A Study on Needs and Services of the Urban Elderly

MPhil Dissertation

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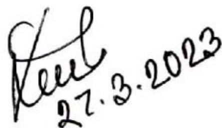
Dedication

This dissertation is dedicated to my respected father M A Newaz, my benevolent mother Nazma Newaz and my beloved husband Amiruzzaman

Declaration

I hereby declare that this is my MPhil dissertation entitled **'A Study on Needs and Services of the Urban Elderly'**. This dissertation is prepared by me for the degree Masters of Philosophy in social welfare under overall guidance of Professor Dr. Mohammad Hafiz Uddin Bhuiyan, Institute of Social Welfare and Research, University of Dhaka. During my dissertation write up, I have studied and use relevant research information to incorporate and prepare my research project. I ensure my work is free of plagiarism or research misconduct and I accurately represent my result. My pardon, I have used many references though I didn't take permission from all. I am submitting this dissertation to the Institute of Social Welfare and Research, University of Dhaka, Bangladesh for further advancement to the University of Dhaka for the required official procedure leading to Doctor of Philosophy in Social Welfare. I have not used any part of this dissertation in other place of Bangladesh or abroad.



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Certificate of Approval

Hereby I certify that Tanzina Yeasmin is MPhil researcher at the Institute of Social Welfare and research, University of Dhaka, Dhaka-1205, Bangladesh. She has completed her dissertation efficiently under my direct supervision and guidance. Her study title is 'A Study on Needs and Services of the Urban Elderly.' I recommend that this dissertation is original in nature. I am highly appreciating this dissertation and recommending to forward this dissertation to the Institute of Social Welfare and Research, University of Dhaka for further official formalities for the requirement of The Master of Philosophy (MPhil) Degree.

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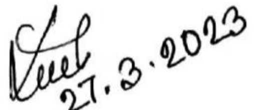
Most importantly, I wish to thank my respectable parents and beloved husband Amiruzzaman and my affectionate only son Jawad Zaman for providing loving and study friendly environment for me. They gave me the courage and support through this long way and sacrificed a lot physically as well as mentally.

There may remain some errors or inadequacies in this work and of course the responsibility is entirely my own.

With Regards



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Abbreviation and Acronym

BBS	Bangladesh Bureau of Statistics
WHO	World Health Organization
UNDESA	United Nations Department of Economic and Social Affairs
QOL	Quality of Life
BAAIGM	Bangladesh Institute of Aged and Institute of Geriatric Medicine
RIC	Resource Integration Centre
OAA	Old Age Allowances
PKSF	Palli Karma Sahayak Foundation
ADP	Annual Development Program
DSS	Department of Social Services
MoSW	Ministry of Social Welfare
ERC	Elders Rehabilitation Centre
SCEP	Service Centre for Elderly People
EDI	Elderly Development Initiatives
BDT	Bangladeshi Taka
UNDESA	United Nations Department of Economic and Social Welfare
BKS	Boiska Kallan Samity
MIPAA	Madrid International Plan of Action in Ageing
GDP	Gross Domestic Products
NGO	Non-Government Organization
BDHS	Bangladesh Demographic and Health Survey

Table of Content

Contents	Pages
Dedication	02
Declaration	03
Certificate of Approval	04
Acknowledgement	05
Abbreviation & Acronym	06
Table of Content	07 - 08
List of Table	09
List of Figure	10
Abstract	11
Chapter One: Background	12 - 22
1.1 Introduction	12
1.2 Statement of the Problem	16
1.3 Rationale of the Study	16
1.4 Objectives of the Study	18
1.5 Operational Definition	19
1.6 Scope of the Study	20
1.7 Construction of the Thesis	21
1.8 Limitation of Study	21
Chapter Two: Methodology of the Study	23 - 28
2.1 Introduction	24
2.2 Study Area and Location	24
2.3 Main Research Approach	24
2.4 Data Collection Method and Instruments	25
2.5 Population and Unit of Analysis	25
2.6 Respondent and Sample	25
2.7 Semi Structured Survey Questionnaire Guide	26
2.8 Data Analysis Techniques	27
2.9 Validity, Reliability and Generalize Ability	27
2.10 Ethical Consideration	28
2.11 Conclusion	28
Chapter Three: Review of literature	29 - 36
3.1 Introduction	30
3.2 Review of Literatures	30
3.3 Conclusion	35

Chapter Four: Research Findings 37 -53

4.1 Introduction 38
4.2 Socio Demographic Need and Services of Urban Elderly 38
4.3 Physiological Need and Service Related Findings and Analysis of the Urban Elderly 39
4.4 Psychological Need and Service Related Findings and Analysis of the Urban Elderly 42
4.5 Socio Economic Need and Service Related Findings and Analysis of Urban Elderly 45
4.6 Existing Services for Urban Elderly 50
4.7 Recommendation Findings 53
4.8 Conclusion 54

Chapter Five : Presentation of Case Studies 55 - 61

5.1 Case Study 01 56
5.2 Case Study 02 57
5.3 Case Study 03 58
5.4 Case Study 04 59
5.5 Case Study 05 60

Chapter Six: Critical Overview of the Study 62- 73

6.1 Introduction 63
6.2 Critical Overview 63
6.3 Suggestion for Future Research 72
6.4 Conclusion 73

Chapter Seven: Recommendation and Conclusion 74 - 80

7.1 Introduction 75
7.2 Recommendation 75
7.3 Conclusion 80

References 81 - 84

Appendix 85 - 113

Appendix 01: The Inform Consent 86
Appendix 02: The Semi Structured Questionnaire/Survey Guide 87 - 91
Appendix 03: National Policy on Older Persons 2013 and the Parents Care Act 2013 92 -112
Appendix 04: Plagiarism Report 113-114

List of Table

Table 01 : Ageing Population of Bangladesh/ 19 page

Table 02 : Research methodology of this study (an overview)/ 26 page

Table 03 : Distribution of Elderly People by sociodemographic characteristics/ 39 page

Table 04 : Distribution of Elderly People by Physiologic need assessment/40 page

Table 05 : The action on the event of mentally abuse or negligence by older person on urban elderly /43 page

Table 06 : Reason of the happiness and Sadness in old age who are living in urban area /44 page

Table 007 : Psychological support getting by whom in old age/45 page

Table 08 : Socioeconomic need by livelihood of urban elderly /46 page

Table 09 : Monthly earning and expenditure of older person /51 page

Table 10 : Who helps in daily activity and what asset belongings for aged /48 page

Table 11 : Expectation from family and how do spend leisure time with friends or peer of elders / 50 page

Table 12 : Knowledge of older person regarding existing services available in Bangladesh/51 page

Table 13 : Knowledge of older person regarding existing services available in Bangladesh/52 page

Table 14 : Older person’s Recommendation towards elderly welfare / 53 page

List of Figure

Figure 01 : Bangladesh Population Density by division / 14 page

Figure 02 : Population of Bangladesh: Age sex pyramid (In million)/ 15 page

Figure 03 : Specific Health problems and disabilities of the respondents (n= 120)/ 41 page

Figure 04 : Medicine history of older person (n-120) / 42 Page

Figure 05 : List of Mental Health Problems of urban elderly / 43 pages

Figure 06 : Hobbies in old age who are living in urban area (n-120) / 46 page

Figure 07 : Income source of older person who are living in Dhaka city. (N-120)/ 47 page

Figure 08 : Experience of Older Person about how does Society Treat Them/ 49 page

Abstract

Key words: Older People, Urban Elderly, Need and Services, Recommendation.

Due to the breakdown of extended family for urbanization, increased market price, social inconsistency in livelihood, abusive family structure, various health problems, exclusion from income generating activities and lack of social safety measure create the challenges in livelihood of urban elderly. Purpose of the study refer to identify the socio- economic, physiological and psychological needs and also to explore the existing & expected services & recommendation for urban elderly in the family and community level. The study followed both qualitative and quantitative research method based on a survey of 120 male and female urban elderly who were convenient to question's response. Data were collected from the aged 60 years and above (both men and women), Dhaka city, Bangladesh. In the study, need incorporates the problems and challenges who are having physical health problems, psychological challenges, limited access to employment and resources, living problem, socio- cultural neglect, right and power conflict, isolation and loneliness, insufficient Government and NGO support mechanism etc. The key findings of the study are family support structure for service provision of elderly is very much inadequate and inconsistence in urban community. GO and NGO has been taken some initiatives as existing service provision in Bangladesh like pension, gratuity, welfare fund, group insurance, provident fund from Government employee in retirement, Old age Allowances, Old Homes and Some sort of Social Safety Net programmes for elderly. The inconsistent support and very few number of beneficiaries in the community indicated the nature of service provision is not adequate. Some important recommendation of respondent reveals out from the study to create a healthy aged friendly urban. So the study would be the initiative to do something better for their proper livelihood through elderly need assessment and service provision by GO, NGO and community as well.

Chapter One

Background

1.1 Introduction
1.2 Statement of the Problem
1.3 Rationale
1.4 Objective
1.5 Operational Definition
1.6 Scope of the Study
1.7 Thesis Construction
1.8 Study Limitation

1.1 Introduction

In the era of modernization, urbanization and industrialization, the needs and services of elderly people in Bangladesh are going to face the crucial challenges within the global context. Due to the breakdown of extended family, increased market price, social inconsistency in livelihood, abusive family structure, various health problems, no sufficient income generating activities and lack of safety measure create the challenges in livelihood of urban elderly. The current demographic structure shows that more than half of the population lives in urban areas where proportion of aged 65+ years old will exceed to be double and one study refer that it will be extended to 1.5 billion by 2050 (UNDESA, 2020). Bangladesh is the country of population aging and urbanization. In Global context, urban areas where aged are proportionately increased from 160 to 355 million (122%) within 1990 to 2015. Different survey study shows the perfect scenario and situation about aged demographic condition. Where most recently 58.8% of aged people are 65+ years old who lives in urban areas and this can be compared to 48.3% in 1990. According to the same time period, their number increased by 70 million (+71%) in "more developed countries" and 125 million (+25%) in "less developed countries" (UNDESA, 2014).

Regarding the perspective World Health Organization (WHO) has emphasized to make our cities more age- friendly to promote older urban residents' well-being (WHO, 2007). So there is developed the Global Strategy and Action Plan for Ageing and Health on 2016–2020 & the Decade of Healthy Ageing 2020–2030 (WHO, 2017). These strategical plan of action for aged are accounting in relation with urban growth and have been directly interact on the world's current aged demographic structure.

From the current demographic survey of the nation, Bangladesh is the seventh largest and most densely populated countries in the world. This country has been under burden of population aging. So that vulnerable age group and dependency age group is increasing as a result from continuous increasing life expectancy of population. (Population and Housing Census Report; 2011). Along with four other Asian countries Bangladesh will be account for half of the world's total elderly population by 2025 (Kabir; 2003). Another finding from BBS has been predicted that the aged people will be cover 7.66% in 2015, 8.67% in 2020, and 10.09% in 2025, if the present trend has been continued (BBS; 2005). The ultimate consequences of population aging in Bangladesh definitely is creating hazards for government and seeking concentration over the issue.

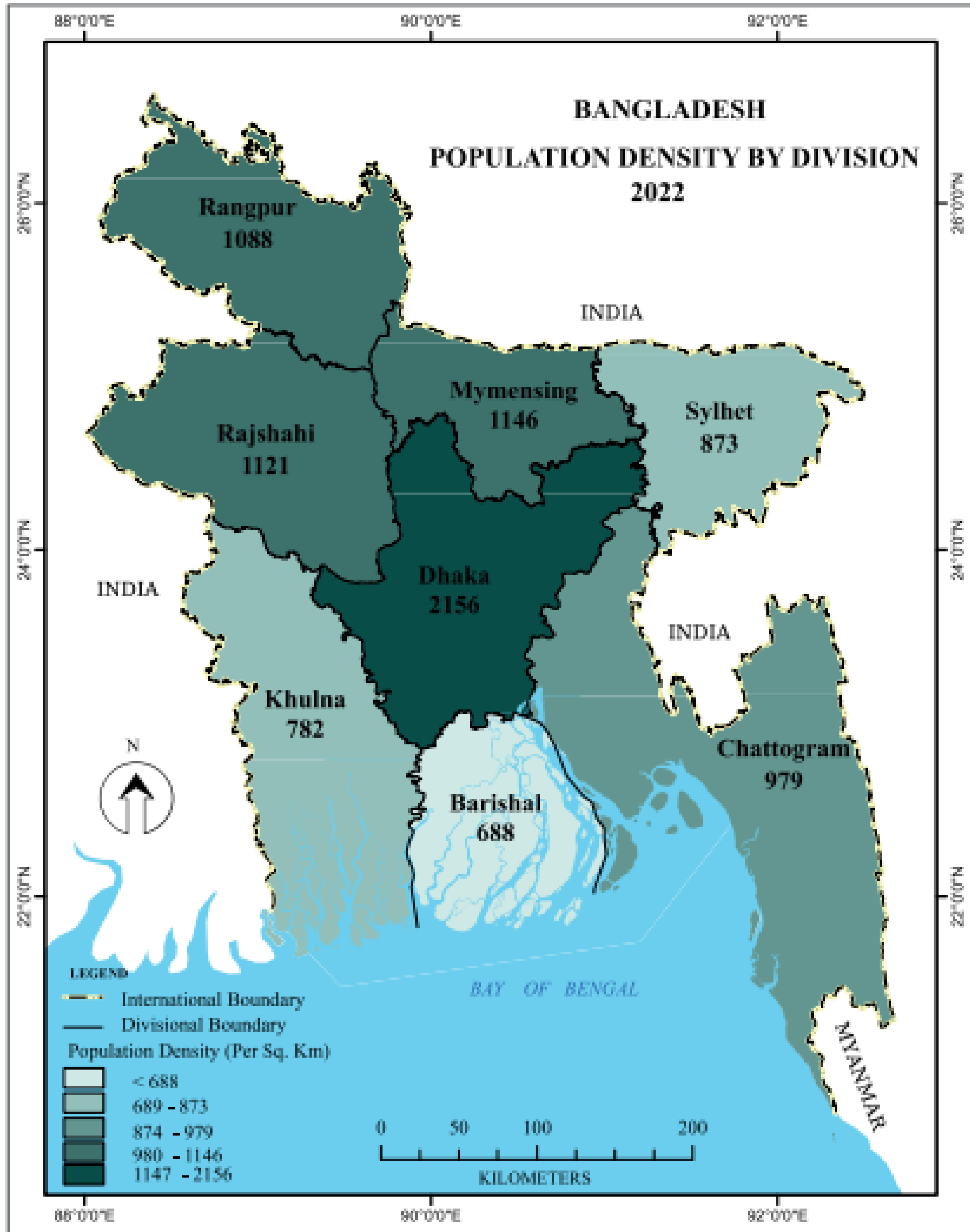


Figure 01: Bangladesh Population Density by division
Source-Population and Housing Census 2022

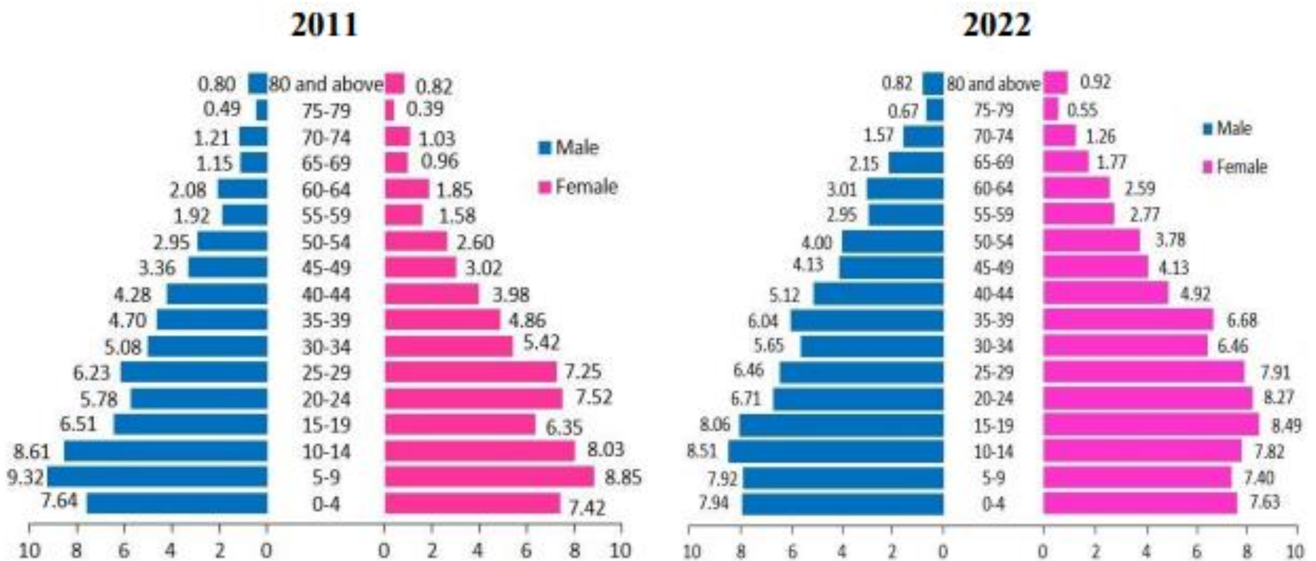


Figure 02: Population of Bangladesh: Age sex pyramid (In million)

Source-Population and Housing Census 2022

Census report, 2022 showed aged people are enormously increased and which is continual process as because life expectancy also increased in Bangladesh. Currently 9.28% of the total population are aged. Urbanization, inconsistence livelihood with health issues, jobless condition, proper planning of utilization of savings or income and increased market price and breakdown family culture put the older as society burden. The Daily Star interviewed Zillur Rahman who is the famous economist in Bangladesh and he told that ***'Our society is not well prepared to take care of the aged population. So, this is not well integrated into the government's development strategy and also not an integral part of our economic planning.'***

This thesis entitled 'The Study on Need and Services of Urban elderly', where the needs of the study incorporate the problems and challenges of older person in Bangladesh who are having physical and medicare challenges, limited access to employment and resources, living problem and socio- cultural neglect, right and power conflict, isolation and loneliness, insufficient Government and NGO support mechanism etc. In Bangladesh, the family is the first line support structure for service provision of elderly but recently itself became very much inadequate and inconsistence in nature for them. This dreadful situation of aging in Bangladesh demand to find out the fact through need identification for providing service provision for the aged. GO and NGO has been taking some initiatives as existing service provision in Bangladesh like –pension, gratuity, welfare fund, group insurance, provident fund

from Government employee in retirement, Old age Allowances, Old Homes and Some sort of Social Safety Net programmes for elderly. From the research, the researcher portrayed the situation on need and services of urban elderly and the current scenario to overcome challenges and find out some specific need and recommendation regarding on elderly welfare to explore service provision within the family, community, the government, NGO's at large.

1.2 Statement of the Problem

Find out the needs and services of elderly people in urban areas of Bangladesh would be the evident to identify the socio-economic, physiological and psychological needs of elderly and also to explore the existing & expected services for elderly people in urban family and community level.

Due to the reduction of fertility and decrease the number of mortality increase the ultimate result of population aging who are aged 60 and over. According to an official estimate at present the number of older persons is around 8-10%. According to Bangladesh demographic profile 2014, total Bangladesh has 16,62,80,712 populations. Where 5.9% (male 49, 64,130 / Female 48, 70,447) is for 55 to 64 years' age group and 5% (Male 40,82,544/ female 42,37,592) is for 65 years and over age group. From world bank survey approximately there is 80,000 new elderly peoples are entering into this aging population every year. This huge number illustrated the upcoming social, economic and also medical challenges and to the provision of service delivery for older persons.

The research based on the identification of various problems and that are examined to explore services, to analyse the consequences of different patterns of research and theory building. For this reason, Governments and non-governmental organizations should consider the implementation of those recommendation and incorporate to the national policy and act for improving the city more aged friendly. It is also recommended the care provision and services are needed to get their total well-being for the elderly persons, including women. The wellbeing precisely considers primary health care, health services, suitable accommodation & housing for enabling elderly women to lead a meaningful life in their own home and family and in the community as well. (BDRC,2011)

1.3 Rationale of the Study

World Health Organization is adopted the term "active ageing" on 1990 as the process of optimizing opportunities to ensure health participation and security. For enhancing quality of life of older person. The active aging is shifted to a "needs-based" approach (when older people are passive targets) for "rights- based" to find out the right person get the equal opportunity and treatment in all aspects of life as they grow older.

Most of the scholarly discourse on ageing revolves around four areas of ageing:

- Biological
- Psychological
- Social
- Chronological

All the changes that occur over a lifetime in human as increase in height throughout childhood, menstrual cycle, muscular changes and shaping of the young, middle and old aged male female body is known as Biological age.

Psychological ageing is changes in:

- sensory and perceptual processes
- mental functioning processes
- personality, drives & motives

An individual's changing roles and relationships within the social structure is known as Social aging. Social aging is based on family, friends, the work world, the society one belong, religious and political groups. Chronological ageing is numerical value for determining age on the basis of a person's years from birth. A person should be taken into account as an older only on the basis of chronological ageing.

The majority of the older people live in absolute poverty. lack of resources to fulfil their most basic needs. Older persons are deprived from sufficient or any income generating opportunities. About 78 per cent of older people live in rural areas where services, health care provision and access to clean water are not sufficient in nature. (Social Science research council, 2013).

