Unnayan Onneshan Policy Brief
On
Present Social Context and Elderly Population in Bangladesh
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Acknowledgement:

The manuscript is an output of a research programme of Social Policy Unit, undertaken by the Unnayan Onneshan-The Innovators, a center for research and action on development, based in Dhaka, Bangladesh. I cordially thank Mr. Rashed Al Mahmud Titumir for his constant support, careful supervision and un-interrupted encouragement to carry out this research work. I am grateful to Mohammed Abdul Baten and Jayanta Kumar Basak for valuable inputs during this study. I am also thankful to A. Z. M. Saleh for his efforts in developing and editing the report.

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1. Introduction

Population ageing is defined as an increase in the proportion of population, which is elderly. There is no universally accepted definition of the elderly but, in most gerontological literature, people above 60 years of age are considered as 'old' and taken to be the 'elderly' segment of the population of a country. In Bangladesh, persons aged 60 or above are considered to be elderly. However, in reality people in this country become older before the age of 60 because of poverty, physical hard working and, inability and illness due to malnutrition and geographical condition as well. The numerical growth of elderly persons is an eloquent testimony not only of reductions in fertility but also of reduction in infant and maternal mortality, improved nutrition, reduction in infectious and parasitic diseases, as well as improvement in healthcare, education and income. In Bangladesh, total fertility rate has declined from 6.3 live births per woman in 1971-1975 to 2.7 live births per woman in 2004-2006 periods (BDHS, 2007), and is expected to further reduce to replacement level, that is 2.2 live births per woman by 2045-2050 (UN, 2005). The growth rate of the elderly population also increase from 1.6 percent in 1950-1955 to 2.9 percent in 2000-2005 and would be increased to 3.1 percent by 2045-2050. Whereas, the total growth rate would be decreased from 2.1 percent in 2000-2005 to 0.7 percent by 2045-2050. Also, life expectancy has increased from 36.6 years in 1950-1955 to 60.7 years in 2000-2005, and is expected to rise to 75.0 years by the year 2045-2050 (WPP, 2009). But with their rapid increase and under the condition of socio-economic transformation, the elderly population are experiencing a difficult time. Aging of population is gradually emerging as an issue not separate from social integration, gender advancement, economic stability or poverty. Demographically, population ageing is a global phenomenon and Bangladesh is also not left untouched by this demographic reality.
2. What is the Issue?

The process of ageing in Bangladesh is taking place at a time when the pattern of life is changing, kinship bonds are weakening and family composition is undergoing a rapid transformation. In the patrilineal joint family, sons are expected to care for and provide assistance to parents in old age but the traditional joint family structure in rural Bangladesh (where majority of our elderly are living) is breaking down over last few decades due to poverty, attitudes of self-interest, quarrels, maladjustment and so on and is gradually being replaced by nuclear families (UNESCO, 1992). Now-a-days, the younger has to go out for work, which in also the indirect product of rapid urbanization and industrial growth. Under these conditions, the elderly people are becoming isolated or alienated from their kindred and as a result of the elderly population left to live alone and to face socio-economic, health and emotional problems on their own. Also in labour market, because of their old age, they are likely to be out of labour market and hence are dependent on the earners in a household or their savings. Furthermore, because of their competition with younger worker, their chances to participate in the labour market are low. Although, the percentage of the elderly population is increasing but, their participation in the labour force is decreasing. Which, decreased from 62.5% in 1950 to 46.6% in 2000 and expected to further decrease 42.9% by 2010 (WPP, 2009). This may demand a sound economic security at the later stage of life. Illiteracy, unhealthy physical condition, utmost economic dependence of the already poverty-stricken family makes the elderly susceptible to elder neglect and abuse. (Rahman, et al. 2010).

In Bangladesh many older people spend their lives in poverty and ill health which is major risk for the elderly population. It is obvious that people become more and more susceptible to chronic diseases, physical disabilities and mental incapacities in their old age. As age advances, due to the deteriorating physiological conditions, the body becomes prone to illness. After a lifetime of deprivation, old age is likely to mean ill health, social isolation and poverty. Poverty and exclusion are the greatest threats to the well being of older people. This is especially true for older women, who suffer from multiple disadvantages resulting from biases to gender, widowhood and old age (Munsur, et al. 2010). A large portion of the elderly are
widow/widowed, of which female share is higher than the male. Generally, men remarry after the death of their wives, but widows do not have the similar social circumstances or expectation. This is an indication of the discrimination against women and low status given to them in Bangladesh. The low percentage of literacy in Bangladesh is a well-known phenomenon. Gender inequality is greatly pronounced in this respect, as most males are literate while the females are mostly illiterate. (Rahman, et al. 2007). Under these circumstances, also the downturn of the economy throw the elderly population, particularly those who are from poor families into large scale social, health and economic insecurity. The elderly become mentally sick feeling unwanted by the society. They feel insecure due to lack of financial support either from the family or the state. In Bangladesh, elderly population has been come an important social concern because, like many other developing countries, there is no social security system. In view of the size of the population, scarcity of resources, existing poverty, insufficient health facilities and absence of social security, ageing is going to be a major problem in Bangladesh. Thus, there is an urgent need of studies on the elderly population in Bangladesh. In view of the ever-increasing importance being given to elderly, this paper is an attempt to throw some lights on the matter in Bangladesh.
3. Some Ageing Indicators

