Policy Responses to the Emerging Population Ageing in Bangladesh: A Developing Country's Experience

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Abstract

This paper reviews the policy interventions addressing the emerging ageing issues in the population and development dynamics context of a developing country in Bangladesh. Although the percentage seems not that high (6.6% in 2007), the continuously increasing absolute number of the elderly since the 1950's (from 1.9 million in 1951 to 9.4 million in 2007) is quite alarming. This sheer number would become a serious development factor for the country's underdevelopment situation. Disintegration of different traditional institutions related to the welfare of the elderly is degrading them into a vulnerable group. Although some policy interventions from different levels are being executed, these are not adequate enough to address the issues. This paper suggests to take this population dynamics positively and initiate appropriate policies and its implementation for the betterment of this population as well as to integrate the issues in the mainstream development activities for a sustainable future of Bangladesh.

1.0. Introduction

Bangladesh, the eighth largest (147.3 million in 2008) and one of the most densely populated countries (966 persons per sq. km. in 2007) in the world has started to experience another emerging issue of population ageing in its highly vulnerable population and development context (PRB, 2008; BBS, 2008). In 2007, the number of the elderly people aged 60 and over in this country was 9.41 million and it has increased from 1.94 million in 1951 which is quite phenomenal (BBS, 2007). Traditionally, elderly people are used to be revered in Bangladesh society. But along with different traditional social institutions, these values are also changing rapidly due to the modernisation and urbanisation impacts. The total fertility rate of the country has declined from 6.3 in 1971-75 to 2.7 in 2004-2006 periods (BDHS, 2007). The average size of the households has decreased from 5.6 in 1973 to 4.7 in 2007(BBS, 2001; BBS, 2007). As a result, the number of nuclear and small size families is increasing where the traditional status and role of the seniors have reduced. Being in a position of 140th with the Human Development Index (HDI) of 0.547 in 2007/2008 among the 177 countries and as a medium human development country with a Per Capita GDP of US$ 482 in 2007, the rapidly rising number of the elderly people and its probable socio-economic, gerontological

consequences and potential policy implications have attracted the attention of the government, non-government and other concerned organisations (GOB, 2008; UNDP, 2007). The policy moves and different activities for the welfare of the elderly in this country were found influenced by the international movements on ageing issues as well as local initiatives. The rights of the elderly people were pronounced in the constitution of the country since the very beginning of the country in 1972. Initiatives and policy moves from the government levels were taken after the 'Vienna International Plan of Action on Ageing' in 1982. Non-government levels initiatives and activities started much earlier than the government levels. The major political parties of the country have come forward to put the ageing issues in their election and political manifesto.

The main objective of this paper is to explore and review the major policies taken for the welfare of the elderly people in the country. This paper has basically two sections. A brief demographic scenario of the aged population in Bangladesh is presented in part one. The initiatives and policy interventions taken by the government, non-government and other bodies to address the emerging ageing issues are presented in part two. Major political parties' role and responses are also briefly discussed.

The major sources of the demographic information of this paper were Bangladesh Population Census conducted by Bangladesh Bureau of Statistics (BBS), Bangladesh Demographic and Health Survey (BDHS), Report on Sample Vital Registration System. The major planning documents of the Government of Bangladesh (GOB); national policies on ageing, population and health; different published documents of different government, non-government and other organisations concerned and work for the welfare of the elderly people were used for information on policy responses to the multidimensional issues of the elderly. A descriptive-analytical approach was followed to explore the major policy responses for the welfare of the elderly people in Bangladesh.

2.0. Demographic Aspects of the Elderly Population in Bangladesh

2.1. Number and Percentage of the Elderly Population

Bangladesh is now the 8th populous country in the world and projected to remain in the same position in 2050 (PRB, 2008). At present, the number of the elderly people is 9.41 million,

which is larger than the national population of many countries of the world. The percentage increase of the elderly population has a slow but steady increase during 1951 to 2007 periods.