According to Social Science research council, 2013, the condition of urban older people is not very satisfactory and they live in extreme poverty and do not have their regular income with enormous ill

health, illiteracy, malnutrition. Rural older people generally live in extended family. They are living in society with full dignity and they can engage in some sorts of social works. Urban older persons who are belong in middle class, they also live in extended family with the same facilities as of the rural older in spite of the urban political and administrative complexities, anxiety, exclusion, economic hardship that they face. Urban older who are belong riches / high class, they are educated, retired high officials, owners of big trading houses, assets, has bank balance etc. Although they have very few number of decedent to take care in their elderly with them and livelihood became difficult day by day as because their relatives and children's are not willing to live with them.

1.4 Objectives of the Study

General Objective

To find out the needs and services of urban elderly people in Bangladesh.

Specific objective are as follows:

1. To know the socio-economic, physiological and psychological needs of elderly.
2. To explore the existing services for elderly people in family, community and state level.
3. To identify the expected services by elderly and their recommendations for ensuring maximum service delivery
4. To explore recommendations in regarding the services of elderly

1.4.1 Research Question

Those objectives were prescribed in the request for proposals – Need and Services of the Urban Elderly. The inquiry need to be answered included:

- What are the most important needs of the current senior citizen of urban?
- How will older person meet their needs?
- What are the health service and care provision, activities and facilities will make urban as aged friendly city?

These areas of question spanned three (3) core topics:

a) Health and wellness including physical health, mental health, health care access & awareness, and independent living
b) Community design including convenience of services & activities of daily need, mobility, transportation, housing accessibility & affordability, and economic development.
c) Active lifestyle including civic & social engagement, employment opportunities, lifelong learning & recreation and arts & culture

1.5 Operational Definitions

1.5.1 Older people

Older people are the fastest growing population worldwide. The 21st century could be considered as the century of ageing. There will be elder persons than the children of aged 0-14 years in the world which is for the first time in the history of humankind.

Table 01: Ageing Population of Bangladesh

	2019	2050
Population Aged 60 and 60+ in total	13,109,000	36,871,000
Population Aged 60 and 60+ of total population	8.0	21.9
Older women aged 60+ of total population	3.88	11.55
Life expectancy of Males	70.48	78.11
Life expectancy of females	74.11	81.45
Old-Age Dependency Ratio (Age 65+)	7.7	23.5
Urban older people of total population)	1.4	
Older persons living alone aged 60 and above (% of total population aged 60+)	1.77	

Source: https://ageingasia.org/ageing-population-bangladesh

Survey report on 2019, approximately 13 million people are living in Bangladesh who are aged over 60 (About 8% of the country's total population). This proportion of older people is expected to double which is 36 million people aged over 60 (21.9%) in 2050. This means older person will be one in every five Bangladeshis.

Older persons consider the tribune as marginalized, neglected, abused and particularly the poor ones. So the aged will face many difficulties and challenges such as poverty, changing family structure, breakdown of social & cultural norms and inadequate health care facilities.

1.5.2 Urban Elderly

Urban elderly, the population of older people who are living in cities. The challenging phenomenon of the population ageing and urbanisation could be the argue whether the city environment is not ready or well prepared. In the research urban elderly denotes who are living in Dhaka city of Bangladesh. Aged about 60 years and above are considering elderly. So when elderly person lives in urban areas then they have called as urban elderly.

Need and Services

The Dhaka city is the perfect example of modernization, urbanization and industrialization. The needs and services of elderly people in this city of Bangladesh are going to face intricate situations as per the pace of global context. In this research the needs of the study incorporate the problems and challenges of older person in Bangladesh who has physical and medicare challenges, limited access to employment and resources, living problem and socio- cultural neglect, right and power conflict, isolation and loneliness, insufficient Government and NGO support mechanism etc. National policy for older person 2013 and parent's maintenance act 2013 is considering the issues of service provision for aged friendly Bangladesh. Social Safety Net Programme has different activities for beneficial purpose of aged like- Old age allowances, pension, Gratuity, LPR, Widowhood allowances, vulnerable group allowances etc.

1.5.3 Recommendation

Recommendation indicates a suggestion or proposal as to the best course of action. Recommendation of research need for better understanding on the research content. In this research, recommendation is to identify and know how do our respondent think and give suggestion about the content.

1.6 Scope of the Study

The scope of the study refers the researcher to seek and resolve the problem which will fit within certain parameters. The research scope on need and services are different parameter and also the availability of sample within study area. I will identify what's remain in the domain and what is not. The researcher will make the clear conception as much as possible within the accepted range of the study.

Morse et al. (2002), has been develop some specific principles to examine trustworthiness and quality of research. Credibility, dependability, conformability, and transferability are the principles of this research. Credibility evaluates the quality of the study and refer truthfulness of the research (Polit and

Beck 2008). Dependability, the stability of data over time (Polit and Beck 2008). Conformability comparing and agreeing with other researcher's findings and interpretations (Parahoo 2006) to communicate trustworthiness of data. Transferability indicates the extent version of the research which finding can be transferred to other settings (Polit and Beck 2008). These principles are the mainstream and the factual guidance of the study to make fruitful and successful research.

1.7 Construction of the Thesis

The report is constructed into seven chapter and references. The first chapter deals with the problem statement, rationale of the study, the thesis's objective, Operational definition, Scope of the study and limitations. Chapter two based on Methodology of the study which incorporate Introduction, Study Area and Location, Main Research Approach, Data Collection Methods and Instruments, Structured Interview Guide, Respondents and Sample, Data Analysis Techniques, Validity, Reliability and Generalize Ability, Ethical Consideration Conclusion. Third chapter includes Review of literature with the help of studying relevant research available from different books, journal, Newspaper, web portal- PubMed, research gate, academia, library thesis books. Chapter four discussed about Research findings in Socio demographic Information of the urban Elderly, Need and Service related information of the urban elderly, Socio Economic need and services of urban elderly, Existing Services for urban elderly, Recommendation findings. Chapter five consisted of five case presentation. Chapter six includes the critical overview and suggestion of future research. Chapter seven is consider the last portion of research including the researcher's recommendation and conclusion for the study. After all the chapter there is some references remain with four appendices where Structured interview guide, the inform consent, Pita matar voron pushon aayin 2013 and references of literature review.

1.8 Limitation of Study

There is nothing without some limitation and course of obstacle. Some researcher shows limitation of their research and tried to get better understanding about limitation. From Price and Murnan 2004, limitations of the study are indicating issues and challenges what the researchers face at the time of the

study. It may influence or impact the results and interpretations of those results. During the time of my research challenges or issues are as follows-

It was challenging to convince the respondents for get information appropriate as the respondents are not always fully in physical and mental state. Some of them were live in combined family and they need to convince them first during the time of data collection.

Due to the sensitive nature of the study in some cases the respondents felt uneasy and probably sometimes concealed information.

Due to covid-19 situation and my family involvement purpose I needed to take more time to collect data and carry out the study. It affects me in every situation during the time study.

Chapter Two:

Methodology of the Study

2.1 Introduction
2.2 Study Area and Location
2.3 Main Research Approach
2.4 Data Collection Methods and Instruments
2.5 Structured Interview Guide
2.6 Respondents and Sample
2.7 Data Analysis Techniques
2.8 Validity, Reliability and Generalize Ability
2.9 Ethical Consideration
2.10 Conclusion

2.1 Introduction

The Chapter shows the methodology which includes all the techniques and methods have been taken for conducting the study whereas the approach in a way, troubles are solved thoroughly. It is important to conduct the research systematically. For better understanding the entire research process of the study refer to the collection of specific techniques to select respondent, Data measuring, gather and analysing data and report on results. Methodology is the process how the researcher will conduct the study project within strategical way and significant timeframe.

The purpose of the chapter is to investigate of finding solutions from scientific and social problems regarding on my study need and services of urban elderly through objective and systematic analysis.

2.2 Study Area and Location

The study is conducted among the older persons of Bangladesh. The researcher enlisted older persons who are living in Dhaka city. The researcher selected Dhaka city as the study area. The Mohammadpur, Mirpur, lalbagh thana has been selected for the convenience of data collection. The researcher visited older person's house, privately established old home, Passer by older person in park, tea stall, restaurant and different hospitals. These areas were selected for the study because the researcher live in near the locality and could make rapport before the session

2.3 Main Research Approach

The study followed a mixed method approach where both qualitative and quantitative data have been collected and analysed.

The study used a quantitative survey consisting of a Semi structured survey questionnaire with some descriptive qualitative question answer through recommendation section.

For proper understanding, quantitative research is organized inquiry about phenomenon through the collection of numerical data, execution of statistical, mathematical and computational techniques. This

type of study research based on the measurement of quantity or amount. The process is expressed or described in terms of one or more quantities. Other hand, qualitative research is concerned with qualitative phenomenon which involving the nature of quality, non-numerical, descriptive, applies reasoning of workout. This type of research can explain the meaning, feeling and describe the situation. It usually targeted on the micro-level of social engagement. Ashley (2019) stated that qualitative research is structure to disclose the meaning that form actions of the people and their relationship with others.

2.4 Data Collection Methods and Instruments

In this research primary data is significantly considered. The original data is collected by researcher for interpreting and analysing and to fulfil the specific research purpose. Both qualitative and quantitative method consider here as data collection method. In this research open and close ended questionnaire format use as instrument for the mixed method approach.

2.5 Population and Unit of Analysis

In this research, researcher find the population as the significant group above 60 years of age, comprising 120 respondents, to collect in-depth data on the profile of the elderly for better understanding of need and services situation in urban areas of Bangladesh.

The researcher's plan to do semi structured questionnaire survey from every single respondent as for this study's unit of analysis. The research question plays a significant role in determining it. Understanding the reasoning behind the unit of analysis is vital. The likelihood of fruitful research increases if the rationale is understood.

2.6 Respondent and Sample

For the quantitative measurement, a sample survey was done on the elderly, above 60 years of age group population are the qualified respondent of the study. Semi-structured questionnaire has been conducted comprising 120 respondents in total to collect in-depth information on the profile of the elderly for better understanding of needs and services situation in urban areas of Bangladesh. The structured interview of 5 respondents also comprised and given in the section Case Study. For the qualitative component, old-age homes, other organizations, relevant people, etc. have been visited where key informants have been interviewed.

2.7 Semi Structured Survey Questionnaire Guide

In this research, questionnaire format use for the survey or data collection. This questionnaire is guided by open-ended question to pick the qualitative data. Semi structured interview was the part of the survey to get quantitative information through predetermined set order of question. Respondents were willingly participating and consciously given their information without any hesitation. This advantages of structured interviews are reduced bias, increase credibility, reliability and validity, simple, cost effective and efficient.

In conducting the present research, the researcher has prepared a structured interview questionnaire guide to do survey and obtain general information relevant to explore need and services of urban elderly. The researcher believe this structured interview guide will be very fruitful and useful method to capture what the interviewees think in a particular way. It helps to express the conceptions on the specific topic in more details. Therefore, it was the most suitable method for answering the research question on this particular topic. It allowed researcher focused, conversation, two-way communication and receiving reliable, comparable quantitative and qualitative data

Table 02: Research methodology of this study (an overview)

Study Objectives	Nature of the Data	Method and sampling of Data collection	Tools used in Data Collection	Data Sources	Units
To find out the need and services of urban elderly in Bangladesh	Mixed (Both Qualitative and Quantitative)	Semi Structured Questionnaire as Survey guide and probability sampling.	Interview schedule and Interview guideline	Older person who are 60 years aged and above	Interview with 120 respondent (both 63 male and 57 female) and 5 case studies

2.8 Data Analysis Techniques

For the data analysis techniques, the researcher performs step by step process. Firstly, all the data has been collected. Then sort out which data was valid and invalid. By getting all the precise and concise data the researcher started to analysis and synthesize the primary data with the help of computing data analysis system named Statistical Package of Social Science, version 26 which is call in abbreviation as SPSS. After formulating the result from SPSS the researcher confidently and also precisely maintains the write up from accurate data analysis to share and visualize the format of data collection.

2.9 Validity, Reliability and Generalize Ability

Reliability and validity are one of the major concerns for the researcher. In fact, the failure to assess the reliability and validity of the conclusions, may lead to this research results being questioned or even rejected. Therefore, the assessment of the quality of the data that has been collected and measured, leads to two questions: Has the right 'thing' been measured? What is the accuracy of the measurements? The answer to the first question is determined through the concept of validity. The answer to the second question leads to the concept of reliability Generalizability deals with the question: Do the measurements hold true for the general population?

The researcher tries to do it in a way so that the results of the study can be applied to the larger population. The extent to which this can be done refers to the 'generalizability' of the study. When a study's results can be generalized to the larger population, it is said to have high external validity. This research is based on the relevant concepts of validity, reliability and generalizability. The significance of validity and reliability of the data collected and measured for the purpose of this research. The importance of generalizability of the conclusions can be drawn from a particular study, to the larger population and situations.

2.10 Ethical Consideration

Voluntary participation and informed consent ensured before the survey and interview has been done.

Anonymity: The researcher ensure that personally identifiable data is not collected. For the study purpose some hidden and prohibited personal information from respondent are collected and necessarily shared by maintain confidentiality.

Confidentiality: The researcher maintains 100% confidentiality when the respondent doesn't want to share something with other. It is considering highly appreciate by researcher.

Potential for harm: Considering this research, there is no event of any potential physical, psychological, social or any other types of harm.

Results Communication: Ethically honesty of the researcher is shown by the communication strategy. plagiarism is research misconduct. It's considering as like crime. The researcher ensures that this research is free from plagiarism or any kind of research misconduct.

2.11 Conclusion

This study attempted to work out through quantitative and qualitative methods to get a details description, analysis and interpretation of the related issues and more significantly make the lesson more reliable and valid. Both ways provide an opportunity to investigate factors that underpin a decision attitude, behaviour or other phenomena and numerical condition. Working with both data is a rich and enlightening experiences. In this chapter, the specific data collection method, sample, data analysis techniques, ethical issues of research were outlined and discussed in detail.

Chapter Three:

Literature Review

3.1 Introduction

3.2 Review of Literatures

3.3 Conclusion

3.1 Introduction

Within the chapter, the researcher summarizes and synthesizes the existing scholarly research related with the topic “A study on Needs and Services of urban elderly”. From the review of some literature, the researcher has found that ageing is an emerging problem and this problem is gradually increasing with its far reaching consequences. According to Khan and lesson 2006, Bangladesh has to facing some sort of challenges regarding on income support, health and social services for aged population. Family and society usually taken care of elderly in Bangladesh but the study showed this traditional system going to breakdown and weakening day by day. Older become burden to their family. This study focuses to find out the needs and services of elderly people in urban areas of Bangladesh. This study would be the evident to identify the socio-economic, physiological and psychological needs of elderly and also to explore the existing & expected services for elderly people in urban family and community level. Government and NGO’s are working individually and also collaborate they have done a lot of activities or programme for the proper perspective on elderly population to enhance productive activity through Old age allowances, Geriatric hospital, age friendly environment, transportation system, legal support, pension system, Vulnerable people allowances, old home establishment, Older recreation centre etc. It is anticipated that more precisely and we could understand the better scenario of older person’s need and services in Bangladesh through relevant literature review. This reviews of the studies will help to justify my own research and critical analysis.

3.2 Review of Literatures

Bangladesh Bureau of Statistics (BBS) has been conducted a survey on 2020 and the finding shows life expectancy at birth increased to 73 years in Bangladesh from 72 years in 2018. This indicated crucial time for being draw out the expected future scenario for old age. Study finding explore out some root causes of vulnerability in old age where aged are belong in vulnerable state and they need prominent support for their various undetermined challenging condition in physical, psychological and also economic issues. This survey report also shows that Bangladesh constitution mention about elderly people’s right which is based on their need specific service provision. Where the researcher talks about section 15, Part II of the constitution which entitled like provision of basic necessities. This describes particular social security of the elderly people. Basic necessities include which is actually the prime

human need as food, clothing, shelter, education & medical care. Older persons have rights reasonable rest, recreation and leisure and also social security in life time. Older person has need to get public assistance, social, community and family support if they are suffering and enduring unemployment, illness, disablement, widow, orphanage aged.

From the same study of BBS illustrated the urbanization is affected on old age issues. Basically who are physically active in old age but has their health care need, economic instability, poor lifestyle Researcher shows they are dependent population of the country. For the concerning purpose, various researches had been done in regarding need and services in older ages. The study also gives some analytical point of view in context of my study titled 'A study on needs and services of urban elderly'. Study elaborately discuss and linking up the need with the cohesion and bondage of morality, society and psychology. National policy how does affect the urban elderly is considering by strengthening and empowering society, social care and existing services. Where the huge gap belongs in between need and service provision. So, this study may very helpful to enrich the national database and do so what is necessary action to take out.

"A Future Journey to the Elderly Support in Bangladesh" (Islam and Nath, 2012); this study shares the knowledge regarding the future journey of older person where my study talks about specific consideration of urban elderly. The study measures economic solvency of the family is important to ensure taking care of older person effectively. As both man and women's are busy with their working life so there is nuclear family established and urbanization break down the inbuilt social system. The breakdown of social system affects the older person's life directly and being serious threat in livelihood. This hardship social changing refers the nation to build the policy and planning for sustainable long term ageing support system. The ministry of Social Welfare of Bangladesh develop National policy on 2013 where social security, health care service, financial security, awareness program of older person is highly considered. The young and adults are not well conscious about their old age, that indicate there is strategical support system need to be establish for their better future. The study knowledge expresses out that who are widow they feel more suppressed, depressed and loneliness than who are having their spouse in old age. The large number of widowhood in old age indicate the remarkable bride and bridegroom age gap. Society need to step up with the issue and the national policy need to take action to reduce age gap in future. Go and NGO has strong support system for mother and children but there is lack of visual initiatives of elderly support system. Collaborate joint work plan between GO and NGO

can be built better support system for the aged in Bangladesh. Not only the GO and NGO there need to be proactive through family support, public and private social assistance, mutual benefit, social insurance system, personal savings, occupational pension and these would be the better future solution of livelihood challenges. There need to be established more developing program and services to address the aging issues. In the context, the study evaluates the need and existing services through different thesis projection and recommendation. But this research would be the important evident for understand the original data and consider the new knowledge from finding out rigorous need challenges and service concern specifically consider to urban aging and urban age friendly condition.

“A study of older people’s livelihoods in Bangladesh” the research done by Help Age International and Cordaid on January 2011. The study provides the discussion of in-depth or core scenario what’s the older person having in their livelihood. This study done in the different district and semi urban sites of the country. Study findings remarkably based on the social and economic consistency and solvency of older person where the purpose serve to understand the opportunities and barrier faced by older person to income security and identify numerous challenges related to livelihood. The demographic challenges and concerning issues upon old age is significantly well known from demographic survey report of Bangladesh. Regarding the increasing trend of aged population, the study has done effective FGD to reveal out the original scenario within a short time. From Bangladesh perspective there is numerous service provision available but the reality is in dark. Banks are not willingly giving small or large loan to the older. FGD reveals government pension and allowances remain under social safety net policies. The selection criteria of allowances are not satisfactory to the olders. Destitute olders are suffering from poverty and they need support system to survive through proper livelihood pattern. Widowed illiterate women are living in the extreme burden of securing a sustainable livelihood. Liquid money need to purchase food and medical care but there is having challenges to manage or generate cash. The study also reveals poor olders are not engage in savings activities. All these make sense to set olders in dependable and in vulnerable condition. Within the study, concerned issues are not finding properly through FGD method to meet the objective relate to livelihoods of urban elderly. In relation with the study, my research will help to broadly analyse the situation and concern issues relate to improve livelihood in regarding need and existing services for urban elderly

According to the study ‘Neighbourhood Attributes and Well-Being among Older Adults in Urban Areas: A Mixed-Methods Systematic Review’ done by Miguel, Jose et al on 2021; The knowledge of the

research includes the mixed method systematic review from different database where the result based on 39 literatures review. The systematic review explores out the relationship between neighbourhood characteristics and older adult's wellbeing who are living in urban areas. Result finding shows the older person's wellbeing including physical, psychological, social and service environment. Specification is indicated that adjustment for housing situation, functional status of aged, social capital, family functioning, traits of psychology, physical activity or adverse life event are the variables to play significant role in moderate the relationship between environment and wellbeing. The researcher finds out the limitation of own study which focuses on selection biased, more subjective in the context of quality appraisal and unable to accurately quantify association between variable and wellbeing. Hopefully in my research I will holistically examine physical, psychological, social and service-related attributes to produce more robust evidence.

According to the study "Health Problems of the Elderly Population in Some Selected Urban Slums of Dhaka City" (Farah, Karim & Khatun,2015), the researcher works out on aged people's need and demographic challenges. Growing vulnerable human resources encompasses the various physical, psychological and social need of the elderly. The respondent was 531 in number and from the study majority was male which is 68.7% who are above 65 years old. As the study encounter the slum area and so mostly 70% were lived in mud house with several disease condition. That's why the study found the inter relation between ageing and illness. This descriptive cross sectional study data was collected from the urban slum of Dhaka city within July to December,2013 to identify the aged health problems and socioeconomic condition. The result can be discussed in compare with my study as because my research is vast informative regarding on significant challenges like health issues, psychological problems, socioeconomic state of condition, existing service provision and also some recommendation on aging issues.