3.1 Percentage of the Elderly Population

Percentage of older persons among total population indicates the pace of ageing. It is an indicator on the basis of which it is possible to say at what pace ageing is taking place and its intensity. The percentage of the elderly population is increasing with the advancement of time. The percentage of the elderly population in 2050 might be about three times higher than the percentage in 2000. The key point here is that the elderly population keeps growing and will continue to grow. The percentage of the elderly population has steadily and slowly decreased over the past half century (Figure 1), which was 6.2 percent in 1950, 5.5 percent in 1975 and 4.9 percent in 2000.

![Figure 1: Percentage of the elderly population in Bangladesh](source: World Population Prospects 2009)

3.2 Median Age

Among many indicators of whether a population is ageing or not; the median age, which divides the population into two equal parts, half older and half younger is perhaps the strongest one. One common measure of population ageing is the increase in the median age of its members (Gavrilov and Heuveline, 2003). It is the figure below or above, which half of the population will lie. The median age of the population of Bangladesh, might be increase by about 15 years over the next half century, i.e. 20.2 years in 2000 and 34.8 in 2050. Whereas, during the last 50 years, the median age of the Bangladeshi population decreased by about 2 years form nearly 22 years in 1950 to nearly 20 years in 2000 (Figure 2).
3.3 Index of Ageing

Index of ageing is a means of assessing the relative influence of aged and youth categories. The ageing index i.e. the ratio of the people aged 60 years or over to children under 15 years of age might be about 5.7 times higher over the next half century (i.e. from 2000 to 2050) for Bangladesh (Figure 3). The growing number of older persons and reduction of young population increase the index of ageing reflecting the change in the age structure composition of population of Bangladesh. The index of ageing was 16.4 in 1950, 12.2 in 1975 and 12.8 in 2000 respectively.
3.4 Old-age Dependency Ratio

The dependency ratio is a simple statistics measure or the impact of the age structure on the economic potential of the population. Aged dependency ratio indicates the degree of support needed by the elderly from potential working-age population. It is defined as the number of population aged 60 years and above per 100 working age (population aged 15-59 years) population. Figure 4 represents that, the old-age dependency ratio might be almost triple (from 5.4 to 16.2) in Bangladesh during the next half century (i.e. from 200 to 2050). This ratio remains quite similar between 1950 and 1975, but decrease for next 25 years and stood at 5.4.

Figure 4: Old-age dependency ratio in Bangladesh

Source: World Population Prospects 2009

4. Some Programmes for the Elderly Population in Bangladesh

In Bangladesh, some programmes are taken for the welfare of the elderly people. The programmes are:

4.1. Pension: There is an opportunity of retirement incentives for the Government employees in Bangladesh, constitutes only a negligible fraction of the total population (estimated as about 1.2 million in 2007). But majority of the labour force in Bangladesh is still in rural areas and most of the workers employees of the non government industries/organizations still not eligible for pensions.

4.2. Old Age Allowance Programme: The most basic and innovative policy for the poor older people in Bangladesh, the ‘Old Age Allowance Programme’ (Boyoshko Bhata Karmashuchi) was formulated in Fifth Five Year Plan (1997-2002). 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. 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 (Table 1). But the selection process of the elderly for the old age allowance is not so clear yet as expect. Lack of accountability, proper monitoring system also the transparency and nepotism of the local government authority, as well as political reasons make it difficult to proper implementation of this process. It also observed that, a big amount of money as such allowance remained unspent because of weakness and inefficiency in management (Table 1).