Table 1: Number, Percentage of National and Elderly Population, 1951-2007

Year	National Population		Elderly Population			
	Number (in millions)	Growth Rate	Number (in millions)	Variation		Percent
				Number	Percentage	
1951	44.17	0.50	1.94	----	----	4.4
1961	55.22	2.26	2.89	.95	47.77	5.2
1974	76.40	2.48	4.35	1.46	51.65	5.7
1981	89.91	2.35	4.95	.60	13.56	5.5
1991	111.46	2.17	6.02	1.07	21.71	5.4
2001	130.52	1.59	8.10	2.08	34.46	6.2
2007	142.6	1.40	9.41	1.31	16.30	6.6

Source: 1) BBS, 2008, Report on Sample Vital Registration System, 2007, P- XV
  2) BBS, 2007, Population Census 2001, National Series, Volume-1, Analytical Report. P-32-33, 68

Although the percentage increase is not that high (from 4.4 to 6.6) during 1951-2007 periods, the increase of the absolute number of the elderly people is absolutely alarming. The absolute number of the elderly population has increased from 1.94 million in 1951 to 9.41 million in 2007. The national population has about 3.23 fold increase whereas the elderly population has a 4.85 fold increase during 1951-2007 periods.

2.2. Trends of Birth, Death and Life Expectancy

Declining birth and death rate as causes of population ageing is observed in Bangladesh population scenario since the 1960's. Birth rate has declined heavily from 51.3 in 1951 to 20.9 in 2007. Death rate has declined 29.7 in 1951 to 6.3 in 2007. A well acclaimed

Table 2: Trends of Birth Rate, Death Rate and Life Expectancy by Sex (1951-2007)

Year	Birth Rate	Death Rate	Life Expectancy		
			Both Sexes	Male	Female
1951	51.3	29.7	NA	---	---
1961	50.0	18.5	48.1	49.2	46.9
1974	47.4	19.4	46.2	45.8	46.6
1981	34.6	11.5	54.8	55.3	54.5
1991	31.6	11.2	56.1	56.5	55.7
2001	18.9	4.8	64.2	64.0	64.5
2007	20.9	6.3	66.6	65.5	67.9

Source: 1) BBS, 2008, Report on Sample Vital Registration System, 2007, P-41, 61, 97
        2) UN, 1981, Population of Bangladesh, Country Monograph Series No. 8. P-45, 65.
        3) BBS, 1980, Statistical Pocketbook of Bangladesh, 1979, P-156

successful family planning programme and improvement of the health and sanitation system have contributed to the rapid decline of both birth and death rates of the country. However, these demographic changes have happened in this country without significant socio-economic development (BIDS, 2001). Life expectancy has a significant increase over the periods due to the declining birth and death rate. It has increased from 48.1 years in 1961 to 66.6 years in 2007 which contributed significantly to the increasing number of the elderly people. Until 1991, the male life expectancy was higher than female life expectancy except 1974 when female life expectancy was higher than the male. It may be due to the huge losses of the male in the Independence War of Bangladesh in 1971. After 1991, female life expectancy showed an increasing trend than that of male life expectancy. This trend would contribute to the feminization of population ageing in the future.

2. 3. Trends of Elderly Support Ratio, Ageing Index and Median Age

The three most important demographic indices of population ageing are old age dependency ratio or   elderly support ratio, index of ageing and median age have shown a positive increasing trend over the periods have rightly corresponded with the emerging issues of

Table 3: Elderly Support Ratio, Ageing Index and Median Age (1951-2001)

Year	Dependency Ratio		Index of Ageing	Median Age
	Total	**Elderly**		
1951	87	8.2	10.45	19.3
1961	105	10.7	11.30	17.6
1974	116	12.3	11.87	15.9
1981	109	11.6	12.08	17.0
1991	102	11.0	11.96	18.0
2001	83	11.2	15.90	20.69

Source: 1) BBS, 2007, Bangladesh Census Results at a Glance, http://www.bbs.gov.bd/, P-3
          2) UN, 1981, Population of Bangladesh, Country Monograph Series No. 8, P- 41

population ageing in Bangladesh. Although the total dependency ratio has decreased through ups and down processes to 83 in 2001 from 87 in 1951, the elderly support ratio has increased from 8.2 in 1951 to 11.2 in 2001. Index of ageing has increased from 10.45 in 1951 to 15.90 in 2001, which is more than 50 percent increase. Median age has increased from 19.3 in 1951 to 20.69 in 2001. The high median age in 1951 was 19.3 may be due to the heavy migration during the independence and partition of the Indian subcontinent in 1947. The increase of median age is evident when we look at the 1974,s median age which was 15.9 year and it has increased to 20.69 year in 2001.