A study entitled 'Health-care of Elderly: Determinants, Needs and Services' done by Lal Shrivastava, Prateek Srivastava, and et.al on 2013. This study showed us the today's failure to address the physiological, Psychological, Socioeconomic need or challenges of aged would be the costliest problems of the tomorrow. So the study emphasis on preventive health care and medical need of older person. Chronic health problems associate with comorbidity in old age is significantly impact on the quality of life of elderly. The nation need to be facilitated by age friendly approach by multifaceted active collaboration of health and social welfare, Urban development and also in legal perspective. The study

focused on health issues are considerable but need to focus on other determinates of livelihood of older persons. Policy need to be established and implementation procedure would be the solution by organizing and recreating the community more age friendly. The study was examining in Tamil Naru and Showed us the qualityful health care service provision for elderly challenges require the national GO and NGO approach and strategies. As it is the neighbour country where determinant, need and services of elderly are broadly discussed through their study where my study objectives present. Hopefully all the information regarding the needs and existing services for the urban elderly is the current important content to do research for Bangladesh.

Poe, yumon et al has been examine a study entitled “Assessment of quality of life among elderly in urban and peri-urban areas, Yangon Region, Myanmar” on 2019. The study was conducted upon over 60 aged populations and examines 616 elderly people (both male and female) through face to face interview techniques. The core objective was to find out the risk factor for low quality of life (QOL)of the older person in Myanmar’s urban and peri urban areas. The knowledge identified that psychological health, social relationship and environmental domain influenced by education and marital status, Social interaction in the neighbourhood influence physical, social and environment domain, Income level and friends circle influence the all domain. That’s mean the researcher find out the QOL from four domain of livelihood like- physical, social relationship, Psychological and environmental domain with the help of scoring system. The study finding s indicate lower QOL and higher QOL depends on the situation where the belong, education level, marital status, having two or more co morbidities in urban or peri urban areas of Myanmar. Some sort of limitation – biasness, comorbidity is not discussed, diagnosed diseases were including, not be generalizable as because only four townships is covered the study. Assessing QOL by incorporating needs and service relevant data to my study for the Bangladesh and finding out the objectives will helpful for the better understanding of the older person’s well-being. It is indicated that my research is very important to ensure QOL for elderly especially who are live in urban areas of Bangladesh.

‘Urban Design and Ageing - public space for elderly people in residential areas’ is the study which examined by Fernando Alves, Lara T. M. Mendes on 2020. This study was helpful and measuring different domain to evaluate the public space for elderly people in regarding urban design and aging concept. Aim of the study to assessment in relation among older person’s need & activities and quality of public space assessment for the daily outdoor life comprising public space with innovating new

design. The study was plan to force on the national guideline through municipal plan, rules and policies. Residential area with the age friendly urban design was considering on elderly people's health and needs. This research project state some concern in quality of life among older people, public space for improving socio economic health, social networking, gather emotional need and also the individual lifestyle and environmental influences effect the biological older person's condition. The study prompts the urban space considering the outdoor environment and outdoor practices like body space, Urbaging, home zone and walkability, food. The quality of life is not possible if there is absent of quality of proper urban design. Contribute to developing urban design to create age friendly city is considering the elderly accommodation in the future with the high level of sociability, helpfulness, leisure, healthier environment, therapeutic and dignifying more sustainable. The study contributes to the planning and architect for ensuring the quality and the older person wellbeing in the public space. This sustainable proposal through strategy and guideline affect the national policy. Stakeholders/ Government are cooperating with this.to encouraging active aging through developing age friendly residents with the specific opportunities for urban aged. Emotional wellbeing, perception of safety, comfort and safety, health, mobility, sense of community, Satisfaction with neighbourhood, social interaction, Leisure and entertainment, stimulation, autonomy and control & support is the integral part of urban design and modelling of public space in the residential area in different countries. So this literature considers the broader way of public space and urban design for older in residential area for the older person but my research study will holistically examine physical, psychological, social and service-related attributes to produce more robust evidence on need and services of urban elderly in city of Dhaka, Bangladesh.

These literature reviews are considered high efficient in nature and would be play the important role to get better experience about the aged scenario in urban areas or community. This thesis is based on original data and reviews study will be very helpful to make the thesis consistence, vibrant and information enrich.

3.3 Conclusion

The given literature reviews reveal the devolution of values, generation gaps, materialistic education system. cultural aggression, family conflict, self-centralism, insufficient govt. initiatives, less of health support, corruption, passive role of NGO's and community organizations are the main reasons behind the gap between needs and services or need based support of elderly. This gap should be minimized for the sake of providing maximum services to the elderly people. Some study found that older persons are expecting maximum care (food, meal, cleaning, clothing, treatment etc.) from family along with financial security, emotional support, unity and affections among family members thus make them happy. Simultaneously age friendly transportation, geriatric medicine and hospital, community services, treated respectably, recreation services, the helping hands of enablers (individual/ agency) for taking elderly welfare initiative at urban community level are the major expectation. These reviews identify to look into the problems of the elderly people in urban by identifying need on physical, mental, socio economic and cultural view and need based service provision is important for this challenging condition of older persons in urban area. In addition, reviewers argue strongly on systematic research on aging and dissemination of knowledge in general may help both researchers and policymakers to draw policy implications in order to achieve the target of a healthy aging society. Traditional politics, the culture of corruption, and poor administrative structures should be improved immediately to achieve policy targets. So, this study is an attempt to explore this scenario which may help to identify needs and services of urban elderly and helps in implementation in the Health Policy of Bangladesh.

Chapter Four:

Research Findings

4.1 Introduction
4.2 Socio demographic Information of the urban Elderly
4.3 Physiological Need and Service related findings and analysis of the urban elderly
4.4 Psychological Need and Service related findings and analysis of the urban elderly
4.4 Socio Economic need and service related findings and analysis of urban elderly
4.5 Existing Services for urban elderly
4.6 Recommendation findings
4.7 Conclusion

4.1 Introduction

Within the chapter the study's main finding organises systematically. For analysing the data from qualitative and quantitative values, result is based on the objective and questions of the study is to find out the needs and services of elderly people in urban areas of Bangladesh. The researcher used highly structured questionnaire to identify the socio-economic, physiological and psychological needs of elderly, to explore the existing services for elderly people in family, community and state level, to identify the expected services for elderly and their recommendations for ensuring maximum service delivery and also to explore recommendations in regarding the services of elderly. The result findings in this study has done by descriptive and correlation analysis. All the frequency is stated separately and collected data were checked and verified. By using the coding system collected data is inputted in the computer. Data analysis is done by SPSS which is statistical package of Social Science, version 26 by the help of computer windows programming.

This result chapter includes the following sociodemographic, Physical, Psychological, socioeconomic need and services and also the existing services and recommendation findings and analysis through table, graphs, figures etc.

4.2 Socio Demographic Information of the urban Elderly

In this study, descriptive analysis of Sociodemographic data is shown in bellow's given table. The study shows majority 67(55.8%) were the age group of 60-70 years old from the 120 respondents. From other respondents 43(35.8%) and 10(8.3%) were in the age group 70-80 and 80-90 years respectively where I couldn't get 90-100 years and 100+ years respondent for my study. From the elderly Population 63(52.5%) were male and 57 (47.5%) were female. Mostly 107 9 89.2%) of the respondent belonged to the Muslim. Regarding educational status 33(27.5%) was illiterate and rest of them was literate where 32 (26.7%) and 20(16.7%) were primary and secondary educated. Among the respondent 63(52.5%) were married 55 (43.3%) were widow/ widower, 3 (2.5%), 1 (.8%) and 1 (.8%) were respectably separated, divorced and unmarried. The majority age gap was found 48 (40%) in 10-15 years and 47 (39.2%) in 5-10 years. There is similarly found 11(9.2%) in 1-5 years and 15+ Years. There was no spouse gap available for 2(1.7%). The respondent having 4-6, 1-3 and 7-9 children in number who were sequentially 52(43.3%), 50(41.7%) and 15(12.5%).

Table 3: Distribution of Elderly People by sociodemographic characteristics: (n- 120)

Variables	Frequency	Percentage	Variables	Frequency	Percentage
Age			**Academic Qualification**		
60-70 years	67	55.8	Illiterate	33	27.5
70-80 years	43	35.8	Primary	32	26.7
80-90 years	10	8.3	Secondary	20	16.7
Gender			HSC	16	13.3
Male	63	52.5	BA	2	1.7
Female	57	47.5	Bihari- Urdu study	1	.8
Religion			Graduation	7	5.8
Islam	107	89.2	LLB	1	.8
Hindu	10	8.3	MA	1	.8
Christian	3	2.5	Masters	5	4.2
Marital Status			MBBS	1	.8
Married	63	52.5	**Spouse Age Gap**		
Widow/widower	52	43.3	1-5 years	11	9.2
Separated	3	2.5	5-10 years	47	39.2
Divorced	1	.8	10-15 years	48	40.0
Unmarried	1	.8	15+ years	11	9.2
Spouse Age			0 gap	2	1.7
50-60 years	33	27.5	**Number of Children**		
60-70 years	44	36.7	1-3	50	41.7
70-80 years	24	20.0	4-6	52	43.3
80- 90 years	14	11.7	7-9	15	12.5
90 + years	4	3.3	No Children	2	1.7

Source: Field survey (As one respondent is unmarried so spouse age, age gap and number of children variable has one missing data)

4.3 Physiological Need and Services Related Findings and Analysis of the Urban Elderly

Table 4 shows the distribution of elderly people by physiologic need assessment where I found majority of the respondent share 50(41%) were having average health, Better health status comparing with neighbour same age were 44(36.7%) and most common reason to go out is 28(23.3%) told they don't go out usually, 23 (19.2%) for their businesses, 13 (10.8 %) for Med check-up and similarly for walking, 12(10%) told for their grandchild and others are for when necessity arise. There is 77 (64.2%) respondent

told they do not need any help for their daily activities where other are told 25 (20.8%) for medicine intake, 18(15%) for help seek for go out, 13(10.8%) for wearing dress, 10(8.3%), 9(7.5%), 1(.8%) for respectively bathing, food intake and cooking wand washing dishes and cloths. Majority 63(52.5%) of the respondent have good sleeping pattern in 24 hours o'clock and having no sleeping problems who were 73(60.8%). Respondent preferences mostly the government hospital during the time of their severe illness like 79(59.2%). The cost of their treatment managed by their own 45(37.5%), Son/Daughter in law 52(43.3%), Daughter/ Son in law 18(15%), grandchild 2(1.7%) and by getting donation 1(.8%).

Table – 4: Distribution of Elderly People by Physiologic need assessment: (n- 120)

Variable	Frequency	Percent
How are you		
Very good	3	2.5
Good	46	38.3
Average	50	41.7
Not Good	21	17.5
Health status comparing neighbor same age		
Better	44	36.7
Similar	39	32.5
Poor	17	14.2
No idea	20	16.7
The most common reason to go outside		
for grand children	12	10
Row market	10	8.3
Exercise	4	3.3
Business	23	19.2
All	2	1.7
Checkup/invitation	1	0.8
Don't go out usually	28	23.3
If necessity	2	1.7
Prayer	1	0.8
Job	1	0.8
Med check up	13	10.8
Prayer	3	2.5
Private job	4	3.3
Visit relative house	1	0.8
Visit village house	2	1.7
Walking	13	10.8

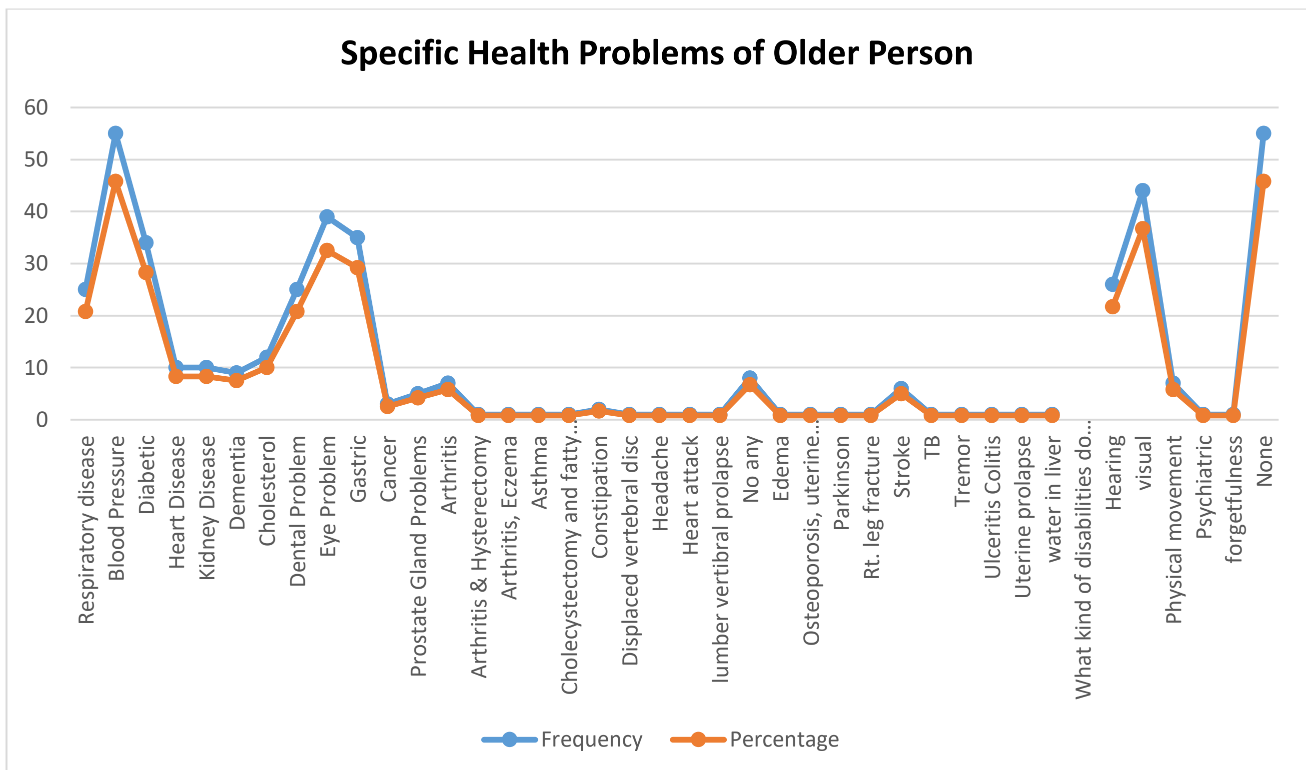
Variable	Frequency	Percent
Areas of daily activities do you need help		
Med intake	25	20.8
Food intake	9	7.5
Bathing	10	8.3
Wearing dress	13	10.8
Help seek to go out	18	15
Cooking and washing dishes and cloths	1	0.8
No need	77	64.2
Sleeping Pattern in 24 hours o'clock		
0-2 hours	8	6.7
3-5 hours	29	24.2
6-8 hours	63	52.5
9-10 hours	20	16.7
Sleeping Problems		
Insomnia	31	25.8
Restless leg syndrome	1	0.8
Sleep Apnea	10	8.3
No problem	73	60.8
Sometimes- trouble sleep	4	3.3
which hospital would be the preference during severe illness		
Govt. hospital	71	59.2
Private Hospital	43	35.8
Traditional Hospital	6	5
Treatment cost managed by whom		
Own/Spouse	45	37.5
Son/ Daughter in law	52	43.3
Daughter/ Son in law	18	15
By getting donation	1	0.8
Grand child	2	1.7
Brother	1	0.8
Relative	2	1.7

Source: Field Survey (Multiple responses included)

In the physical need assessment, I have found several health problems remaining in old age but in the correlation health problem shown all these are not directly relevant with the state of age. Mostly based on their livelihood, health complain state, genetic and chronic disease pattern.

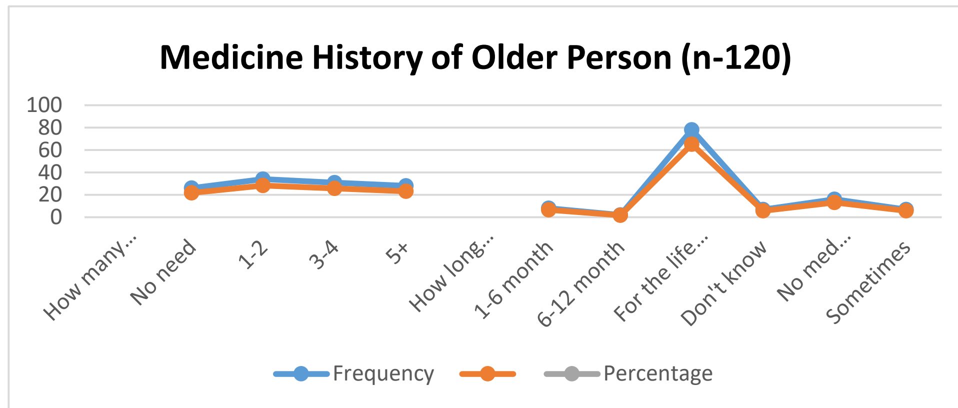
The researcher fund the observation as diagnosed common health problems leads the diseases in long run. Finding as Blood pressure 55 (45.8%), Diabetic 34 (28.3%), Respiratory disease 25(20.8%), Heart Disease 10 (8.3%), Kidney Disease 10(8.3%), Dementia 9 (7.5%), Cholesterol 12(10%), Dental Problem25(20.8%), Eye problem 39(32.5%), Gastric 35(29.2%), Cancer 3 (2.5%), Prostate gland problems 5 (4.2%), Arthritis 7(5.8%), Hysterectomy 1(.8%), Eczema 1(.8%), Asthma 1(.8%), Cholecystectomy and fatty liver 1(.8%), Constipation 2(1.7%), Displaced vertebral disc, Lumber vertebral prolapse and Heart attack 1(.8%), Oedema 1(.8%), Osteoporosis 1(.8%), Parkinson 1 (.8%), Stroke 6(5%), Tb, Tremor, Ulcerates colitis , Uterine prolapse and water in liver 1(.8%). No any health problems finding is 8(6.7%).

Figure 3: Specific Health problems and disabilities of the respondents (n= 120, Multiple response are included)



Source: Field Survey (Multiple response included here)

Figure 4: Medicine history of older person (n-120)



Source: Field Survey

Figure 2b shows, Aged person had not need to take medicine 26(21.7%), 1-2 med 34(28.3%), 3-4 med 31 (25.8%) and 5+ med 28(23.3%). How long time take those med statistics shows 1-6 month 8 (6.7%), 6-12 Month 2 (1.7%), for the life time 78 (65%), Don't Know 7 (5.8%), sometimes or if necessary take their medicine 7(13.3%). Report shows no need any medicine 16(13.3%).

4.4 Psychological Need and Service Related Findings and Analysis of the Urban Elderly

In regarding psychological need from the study, I have found some relative status on their livelihood strategy. As for example, who are living alone they are doing fine but mentally they are isolated, separated and depressed person in relevant with their life style. But who are living with their family, report shows they have some insecure feelings with stress like they are talking, sharing, participating but not relevantly confident about themselves, they had to share in present with family members and they got stressed if the members of the family may hurt or upset on him/ her. Who are living with spouse and can happily managed their expenditure they are mentally good with each other but who are not managing good their expenditure they had to depend on their kids. They are much suppressed and irritated in nature in regarding with the manner problem, offspring income state and who are living with is the issue. Figure 5, From 120 data- variables are mostly having their mental health problems like Stress 37 (30.8 %), loneliness 17 (14.2%), Boredom 11 (9.2%), Depression 9 (7.5%), Feeling insecurity 5(4.2%), Neglect

3(2.5%) Where other are having 38 (31.7%). Others are including who are not assumed that they are having mental problems and only 1 (.8%) are having aggressive state on their other statement.

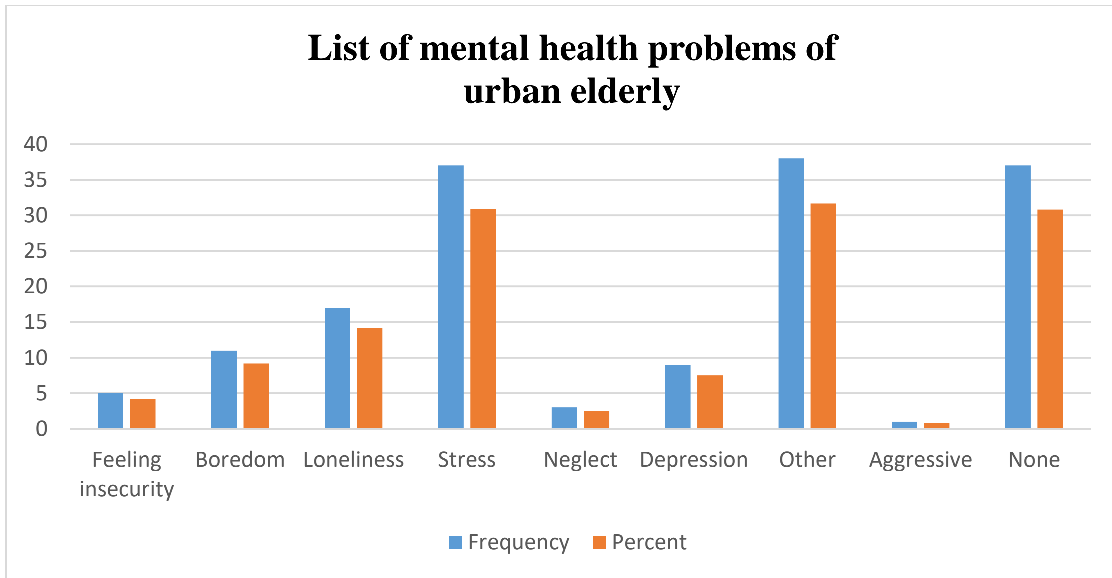


Figure 5: List of Mental Health Problems of urban elderly.
Source: Field Survey (Multiple response included here)

The aged who are living with family (may be their own or kid's or relative's family actually where they live in) they may be suffer on the event of mentally abuse or negligence which are became untold / unfold story of their life. Table 5 shows that untold story to reveal out where we could see the findings from 120 variables as no event of abuse 90 (75%), talk with them 23 (19.2%), Being isolated 2 (1.7%), Other- who are don't know 1(.8%) and nothing to do anything 4 (3.3%).

