additional service component –old age care giving may be initiated within this existing service delivery program. Workers of these organizations may be trained up in phases in geriatric as well as in palliative care. The workers during their routine visit to households will provide health and psycho therapy to the elderly population if needed. The workers will be able to provide basic information regarding care giving methods to the family members in case of emergency support.

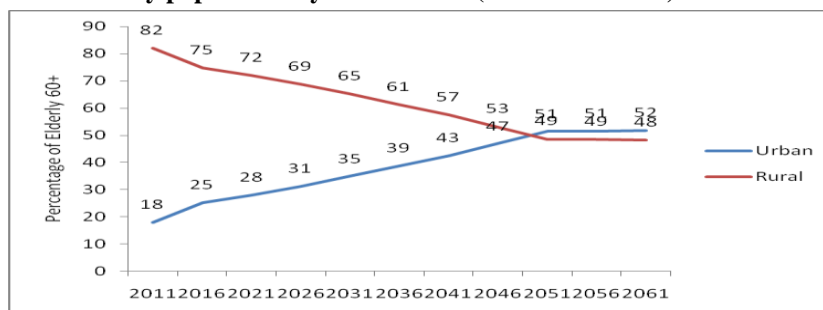
The existing health worker force should be oriented and provided training to meet the needs of the health care of the elderly in rural Bangladesh. This needs to be piloted and explored to assess its effectiveness. Mainstreaming of the elderly health care issue, so that most health care professionals have adequate knowledge of the health care needs of the older people. In this regard, the current state of knowledge about specific needs of the elderly is not promising and is not adequate. Surprisingly, that doctors are also not well trained to deal with elderly population, even they tend to show different symptoms and reactions to treatment the elderly than younger people with similar ailments. In Bangladesh health care providers are not trained to deal with elderly population, which lead to many mistakes with far-reaching costs for individuals and for the society. Most countries addressing this issue are understandably focusing on ways to improve the provision of home care, rather than invest in more institutional care. Older people will have different medical concerns than the rest of the population. Mainstream medical providers need a better understanding of the specific issues and concerns of geriatric medicines. Country like Bangladesh will require expert geriatricians who can provide the integrated care needed by individuals frequently suffering from multiple medical conditions and – for all their continuing ability to cope – increased frailty.

Bangladesh lacks in geriatricians since there is no course curriculum on this subject in teaching medical colleges. This issue should be immediately taken into consideration to prepare for the large number of elderly care in future. In the area of medical care, population experts recognize that an aged population will inevitably require a greater demand for medical care. But the demand will be compounded by the heavier burden of chronic diseases that are associated with rapidly urbanizing population. The cost of most services and drugs must be paid out of pocket, and limited budget support forces rural medical units and urban medical public hospitals to derive much of their income from such sources. Private care is available but largely on an out of pocket basis to those who can afford.

IX AGEING IN URBAN AREAS

As the urban population ages, and the elderly dependency ratio worsens, the relevant policy alternatives are likely to require some mixture of larger contributions and higher tax rates for those formally working in the urban sectors, a broadening of the coverage and contribution base of such schemes include young urban migrant workers. There is no fixed urban health facility for the urban elderly population. The urban poor and the low middle class are getting health care services from the teaching medical college hospitals which are supported by the government. Since 1996 UPHCP is in operation which is a PPP. The major contribution of UPHCP comes from the Asian Development Bank (ADB). Currently, ageing is not a major issue in urban area but as it appears from **Figure 13** it will be major health concern from 2025 and by 2040 urban population will be equal to the rural population. Since life expectancy in urban area is higher than that of the rural area, the situation of urban poor elderly will be a major concern for the government. It is the mandate of Urban Primary Health Care Project (UPHCP) to ensure 30% coverage of urban poor. The 2015 world elderly day theme was “Sustainability and Age Inclusiveness in the Urban Environment”. In order to meet the SDGs, we must ensure that older persons are fully integrated in cities’ economic, social, and cultural life. We can start by ensuring that both younger and older generations are in urban planning process and their issues, needs and concerns are greatly taken into consideration for the planning purposes.