3.0. Policy Responses to Population Ageing in Bangladesh

3.1 State Level Responses

The Government of the People's Republic of Bangladesh is highly committed to uphold the rights of its citizens of all ages from the constitution and legal aspects perspectives. The rights of the elderly people from the state are recognised in the constitution of the country. One of the earliest policy initiatives for the welfare of the elderly people was observed after the Vienna International Plan of Action on Ageing in 1982. Some innovative policy like 'Old Age Allowance' for the poor elderly people was introduced here in 1998 before the Madrid International Plan of Action on Ageing (MIPAA) in 2002. However, MIPAA has influenced and encouraged the government, non-government and other concerned bodies heavily and later in 2007, the 'National Policy on Ageing' was formulated and approved in the government's concerned ministerial level. The future activities for the elderly people of the government, non-government and other civil society organisations would be guided by this policy.

3.1.1. Constitution of the Country

The rights of the elderly people are mentioned in the Constitution of the People's Republic of Bangladesh. The rights to social security through public assistance in cases of unserved want arising from 'old age' along with unemployment, illness or disablement, or suffered by widows or orphans or in other such cases are mentioned in the Section 15(d) entitled 'Provision of Basic Necessities' of the Part II of the constitution entitled 'Fundamental Principles of State Policies'. The provision of basic necessities for all citizens such as food, clothing, shelter, education and medical care; the right to work and employment at a reasonable wage and right to reasonable rest, recreation and leisure are mentioned in the 15(a), 15(b) 15(c) clause respectively in Section 15 of the constitution (http://www.pmo.gov.bd/constitution).

3.1.2. Pension and other Financial Policies the for Retired Government Employee

Government has a pension system for its retired employees since the British rule in 1924 (Miah, M. A, 2007; Rahman, H., 2003). Retirement age in government services is now 57 years. However, the age of retirement is higher in some autonomous bodies as well as in some specialized bodies like judicial department, educational institutions.

Pension rules were modified after the end of the British rule in 1952 and later it was modified again in different stages in 1972, 1974, 1977, 1982, 1985, 1988, 1989, 1991 and 1994 after the independence of Bangladesh in 1971(Mohiudin, M. and Islam, M. N., 2002). Changes were brought to the amount, methodology and other legal issues of pension in these periods. At present, generally, a government employee gets 32, 48, 64 and 80 percent of the basic salary as the pension after retiring or at death at the 10th, 15th, 20th and 25th year of his/her employment respectively. There are different types of pension such as Compensation Pension, Invalid Pension, Superannuation Pension, Retiring Pension, Optional Pension, Family Pension (Rahman, M. H. and Parveen, F.R., 1999).

Although first started for the government employee, later pension system was gradually introduced in different non-government, private and other autonomous bodies. Besides pension, there are schemes like Provident Fund, Gratuity Scheme, Benevolent Fund, Group /Life Insurance for the government as well as semi-government, autonomous and other well established private organisations. Besides these financial facilities, retired government employees also get food ration (only for the armed forces members) and medical facilities at free of cost or at a subsidized price (Islam, A.B.M.S., 2000).

3.1.3. National Committee on Ageing

The National Committee on Ageing was constituted for the first time after the Vienna International Plan of Action on Ageing in 1982 (Rahman, M. H., 2001). It was one of the first moves from the government level to address the ageing issues from a formal point of view. The President and Vice President of the committee were the Minister and Secretary of the Ministry of Social Welfare, Government of the People's Republic of Bangladesh respectively. Others members were included from different related government organisations, civil society representative, organisations involved with ageing issues (Mohiudin, M. and Islam, M. N., 2002). The committee played some role to allocate some fund for the Bangladesh Association for the Aged and Institute for Geriatric Medicine (BAAIGM). Primarily this committee was involved in formulating policies and its implementation for BAAIGM (South-South Centre, 2004).