Table 5: The action on the event of mentally abuse or negligence by older person on urban elderly (n-120)

Action against abuse or negligence		Frequency	Percent
Valid	No event of abuse	90	75.0
	talk with them	23	19.2
	being isolated	2	1.7
	Other	5	4.2
	Don't know	1	.8
	Nothing to do anything	4	3.3
	Total	120	100.0

Source: Field Survey

The older adult is the senior citizen in our community. In urban areas, some of the aged are deprived because of their existence where they belong with their livelihood. During the time of interview, I have seen and understand that high, Middle and low income generating family seem older are burden and

extra responsibility because of lacking care giver personnel in family, high market rate in every aspect, so majority of them are want to separately live and kept the older in isolated place maybe it's old home, village or rent house. It's important to understand that they are safe and happy with their family. If within the family they feel they are insecure, stressed, depressed and lonely than it would be very difficult to manage their mental state. According the study, Table 6 shows the reason of happiness and sadness in old age. Where I have seen family support 48(40%), spiritual feelings 32(26.7%), Financial support 16(13.3%), Better personal health 14(11.7%), Respect 1(.8%), Other 9(7.5%) are the reason for happiness in old age where other includes be busy, food, gardening, grandchild, improved diet, prayer singing and nothing. From the study, Reason of sadness in old age findings are 43(35.8%), financial crisis 28 (23.3%), loneliness 18 (15.0%), Isolation 1(.8%), Other 30 (25%) where other finding is Bad children, Bad relation with kids, Bad relative, Child stay away, illness, mourn of mother, no work, Offspring, still working, wife mourning. No sadness finding 20(16.7%).

Table 6: Reason of the happiness and Sadness in old age who are living in urban area (n-120)

Reason of the Happiness	Frequency	Percent	**Reason of the sadness**	Frequency	Percent
Family Support	48	40.0	Physical Disability	43	35.8
Financial support	16	13.3	Financial Crisis	28	23.3
Spiritual feelings	32	26.7	Loneliness	18	15.0
Better personal health	14	11.7	Isolation	1	.8
Respect	1	.8	Bad children	1	.8
Be busy	1	.8	Bad relation with kid	1	.8
Food	1	.8	bad relation with kid	1	.8
Gardening	1	.8	bad Relative	1	.8
Grandchild	2	1.7	child's stay away	1	.8
Improved diet	2	1.7	Illness	1	.8
Nothing	1	.8	mourn for mother	1	.8
Prayer	1	.8	No sadness	20	16.7
Singing	1	.8	No work	1	.8
			Offspring	1	.8

Source: Field Survey (Multiple response included)

Every person should take care of their state of physical, psychological, spiritual and social wellbeing because of all these are the health issues. Health will detoriate if there one is missing in life. By whom an older person get their psychological support is an important thing to consider. By the result of the study the researcher has seen they are getting psychological support from their Son/Daughter 62 (51.7%),

Spouse 24 (20%), Relative 5 (4.2%), Neighborhood friend 2(1.7%) and other 27 (22.5%). Others are including Grandchild 16 (13%), Mosque/Allah 16 (13.3%), no one 1(.8%), Own 1 (.8%), own Mother 1 (8%).

Table 7: Psychological support getting by whom in old age

Psychological support getting by whom	Frequency	Percent
Spouse	24	20.0
Son/Daughter	62	51.7
Relative	5	4.2
Neighbourhood friend	2	1.7
Grand child	16	13.3
Mosque/Allah	1	.8
No one	11	9.2
Own	1	.8
Own mother	1	.8
Total	120	100.0

Source: Field Survey

4.5 Socio Economic Need and Service Related Findings and Analysis of Urban Elderly

Aging is the concern of remarkable consequences like suffering of health problems, no job opportunity, no bank loan, dependency etc. Socioeconomic need and services consider the social relation, rational livelihood with neighbourhood, community support, government's safety net measure and economic cooperation to lead the quality of life. Older person as human being has the basic need like the other stages of life. They need to be treated respectful, dignified one who were the once breadwinner of the family. Old age is miracle in nature. Life is beyond thinking. Hobbies became extra ornaments of life in this age. From the study we have found after 60 years old, majority of older are not consciously take care or think about their hobbies. Hobbies are remaining in subside or somewhere. What we found it shown in below.

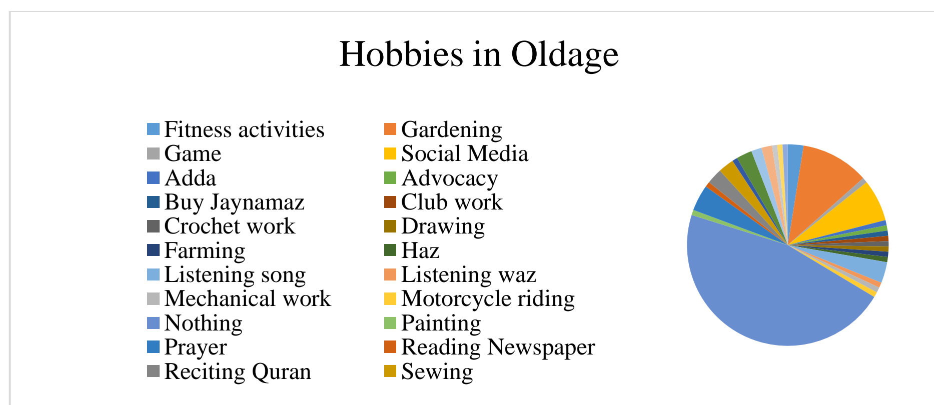


Figure 6: Hobbies in old age who are living in urban area (n-120)
Source: Field Survey (Multiple response included)

Regarding Socioeconomic need, older are mostly dependent or can say they are in a good /bad condition by the assessment on whom do they live with, family relation, Family income etc. On table 10 there are some findings from study on N-120, where 48 (40%) older are living with spouse, 58(48.3%) living with son/daughter in law, 20(16.7%) living with Daughter and son in law, 2(1.7%) living with grandchild and 18 (15%) are alone. From the study, why are they living alone findings are No support from children 6 (5.0%), Children live in other area14 (11.7%), own choice 2 (1.7%) and not alone 102 (87.9%). The study revealed family head of the aged own 53 (44.2%), son 45 (37.5%), daughter 13 (10.8%), Spouse 6 (5%), Grand Child 1 9 .8%), Grand Child's husband 1 (.8%), own brother 1 (.8%).

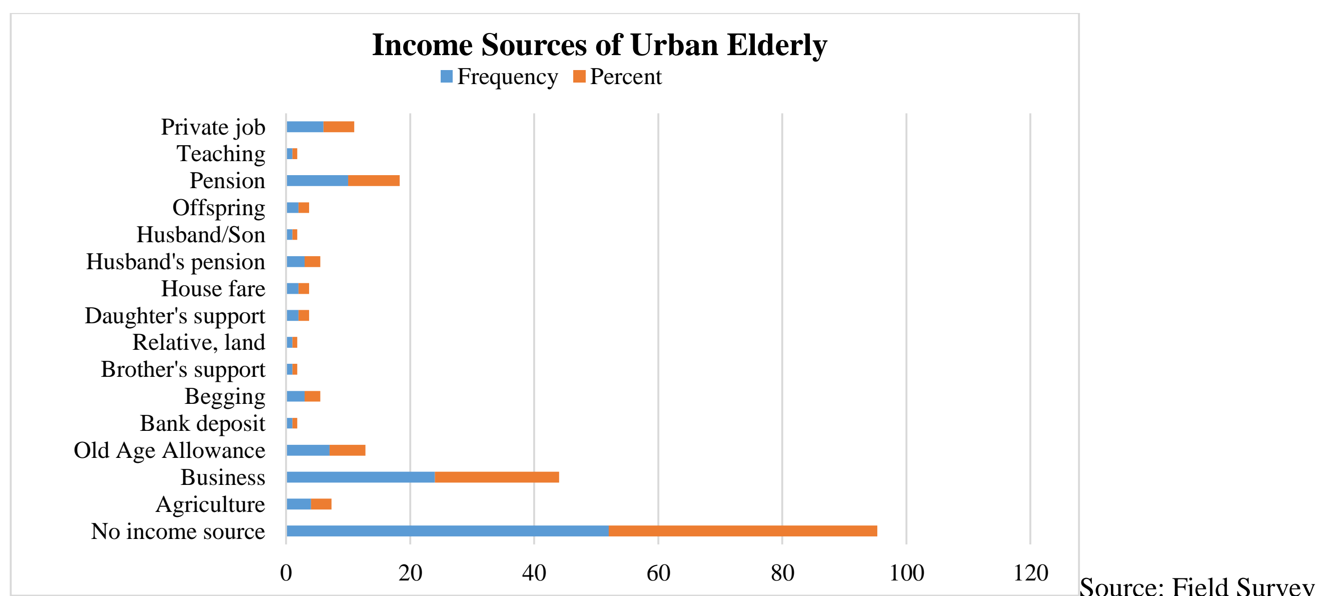
Table 8: Socioeconomic need by livelihood of urban elderly (n-120)

Whom do you live with	Frequency	Percent
Spouse	48	40
Son/ Daughter in law	58	48.3
Daughter and son in law	20	16.7
Alone	18	15.0
Grandchild	2	1.7
Why are you living alone		
No support from children	6	5.0
Children live in other area	14	11.7
Not Alone	102	87.9
Own Choice	2	1.7
The family head of your family		
Own	53	44.2
Spouse	6	5.0
Son	45	37.5
Daughter	13	10.8
Grandchild	1	.8
Grandchild's Husband	1	.8
Own brother	1	.8

Source: Field Survey (Multiple response was appreciated and included within the data.)

The constant supply or generate money for the family is the lead issue for assessing or identifying need and services for older adult. Their need depends on their income sources. From the study, source of income finds the scenario from 120 variables. According to study income generates from Agriculture 4(3.3%), Business 24(20%), Old Age allowance 7(5.8%), No income source 5243%), Bank deposit 1 (.8%), Pension 10(8.3%), Private job 6(5%), Offspring 2 (1.7%), Husband's pension 3(2.5%), House fare 2 (1.7%), Begging 3 (2.5%) and brother support 1 (.8%).

Figure 7: Income source of older person who are living in Dhaka city. (N-120)



Source: Field Survey

Table 9: Monthly earning and expenditure of older person (n-120)

Monthly earning		Frequency	Percent
	Less than 5000 taka	15	12.5
	5001-10000 taka	21	17.5
	10001- 20000 taka	15	12.5
	20001-50000 taka	12	10.0
	About 50 thousand	2	1.7
	About 1 lac	5	4.2
	About 2 lac	1	.8
	comes from foreign	1	.8
	No income	48	40.0
Monthly expenditure		Frequency	Percent
	less than 5000 taka	44	36.7
	5001-10000taka	36	30.0
	10001-20000 taka	22	18.3
	20001-50000 taka	11	9.2
	50-60 thousand BDT	1	.8
	70,000 BDT	1	.8
	About 1 lac BDT	4	3.3
	Don't know	1	.8

Source: Field Survey

According to study, table 9 shows the older Person's monthly income less than 5000 taka 15 (12.5%), 5001-10,000 taka 21 (17.5%), 10001-20000 taka 15 (12.5%), 20001-50000 taka 12 (10%), About 50 thousand 2 (1.7%), About 1 lac 5 (4.2%), About 2 lac 1 (.8%), comes from foreign 1 (.8%), No income 48(40%) where instate of monthly income their monthly expenditure findings are less than 5000 taka 44 (36.7%), 5001-10,000 taka 36 (30%), 10001-20000 taka 22 (18.3%), 20001-50000 taka 11 (9.2%), 50-60 thousand BDT 1(.8%), 70000 taka 1 (.8%), About 1 lac BDT 4 (3.3%) and don't know 1 (.8%).

Table 10: Who helps in daily activity and what asset belongings for aged. (n-120)

Who helps in daily activity	Frequency	Percent
Spouse	36	30.0
Son/Daughter in laws	46	38.3
Daughter/Son in Laws	14	11.7
Relative	3	2.5
Grandchild	2	1.7
Housemaid	2	1.7
Maid servant	1	.8
No need	12	10.0
No one	2	1.7
The asset belonging	Frequency	Percent
	120	100
House No	74	61.7
Yes	46	38.3
Land property No	53	44.2
Yes	67	55.8
Bank balance No	95	79.2
Yes	25	20.8
Cash in Hand No	108	90
Yes	12	10
No Productive asset No	111	92.5
Yes	9	7.5
kid	1	.8
Nothing	27	22.5
Assistance do you provide	Frequency	Percent
	120	100
Money No	66	55
Yes	54	45
Physical labour No	62	51.7
Yes	57	47.5
Can Not Help No	82	68.3
Yes	37	30.8
No Help needed	2	1.7

Source: Field Survey

From table 10, for the aged son and daughter in laws are the main helping hand who helps in daily activity 46 (38.3%, rather spouse 36 (30%), Daughter and son in laws 14 (11.7%), Relative 3 (2.5%) Grandchild 2 (1.7%), Housemaid 2 (1.7%), Maid servant 1(.8%) No need 12 (10%) and No one 2 (1.7%).

Regarding on asset belonging to older aged, I have found House 46(38.3%), land property 67 (55.8%), Bank balance 25 (20.8%), Cash in hand 12 (10%), No Productive asset 9 (7.5%). 1 (.8%) consider kids are considering as asset during old age. Number of 27 (22.5%) variables has no asset.

From the study findings, an older give assistance to their family by giving money 54(45%), Physical labour 57 (47.5%), Cannot help 37 (30.8%) and no help needed 2 (1.7%)

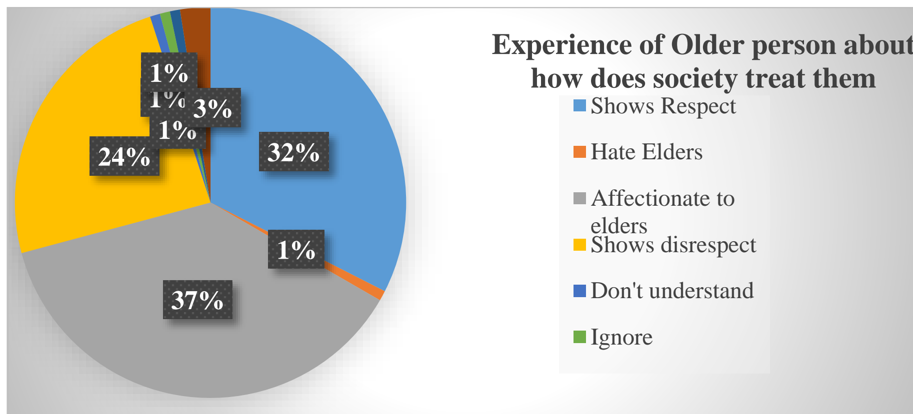


Figure 8: Experience of Older Person about how does Society Treat Them
Source: Field Survey

According to study the older experience about how does society treat their aged and findings (Figure 8) show respect 39(32.5%), hate elders 1(.8%), affectionate to elders 45(37.5%), Show disrespect 29 (24.2%) and from other 6(5%), don't understand 1(.8%), 1 (.8%) Respect just for show 3 (2.5%).

Older has their expectation from own family. From the study finding protection 31(25.8%) Respect 68 (56.7%), Financial Support 8 (6.7%), Food 1 (.8%) and other 12 (10.0%) includes Nothing 6 (5%), peace 1 (.8%), Stay with family 2 (1.7%), Love 1 9.8%), All of the above 2 (1.7%).

Older adult how do they spend their leisure time it's depends on their natural individual attitude. It's also shown in study finding where n-120. From the study Evening walk 10(8.3%), outside meet 5 (4.2%), Over phone 30 (25%) visiting relative house 16(13.3%) Adda 20 (16.7%) and other 39 (32.5%) includes No friends 30 (67.5%), No interest 6 (5%), Prayer at mosque 1 (.8%) when someone visit him 2 (1.7%). Knowledge about existing services among older is not satisfactory because they are not aware in any aspect of need and services they belong. From the study we observe they event don't know who are working for them, what are the support they can avail from government for the lacking of information sharing; like marketing strategy. That's why mass media can't cover over population

Table 11: Expectation from family and how do spend leisure time with friends or peer of elders (n-120)

Senior citizen as our older generation ae soly dependent to their family. They are like in the state of empathetic, emotional and irritated sometimes. Some of them having memory problems called dementia. this dementia may lead to Alzheimer's disease. They need support physically, mentally, spiritually, economically, etc. Socioeconomic condition of the older persons varies accordingly to their livelihood with in the family status and quality of residence they belong.

Expectation from family	Frequency	Percent
protection	31	25.8
Respect	68	56.7
Financial Support	8	6.7
Food	1	.8
All of above	2	1.7
love	1	.8
Nothing	6	5.0
Peace	1	.8
Stay with family	2	1.7
How do spend leisure time with friends	Frequency	Percent
Evening walk	10	8.3
outside meet	5	4.2
Over phone	30	25.0
Visiting relative house	16	13.3
Adda with friends and family	20	16.7
No friends	30	25.0
No interest	6	5.0
Prayer at Mosque	1	.8
when someone visit him	2	1.7
Total	120	100.0
Source: Field Survey		

4.6 Existing Services for urban elderly

This study examines the aging challenges based on their need with the relevance of urban elderly population in Dhaka city of Bangladesh. Within the nation, the existing service provision written up in the national policy and constitute from where the minority are getting employment service, Old age allowance, vulnerable group development, widowhood allowances, geriatric hospital support and majority are not getting though there is availability of need. Below table shows the respondent's knowledge about the existing services in Bangladesh.

From the table 12, the study showed respondent knowledge about existing service relevant information in Bangladesh. Respondent knowledge about GO initiatives for elderly got the result about Universal Pension Scheme 20 (16.7%), Pension 82 (68.3%), Old Age Allowances 60 (50%), Allowances for Widow 21 (17.5%), Vulnerable Group Development 4(3.3%), Geriatric Hospital 31 (25.8%) and don't know 45 (37.5%). Respondent Knowledge about NGO names and activities who

are working for elderly person in Bangladesh, findings are BAAIGM 36 (30%), Help Age International 4 (3.3%), RIC 6 (5%), PKSF 15 (12.5%), Asha and Proshikha 2 (1.7%), BRAC, Grameen Bank and Subarta Trust 1 (.8%) and also don't know 70 (62%). Knowledge regarding NGO activities show the information Income generating 20(16.7%), Provide Health Care 22(18.3%). Elderly People Allowances 45 (37.5%), Social Insurance 26 (21.7%), Old Home 3 (2.5%) and Don't Know 45 (37.5%).

Table 12: Knowledge of older person regarding existing services available in Bangladesh? (N-120)

Go Initiatives		Frequency	Percent
Universal Pension Scheme	No	100	83.3
	Yes	20	16.7
Pension	No	38	31.7
	Yes	82	68.3
Old Age Allowances	No	60	50
	Yes	60	50
Allowances for widow	No	99	82.5
	yes	21	17.5
Vulnerable Group Development	No	116	96.7
	Yes	4	3.3
Geriatric Hospital	No	89	74.2
	Yes	31	25.8
Don't Know		45	37.5
NGO Activities in BD			
Income generating	No	100	83.3
	Yes	20	16.7
Provide health care	No	98	81.7
	Yes	22	18.3
Elderly people allowance	No	75	62.5
	Yes	45	37.5
Social Insurance	No	94	78.3
	Yes	26	21.7
Don't know		43	35.8
Old Home		3	2.5
NGO Name			
BAAIGM	No	84	70
	Yes	36	30
Help Age International	No	116	96.7
	Yes	4	3.3
RIC	No	114	95
	Yes	6	5
PKSF	No	105	87.5
	Yes	15	12.5
Asha		2	1.7
Proshikha		2	1.7
BRAC		1	.8
Grameen bank		1	.8
Subarta Trust		1	.8
Don't Know		72	60

Source: Field Survey

Table 13: Knowledge of older person regarding existing services available in Bangladesh? (N-120)

Important Health services for elderly	Frequency	Percent
Mobile Health Care Unit	7	5.8
Free Medical Treatment	19	15.8
Geriatric facilities	42	35.0
Don't Know	52	43.3
Benefits getting after retirement		
Pension	26	21.7
Not applicable (no govt. personnel)	94	78.3
Interested for recreation centre		
Interested	59	49.2
Not interested	61	50.8
Any Support from GO/NGO		
Old Age Allowance	16	13.3
Allowances for widow	3	2.5
Husband’s Pension	3	2.5
Pension	23	19.17
No	75	62.5
Total	120	100.0
		Source: Field Survey

Study finding on regarding knowledge of older person about existing services in Bangladesh on table 9b are about Important health services in Bangladesh- Mobile health care unit 1(5.8%), Free medical Treatment 19 (15.8%), Geriatric Facility 42 (35%), Benefits getting after retirement – Pension 26 (21.7%), For non-governmental personnel not applicable 94 (78.3%), Interested for recreation Centre –Interested 59 (49.2%), Not interested 61 (50.8%), Any Support from GO/NGO- Old Age Allowances 16(13.3%), Allowances for widow 3(2.5%), Husband’s Pension 3(2.5%), Pension 23 (19.17%), No 75 (62.5%) .