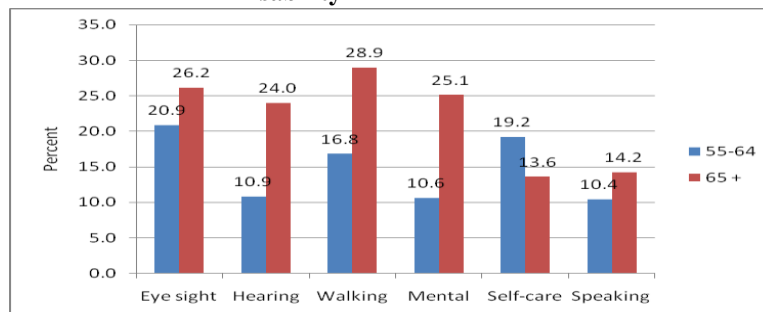
Figure 13: Percent of elderly population by urban-rural (medium variant) 2011-2061



X OLD AGE VULNERABILITIES:

From a gender perspective, the differences in poverty between the sexes appear to be more marked in old age (not shown here; for details see HIES, 2010; Khondoker, 2013). This can be mainly attributed that more women are widowed, divorced and separated and they have no earning means. The greater difference in poverty rates by gender in old age in Bangladesh may be a reflection of the increased vulnerability to poverty to older women due to their increased likelihood of being widowed, as well as lower participation in the labor force. Besides, growing old is strongly associated with greater incidence of disability. Analysis of HIES data show that problems with hearing, vision, mental disability and walking are highly correlated with ageing (Figure 14). However, these figures should be interpreted with caution because of fluctuations in sample size by age category as well as number of persons who suffered from the disability.

Figure 14: Percentage Distribution of Population (55 years and over) Facing Some Difficulty by Type of Disability

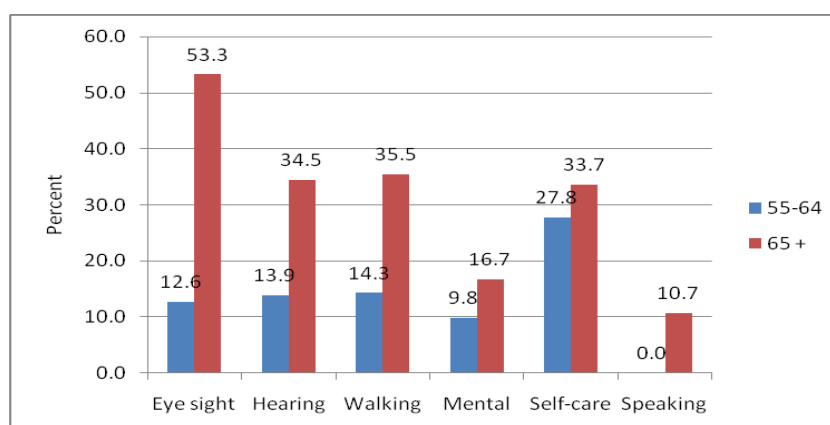


Source: Household Income and Expenditure Survey 2010, BBS, Ministry of Planning

Decreased ability to earn an income in old age indicates that the majority of older people have to depend on other people, personal savings or social protection to achieve income security. Health is a key concern for older people, as with age comes increased likelihood of functional limitations and chronic illness. Poor health affects not just the older person, but their family who may need to provide care for someone now unable to work or

who needs to be supported. The burden of morbidity and mortality in the population will also under go change from burden dominated by infectious diseases to those affected by chronic non-communicable diseases (Singh et al 2013).The overwhelming burden of disease in older people comes from non-communicable diseases (NCDs) such as heart disease, stroke and lung disease (the biggest killers) and visual and hearing impairments, dementia and osteoarthritis (the main causes of disability). Worldwide, more than 46 per cent of people aged 60 years and over have disabilities and more than 250 million older people experience moderate to severe disability (Help Age, 2013). NCDs are commonly thought of as “diseases of affluence”, however four-fifths of deaths from NCDs are in low and middle income countries.