3.1.4. Five Year Plans

Third Five Year Plan (1985-1990)

Government's planning as well as concern for the welfare of the elderly people was first found in the Third Five Year Plan (1985-1990), the government's main planning document. Awareness and planning in this regard was influenced by the Vienna International Plan of Action on Ageing in 1982 as well as the UN's conference on 'The World Ageing Situation, Strategies and Policies' (Mahmood, R. I. and Islam, A. B. M. S., 2000; Rahman, M. H., 2001). The plan proposed to "propagate social, religious and cultural values amongst people for motivating them to share responsibilities of the old, infirm, beggar and other socially and physically handicapped members of the family and society and also to motivate people towards the joint family system in order to share more responsibilities" (GOB, 1985). However, there was very little evidence of any concrete action to alleviate the situation of the elderly people in that time.

Fourth Five Year Plan (1990-1995)

Some concrete initiatives were taken for the welfare of the elderly people in the Fourth Five Year Plan (1990-1995). Five million taka was allocated for the first time under the Ministry of the Social Welfare although the money was not expended (Rahman, A. S. M. A., 1999). The plan proposed to construct three centres in three divisional headquarters for the elderly in the country to provide medico-social services, cultural and recreational facilities. Besides providing institutional support for the elderly, this plan called for better motivation and participation of the community and family members to take care and rehabilitation of the aged along with the physically disabled, orphans and other disadvantaged groups of the society (GOB, 1990).

Fifth Five Year Plan (1997-2002)

This plan proposed to establish more centres for older persons with facilities like light economic/income generating activities, geriatric medical and social welfare services for the poor older people. Community based welfare services for the aged, helpless and the infirm people and establishment of the village welfare institutions were undertaken in this plan (GOB, 1998). The most basic and innovative policy for the poor older people in Bangladesh, the 'Old Age Allowance Programme'(*Boyoshko Bhata Karmashuchi*) was formulated in this Fifth Five Year Plan(1997-2002).

3.1.5. Bangladesh Population Policy

Although the main emphasis of the Bangladesh Population Policy is to improve the status of family planning, maternal and child health including reproductive health services, it has paid considerable attention for the welfare of the elderly people of the country. The following two objectives among the 16 major objectives of the policy are very directly related to the elderly people (GOB, 2004):

1) Actively support measures to provide food and social security and shelter for the disadvantaged including the elderly, destitute, physically and mentally retarded persons

2) Support poverty alleviating strategies and conductive environment for improved quality of life.

Ageing issues are addressed in this policy in the broad context of the Population and Development Strategies. Poor older population were identified here as one of the significant portion of the total population. The following strategies were proposed for their health, education and social security (GOB, 2004):

1) Introduce universal education, social security, health and family planning services for the poor with the help of the government, non-governmental and private sectors institutions

2) Strengthen family support system through advocacy and counseling regarding responsibilities of family for elderly, physically and mentally retarded members and create awareness in the light of religious values

3) Increase existing old age allowance and expand its coverage and

4) Ensure social security and free medical care for childless and helpless elderly couple

3.1.6. Health System and the Elderly

National Health Policy

The emerging issues of the elderly people are mentioned as a 'current and upcoming challenges' in the Government's draft National Health Policy, 2008. The elderly issues are presented in relation with urbanisation, changing social structure and increasing non-communicable and mental diseases (GOB, 2008). The goal of this policy is in accord with the goal of Poverty Reduction Strategy Paper (PRSP) as well as Millennium Development Goals (MDGs) where sustainable improvement in health, nutrition and family welfare status

of the people, particularly of the poor and vulnerable groups including women, child and the elderly were addressed along with their economic and social emancipation (GOB, 2008).

Health, Nutrition and Population Sector Programme

Another major health sector programme entitled 'Health, Nutrition and Population Sector Programme (HNPSP)' which was adopted in 2003 has paid attention for the elderly. The main strategy for HNPSP was to deliver an essential service to the grass root level. Upazilla (Sub-district) Health Complex and Family Welfare Centres are mentioned to provide health services for the elderly people. The Ministry of Social Welfare has introduced Hospital Social Service Programme in government and non-government hospitals where preferences are given to elderly patients in respect of medical assistance, counseling and rehabilitation.