4.7 Recommendation Findings

Recommendation from respondents is the important work out because they are the main fuel of the study. The researcher studied them to find out their need and service provision. So, if they are willing to say their expectation, their demand and needed care or services than it would be very helpful. Multiple responses are included here within the data. The given table shows the result findings about the recommendation of respondents-

Table 14: Older person's Recommendation towards elderly welfare (N-120, multiple response included)

Recommendation from Respondents	N (120)	Percent (100%)
Establish Club	22	4.3%
Establish Day-care Centre	38	7.5%
Entertainment Provision Centre	36	7.1%
Medication Centre	39	7.7%
Community Health Centre	42	8.3%
Legal Advocacy Centre	43	8.4%
Geriatric Ward Hospital	76	14.9%
Free Clinic	90	17.7%
Mobile Health Camp	55	10.8%
Family Health Insurance System	62	12.2%
Day care and Old home together	1	.8%
emergency Ambulance Services	1	.8%
free of cost Govt. Old home	1	.8%
fully govt. Old home needed	1	.8%
govt. household and food security for elderly		.8%
Health awareness program	1	.8%
Health education should cover the old age, increase development, expenses and decrease corruption	1	.8%
need increase monitoring and supervision skills	1	.8%
Need to be Humanitarian first.	1	.8%
No Recommendation	6	5%
		Source: Field Survey

Recommendation shown the need of Free clinic 90 17.7%, Geriatric ward hospital76 (14.9%), Family health insurance system 62 (12.2%), legal advocacy centre 43 (8.4%), Community Health Centre 42 (8.3%), Establish day care center38 (7.5%)Entertainment Provision centre 36 (7.1%) Medication Centre39 (7.7%), Establish club 22 (4.3%), Day care and old home together 1(.8%), Emergency ambulance service, Free cost of Government old home, Government household and food security for elder person , Health awareness program, Health education and need to increase monitoring and supervision skills and need to be humanitarian first are indicated separately 1 (.8%). There is also no recommendation found which is 6(5%).

4.7 Conclusion

In this chapter, we have learnt and seen the scenario about aging needs and services based on their livelihood in Dhaka city of Bangladesh. The researcher made this study finding by the respondent's kind cooperation in a table and figure format through using computing data in Microsoft Excel, SPSS and Observation technique. The study based on mixed method, the quantitative data are measured by calculation process and qualitative data analysed through the descriptive ways. From the findings, the better understanding of the research is according to the livelihood- physical, psycho social, socioeconomic needs of urban elderly can meet the limited access of services from family and legal authority of Bangladesh. Knowledge about existing services of the urban elderly is considered not satisfactory where most of the older persons are not getting GO or NGO support to lead satisfactory life in basis of their need. From the findings of their recommendation, they share their own expectation and need in a way of life they have spent in their society and community.

Chapter Five:

Presentation of Case Studies

5.1 Case Study 01

5.2 Case Study 02

5.3 Case Study 03

5.4 Case Study 04

5.6 Case Study 05

5.1 Case Study 01

Shahansha, 78 years old married woman lived in Parliament Residential Area, Parliament sochib hostel, Dhaka. She has spouse alive and 5 children's**-** 3 sons and 2 daughters. She completed Master degree from Dhaka University. She was a teacher of English medium school but now she is doing nothing.

She is mentally very strong women but recently fall down in bathroom and get injured in head, buttock and toes fractured. She is also having diabetic, denture loss, Eye sight problems and equilibrium problems. So she became weaker compare with same age in neighbourhood. Now her physical condition is like bed lying after her falling down. She needs to take 6/7 medicine every day; Such as -Diabetic med, neuro med, gastric, pain killer, vitamin and mineral. During the time of interview, she told ***'I like to do my work own but now I became dependent. It's very difficult for me to cope up with the way I have to living now'.*** She needs helping hand to support in feeding medication and going outside. She had no sleeping problem.

In this age, she has no psychological health problems. In her verse ***'Life need a vive to go forward with spirit of life. We shouldn't feel like down for our failure. Every stages of life are different. We should admit it but don't be old too early. When our thought became old earlier, we couldn't get any charm from our life. Than you will mentally die before your time of physical death***.'

She has not much knowledge about existing services for elderly people in family, community and state level. Pension, Old age Allowance is the well-known services but she couldn't avail it as because she is not needy one. She had information there is some NGOs who are working for their rights, health issues, old home facilities but couldn't mention any name of the NGOs specifically at the time of interview.

Regarding the service needed for the elderly in urban areas, she shares some recommendations. From her opinion current situation of livelihood is okay for single family life style in urban areas. There are some challenges arise when it became extended family. Such as- adaptation and accommodation challenges with new family life style. She told- My expectation and choices are back dated near to the son and daughter's and there is mismatch arise. I am unable to explain what I want to say sometimes. '***Age friendly care giver need in old age actually who need this care giver badly. Govt. should take this kind of initiative to create age friendly care giver for clients free of cost. But govt. will pay monthly for them so that they can take it as a job for full time and can pay full attention and proper care for his /her aged client.'***

5.2 Case Study 02

T M Aftabuzzaman, 76 years old married man lived in Babar road, Shyamoli, Dhaka. He has spouse alive, 58-year-old and 4 children**-** 1st son (Elder- NGO Worker) and 3 daughters (2nd - live in America, 3rd - live in Australia, 4th - unmarried who live with respondent and his wife). He completed B. Com degree from Azom khan Commerce College, Khulna. He was businessman but now he is unable to do so.

He is very sick now a day. He had a mild stroke 2 years back and also having hypertension, Dental problem, Eye sight problems, dementia diagnosed recently and equilibrium problems. So he became weaker compare with same age in neighbourhood. Now his physical condition is like bed lying after his cataract operation on this week. He needs to take eight and more medicine every day; such as- eye drop, neuro med, BP med, Blood thinner, gastric, pain killer, vitamin and mineral. During the time of interview, he told **'without support, I am nothing now'** because he need helping hand to support in feeding medication, food, dressing and going outside. He had disturbed sleeping and need medication to maintain sleep 6-7 hours in 24 hour's clock.

In this age, he had feeling of insecurity as family condition seems not to be stable to him. In his verse **'I have feeling like life is consequence of death. Family is blessing. I am just floated to the end life. Stroke, weakness, dementia, vision impairment makes me disable. I am here with proper care and respect what I needed mostly. My expenses are look after by my kids who are my guardian now. I am now fully passive member in this family. My undone/ due work punished my thought and couldn't sleep for this. My younger daughter's marriage and distribution of village house among own brothers need to be settle down before my death.'**

He has no income source, so fully depends upon child. He has three grandchildren but one (Son's child) is living with him. He is very satisfied with his living arrangement, has separate room for living. Toilet is attached with his room. He had no asset belonging with him. For the sickness and dependency, he need support always. So, he told- **'When there is any necessity arise than they try for me their level best. I feel support is more than adequate for me'**

He has not much knowledge about existing services for elderly people in family, community and state level. He had information there is some NGOs who are working for their rights, health issues, old home facilities but couldn't mention any name of the NGOs as because he can't remember those name.

Regarding the service for the elderly, he has some recommendation. Older people has their own opinion and regardless need to share with someone. Talk with someone. It would be very fruitful if there is someone to help to do something for elder's like- legislative help, undone job, nursing care etc. He mentioned '***Old person need help from Legal Advocacy Centre and Government family health Insurance support'.***

5.3 Case Study 03

Setu Begum, 75 years old women lived in Agargaon, Dhaka. Her spouse has been died long time ago. She has one daughter who is having complicated marriage and has no grandchild. So, most of the time her daughter come to visit and live with her. She is an illiterate woman.

She has to walk with the help of stick because of she is suffering from back pain and osteoarthritis. She is jolly minded person in her community. She has no other health problems except those. She can do everything by her own like dressing, taking medicine, cooking etc. She lived in a slum and livelihood is very poor. She has some stresses for her daughter and managing for accommodation and food cost. She shares about her stress as '***Old age is consisted with lots of challenges and stresses. There is no one to help in this old age.'***

Setu Begum lives from hand to mouth. She is the one who has to manage everything for her own and that's why she needs to do begging on the road side. Her monthly income is less than 5 thousand. Her daughter does house made job but that's not helpful for her. She has to manage her own food by own. It's very difficult sometimes to manage their food for three times. If some give some money or food than she does her breakfast. Other way she skips her breakfast every day. She doesn't like transport as because she could not feel okay on the transport. That's why she liked to walk and it's cost effective also. She has no asset belongings to her. She had tried but didn't get old age allowances from Government's social welfare department. What's the reason for this failure she can't express properly and for that, during the time of interview she seeks the help for old age allowances. Regarding this she told '***for me, manage everything is difficult sometimes. I need old age allowances badly but I couldn't get.'*** She has friends. In the evening she spends quality time with them. But all the time she felt her partner and assume that if her partner alive than difficulties will not persist for long. He could help her and may be not to do this begging all the time. So, she told '***A women old life is not easy to lead by alone without her partner.'***

She feels depressed sometime for the existing services. She knows about Social welfare and probin Hospital (BAAIGM). When there is any medical need arise than she goes to probin hospital for getting support as she knows its cost friendly hospital but not get free of cost services. Medicine need to buy from outside. Regarding this she told '***Government hospital has no outdoor facility for the olders. When I needs to go there I have to stand on the row and wait for the time when the turn will come***.' She has no idea of allowances for widow. In this age, she feels bad and share ***'No one (GO/ NGO) come to visit her for knowing how do she lead her life and sit with her to talk or help for any'***

For exploring the recommendation, the researcher ask her to say something about what should do Govt or NGO for you or who are old like you. She told ***'Govt/ NGO's should find out those old who are having actual problems and do the best what they can.***'

5.4 Case Study 04

Keramot Ali, 62 years old. He was a government employee as driver. He got retired two years back from DG health. He is living with his wife and two sons. His two sons are married and also has one grandchild. He lived in Agargaon govt. Quarter before retirement but now he lives in a rent house in Agargaon. Now a day he is doing a small business by giving one bike and one car in ubar. His two sons are the rider of his car and bike.

He usually led an active life with his family. He is having high blood pressure, heart diseases and dental problems. He has to take medicine every day and need to check up in every month. After his retirement he realize that he became inactive day by day and having some difficulties like increase sleeping time, new daily routine adjustment, building house in village etc. are new edition in livelihood. Sometimes he feels like simply bored and sometimes he enjoyed the time spend with his grandchild. He told ***'Now a days I sit on a chair for long without any feelings of what to do next, I walk in the morning without any hurry. It feels like I am on the journey of a lazy boat (old Age).'*** He is prayer minded person. He does his prayer five times in the Mosque by foot. He believed if he can satisfy Almighty, he can get relived in after life. He wants to do hajj with his wife. He has no friends in his community. In leisure time he liked to spend time with family. He is not psychologically stressed or depressed person. In his family he is the bread winner. So, He has the responsibility to look after his family. That's why he started business with ubar by buying Car and bike. There is also difficulty arise as because son's has their own income from those vehicles. So I can't get profit generally.

His daily income is about 1 to 2 thousand taka from two ubar and bike transports. He has getting some benefit from his pension scheme as monthly salary from Government, It's quite impressive to say that in old age he can give support to his family. On his speech '***Family is the precious place to live with and considerably govt. employees have good luck, as because they get pension for supporting family for a better livelihood.'*** He told more like ***'By the grace of almighty I could buy a land in my village before retirement and after retirement I have started to build new house in my village home.'***

He knows some existing services available in Bangladesh. He knows about Old age allowances and pension services, nothing else. After making some question he knows about BAAIGM as its situated near his house. Regarding the existing services, he told ***'I am getting benefits for my government employment's strategy. Other way, I don't see in my community about existing any other services except old age allowances.'***

When exploring the recommendation, the researcher find the quote from the respondent as ***'Nation need free of cost government old home'***

5.5 Case Study 05

Khurshid Jahan, 66 years old widow lives in Shyamoli, Dhaka. She has two children (One son and one daughter) and they live in Germany. She lives in a rented house all alone for more than 10 years. Subarta trust, a private organization build a house as old home facility for older person. She was live there but for the reason of her family's visiting purpose she need to think outside from facility and rent a regular house. They come for visit to see her for 1 month in a year.

She thinks she is average good in wellbeing state. She is in similar condition compare to same age neighbourhood friends. She is suffering from blood pressure and vertebral prolapse in lumber region. She need to take 5 or more medicine in a day for life long. She has to go out for shopping regularly and need to visit her younger sister who lives near by the community. She has no any disability and sleeping problems. During her illness she prefer to go private hospital and want expense by own. In a mental / psychological state, she told '***I am an alone person and always stay in a small room without talking with anybody and same routine make me bored'***. There is no event of abuse in her old age. Regarding happiness and sadness she told '***Good health is the reason of old age happiness and loneliness is the sadness of old age. There is no one left in my life who can give me psychological support.'***

In her daily routine she has no hobby usually. But when need to do something that time she prefer to do sewing. She lives alone. She is the all in all for her family. She has bank deposit and income 30000 per month but expenditure is about 20000 + monthly. Regarding helping hand she told ***'There is no one to help in daily activity.'*** She has some asset belonging – bank balance and some land property. She feels her income for monthly expenditure is adequate for her. She has no friends. The researcher makes a question like do you feel safe and how do your society treat you as an older person'. She said '***I can die alone. That's why my family make phone call every day. But if I really die, how they will know, who will receive their phone call that day. May be after one or two days someone identify. Tragic for me!'*** She seems olders are treated with respect in her society.

She did not get any support from Government and NGOs though she knows about some existing services are available in Bangladesh like old age allowances and geriatric hospital. She knows about BAAIGM and Subarta Trust well enough which work are for older person. From her old home experiences, she said ***'Old home is better than live all alone in a house. There is so many friends available to talk, share and also sometimes can go out for celebrating any kind of occasion.'***

Regarding recommendation for the elderly welfare, she suggest to build recreation centre, Medicine facility, Legal Advocacy centre and Geriatric word in hospital will be very helpful for the older person.

Chapter Six:

Critical Overview of the Study Findings

6.1 Introduction

6.2 Critical Overview

6.3 Suggestion for future research

6.4 Conclusion

6.1 Introduction

The study examines the new knowledge regarding to discuss the consistence and inconsistence findings on need and services from urban areas comparing with the relevant literatures concerning to the experiences of elderly persons. The overview experiences revealed physiological, psychological, socioeconomic need and existing services availability for urban elderly in Bangladesh. From the study findings general and specific health problems, daily activities, ability and disability , sleeping pattern are considering physiological issues and psychological experience illustrate mental state of wellbeing, any abuse history, reason for happiness and sadness , identify the person from whom an older person get psychological support; socioeconomic need find out through identify hobbies, whom do an older person live with, why the person live alone, who is family head, income source, monthly income and expenditure, what type of assistance do an older person need or given to the family, society as well as the community. In broader head there is some specific existing services available in Bangladesh but regarding the study of urban areas elderly are not sufficiently or properly get all those services whose are having that actual need. So that the overview helps the researcher to consider the concurrent discussion from the study findings comparing with other similar studies which may help to reduce the challenges about need with inadequate services for urban elderly and also would be helpful for further studies.

6.2 Critical Overview

By the overview perspective the study purposively examines specific four objectives to identify the socio-economic, physiological and psychological needs, to explore the existing services in family, community and state level, to identify the expected services by elderly and their recommendations for ensuring maximum service delivery and to explore recommendations in regarding the services of elderly. Where core inquiry encompasses the result findings specification by separately encounter survey findings compare with relevant study. The researcher selects the city to find out the specific scenario of urban elderly situation on the basis of need and existing services of elderly population. During the study, the researcher learned more experiences about the old age, age need demands in livelihood of urban elderly. These study findings are considerable and will appreciate the standpoint for aged friendly situation and will be helpful for further study. Below discussion contrast with critical overview of the study-

From 120 respondents the study reveals out new knowleges and consider other study to say this study is consistent in nature. Below discussion will be helpful.

Section 1: **Demographic personal data** measured by 8 variables. These are Age, Gender, Religion, Marital status, Academic qualification, Spouse age gap and Number of Children. Age: Age was measured in numbers.60-70, 70-80,80-90,90-100 and 100+ years. Where the researcher didn't get above 90 years old respondent. So this study is bound from 60 to 90 years old aged person's experience of knowledge. Gender: Measured in three categories like male, female and Transgender. The survey report shows no transgender data is available during the time of the study. So here is Male and Female aged person included and Transgender data is missing here. Religion: Measured in three categories like Islam, Hindu and Christian. As Bangladesh is counted as muslim country So result shows mostly are muslim 89.2% then Hindu only 8.3% nad minimum are Christian which is only 2% in number. Marital Status: Based on their five statement: Married, Widow, Separated, Divorced and Unmarried. Five categorical question answer could collect from the respondent where mostly aged are married 52.5%, Widow/Widower 43.3%, Separated 2.5%, Divorced .8% and Unmaried .8%. Education: Categorical variable with the 5 five responses; Illiterate, Primary, Secondary, HSC and Other. Result shows from the aged Illiterate 27%, Primary 26.7%, secondary 16.7% HSC 13.3%BA 1.7%, Urdu Study .8%, Graduation 5.8%, LLB .8%, MA .8%, Masters 4.2% and MBBS .8%.
Age of Spouse: Numeric responses as 50-60, 60-70, 70-80,80-90 and 90 + years was given but the result shows spouse age 50-60 years 27.5%, 60-70 years 36.7%70-80 years 20%, 80-90 years 11.7% 90+ years 3.3%. Spouse Age Gap: Response categorized by 1-5, 5-10, 10-15, 15+ Years and no age gap. The result shows 1-5 years 9.2%, 5-10 years 39.2%, 10-15 years 40%15+ years 9.2% and 0 gap 1.7%. Number of Children: categorized by 1-3, 4-6,7-9,10+ and No children. Thestudy shows 1-3 is 41.7%, 4-6 is 43.3%, 7-9 is 12.5 % No children 1.7%. Regarding the demographic survey, other study findings available in considering FGD, Specific on literature review and gross discussion on urban and rural area through Government census survey. But this study examines the new knowledge in the specific area of Dhaka city's ageing population in order to considering 10-15 years is the available spouse age gap in old age in this city, majority older person having 4-6 childs in average number where mostly older person are illiterate and married. long spouge age gap indicated to more number of widow and widower in the city remain in oldage.