Table 1. Old age Allowance Programme in Bangladesh (1997-2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Allocation (Taka in million)</th>
<th>Number of Beneficiary (in million)</th>
<th>Taka Per Person (per month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997-1998</td>
<td>125</td>
<td>0.403</td>
<td>100</td>
</tr>
<tr>
<td>1998-1999</td>
<td>425</td>
<td>0.403</td>
<td>100</td>
</tr>
<tr>
<td>1999-2000</td>
<td>500</td>
<td>0.413</td>
<td>100</td>
</tr>
<tr>
<td>2000-2001</td>
<td>500</td>
<td>0.415</td>
<td>100</td>
</tr>
<tr>
<td>2001-2002</td>
<td>500</td>
<td>0.415</td>
<td>100</td>
</tr>
<tr>
<td>2002-2003</td>
<td>750</td>
<td>0.500</td>
<td>125</td>
</tr>
<tr>
<td>2003-2004</td>
<td>1800</td>
<td>1.000</td>
<td>150</td>
</tr>
<tr>
<td>2004-2005</td>
<td>2603.70</td>
<td>1.315</td>
<td>165</td>
</tr>
<tr>
<td>2005-2006</td>
<td>3240</td>
<td>1.500</td>
<td>180</td>
</tr>
<tr>
<td>2006-2007</td>
<td>3480</td>
<td>1.600</td>
<td>200</td>
</tr>
<tr>
<td>2007-2008</td>
<td>4485</td>
<td>1.700</td>
<td>220</td>
</tr>
<tr>
<td>2008-2009</td>
<td>6000</td>
<td>2.000</td>
<td>250</td>
</tr>
<tr>
<td>2009-2010</td>
<td>8100</td>
<td>2.250</td>
<td>300</td>
</tr>
<tr>
<td>2010-2011*</td>
<td>8910</td>
<td>2.480</td>
<td>-</td>
</tr>
</tbody>
</table>

* Proposed

Sources: GoB, 2007; GoB, 2009, Budget Documents 2009-2010; GoB, 2010, Budget Documents 2010-2011

4.3. National Elderly Policy: The Ministry of Social Welfare has finalized the National Policy for the Elderly people in 2006 for the protection of the elderly people from all hazard and hassles but it is still inactive with the goal for which it was established.

4.4 Other Programmes: There are also some other programmes as; micro credit, health, nutrition, and population sector programme, community empowerment etc. are taken for some direct and indirect benefits of the elderly population. But, these is not come to focus yet.
5. Activities from Non-government Levels

Long before the government’s move, initiatives for the welfare of the elderly were taken from the non-government organization. Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) is the example and indication of the awareness about the elderly issue during the 1960’s in the country. Although, some NGOs are directly and indirectly involved with the elderly issues but, their activities is not so strong to mention.

6. Policy Direction 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 old age health care and welfare commitment for the elderly people in their Election Manifesto. But, it is really a matter of sorrow that, after the election, all parties, (including the winning party) want to forget their promises as mentioned in Election Manifesto.

7. Action to be taken for the Better Future for the Elderly Population

Though, a number of initiatives have been taken for the welfare of the elderly people but, most of them are fail to reach large segments of the elderly population. Neither an inclusive nor a comprehensive understanding in association with national policy agenda of Bangladesh. From the foregoing discussion it has been observed that even though Bangladesh is experiencing the increasing trend of elderly population, but it will be difficult to manage this situation unless the efforts are accelerated. It is high time that Bangladeshi policy makers give due importance to the forthcoming age wave. There are many lessons that can be learnt from the experience of industrial societies who are facing the problems associated with an increase in their ageing population. However, the programmes for the welfare of the elderly population should be prioritized as:

- increase the amount of money and the number of beneficiaries under “Boyoshko Bhata Karmashuchi”, and financial support for the family care-givers;

- the traditional joint family system should be strengthened in order to provide basic needs and psychosocial support to the elderly;

- the elderly should be given the opportunity of providing community based services with their active involvement in their care and in the effective utilization of their potentials in development;

- access to treatment facility should be available and cheap for elders and special emphasis on care of geriatrics should be taken every health center, medical college, community clinic in both rural and urban areas;

- separate programmes (financial and health care) for the welfare of the elderly women (especially, for widows and husband deserted women) should be established;

- accelerating implementation of nutrition programmes should be prioritized;
- government, NGO and all their organizations have to build care home and available recreational facilities there for elders;

- programmes for the welfare of the elderly have to be broadcasted through the medias; and

- government should be tried to achieve the targets of Millennium Development Goals (MDG).

8. Conclusion

Elderly populations are the asset of any nation. They have experience, wisdom and knowledge which can be used for the national reconstruction. It is the responsibility of everyone to take care of our national asset and utilized their experience. Elderly is a serious reality and last step of our life cycle. We become older if we live long. If we older, we want to live in peace and harmony. Let the nation come forward for the wellbeing of our respected senior citizen of Bangladesh.

Reference