3.1.7. National Policy on Ageing

National Policy on Ageing (NPA) has been a demand for a long time by the people and organisations concerned with the welfare of the elderly people. The policy has already been approved at the ministerial level in 2007. NPA has been formulated in the line of MIPAA's policy (Country Report of Bangladesh, 2007). People aged 60 and over are defined as the elderly citizen of the country in this policy. The following 13 objectives and goals are mentioned in this proposed policy:

1) Evaluation of the elderly population of Bangladesh in different situations
2) Determine the social status of the elderly
3) Determine the causes of the problems of the elderly
4) Strengthen the status of the elderly family
5) Encourage to develop an ethical and human attitude of the people to the elderly
6) Extension of the existing service delivery system for the elderly in government and non-government level
7) Alleviate the quality of the service delivery system for the elderly
8) Alleviate socio-economic condition of the elderly by undertaking more programmes for the elderly from all socio-economic background
9) Implementation of the policies which are simultaneously taken in the context of the international elderly policies as well as suitable for the elderly in Bangladesh.

10) Arrangement of treatment, security and rehabilitation of the poor and helpless elderly

11) Implementation of the policies taken in the Madrid International Plan of Action on Ageing in 2002

12) Formulation and implementation of the policies for the welfare and rehabilitation of the helpless and handicapped elderly

13) Coordination among the activities for the welfare and rehabilitation of the elderly

Elderly people are to be declared as the Senior Citizen of the country and provided the following facilities to implement the proposed National Policy on Ageing:

- Ensure economic security of the elderly
- Activate and strengthen the National Committee on Ageing
- Ensure the legal aspects of the policy for the welfare of the elderly
- Priorities to elderly issues in the existing health system
- Ensure housing facilities for the elderly
- Ensure elderly issues in the national education system
- Ensure elderly rights to property
- Promoting media campaign and public awareness
- Promoting ageing research
- Promoting organisations involved in ageing welfare activities

3.1.8. National Social Welfare Policy

This policy, formulated in 2004, has paid considerable attention to the elderly issues. One of the fundamental principles of this policy is to give the highest degree of dignity and social recognition to every individual. This policy recognizes the family as the basic unit of the social bondage and the key actor of the development process which ultimately will benefit the elderly as most of the elderly people here live with the family members (GOB, 2007). Here the rights of the elderly people, according to the constitution of the country, are to be ensured through its 'Social Security' programmes.

3.1.9. Social Safety Net Programmes of the Government

The Government of Bangladesh has a number of Social Safety Net Programmes from which elderly people get some direct and indirect benefits. Government spends less than 1 percent of the GDP and about 4.4 percent of its public expenditure in the Social Safety Net Programmes (Country Report of Bangladesh, 2007). The following Safety Net Programmes are being implemented for the poor, disadvanced people of the country.

- **Old Age Allowance Programme**
  This pension programme for the poor older people for the first time in the country was inaugurated by the Prime Minister of the country on 31st May 1998 under the Fifth Five Year Plan (GOB, 1999). Initially Taka 125 million was allocated for this scheme. 10 elderly poor, of whom at least 5 should be women of each ward of a union throughout the country were sanctioned a monthly allowance of Taka 100 each. Later the coverage and amount of money were increased in the successive fiscal policy of the successive governments. Although the coverage has increased significantly, only 23 percent of the older people of the country are currently getting this benefit. Table 4 shows the increasing coverage and amount of this scheme.

Table 4: Old Age Allowance Programme in Bangladesh (1997-2009)

Year	Total Allocation (Taka* in millions)	Number of Beneficiary (in millions)	Taka Per Person (per month)
1997-1998	125	0.403	100
1998-1999	425	0.403	100
1999-2000	500	0.413	100
2000-2001	500	0.415	100
2001-2002	500	0.415	100
2002-2003	750	0.5	125
2003-2004	1800	1.0	150
2004-2005	2603.70	1.315	165
2005-2006	3240	1.5	180
2006-2007	3480	1.6	200
2007-2008	4485	1.7	220
2008-2009	6000	2.0	250
2009-2010	8100	2.25	300

* Taka 68=U$1

Source: 1) GOB, 2007, Poverty Alleviation, Human Resource Development and Ministry of
Social Welfare, P-75
2) GOB, 2009, Budget Documents 2009-2010, Safety Nets, 2009-2010. Available
at: http://www.mof.gov.bd/en/budget/09_10/safety_net/bn.pdf

This programme was found to have immense multidimensional positive impacts on the recipients, recipient's family and also on the rural society as a whole (Majumdar, P. Pal, and Sharifa B., 2001). Many elderly have developed the capacity of buying food, cloths and medicine for treatment by participating in this programme.