Section 2: **The socioeconomic, physiological and psychological need based data** measured separately where **'Physiological need'** has the variables as health status, Health status compare to neineighborhood elderly, health problems, no of medicine intake daily, duration of those medicinecommon reason to go out, transport preference of aged, Disabilities, help need in daily activities, sleeping pattern in 24 hours o'clock, sleeping problems, hospital preferences and by whom treatment expence managed. **'Psychological need'** measured by

mental health problems, Opinion to get solution for abuse and negligence by family, Pleasure in oldage, sadness in oldage and from whom get psychological support. **'Socioeconomic need'** measured by hobby, whom do live with, why living alone, family head of the family, income source, how much earn / month, who helps in daily task, asset belongings, assistance you provide in family, expense site of money from pension or other support, does basic need fulfil by financial help, experience regarding society treating older people and expectation from the family. From the experience from aged respondent, one was interestingly conveying a mssage regarding psychological haapiness and sadness condition. She told '***There is not necessary reason needed for sadness but specific reason needed for happiness in oldage.'*** Another one told ***'life is not unpredictable always. Everything will depend on individual way of contribution for the life you want to belong.***'

This study has the knowledge about health status in average 41.7%, Good 38.3%, not good 17.5% and very good 2.5%. Health status comparing with neighbour same age in four categorical options. These are better 36.7%, Similar 32.5%, Poor 14.2% and no idea 16.7%. Health problems: Variable are measured by the response of respondent which was open ended question and got the findings older person are having Respiratory disease 20.8%, Blood Pressure 45.8%, Diabetic 28.3%, Heart Disease 13.3%, Kidney Disease 8.3 %, Dementia 7.5%, Cholesterol 10%, Dental problem 20.8%, Eye problem 32.5%, Gastric 29.2%, cancer 2.5%, Prostate gland problems 4.2 %, Arthritis 7.4%Hysterectomy .8%, Eczema .8%, Asthma .8%, Cholecystectomy and fatty liver .8%, Constipation 1.7%, Displaced Vertebral disc .8%, Headache .8%, Heart Attack .8%, Lumber vertebral prolapse .8%, Osteoporosis.8%, Parkinson .8%, Rt. Leg fracture .8%, Stroke 5%, TB .8%, Tremor .8%, Ulcerates, colitis .8%, uterine prolapse 1.6 %, Water in liver .8% and no any 6.7%. Number of medicine intake daily: based of their health problem variables are categorized in No Need, 1-2, 3-4 and 5 & more. From the result No need- 21.7%, 1-2- 28%, 3-4-25.8%, 5+ -.8%. Duration for those medicine: based on 4 categorical answer like 1-6 months, 6-12 months, for the life time and others. Result shows 1-6 month 6.7%, 6-12 months 1.7%, for the life time 65.8%, Don't Know 5.8%, Not available 13.3% and sometimes 5.8%. Common reason to go out: categorical variables- for grandchild, Row market, exercise, Business and other. Result shows for grandchild 10%, Row market 8.3%, Exercise 3.3%, Business 19.2%, All 1.7%, Medical check-up 11.4%, Don't go out usually 23.3%, Prayer 3.8%, job 4.1%, Visit relative house .8% and Visit village house .8%. Transport preference of aged: categorized by Rickshaw, Bus, CNG, Car and Other. Result shows Rickshaw 17.5%, Bus 16.7%, CNG 5.8%, Care 13.3%, Auto .8%, Bicycle .8%, Motorcycle .8%, Not specific 38.3% and Walking 5.8%. Disabilities: 5 variable categorized by Hearing, Visual, Physical Movement, Psychiatric and Other where hearing 21.7%, visual 36.7%, Physical movement 5.8%,

Psychiatric .8%, Forgetfulness .8% and None 45.8%. Help need in daily activities- responses get through the feeding medication, feeding food, Bathing, Dressing, Getting around house and outside and others. Result shows Medicine intake 20.8%, Food intake 7.5, bathing 8.3%, Wearing dress 10.8%, Help seek to go outside 15%, Cooking and washing dishes and cloths .8% and no need 64.2 %. Sleeping pattern in 24 hours o'clock: in numeric category like 0-2, 3-5,6-8 and 9-10 hours where 0-2 hours is 6.7%, 3-5 hours is 24.2%, 6-8 hours 52.5% and 9-10 hours 16.7%. Sleeping problems: measured by 6 categorical variables- Insomnia, Restless leg syndrome, Narcolepsy, Sleep apnea and Others where result finding was insomnia 25.8%, restless leg syndrome .8%, Sleep apnea 8.3%, No problem 60.8% and sometimes trouble sleep is 3.3%. Hospital Preferences: variable measured by Govt, Private, Traditional and others where result shows Govt hospital 59.2%, private hospital 35.8% and traditional hospital 5%. By whom treatment expenses managed: measured by own/ Spouse income, Son/ Daughter in law's income, daughter / Son in law's income, donation and other where own and spouse 37.5%, son and daughter in law 43.3%, daughter and son in law 15%, Donation .8%, Grandchild 1.7%, Brother .8%, relatives 1.7%. By the examining of study knowledge, the researcher has done some correlation analysis. But there is no course of event found like diagnosed health problems and others is most significantly correlate with the older age group. So new knowledge can be shared like ageing is the result of course of consequences of livelihood and wellbeing. So, the Correlation result says Urban aged health problems are the consequences from previous diagnosed health problems and majority has the need to take 3-4 medicine every day for life long, there is not much reason to usually go out, no disability, no help needed, not specific transport they preferred, has 6-8 hours sleeping pattern in 24 hours o'clock with no sleeping problems, they prefer Government hospital in illness, cost managed by Son and Daughter in law. Compare with some similar study knowledge and experience the researcher find the note as mostly aged are in active aging and they need to be under management by given employment or other income generating opportunity for their maintaining healthy lifestyle and considerably don't make them burden for the society if they are in healthy state

Mental Health problems: Measured in 7 categorical variables. Example- Feeling insecurity, Boredom, loneliness, Stress, Neglect, Depression and Other. Result shows feeling insecurity 4.2%, boredom 10%, Loneliness 14.5%, Stress 46.7%, Neglect 5.8%, Depression 21.7%, Aggressive .8% and None 30.8%. Opinion to get Solution for abuse/negligence by family: measured by no event of abuse, talk with them, inform to local Thana, being isolated and others. The study examines no event of abuse 75%, talk with them 19.2%, being isolated 1.7%, Don't know .8% and nothing to do anything 3.3%. Pleasure in old age: measured data by 6 categories like family support, Financial

support, Spiritual Feelings, Better Personal Health, Respect and other where family support 40%, financial support 13.3%, spiritual feelings 26.7%, Better Personal health 11.7%, respect .8%, Be busy .8%, Food .8%, Gardening .8%, Grandchild 1.7%, Improved diet 1.7%, Nothing .8%, Prayer .8%and singing .8%. Sadness in old age: measured by Physical disability, Financial Crisis, loneliness, isolation, Hatred and others. Result findings physical disability 35.8%, Financial crisis 23.3%, Loneliness 15%, Isolation .8%, bad children .8%, bad relation with kid 2.7%, Bad relative .8%, Child stay away .8% Illness .8%, Morn for mother .8%no work .8%offspring .8%, Still working .8%, wife mourning .8%. From whom get psychological support: Spouse, Son/ Daughter, Relative, Neighbourhood friend and other. The study findings spouse 20.8%, Son and Daughter 55%, Relative 5%, Neighbourhood friends 2.5%, Grandchild 13.3%, Mosque/ Allah .8% No one 9.2% Own .8% and own mother .8%. From the study findings in regarding psychological need the knowledge has been reveals out that majority older person of urban areas is having stress with no event of abuse or neglect. Family support is the prime where from son & daughter are the person for getting mental support in their old age. Physical disability falls them into sadness for most of the older person. This type of specific questions are not reveals out from different study in urban old age perspective. So these findings are more consistence and quality full to put the evident for better establishment of age friendly environment or urban design in regarding care and service perspective.

From the research findings, Hobby: measured by Fitness activities, Gardening, Gaming, Social Media and other where Fitness activities 2.5%, Gardening 10.8%, Game .8%, Social media 6.7%, Adda, Advocacy, buy jaynamaj, crochet work, Drawing, farming, Haz, listening waz, Mechanical work, Motorcycle riding, Paiting, Reading Newspaper, singing, visiting new place, watching movie and watching TV are individualy .8%;Listening song 3.3% Prayer 4.2%Reciting quran 2.5%, Sewing 2.5%spending family time 2.5% , taking good food 1.7% and nothing /no hobby 45%. Whom do live with: measured by spouse, Son and daughter in law, Daughter and son in law, neighbor, relative and others. The result findings spouse 40%, Son and daughter in law 48.3%, Daughter and son in law 16.7%, Alone 15% and grandchild 1.7%. Why living alone: measured by No support from children, Children live in other area, no children, no relatives and other where no support from children 5%, children live in other area 11.7%, Not alone 87.9% and own choice 1.7%. Family Head of the family: measured by Own, Spouse, Son, daughter and Other categories where own 44.2%, Spouse 5%, son 37%, Daughter 10.8%, Grand child .8% Grand childs husband .8% and Own Brother .8%. Income source: had five categories as no income source, Agriculture, Business, old age Allowances and other where finding shows no income source 43.3%, Agriculture 3.3%, Bussiness 20%, Old Age Allowances 5.8%, bank deposit .8%, Begging 2.5%, Brother support .8%, Relative .8% Daughter

support 3.5%, House fare 1.7%, Husband pension 2.5%, Husband/ Son 3.5 %, pension 8.3%teaching .8% and private job 5%. How much earning/ month: Less than 5000 takas, 5001-10000 taka, 10001-20000 taka, 20001-50000 taka and other. from the findings Less than 5000 takas 12.5%, 5001-10000 taka 17.5%, 10001-20000 taka 12.5%, 20001-50000 taka 10%, About 50 thousand takas 1.7%, About 1 lac taka .8%, About 2 lacs.8%, Comes from foreign .8% and No income 40%. Monthly expenditure per month: measured by same as earning where less than 5000taka 36.7%, 5001-10000 taka 30%, 10001- 20000 taka 18.3%, 20001-50000 taka 9.2%, 50-60thousand taka .8%, 70000taka .8%, About 1 lac3.3% Don't Know .8%. Who helps in daily task: measured by Spouse, Son/ Daughter, Son/ Daughter in law, Relative, neighbor and other where spouse 30%, Son/ daughter 38.3%, Son/ Daughter in law 11.7%, Relatives 2.5%, Grand child 1.7%, Housemaid 2.5%, No need 10% and No one 1.7%. Asset belongings: measured by House, land Property, Bank Balance, cash in hand, No productive asset and other where the study findings House 38.3%, Land Property 55.8%, Bank Balance 20.8%, Cash in Hand 10%, no productive asset 7.5%, Kid .8% Nothing 22.5%. Assistance you provide in family: Money, Physical labour, can't help and other where Money 45%, Physical Labour 48.3%, Can not help 31.6%, No help needed 3.3%. Expense site of money from pension or support: Medical treatment, Pocket Money, Household Expenditure, Buying Land or House and other where medical treatment 51.7%, Pocket Money 31.6%, House hold expenditure 25.8%, Buying Land house 2.5%, House rent .8%, No help 2.5%, No help needed 25.8%. Does basic need fulfill by financial help: Adequate, Not adequate, More than adequate and other. The finding shows Adequeate 39.2%, Not adequate 37.5%, More than Adequate 1.7% and no support / pension 22.5%. Experience regarding treating older adult by society: Show respect, Hate elders, Affectionate to elders, Show Disrespect and other. The results show respect 32.5%Hate elders .8%, Effectionate to elders 37.5%, Shows Disrespect 24.2%, Don't understand .8%, Ignore .8%, No matter .8% and respect just for show 2.5%. Expectation from family: measured by Protection, Respect, Financial support, Food and other where Protection 25.8%, Respect 56.7%, Financial support 6.7%, Food .8%, all of the above 1.7% Love .8%, Nothing 5%, Peace .8% and Stay with family 1.7%. How do spend leisure time with peers/ friends: measured by evening walk, outside meet, over phone, visiting relative house adda with friends and family and others where evening walk 8.3%, Out side meet 4.2%, Over phone 25%, Visiting relative house 13.3%, Adda with friends and family 16.7%, No friends 25%, No interest 5%, Prayer at mosque .8% and when someone visit him 1.7%. compare with other studies, the researcher couldn't find this type of specific categorical question from other study. So this study knowledge will be very helpful to identify socioeconomic need and need based service provision for the urban elderly. From socioeconomic perspective the researcher shown the experienced knowledge about urban aging with gross socioeconomic condition or challenges where urban aged are mostly live with

spouse and son's family. Most aged are considered as family head. Mostly half of them from 120 respondents has no income source. Who has income source they can earn mostly 5-10 thousand taka per month by doing different functional activites and expenditure per month is less than 5000 takas. The big expence cut off by their medical treatment. Society felt affectionate to the most of aged person. Majority of them feel their financitial help is adequate for them. The majority of older person expect from the family is respect. Most of them spend their leisure time over phone talking and sharing with their peers and friends.

Section 3: Knowledge of the existing services for elderly people in family, community and state level are measured by -Existing services available in Bangladesh: Information is given through four measurable variables as pension, old age allowances, Geriatric hospital and others option. Here the researcher wants to get information from respondent's knowledge assessment about existing services. The knowledge findings about existing service of urban aged are Pension 68.3%, Old age allowances 94.2%, Geriatric Hospital 25.8%. NGO activities in Bangladesh: measured by categorical variables as Income generating activities, provide health care, Elderly people allowances, social insurance and others where income generating activites 16.7%, Provide health care 18.3%, Elderly people allowances 37.5%, social insurance 21.7%, Old home 2.5% and don't know 35.8%. Healthcare's important services for the senior citizen given by government: Categorical variable Mobile Health care unit, Free medical treatment, Geriatric facilities in hospital and other. The findings are Mobile health care unit 5.8%, Free medical treatment 15.8%, Geriatric facilities 35% and don't know 43%. After retirement, what benefits get from your service: measured by LPR, Pension, Provident fund, Gratuity and other where LPR .8%, Pension 20.8% and not applicable 78.3%. The NGOs working for elderly in Bangladesh: Measured by BAAIGM, Help Age International, RIC, PKSF and other. The knowledge findings BAAIGM is 30%, Help age international 3.3%, PKSF 12.5% Asha 1.7% Proshikaha 1.7%, BRAC .8%, Grameen bank .8%, Subarta Trust .8% and don't know 60 %. Recent GO Initiative for the aged person do you know: Universal Pension scheme, old age allowances, Allowances for the widow, Vulnerable Group Development and other where knowledge about Universal pension scheme is 16.7%, Pesion 31.7%Old Age allowances 50%, Allowances for widow 17.5% Vulnerable group development 3.3% and Geriatric Hospital25.8% and don't know 37.5%. Interested to spend time in recreation center: Interested, not interested, hatred and Other. The knowledge findings interested 49.2% and not interested 50.8%. Do you get any support from GO or NGO: measured by Old Age Allowances, Allowances for the widow, Vulnerable Group Development and other where Old age allowances 13.3%, Allowances for widow 2.5%, Husband's pension 2.5%Pension 62.5% and No support is 62.5%. These all are respondent's knowledge about

existing services in Bangladesh of urban elderly. Regarding the existing services for aged there is another study which entitled '**Protecting Elderly population in Bangladesh: An Overview'** examined by Ferdowsi N on 2019. The study introduces elderly people welfare plan, Five years' plan, National Health Policy 2008, National Policy on older person 2013, The maintenance of parent act 2013, the welfare of older foundation rules 2018. Both study was talking about initiatives for social security from Government and NGO's. Government introduces few forms of social security services. Old Age Allowance Programme (OAAP), Social safety net program, the National Policy of Older Persons -2013 and Maintenance of Parents Act-2013, Re-organized the National Committee on Older Persons 2017. GO contribution toward older person through MIPAA progress implementation in a way- Legislation and national policies, Developmental activity, advancing health and wellbeing, ensuring enabling and supportive environment for older person. From this study knowledge, majority older persons are not getting government and NGO support and they have very poor knowledge regarding on existing services. World Bank data, 2017 shows the GDP per capita (US$) is 1516.5 who are getting pension for Retired Government Employee through Social Safety Net Programs. Aged need to wait more than one year to get benefit after retirement due to bureaucratic complexities. Which is indicated the inconsistence condition for aged survival. A study **'An empirical study on elderly population's care in Bangladesh: legal and Ethical issues'** examin by Dr. Rahman R on 2018 focused on overview of parents Maintenance Act, 2013(Appendix-03), Elderly problems in Bangladesh: A threat of lively living for the elderly, Elderly care services in Bangladesh-GO and NGO initiatives, Abuse against our parents, suggestive measures for elderly welfare and social worker roles and recommendation. The researcher found all the study is measured by descriptive manner through different source of authentic information but this research shows the exact value where older has their expectation from own family. From the study finding protection 31(25.8%) Respect 68 (56.7%), Financial Support 8 (6.7%), Food 1 (.8%) another 12 (10.0%) includes Nothing 6 (5%), peace 1 (.8%), Stay with family 2 (1.7%), Love 1 9.8%), All of the above 2 (1.7%). So that critical analysis among the study consider this research study give us the proper and actual fact on need required services for urban elderly. From this study we understand the nature of older person's quality of livelihood in urban areas and how do they meet their necessities through their family. The unique model of care need for older person in Bangladesh. From structural interview observation abuse nature is untold or unfold by their own perspective. They didn't feel comfort to say something bad about their family members. So that it needs to be find out through future study.

Section 4: **Recommendation** is measured by categorized variables but mainly based on their own opinion and get information from their observation and discussion. Here multiple response was

highly appreciatingand given percentile recommendation is Establish Club 4.3%, Establish Day-care Centre 7.5%, Entertainment Provision Centre 7.1%, Medication Centre7.7%, Community Health Centre 8.3%, Legal Advocacy Centre 8.4%, Geriatric word hospital 14.9%Geriatric Ward Hospital 14.9%, Free Clinic 17.7%, Mobile healrth camp 10.8%, Family health insurance system 12.2%, Day care and old home together, Emergency ambulance services, free of cost government old home service, fully govt. Old home needed, govt. household and food security for elderly , Health awareness program, Health education should cover the old age, increase development, expenses and decrease corruption, need increase monitoring and supervision skills, Need to be Humanitarian first – these are individually .8% and no recommendation 5%. So these recommendations as primary data are considerable as most important. Government and policy maker should go through the study. By proper understanding and recommendation regarding the need and services for urban elderly, the study would be the beneficial for the country as well as community.

At the time of data collection, the respondents were talked regarding the recommendation with their less interest. Although it need to be focused content. From given finding 6% of no recocommendation, some of them told as like ***'I have no recommendation to share', 'Why I have to recommend something, Government knows well, I can't say'*** and ***'there will be nothing happened or change from my recommendation, that why I don't want to recommend.'.*** From given recommendation percentage of respondent, one of them share '***There is lots to do for the nation in my age. Why the nation does not give us that opportunity.'***

During the time of case or respondent selection for the study purpose, most of them were openly discussed about their thought, wants to share their either very good memories or very bad memories that depends on their individual personality choice of action. Some one tried to make harry to squize information from their appropriate length of inner thought. This could be limitation of the study which is unevitable. Five case studies included to feel the inner gut of urban elderly regarding on needs and services delivery considering the study. To feel how do the older person thought and dealing the intension for their survival perspectives. time is not suitable always for them because of their thought which lost gradually their soul power. They became week day by day. Suppressed mentality couldn't empower them. So motivation and refreshing mental state needed for proper wellbeing and consider their quality of life.

6.3 Suggestion for future research

The study findings have the empirical evidence with specific research question which cover-

a) Health and wellness including physical health, mental health, health care access & awareness, and independent living
b) Community design including convenience of services & activities of daily need, mobility, transportation, housing accessibility & affordability, and economic development.
c) Active lifestyle including civic & social engagement, employment opportunities, lifelong learning & recreation and arts & culture

For future research here the research questions have the adequate data sources on elderly population in Dhaka city of Bangladesh. It has established on the quantitative and qualitative study findings which indicate the actual demand for further research on issues related to the situation of the livelihood pattern on basis of need and services of urban elderly. The research content analyses the findings to identify the socio-economic, physiological and psychological needs of elderly, to explore the existing services for elderly people in family, community and state level, to identify the expected services by elderly and their recommendations for ensuring maximum service delivery, to explore recommendations in regarding the services of elderly. So the further research is needed on the consideration of-

- The study was carried out only in Dhaka district (specifically north City Corporation) of Bangladesh. So, further research can be done on older person from another area of Bangladesh.
- The study on older person issues, where both male and women were included on basis of finding need, existing and expected services in Bangladesh. So this can be elastrated more specifically in further research by focusing in single factor on women or male respondent.
- For further research, a standardized attitude scale can be used for measuring the attitudes of family, society, different community surrounding towards older person.
- Another area of research is on the scope of expanding income generating opportunity for older person.
- In further research, for measuring the comfort of living for older person find out the necessity of digital home appliance for older person in Bangladesh could be helpful.

6.4 Conclusion

For the densely populated country and era of modernization the concerning issues should be consider in present way of living pattern for the older person. Digital content orientation workshop, Digital house appliance for elderly specific in urban areas where they are living alone, it is very necessity. Expected services and existing services should be ensuring by accessible and easy to get procedure through social and community support via government and NGO as well. To be honest, for the aging sort of limitation and challenges, olders need help. By the study understanding they may could not come to Govt or NGO's for getting support. Government and NGOs should expand the support system in Bangladesh for the elderly in both urban and rural areas.

Chapter Seven:

Recommendations and Conclusions

7.1 Introduction

7.2 Recommendation of the study

7.3 Conclusion

7.1 Introduction

The chapter is specific on the researcher recommendation on the basis of the study findings and end up by the conclusion part of the research. The researcher learned the experiences that old age is not a fate only but also it's an experience. Old age should undergo through the proper preparation from young or adult age to the old age. Before old age one needs to think about after 60yrs old what would be the plan for living, income generating source, who will be live with, how would be the livelihood. For incidental management, how could help (Medical, Accidental etc.) may get from family, GO or NGOs. It's crucial and basic for exact meet up the need of livelihood. Active aging is only the purposeful way of successful aging.

The study will very helpful to understand the issue on need and services of urban elderly. Respondent's cooperation was

7.2 Recommendation of the study

Ageing, Old age, older person is not same and similar to individual. Body physiology, psychology of an older person is not being same as young age. Different family has different structure and livelihood. Wellbeing state of urban aged has been considerable through physical, psychological and social health, family income, savings, bonding and availability of helping hand. In Dhaka city, Aged or respondents founds from residential area, slums and who are Nomad. Who are living in Residential area, Majority of them found in a good state of wellbeing by family or own support? Who are living in slum there found huge challenges of living at old age like accommodation, defecation, movement, medical challenges etc. Who are nomad they have their own reason to live in this way. But in old age, it is issue of very much concern for their livelihood. Old age morbidity and mortality is more high then childhood age group.

These old age is end of life cycle. Its need to be precious and meaning full through making it normal, active, and happy. According to the study 'Need and services of urban elderly ilustrated specific objectives and research question through research findings and which encounter some below mentioned recommendation from the researcher.