Figure 15: Percentage Distribution of Population (55 years and over) Facing Severe Difficulty or Fully Unable by Type



Source: Household Income and Expenditure Survey 2010, BBS, Ministry of Planning

There is a growing recognition of the threat of mental illnesses in older people in Asia, especially among older women as they live longer than men. Dementias are a group of diseases that involve loss of short-term memory and other cognitive abilities, resulting in the inability to carry out daily functions. It is estimated that the number of people in the Asia Pacific Region with dementia will rise to 64.6 million by 2050. There is a lack of adequate resources and health policy initiatives in most Asian countries to deal with this threat, which is often viewed as an incurable disease (Linda Waite, 2004; Kalam et al, 2006).

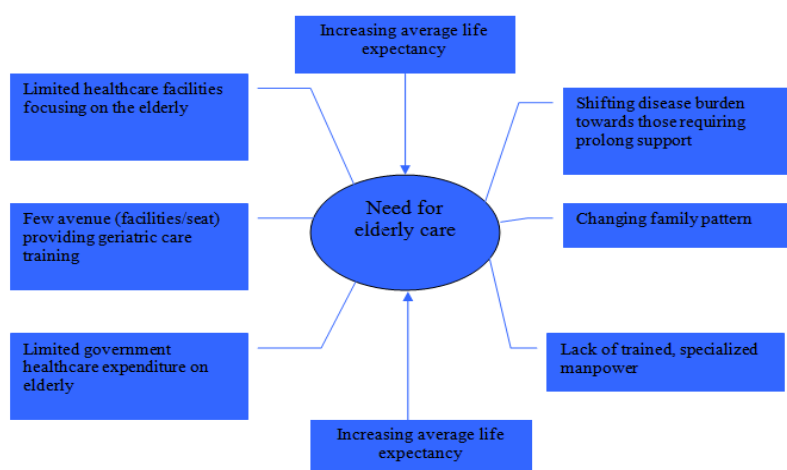
XI RESIDENTIAL AND NURSING HOME CARE

As in other countries, one of the most challenging areas for health policy in Bangladesh will be to develop a national strategy for the long-term care of frail older people. Kabir et al(2013) suggested that elderly people are living longer and they are more susceptible to chronic health problems. Specialist care services for older frail people are categorized into elderly health examination services, dementia services, and long-term care. Continued adherence to the principle that the family supports and cares for older parents has hindered the development of residential care. The main types of place are residential homes, nursing homes, specialized hospitals for old people, and dementia hospitals. In contemporary society, however, the traditional familial values and customs have significantly weakened. As a tradition, the belief that the eldest son has to take the main responsibility to support and care for his elderly parents is fading.

XII NEED FOR THE ELDERLY CARE IN BANGLADESH

The need for the elderly care is shown in Figure 16. A combination of demand side and supply side factors are driving the need for elderly care in Bangladesh. From a demand side perspective, there will be an increasing need for elderly care due factors such as large growth in the numbers of elderly persons, shifting disease profile to those that require longer term care, and changing cultural norms that reduce family support (FICCI,2014). On the supply side, lack of emphasis on the elderly which possibly emerged from their limited influence, has translated into lack of supporting infrastructure. This manifests in the form of limited health care facilities, trained manpower for geriatric services and supporting large elderly through the existing OAA. All these factors combine to female elderly care a neglected component of the health care system and one that requires immediate attention by the policy makers in the context of future situation and growing burden.

Figure 16. Shows the need for the elderly care and their associated reasons

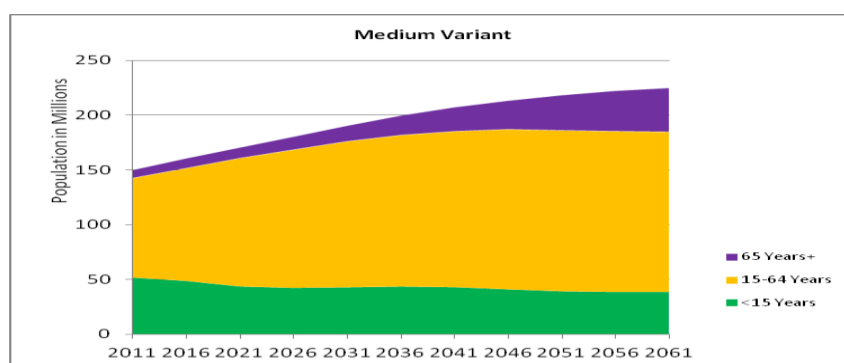


Source: Ensuring care for the elderly – Way forward for India: Federation of Indian Chambers of Commerce and Industry (FICCI) 7th Annual Health Insurance Conference