- **Allowance Scheme for Widows and (Husband Deserted) Distressed Women:** This programme was first initiated in 1998 by the Department of Social Services and later this programme was shifted to the Ministry of Women and Children Affairs. Elderly widows, husband deserted women as well as distressed old women are among the financial beneficiaries in this programme.

- **Food for Education (FFE)/Cash for Education (CFE)/Stipend for Poor Female Students:** Poor parents can afford to send their daughters for education through these programmes which ultimately help the poverty alleviation activities and strengthen poor families with elderly members.

- **Rural Infrastructure Development Programme (RIDP)/Food for Work (FFW)/Rural Maintenance Programme(RMP)/ Vulnerable Group Feeding(VGF)Programme/ Vulnerable Group Development(VGD) Programme:** These programmes provide interim relief to enhance the capacity of the beneficiaries through provision of minimum consumption needs, development of skills and access to credit. Rural elderly members of the poor families also get the benefits of these programmes. Ministry of Local Government, Ministry of Relief and Rehabilitation implement these Social Safety Net Programmes.

- **Allowance for the Insolvent Persons with Disabilities:** This programme was initiated in 2005-2006. Taka 250 million was allocated for 100466 persons in 2005-2006 and the total allocation was raised to 400 million in 2006-2007. There was a further increase of the total amount as well as number of beneficiaries which was 600 million and 200,000 persons with disabilities respectively (GOB, 2007).

- **Allowance for the Distressed Freedom Fighters:** This programme was introduced in 2002 by the Department of Social Services. Later this programme was shifted to the jurisdiction of Ministry of Liberation War Affairs (GOB, 2007). Elderly people

who are freedom fighters get different types of facilities from the government through this programme.

3.1.10. Some other important initiatives

Besides these different policies, government is implementing the following principles to promote the welfare of the elderly people of the country:

- In 2004, a festival bonus was granted in addition to the increased pension for the pensioners of the government.
- Government is celebrating and helps other organisations involved with the elderly issues to celebrate the 'International Day of Older Persons', 'International Family Day' to create awareness and mobilizing the elderly issues.
- Social Gerontology, Population Ageing courses as well as research activities on ageing issues are being conducted in different public universities and other educational institutions.
- During registration of non-government organisations in the Ministry of Social Welfare, priorities are given to the NGOs with elderly programmes.

3. 2. Policies and Activities from Non-government Levels

Long before the government's move, initiatives for the welfare of the elderly people were taken from the non-government organisation. Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) is the example and indication of the awareness about the elderly issues during the 1960's in this country. Although a very few number of NGOs are directly involved with the elderly issues, there is increasing trend of the number of NGOs as well as other different civil society bodies who are interested to work with the elderly issues.

3.2.1. Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM)

It is the oldest institute in Bangladesh which was established for the welfare of the elderly in Dhaka, the capital city of Bangladesh on 10 April 1960 by a private initiative. The basic principle of this institute was to serve the physical, social and psychological services to the elderly as well as to aware other generations about the issues of the elderly welfare. Now it has 50 branches in 50 districts of the country. Anybody aged 55 and over can become a member of this association and get the facilities it provides.

This prime organisation is now running a 50-bed geriatric hospital with outdoor medicare and pathological services in Dhaka. Specialist physicians in eye, skin, teeth, psychiatry, ear-nose and throat are available for the outdoor patients. 30 percent poor patients get this treatment free of cost.

It provides training and management of income generation activities for the poor elderly people. Annual get together, cultural and religious functions are arranged. In Dhaka, it has an Old Home where 15 male and 10 female aged people have full residential facilities with socio-cultural and geriatric facilities (BAAIGM, 2005). It has a library and a publication section from where an elderly related bulletin and a journal titled 'The Journal of Geriatrics' are published. It conducts meetings and workshops in its different branches of the country. 'International Day of Older Persons' is organised and celebrated by BAAIGM every year with the help of UNFPA, WHO and other government organisations. Since 1997, BAAIGM is relentlessly advocating for the National Ageing Policy and at last, it was passed in the ministerial level in 2007.