7.2a Regarding Socio-demographic data

The researcher finds out some recommendations on elderly welfare regarding socio demographic data. From the study findings the researcher could not get 90 to 100 plus age group respondents in the area of data collection. Most of the respondent are found Islam minded, married and widower. Within the study time, education level of the respondent found more are illiterate compared to educated older person. Mostly found spouse age group in between 10-15 years and no of children in 4-6 in no. These information experience that the scenario would not be same in future because of improvement in society, educational status, less trustworthy relationship in marriage and family planning concern issues. Urban areas will become more modern in life style. So that older person being not in same state of sociodemographic condition. The researcher feels that changing family pattern, Educational Level, Government's role and policy for aged rights need to be reshuffle and updated within the next decay. Other way who are being olders they could not be prepared or go through properly for their newly entering old life.

7.2b Regarding Physiological and psychological data

From the study findings, mostly of the elder persons from Dhaka city are having in average status of wellbeing, better health status comparing neighbour same age, don't go outside usually, no need of help, 6-8 hours sleeping pattern in 24 hours o'clock with no problem and mostly they want to visit govt hospital and costing managed by Son/ Daughter in law. The research showed us Physical health problems in regarding most common to less common in old age from the findings sequentially given here -1. High Blood pressure 2. Eye problem 3. Gastric Problem 4. Diabetic 5. Respiratory disease 6. Dental problem 7. Heart Disease 8. Cholesterol problems 9. Kidney disease10. Dementia problem 11. Arthritis 12. No problems 13. Within other- so many problems where Stroke and constipation is indicative more. 26 respondents from 120 are not taking any medicine in everyday and who are taking medicine they need to take mostly for the life time. Common causes of go outside after 60 years old are Business, for grandchild, Row market, don't go outside usually, Medical check-up, prayer, If necessity, Exercise or walking etc. In Dhaka city, Older prefer mostly in not specific transport during the time of go out. Regarding the disability – No disability is common then Visual, Hearing, Physical movement and psychiatric found in old age specific disability.

The researcher finds out some common psychological health problems in old age where mostly are affected by stress, Depression, loneliness, boredom, Insecure feelings, aggressive and some of them are having no mental problems. Older person mostly shares no event of abuse and if there is happened than do talk with the family as most common action against abuse or negligence. The find out some most common reasons for happiness – family support, Spiritual feelings, financial support, Better personal health, grandchild, improved diet and most common reason for sadness are disability, fanatical crisis and loneliness. In old age, older person expects psychological support mostly from son/ daughter then spouse a grandchild.

From the understand of the study to ensure wellbeing of elderly persons following measures should be taken regarding on physiologic al and psychological needs-

- The older person should be educated for themselves in self-care.
    - Physiological changes in old age
    - Old age exercises
    - Use of digital home appliance in daily life
    - Old age motivations
- Family members, students, Practitioners should be trained in elderly care.
    - Training for family members by providing care giver certificate
    - A chapter includes in curriculum for school going children in class Seven/Eight.
    - A subject named Gerontology with geriatric medicine, need specific care and Machineries application like nebulization, ECG, Glucose test, Blood pressure, Temperature, management, Physiotherapy should include in practitioner (care giver professionals for older person) curriculum.
- Before old age one needs to think and aware about after 60yrs old what would be the plan and preparation for
    - Living, income generating source, who will be live with, how would be the livelihood. For incidental management, how could help (Medical, Accidental etc.) may get from family, GO or NGOs.
- Establishment of olders club in every community, elder persons should maintain a list who are getting old and need to be volunteer for each other during their individual need and do different creative activities from the club. Government should take some contributory role in this kind of club. Activities should be like-
    - Recreational activity
    - Playground

  - Annual picnic
  - Monthly meet up
  - Daily work out plan
- To ensure home-based and institute-based health care and maintain good health & refresh mind of elderly people's need centres who could provide Doctor, Nurse and physiotherapist during the time of older person need.
- Increase NGO services such as outdoor and indoor health care by providing door to door services.
- Need to stop abuse or negligence from family, community. Private or public health sector services through the implementation of legislative measure of law and ensuring human rights for older persons within the country.
- Government has Census system. So enlisted aged from the community need to be under supervision and responsible defence system should proactive to look after 6 monthly intervals to reduce the event of abuse and negligence issues from family or society. There need to be updated checklist to look after the issues regarding age friendly environment belongings.

7.2c Regarding Socioeconomic Data

Understanding from the research studies, more than half of the respondents has no hobbies. Spouse is first line one to live with and then son and daughter in laws are living with them in later life. Minimum percentage of older person are living alone who has their spouse died, they have children who lived in other area or no support getting from children. Urban elderly is leading their life mostly as family head and depends on the generational contributory action son took over the leading role of the family. From 120 respondents, older persons from urban got their income source mostly from business, Pension, Private job, old age allowances and begging other way they have no any specific income source except others help from relative, Go or NGOs. In old age who has their income generating option, they can arrange average 10 to 20 thousands BDT per monthly and expenditure less than 5000 takas mostly in month. If there is need to help in daily activities of older person than son, daughter and spouse are the person to help them. Most of the older person has their land property, than house, than bank balance, cash in hand. Some older women have their no productive asset with them. In their active old age, they can provide their assistance to their family by physical labour than money. Most of them are satisfied by their support system of the family. Urban elderly is having the fees that society treat them affectionate to elders and show respect whereas some of them has mixed

feelings also. Their most wanted expectation is respect, protection, financial support and food from their family. Who are having friends they spend their leisure time with them over phone mostly than Adda, Evening walk and visiting their house are the option for spending time with them. Regarding the data, the researcher recommends same with other author recommendation (Barikdar A., Ahmed T., & Lasker, S. P., 2016) –

- Retirement age need to increase from 65 years. It may create opportunities and they can utilize their productive years for the benefit of the society. Increase life expectancy demand the situation to consider and lead active aging and get better wellbeing.
- The market rating increasing day by day. Daily expense also difficult to meet up consistently for middle income family. So that older may became burden if there is medical cost, transport cost, clothing cost, food cost included. Community need to be prepared with all those age friendly facilities in urban areas.
- Government should scale up the national policy and plan of action and existing services. Also need to increase outdoor service units in government hospitals& special free transport services for the elderly.
- Need to implement all the recommendation of all plan of action taken by government.
- Who are in active aging and can do some creative task like stitching, crochet, harvesting, cooking other way engineering of some sort of things they can be used as productive asset for Bangladesh. After 60 years old loan system from Bank is very restricted in Bangladesh. So easy banking for older need to be ensure and do some business plan through Go and NGO s categorical programs.

7.2d Regarding Respondent's Recommendation on elderly welfare

Respected respondents gives their valuable recommendation to build the nation age friendly in following way- Free clinic service, Employment facilities , Establish Club, Family Health insurance System , Geriatric Ward in Hospital, Mobile Health Camp, Legal Advocacy Centre, Community Health Centre, Medication Centre, Day care and Old home together, Establish Day-care Centre, Entertainment Provision Centre, Medication Centre, Emergency Ambulance Services, Free of cost Govt Old home, fully govt. Old home needed, govt. household and food security for elderly , Health awareness program, Health education should cover the old age, increase development expense and

decrease corruption, need increase monitoring and supervision skills, need to be Humanitarian first. These recommendations are to notify our government and NGOs for the better understanding of urban age friendly community and to build up the nation through their legislative action through Policy for older person, 2013 implementation widely for the senior citizens of Bangladesh.

7.3 Conclusion

The end reflects the contribution of the researcher where the study can be showed up in brief. North City Corporation in Dhaka city has been selected for the convenience of data collection in this study. The study followed a mixed method approach where both qualitative and quantitative data have been collected and analysed. In this research, researcher find the population as the significant group above 60 years of age, comprising 120 respondents, to collect in-depth data on the profile of the elderly for better understanding of need and services situation in urban areas of Bangladesh. The researcher has prepared a semi structured interview and self-administered survey questionnaire guide to obtain general information relevant to explore need and services of urban elderly. The researcher tries to do it in a way so that the results of the study can be applied to the larger population.

New knowledge from the study established and which is most of the older person are remain in active age in urban areas. Half of total respondents are doing several income generating activities and lead their family by own. They feel their society affectionate to them and don't want to be burden in the family, society, community and the nation as well. After 75 or 80 they became fragile and need to get support by others. This stage of old age should constructively have managed by family, government and NGO as well by creating an age friendly urban through proper implementation of every plan of action for the aged populations.

Regarding the elderly welfare, senior citizen is our ethical and moral responsibility to extend our service provision with due respect, proper care, food security, family support, national Go, NGO liability. In Bangladesh GO contributions toward older person is implementing through legislation and national policies, developmental activity, advancing health and wellbeing, ensuring enabling and supportive environment. Some NGO's are working on this issues collaboration with government. Although Bangladesh has some sort of activities has to be done on need and service provision for older person through properly under monitoring and evaluation. Because Monitoring and Evaluation are not structurally well organised and managed to find out need and services for the older person who has actual need the support. In regarding UN expert Claudia Mahler (Austria) says after visiting Bangladesh '***Bangladesh: 'Invisible' older persons must be recognised and prioritised**."*

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Appendices

Appendix I: The Inform Consent

Appendix II: The Semi Structured Questionnaire /Survey Guide

Appendix III: National Policy 2013 and Parents Care Act 2013

Appendix IV: Plagiarism Report

Appendix I: The Inform Consent

A MPhil study conducted under the Institute of Social Welfare and Research (ISWR)

Title: A study on Need and Services of Urban Elderly

Dear Participants,

I am cordially inviting you to participate in this research by completing the following survey. The main objective of the study is to find out the need and services of urban elderly people in Bangladesh. The following questionnaire will require approximately 30 minutes to complete. You are fully entitled to participate or not. There is no cost and no financial benefit included. The collected data will remain fully confidential and used solely for academic purpose. You have the right to decline to answer any question

Thank you for your grateful co-operation in this study.

Sincerely

Tanzina Yeasmin
MPhil Researcher
E-mail: tanzinayeasmin1207@gmail.com

Appendix II: The Survey Questionnaire Guide

A MPhil study conducted under the Institute of Social Welfare and Research (ISWR)

Title: A study on Need and Services of Urban Elderly

Dear Participants,

I am cordially inviting you to participate in this research by completing the following survey. The main objective of the study is to find out the need and services of urban elderly people in Bangladesh. The following questionnaire will require approximately 30 minutes to complete. You are fully entitled to participate or not. There is no cost and no financial benefit included. The collected data will remain fully confidential and used solely for academic purpose. Thank you for your grateful co-operation in this study.

Sincerely

Tanzina Yeasmin
MPhil Student
E-mail: tanzinayeasmin1207@gmail.com

Section 1: Demographic Question

Instruction: Please complete the section by circling the following answer

1. How old are you?
   a. 60-70 yrs.
   b. 70-80 yrs.
   c. 80-90 yrs.
   d. 90- 100yrs.
   e. 100 +
2. Your gender-
   a. Male
   b. Female
   c. Transgender
3. Your religion-
   a. Islam
   b. Hindu
   c. Christian
4. Your marital status -
   a. Married
   b. Widow
   c. Separated
   d. Divorced
   e. Unmarried
5. Your academic qualification-
   a. Illiterate
   b. Primary
   c. Secondary
   d. HSC
   e. Other.....................................
6. How old of your spouse -
   a. 50-60 yrs.
   b. 60-70 yrs.
   c. 70-80 yrs.
   d. 80- 90 yrs.
   e. 90+ yrs.
7. Age gap of the spouse-
   a. 1-5yrs
   b. 5-10yrs
   c. 10-15yrs
   d. 15 +
   e. No........
8. How many Children do you have?
   a. 1-3
   b. 4-6
   c. 7-9
   d. 10+
   e. No children

Section 2: The socioeconomic, physiological and psychological need
Instruction: Please complete the section by circling the following answer

Sec 2 (a): Physiological Need

9. How are you? (S2AP1)
    a. Very good (1)
    b. Good (2)
    c. Average (3)
    d. Not good (4)
10. Your health status in compare with neighborhood same age elder people- (S2AP2)
    a. Better (1)
    b. Similar (2)
    c. Bad (3)
    d. No idea (4)
11. Your Health problems (Multiple answer will be granted (S2AP3)
    a. Respiratory diseases
    b. Blood pressure
    c. Diabetic
    d. Heart Disease
    e. Kidney Disease
    f. Dementia
    g. Cholesterol
    h. Dental Problem
    i. Eye problem
    j. Gastric
    k. Cancer
    l. Prostate gland problems
    m. Other.............................
12. How many medicine do your intake daily (S2AP4)?
    a. No need
    b. 1-2
    c. 3-4
    d. 5 and more
13. How long time you have to intake those medicine (S2AP5)
    a. 1-6 months
    b. 6-12 months
    c. for the life time
    d. Other............................
14. What are the most common reason to go outside? (S2AP6)
    a. for grand child
    b. Row market
    c. Exercise
    d. Business
    e. Other..................................
15. Which transport do you prefer for you in your age? (S2AP7)
    a. Rickshaw
    b. Bus
    c. CNG
    d. Car
    e. Other...................................
16. What kind of disabilities do you have? (S2AP8)
    a. Hearing
    b. Visual
    c. Physical Movement
    d. Psychiatric
    e. Other.......................................
17. In which areas of your daily activities do you need help? (S2AP9)
    a. Feeding medication
    b. Feeding food
    c. Bathing
    d. Dressing
    e. Getting around house or outside
    f. Other...................................
18. Your sleeping pattern in 24 hrs. o'clock (S2AP10)
    a. 0-2 hours
    b. 3-5 hours
    c. 6-8 hours
    d. 9-10 hours
19. What kind of sleeping problem do you have? (S2AP11)
    a. Insomnia
    b. Restless leg syndrome
    c. Narcolepsy
    d. Sleep apnea
    e. Other...........................
20. When you were infected with Covid 19, what intensity did you experience? (S2AP12).
    a. Asymptomatic infection
    b. Mild illness
    c. Moderate illness ($SpO_2 \geq 94\%$)
    d. Severe illness ($SpO_2 < 94\%$)
    e. Critical illness (Respiratory failure, Septic shock, organ dysfunction)
    f. No affected

21. During the time of severe illness, which type of hospital will you prefer? (S2AP13)
    a. Govt. hospital
    b. Private hospital
    c. Traditional healer
    d. Others.....................................

22. How do you manage your treatment expenses? (S2AP14)
    a. From Own/ spouse income
    b. From Son/ Daughter in law's help
    c. From Daughter/Son in law's help
    d. Getting Donation
    e. Other...

Sec 2(b): Psychological Need

23. What type of mental health problems do you have? (S2BM1)
    a. Feeling insecurity
    b. boredom
    c. Loneliness
    d. Stress
    e. Neglect
    f. Depression
    g. Other.......................................

24. In the event of physically and mentally abuse /negligence by your family, what do you want to do for getting solution? (S2BM2)
    a. No event of abuse / negligence
    b. Talk with them
    c. Inform to local Thana.
    d. being Isolated
    e. Other......................................

25. What gives you pleasure, happiness and joy in old age? (S2BM3)
    a. Family support
    b. Financial support
    c. Spiritual feelings
    d. Better personal health
    e. Respect
    f. Other......................................

26. What causes sadness in old age? (S2BM4)
    a. Physical disability
    b. Financial Crisis
    c. Loneliness
    d. Isolation
    e. Hatred
    f. Other...

27. How do you cope up the Covid 19 situation? (S2BM5)
    a. Grown Awareness
    b. Maintaining healthy diet
    c. Maintaining healthy manner govern by WHO/ Government
    d. Nothing to cope
    e. Other....................................

28. From whom you get psychological support in this age? - (S2BM6)
    a. Spouse
    b. Son/ Daughter
    c. Relative
    d. Neighborhood friend
    e. Other......................................

Sec 2(c): Socioeconomic need

29. What is your hobby? (S2CSE1)
    a. Fitness activities
    b. Gardening
    c. Gaming
    d. Social media
    e. Other..

30. Whom do you live with? (S2CSE2)
    a. Spouse
    b. Son and Daughter in law
    c. Daughter and Son in law
    d. Neighbor
    e. Relative
    f. Other.......................................

31. Why are you living alone? (S2CSE3)
    a. No support from Children
    b. Children live in other area
    c. No children
    d. No Relative
    e. Other.......................................

32. Who is the family head of your family? (S2CSE4)
    a. Own
    b. Spouse
    c. Son
    d. Daughter
    e. Other..

33. What is your income source? (S2CSE5)
    a. No income source
    b. Agriculture
    c. Business
    d. Old age allowance
    e. Other......................................
34. How much you're earning in monthly? (S2CSE6)
    a. less than 5000 taka
    b. 5001-10000 taka
    c. 10001- 20000 taka
    d. 20001- 50000 taka
    e. Other...
35. How much your monthly expenditure? (S2CSE7)
    a. less than 5000 taka
    b. 5001-10000 taka
    c. 10001- 20000 taka
    d. 20001- 50000 taka
    e. Other......................................
36. Who helps you in your daily routine activities in case of your inability? (S2CSE8)
    a. Spouse
    b. Son/ Daughter
    c. Son/ Daughter in laws
    d. Relative
    e. Neighbor
    f. Other....................................
37. What are the assets belonging to you? (S2CSE9)
    a. House
    b. land property
    c. Bank balance
    d. Cash in hand
    e. No productive asset
    f. Other...
38. What type of assistance do you provide in your family? (S2CSE10)
    a. Money
    b. Physical labor
    c. Can't help
    d. Other..
39. How do you expense the money getting from financial support / pension? (S2CSE11)
    a. Medical treatment
    b. Pocket money
    c. Household expenditure
    d. Buying Land or house
    e. Other...
40. Do you think this financial help is adequate for fulfilling your basic need? (S2CSE12)
    a. Adequate
    b. Not adequate
    c. More than adequate
    d. Other...
41. In your experience how does the society treat elderly people now a day? (S2CSE13)
    a. Shows respect
    b. Hate elders
    c. Affectionate to elders
    d. Shows disrespect
    e. Other...
42. What do you expect from the family in old age? (S2CSE14)
    a. Protection
    b. Respect
    c. Financial support
    d. Food
    e. Other...
43. How do you spend your leisure time with your friends/ Peers? (S2CSE15)
    a. Evening walk
    b. Outside meet
    c. Over phone
    d. Visiting relative house
    e. Adda with friend/ peers
    f. Other...

Section 3: The existing services for elderly people in family, community and state level.
Instruction: Please complete the section by circling the following answer

44. What type of existing services available in Bangladesh? (S3ES1)
    a. Pension
    b. Old Age Allowance
    c. Geriatric hospital
    d. Other.......................................…
45. What are the NGO activities remaining in Bangladesh for the elderly? (S3ES2)
    a. Income generating activities
    b. Provide health care
    c. Elderly people allowance
    d. Social insurance
    e. Other…………………………

46. What are the most important services that the government should do to deliver healthcare to you and other senior citizens like you in this area? (S3ES3)
    a. Mobile health care unit
    b. Free medical treatment
    c. Geriatric facilities in hospital
    d. Other..
47. After retirement what benefits are you getting from your service? (S3ES4)
    a. LPR
    b. Pension
    c. Provident fund
    d. Gratuity
    e. Other..
48. What are the NGOs working for elderly in Bangladesh? (S3ES5)
    a. BAAIGM
    b. Help Age International
    c. RIC
    d. PKSF
    e. Other...
49. What are the recent GO initiative for the aged person do you know? (S3ES6)
    a. Universal Pension Scheme
    b. Old Age Allowance
    c. Allowance for the widow
    d. Vulnerable Group Development
    e. Other……………………………
50. Are you interested to spend time in the recreation center, club or old assistance program in your locality? (S3ES7)
    a. Interested
    b. Not interested
    c. Hatred
    d. Other………………………….
51. Do you get any support from GO or NGO? (S3ES8)
    a. Old Age Allowance
    b. Allowance for the widow
    c. Vulnerable Group Development
    d. Other………………………

Section 4: Recommendation

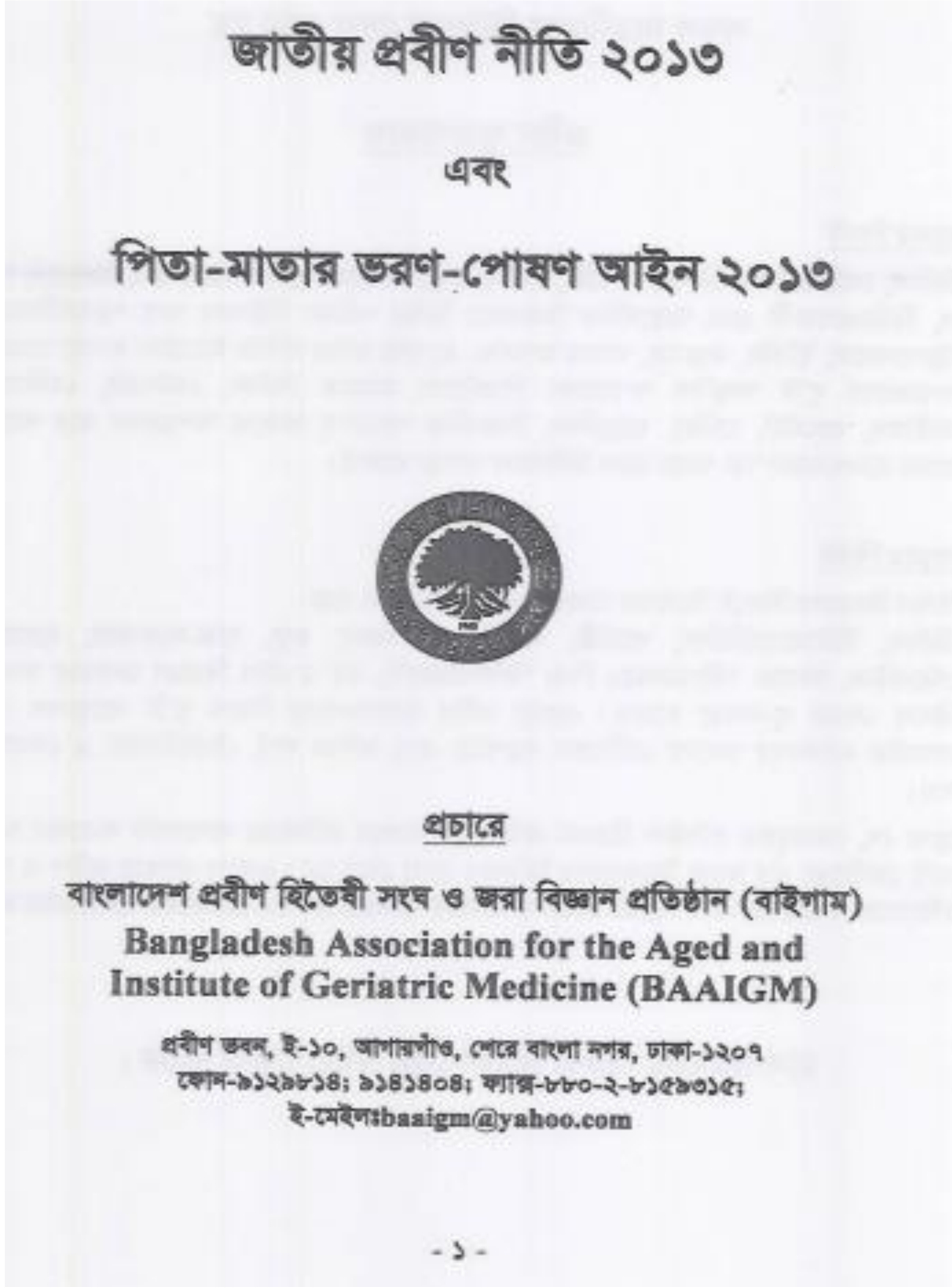
52. What services do you recommend for elderly welfare?
    a. Establish of clubs
    b. Establish of day care centre
    c. Entertainment provision centre
    d. Establish of medication centre
    e. Community health centre
    f. Legal advocacy centre
    g. Geriatric ward at hospital
    h. Free clinic
    i. Mobile health camp
    j. Family Health insurance system
    k. Other Recommendation………………………………...