XIII CONCLUSIONS

Using this year theme “Sustainability and Age Inclusiveness in the Urban Environment” we can strengthen human capital by increasing productive employment, education and employment of all citizens that will yield a higher return to investment and will help countries reap a demographic dividend that can lift millions out of poverty. Current demographic trends indicate that Bangladesh will very different in the coming decades than is to day. Mortality and fertility will be lower, and life expectancy will be rising. Population growth will have slowed substantially as supported by the medium and low variants projections respectively. The ratio of working age to non-working age population will rise, peaked and will begin to fall. Economic predictions are much more difficult to make, as they depend on a much wider array of factors. But the coming demographic changes offer Bangladesh an opportunity to benefit from a demographic dividend (See Figure 19). Policies that successfully promote productive employment and making skilled large youth population are essential if this dividend is to be realized. Creating hope and opportunity for young people to develop their full potential can drive progress in the years to come and ultimately result in a second demographic dividend of healthier, wealthier and more productive older persons. Policy makers and urban planners require to work together to ensure inclusiveness for urban environment for all ages. This suggests important pillars of basic needs such as i) housing ii) transportation iii) basic social services iv) health care to make elderly living more friendly. We all should ensure healthier lives and promote well being of all at all ages for the sustainable development.

Figure17: Projected Population, Bangladesh 2011-2061 and Age Structure Effects



Source: The Impact of Demographic Transition on Socio Economic Development in Bangladesh: Future Prospect and Implications for Public Policy, UNFPA Bangladesh

XIV POLICY IMPLICATIONS

The higher number of births in 1950s and 1960s are now entering into 60 years increasingly coupled with increased life expectancy which will outnumber elderly population by the population less than fifteen years after 2060. As a consequence of this there will be a growing demand for social, economic and health support for

large number of elderly population. Currently the policy makers are ingoing the trends of elderly growth in their policy process. The increase in life expectancy offers new opportunities but it also creates challenges for the future. As people live longer, there will be growing demand for elderly care. The trend in the size and growth rate of the elderly population in Bangladesh reveals that aging will become a major social challenge in the future when considerable resources will need to be directed towards the support, care and treatment of the large elderly population. Lower mortality does not necessarily imply more years of life in good health; it may be the case that the improved life expectancy will lead to greater unmet need for general health care services. Because of rapid growth of aging population, the OAA scheme will come under pressure for increased coverage with increased amount. Khondoker in his simulation discussed the issue in details the financial implications and associated poverty reduction if OAA is increased. The possible policy options may be the program that enhances traditional support at the household and community levels. Japan didn't find the way to get their economy to grow a significant way. Despite that they still able to support older population. Decline in fertility rate means elderly may have fewer members to care for them and may have to rely on government support. Japan's economic growth was at an average of 1.3 percent for the last 25 years dropping from an average of more than 5 percent annual growth in other decades. Currently Japan's retirement age is 60 years and this is the minimum age at which a person is qualifying for pension. According to their policy by 2010, the retirement age will increase by four months every year until it reaches age 65 in 2025. Currently in Japan most instances provide home care and long term care for the elderly. Whether such a policy can be replicated in Bangladesh can be discussed among the demographers and the health economists. The 2015 sustainable development goals (SDGs) ensure healthy life well-being for all ages. It emphasizes life cycle approaches. The theme of this year world elderly day is sustainability and age inclusiveness in the urban environment fits in perfectly with objectives of 2030 agenda for sustainable development: leave no one behind. Strengthening human capital by ensuring empowerment education and employment of all citizens will yield a high return to investment and will help countries reap a demographic dividend that can lift millions out of poverty. Creating hope and opportunity for young people to develop their full potential can drive progress in the years to come and ultimately result in a second demographic dividend of healthy lives, wealthier and more productive older person.

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