3.2.2. Old and Child Rehabilitation Center (BOSHIPUK)

This centre started its activities in Dhaka in 1987 with the initiatives of a rich industrialist of the country. Later the centre was shifted to the outskirts of Dhaka city in a large area at Gazipur District in 1994 and Nobel Laureate Mother Teresa laid the founder stone of its planned rehabilitation centre of 5000 elderly people. At present it has two branches in two districts and a total number of 1500 elderly have full board accommodation with socio-cultural and geriatric facilities. It has large agricultural activities where the elderly participate in gardening, farming, pisciculture and other related agricultural activities. It has representatives in all 460 sub-districts of the country who disseminate the information and collect poor, helpless elderly people for this centre. It has a different abandoned child and older prostitute rehabilitation activity.

The center has future plan to establish ten old home in the Dhaka City with legal aids, geriatric, recreational and rehabilitation facilities. At present, the establishment of an old home in Calcutta, India is going on and it has plan to establish old homes in other SAARC (South Asian Association for Regional Cooperation) countries of this region (BOSHIPUK BICHITRA, 2007).

3.2.3. Resource Integration Center (RIC)

RIC got involved with the elderly welfare activities through working relief activities during the floods in 1988(RIC, 2003). This organisation has started micro-credit programme with some 150 elderly people with the help of HelpAge International and Action Aid, Bangladesh in 1989. The basic philosophy behind RIC's activity is to the 'Social Rehabilitation for the Elderly'. RIC's activities included housing and health care facilities, recreation, funeral support and pension along with micro credit programme. RIC is regularly celebrating 'International Day of Older Persons' and holding advocacy and workshop with local government bodies to create awareness about the elderly welfare. It has successfully facilitated to develop a networking called 'Ageing Resource Centre-Bangladesh (ARC-B)' with HelpAge International, BRAC, BAAIGM and BWHC and conducting different types of workshops regarding ageing issues. RIC personnel join different national and international programme on ageing. RIC is executing the Older Citizen Monitoring Project (OCMP) of HelpAge International in Bangladesh following the Madrid International Plan of Action for the helping to establish a strong network among the government, civil society and the elderly people.

3.2.4. Bangladesh Women's Health Coalition(BWHC)

This organisation has started its activities in 1980 with a mission to bring quality changes in the reproductive health status of women in Bangladesh. It has started work for the elderly by providing small-scale geriatric health services to women in 1998 (Rahman, A S M A., 1999). Now it is working to improve health and social status of the elderly women. It took part in the collaborative research on 'A Situation Analysis of Older People in Bangladesh' with BAAIGM, BRAC, RIC, HelpAge International in 2000. A project on 'Older Women Health Project' was conducted in 2000 to improve the health and social status of the elderly women by providing them access to appropriate health care services by improving health seeking behaviour and facilitating older's active role in health promotion. It conducted research activities like 'Socio Economic Situation of Urban Elderly Population: Evidence From a Micro Study' and *"Probin Niey Amar Joto Vabna"* (All my thoughts about the elders), a case story of older women of Polash Center' in 2003. In 2005, a research intervention entitled "Mainstreaming Ageing Health

in existing Government Health Infrastructure" was conducted (http://www.bwhc.org/mission.htm).

3.2.5. Service Center for Elderly People (SCEP)

SCEP was established in Rajshahi, a divisional city, in 1994, with a slogan 'A Care for the Generation'. It provides health services and recreational facilities like arranging listening to the radio, watching television, reading newspapers, magazines and playing different indoor games for the older persons. Health investigation of the registered elderly is conducted on every weekend on Friday.

3.2.6. Elderly Initiatives for Development (EID)

EID was established at Manikganj, a nearby district headquarter of Dhaka in 1995, as a community based self help organisation. The basic philosophy of this organisation is to mainstreaming the elderly into the socio-economic development activities of the country by integrating them into their community. Its activities included health care, continuing education, financial support and services, psychological support and community awareness creation (Samad, A., 2005):

- Health care service included medical consultation and medication, pathological examination and free hand exercise.
- Continuing education programme is organised though basic adult education, income generation training and training on care for the elderly.
- Financial support and services included providing some financial support as elderly allowance to a number of extremely poor and vulnerable elderly and giving an opportunity to pre-elderly and early-elderly who are small-income earners to continuously save a small portion of their income for their old ages through a pension saving scheme.
- Psycho-social support programme is organised through a monthly socialisation event for the elderly and periodic befriending visits by trained youths of the community.
- Awareness creation programme is organised through publishing quarterly newsletter, AGE LINK, research activities and year end assembly (Samad, A., 2005).

3.2.7. Bangladesh Retired Government Employees Welfare Association

This organisation was established in 1955 in Dhaka to render benefit and service to government pensioners and their family members, run vocational training facilities,

organise recreational facilities for older members and respective families, provide accommodation to pensioners having no such provision and to arrange health care facilities for pensioners and their family members (Raisul, I. M. and Islam, A. B. M. S., 2000). Now it has 62 district level branches in the country. It maintains liaison with the government towards enhancing retirement benefits such as pension, festival bonus; distribute scholarship and stipend to meritorious children of retired persons; provide financial support to childless and insolvent members; provide interest free loan for income generating activities for low income pensioners (Bangladesh Retired Government Employees Welfare Association, 1992).

3.2.8. Defense Personal Welfare Trust

This trust provides socio-economic and medical services for the retired employees of the defense services.

3.2.9. Bangladesh Retired Police Officer's Welfare Association

This organisation provides socio-economic services to retired police members and their families.

3.2.10. Bangladesh Association of Gerontology

It was established in 1998 in Dhaka to provide a multidisciplinary forum for researchers in the field of population ageing. It published a book on some research findings of population ageing entitled "The Elderly-Contemporary Issues" in October, 2003.

3.2.11. Ragib-Rabeya Foundation

It is a charitable organisation giving fund to different organisation doing research and other activities for the welfare of the elderly people.

4.0. Policy Directions from the Major Political Parties

During the National Election in 1996, 2001 and 2008 in Bangladesh, the major political parties of the country mentioned the importance of old age health care and welfare commitment for the aged people in their Election Manifesto. Bangladesh Awami League, the winning political party of the National Election in 2008 promised to double the number of old age allowance and distressed women allowance beneficiaries (Election Manifesto of Bangladesh Awami League, 2008). Bangladesh Nationalist Party, the immediate past ruling and the major opposition party also promised to increase the amount of the allowance for the

poor elderly people. They also promised to pass the proposed National Policy on Ageing from the highest body of the government and bringing peace, status and security to about 10 million elderly people of the country (Election Manifesto 2008, Bangladesh Nationalist Party, 2008).

5.0. Conclusions

Increasing number of the elderly people and the related socio-economic and gerontological aspects are gradually emerging as a population discourse in Bangladesh. Although the percentage of the elderly people is still not very high, the absolute number of the elderly people is absolutely high to get serious attention from the policy levels. The gradually increasing life expectancy, ageing index, median age and elderly support ratio are showing positive trends towards the changing age structure of the population as well as an emerging ageing regime in the country. Increasing female life expectancy would certainly add a new dimension of feminization of ageing. Evidences of the recognition of the elderly rights from the state level are found in the constitution of the country. Although not always properly implemented, different major policy activities of the government have also addressed the elderly issues. With its all encompassing poverty and underdevelopment scenario, there is a strong safety net programme of the government through which elderly people get benefits in some direct and indirect ways. But only a small portion of the elderly gets the benefits as the absolute number of the elderly is very big. The Old Age Allowance programme was found highly beneficial for the poor elderly people. Besides different government initiatives, some non-government organisations are also engaged in elderly welfare related activities. Awareness and activities from both government and non-government levels are showing an increasing trend over the years. The most impressive thing in the whole scenario is the political consensus between the two major political parties about the elderly welfare issues. Such kind of consensus is almost a rare event in the context of the political culture of the country. Successive governments have implemented and strengthened the earlier government's policy regarding the ageing issues despite having a political culture of not following earlier political party's policy in many cases. A universal agreement among the policy makers regarding the ageing issues signifies the importance of the issues in the national developmental agenda. As a developing country with all its resource constraint,

Bangladesh is trying to integrate the socio-cultural and community level commitment and different government and non-government organisation's formal activities to bring a sustainable wellbeing for the elderly people as well as to integrate them in the development process of the country.

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