Thank You for your kind patience

....
Signature of Respondent
Name:
Address:
Mobile No:

Appendix III:

National Policy on Older Person 2013 and Parents Care Act 2013



জাতীয় প্রবীণ নীতি ২০১৩

এবং

পিতা-মাতার ভরণ-পোষণ আইন ২০১৩

প্রচারে

বাংলাদেশ প্রবীণ হিতৈষী সংঘ ও জরা বিজ্ঞান প্রতিষ্ঠান (বাইগাম)

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

প্রবীণ ভবন, ই-১০, আগারগাঁও, শেরে বাংলা নগর, ঢাকা-১২০৭
ফোন-৯১২৯৮১৪; ৯১৪১৪০৪; ফ্যাক্স-৮৮০-২-৮১৫৯৩১৫;
ই-মেইলঃbaaigm@yahoo.com

- ১ -

প্রবীণ হাসপাতালে প্রবীণদের পাশাপাশি সকল বয়েসীদের চিকিৎসা সেবা দেয়া হয়

প্রবীণ হাসপাতাল

সকালের শিফট

মেডিসিন, জেরিয়াট্রিক মেডিসিন, সার্জারী, গাইনী, চক্ষু, ডায়াবেটিস, নাক-কান-গলা, হৃদরোগ, দন্ত, শিশু, ফিজিওথেরাপী এবং আয়ুর্বেদিক বিভাগসহ বিভিন্ন পরীক্ষা নিরীক্ষার জন্য প্যাথলজিক্যাল, আল্ট্রাসনোগ্রাম, ইসিজি, এক্স-রে, কালার ডপলার, ২৪ঘন্টা হল্টার ইসিজি ইত্যাদির ব্যবস্থা রয়েছে। হাসপাতালের দু'টি আধুনিক অপারেশন থিয়েটারের মাধ্যমে টনসিল, কেটারেক্ট, ডেলিভারী, সিজারীয়ান, প্রেস্টেট, হার্নিয়া, হাড্রোসিল, পিত্তথলির পাথরসহ অন্যান্য অপারেশন হয়ে থাকে। ইনডোর হাসপাতালে স্বল্প খরচে উন্নত চিকিৎসার ব্যবস্থা রয়েছে।

বিকালের শিফট

প্রতিদিন বিকালের শিফটে বিশেষজ্ঞ ডাক্তার/কনসালটেন্টেদের দ্বারা-

মেডিসিন, নিউরো-মেডিসিন, সার্জারী, গাইনী এন্ড অবস্, চক্ষু, নাক-কান-গলা, হৃদরোগ; অর্থোপেডিক; লিভার- পরিপাকতন্ত্র; শিশু; ফিজিওথেরাপী; চর্ম ও যৌন বিভাগে চেম্বারের মাধ্যমে চিকিৎসা সেবার সু-ব্যবস্থা রয়েছে। এছাড়া প্রবীণ হাসপাতালের নিজস্ব দু'টি এ্যাম্বুলেন্স এবং জেনারেটর সার্ভিসসহ অন্যান্য মেডিকেল যন্ত্রপাতি এবং অভিজ্ঞ নার্স, টেকনিশিয়ান ও সেবাকর্মী আছে।

উল্লেখ্য যে, সেবামূলক প্রতিষ্ঠান হিসেবে প্রবীণ হাসপাতালে প্রবীণদের পাশাপাশি সমাজের সকল বয়েসী রোগীদের কম খরচে উন্নতমানের চিকিৎসা সেবা দেয়া হয়। এখানে অসহায় প্রবীণ ও দুঃস্থ রোগীদেরকে ৩০% ফ্রি এবং সংঘের জীবন ও সাধারণ সদস্যদেরকে ৫০% রেয়াতে সেবা দেয়া হয়।

হাসপাতালের জরুরী বিভাগ (২৪ ঘন্টা) খোলা থাকে।

- ২ -

মুখবন্ধ

বাংলাদেশে বর্তমানে বসবাসরত প্রায় ১ কোটি ২০ লাখ প্রবীণ-প্রবীণার জন্য ২০১৩ সাল অন্যতম একটি ইতিবাচক বছর। বাংলাদেশের ৯ম জাতীয় সংসদে এই বছরে অনুমোদিত হয়েছে যুগান্তকারী 'পিতা-মাতার ভরণ-পোষণ আইন-২০১৩' এবং মন্ত্রী পরিষদ সভায় অনুমোদন লাভ করেছে দীর্ঘ প্রতীক্ষিত 'প্রবীণ বিষয়ক জাতীয় নীতি-২০১৩'। প্রায় একদশকের প্রচেষ্টার ফলশ্রুতিতে অর্জিত এই নীতি প্রণয়নের সকল ক্ষেত্রে বাংলাদেশ প্রবীণ হিতৈষী সংঘ সমাজকল্যাণ মন্ত্রণালয়ের সাথে প্রত্যক্ষভাবে সংশ্লিষ্ট ছিল। পাশাপাশি, সংশ্লিষ্ট আইনটি প্রণয়নের জন্য প্রবীণদের দাবীও ছিল বহু দিনের।

বাংলাদেশের প্রবীণ-প্রবীণাদের অধিকার ও স্বার্থ সংরক্ষণে বাংলাদেশের বর্তমান সরকার এবং রাজনীতি যথেষ্ট সংবেদনশীল এবং প্রতিশ্রুতিবদ্ধ। উপর্যুক্ত নীতি এবং আইন প্রণয়ন এরই উজ্জ্বলতম উদাহরণ। সংগত কারণে বাংলাদেশ প্রবীণ হিতৈষী সংঘ ও জরা বিজ্ঞান প্রতিষ্ঠান বাংলাদেশের মহান জাতীয় সংসদ, রাজনৈতিক দলসমূহ এবং বিশেষ করে বর্তমান সরকারকে জানাচ্ছে গভীর কৃতজ্ঞতা এবং আন্তরিক ধন্যবাদ। পাশাপাশি, দেশের প্রবীণ-প্রবীণা এবং অন্যান্য প্রজন্মের সকলকে অনুমোদিত এই নীতি এবং আইনটি সম্পর্কে অবহিত, সচেতন ও সক্রিয় হবার জন্যে আমরা বিনীত ও সনির্বন্ধ অনুরোধ জানাচ্ছি। দেশের সকলের সুবিধার্থে 'প্রবীণ বিষয়ক জাতীয় নীতি-২০১৩' এবং 'পিতা-মাতার ভরণ-পোষণ আইন-২০১৩' এর কপি আমরা এই সাথে সংযুক্ত করে দিচ্ছি। আমাদের বিশ্বাস সরকারের মহান উদ্যোগের সাথে সাথে সংশ্লিষ্ট সকলের সক্রিয় সহযোগিতা দেশের প্রবীণ-প্রবীণাদের অধিকার অর্জন এবং কল্যাণ বিধানে কার্যকর ভূমিকা পালন করবে।

আপনারা জানেন যে, ১৯৬০ সাল হতে দেশের সকল শ্রেণীর প্রবীণ-প্রবীণার অধিকার আদায়, স্বার্থ সংরক্ষণ, সংহতি স্থাপন ও কল্যাণ বিধান এবং তরুণ প্রজন্মকে বার্ধক্য বিষয়ে সচেতন ও প্রস্তুত করার লক্ষে প্রবীণ হিতৈষী সংঘ বিভিন্ন কার্যক্রম বাস্তবায়ন করে যাচ্ছে। ঢাকাসহ দেশব্যাপী ৬০টি জেলা শাখার মাধ্যমে সংঘ প্রবীণদের অন্যতম জাতীয় প্রতিনিধি হিসেবে দায়িত্ব পালন করে যাচ্ছে। সরকার, জাতীয় ও আন্তর্জাতিক সংস্থা এবং জাতিসংঘের সাথে সংঘ অত্যন্ত ঘনিষ্ঠভাবে প্রবীণ কল্যাণ কর্মসূচি গ্রহণ ও বাস্তবায়নে প্রতিশ্রুতিবদ্ধ। সংঘ বছরব্যাপী বার্ধক্য ও প্রবীণ বিষয়ক বিভিন্ন সেমিনার, কর্মশালা, আলোচনা সভা, মানববন্ধন, গবেষণা, প্রশিক্ষণ, প্রচার ও প্রকাশনা, ধর্মীয় ও সাংস্কৃতিক অনুষ্ঠানসহ প্রবীণদের স্বাস্থ্য ও চিকিৎসাসেবা, প্রবীণ নিবাস এবং অন্যান্য শিক্ষা ও কল্যাণ কর্মসূচি আয়োজন করে যাচ্ছে।

বার্ধক্য সমস্যা আমার আপনার সকলের। দুঃখজনক হলেও সত্য যে, মানুষ তার বার্ধক্যের বিষয়ে অতিমাত্রায় উন্নাসিত এবং উদাসীন। অথচ বেঁচে থাকলে বার্ধক্য অবধারিত। জীবিত মানুষের পক্ষে বার্ধক্যের হাত হতে রক্ষা পাবার কোন সুযোগই নেই। তাই সময় থাকতে আসুন আমরা আন্তরিকভাবে সচেতন ও সক্রিয় হই, লাগসই প্রস্তুতি গ্রহণ করি এবং সকল বয়েসির জন্য সমান উপভোগ্য সমাজ গড়ে তুলি।

আমরা সকলকে অনুরোধ করছি যে, আপনারা এই নীতি ও আইনটি নিজে পাঠ করুন, অন্যকে পাঠ করতে উৎসাহিত করুন এবং এর বাস্তবায়নে বলিষ্ঠভাবে এগিয়ে আসুন।

প্রকৌশলী মোঃ নজরুল ইসলাম
সভাপতি
বাংলাদেশ প্রবীণ হিতৈষী সংঘ

প্রফেসর ড. এএসএম আতীকুর রহমান
মহাসচিব
বাংলাদেশ প্রবীণ হিতৈষী সংঘ

জাতীয় প্রবীণ নীতি ২০১৩
NATIONAL POLICY ON OLDER PERSONS 2013

১. পটভূমি (Introduction) ঃ

প্রবীণ ব্যক্তিগণ দেশের ক্রমবর্ধমান জনসংখ্যার এক উল্লেখযোগ্য অংশ। মানুষের গড় আয়ু বৃদ্ধি পাওয়ায় জনসংখ্যা বৃদ্ধির হার হতে প্রবীণ জনসংখ্যার বৃদ্ধির হার তুলনামূলকভাবে বেশী। জাতিসংঘের হিসাব অনুযায়ী ১৯৭৫ হতে ২০০০ এ পঁচিশ বছরে প্রবীণ জনসংখ্যা ৩৬ (ছত্রিশ) কোটি হতে বৃদ্ধি পেয়ে ৬০ (ষাট) কোটিতে দাঁড়িয়েছে অর্থাৎ প্রবীণ জনসংখ্যার বছরে গড় বৃদ্ধির হার প্রায় ২.৬৮ শতাংশ। বাংলাদেশে প্রবীণ জনসংখ্যা বৃদ্ধির হার আরও অধিক। বাংলাদেশে প্রবীণ জনসংখ্যা ১৯৯১ সালে ছিল ৬০ (ষাট) লক্ষ যা ২০১১ সালে বৃদ্ধি পেয়ে দাঁড়িয়েছে ১ কোটি ১৩ লক্ষে। এ ২০ (কুড়ি) বছরে প্রবীণ জনসংখ্যা বৃদ্ধি পেয়ে দাঁড়িয়েছে ৫৩ (তিপ্পান্ন) লক্ষে অর্থাৎ বছরে গড় বৃদ্ধির হার ৪.৪১ শতাংশ (প্রায়)। প্রবীণ জনসংখ্যার বৃদ্ধির এ হার অব্যাহত থাকলে আগামী ৫০ (পঞ্চাশ) বছরে প্রবীণ জনসংখ্যা উন্নয়নশীল দেশসমূহের মোট জনসংখ্যার ১৯ শতাংশে দাঁড়াবে। বিশ্বময় এই জনসংখ্যাতাত্ত্বিক রূপান্তর ব্যক্তি, সমাজ, জাতীয় ও আর্থ-সামাজিক জীবনে মারাত্মকভাবে প্রভাব ফেলবে। কারণ প্রবীণ ব্যক্তিরা বার্ধক্যজনিত নানা সমস্যায় ভোগেন এবং বার্ধক্য বর্তমান বিশ্বের একটি অন্যতম সমস্যা হিসাবে চিহ্নিত।

প্রবীণদের বার্ধক্য, স্বাস্থ্য সমস্যা, কর্মঅক্ষমতা, পারিবারিক বিচ্ছিন্নতা, একাকিত্ব ইত্যাদি বিষয় যথাযথভাবে গুরুত্ব দিয়ে তাদের কল্যাণের জন্য ১৯৮২ সালে ভিয়েনাতে অনুষ্ঠিত প্রবীণ বিষয়ক প্রথম বিশ্ব সম্মেলনে এ বিষয়ে আন্তর্জাতিক পরিকল্পনা ও দিকনির্দেশনা গৃহীত হয়েছে । তাছাড়া ২০০২ সালে ১৫৯ টি দেশের প্রতিনিধিগণের অংশগ্রহণে স্পেনের মাদ্রিদে প্রবীণ বিষয়ক ২য় বিশ্ব সম্মেলনে একটি সুসংবদ্ধ আন্তর্জাতিক পরিকল্পনা এবং রাজনৈতিক ঘোষণা গৃহীত হয় যা 'মাদ্রিদ আন্তর্জাতিক কর্ম-পরিকল্পনা' হিসাবে পরিচিত।

এই নতুন পরিকল্পনা সরকার, আন্তর্জাতিক সম্প্রদায় ও সুশীল সমাজ কর্তৃক বাস্তবায়নের জন্য তিনটি প্রধান অগ্রাধিকারমূলক নির্দেশক ও একগুচ্ছ কর্মসূচি নির্ধারণ করা হয়েছে। একবিংশ শতাব্দীতে প্রবীণ বিষয়ক যে সকল সমস্যা ও সম্ভাবনা দেখা দিবে সেইগুলোকে মোকাবেলা করার জন্য এই কর্মসূচিগুলো নতুন ভিত্তি তৈরি করবে।

নাগরিক হিসাবে প্রবীণ ব্যক্তিগণ পূর্ণ অধিকার, সার্বিক নিরাপত্তা ও মর্যাদার সাথে যাতে ভূমিকা পালন করতে পারে সেজন্য মাদ্রিদ বিশ্ব সম্মেলনের সদস্য রাষ্ট্রগুলো সংশ্লিষ্ট নীতিমালা প্রণয়নের জন্য সুনির্দিষ্ট ঘোষণা উপস্থাপন করেন।

- সকল প্রবীণ নাগরিকের মৌলিক স্বাধীনতা ও প্রতিটি মানবাধিকারের পূর্ণ বাস্তবায়ন;
- নিরাপদ বার্ধক্য অর্জন অর্থাৎ প্রবীণ বয়সে দারিদ্র দূরীকরণ এবং প্রবীণদের জন্য জাতিসংঘ নীতিমালা বাস্তবায়ন;

- ৫ -

- নিজেদের সমাজে স্বেচ্ছামূলক কাজ ও আয়বর্ধনমূলক কাজের মাধ্যমে সামাজিক, রাজনৈতিক ও অর্থনৈতিক জীবনযাপনে পরিপূর্ণ ও কার্যকরভাবে অংশগ্রহণ করার জন্য প্রবীণদের ক্ষমতায়ন;
- প্রবীণ ব্যক্তিদের শেষ জীবনে স্বচ্ছলতা, আত্ম-পরিতৃপ্তি ও ব্যক্তিগত উন্নয়নের সুযোগের সংস্থান করা;
- সামাজিক উন্নয়নের জন্য পারস্পরিক সংহতি, আন্তঃপ্রজন্ম নির্ভরশীলতার মত অত্যন্ত গুরুত্বপূর্ণ ভূমিকার স্বীকৃতি প্রদান করা;
- প্রবীণ ব্যক্তিরা যাতে পূর্ণ অর্থনৈতিক, সামাজিক ও রাজনৈতিক অধিকার ভোগ করতে পারে তা নিশ্চিত করা এবং তাদের ক্ষেত্রে সকল বৈষম্য ও সন্ত্রাস দূর করা;
- প্রতিরোধ ও পুনর্বাসনমূলক স্বাস্থ্যসেবাসহ প্রবীণদের জন্য স্বাস্থ্যসেবা, সহায়তা ও সামাজিক নিরাপত্তার সুযোগ থাকা;
- আন্তর্জাতিক কর্ম-পরিকল্পনাকে বাস্তবে রূপদান করার জন্য প্রবীণ ব্যক্তিগণ নিজেদের ব্যক্তি, নাগরিক সমাজ ও সরকারের সকল মহলের সঙ্গে সমঅংশীদারিত্ব তৈরী করা;
- ক্ষুদ্র নৃ-গোষ্ঠী প্রবীণদের নিজস্ব ও স্বাতন্ত্র বজায় রেখে তাদের সরাসরি উপকারে আসে এমন বিষয়ে কার্যকরীভাবে সোচ্চার হওয়া;
- নারী পুরুষের মধ্যকার জেন্ডার বৈষম্য বিলোপ করাসহ অন্যান্য পদক্ষেপ গ্রহণের মাধ্যমে প্রবীণদের মধ্যে জেন্ডার সমতা প্রতিষ্ঠার অঙ্গীকার করা; এবং
- বার্ধক্যজনিত, ব্যক্তিগত, সামাজিক এবং স্বাস্থ্যগত জটিলতার মোকাবেলা করতে বিজ্ঞানসম্মত গবেষণা ও দক্ষতার সমন্বয় করা এবং প্রযুক্তির সম্ভাবনাকে কাজে লাগানো, বিশেষত উন্নয়নশীল দেশগুলোতে।

প্রবীণ ব্যক্তিদের সার্বিক কল্যাণ ও আর্থ-সামাজিক সুরক্ষার জন্য বাংলাদেশ সরকার ১৯৯৮ সাল হতে বয়স্কভাতা প্রদান কর্মসূচি বাস্তবায়ন করে আসছে। পরবর্তীতে ২০০২ সালে 'মাদ্রিদ আন্তর্জাতিক কর্ম-পরিকল্পনা' গৃহীত হওয়ায় বাংলাদেশ সরকার উক্ত পরিকল্পনা'র প্রতি রাষ্ট্রীয় সমর্থন ব্যক্ত করেছে। প্রবীণদের অধিকার, উন্নয়ন এবং সার্বিক কল্যাণে দীর্ঘমেয়াদী এবং স্থায়ী কার্যক্রম পরিচালনার লক্ষ্যে একটি নীতিমালা আবশ্যক হওয়ায় **"জাতীয় প্রবীণ নীতিমালা"** প্রনয়ণ করা হল।

০২. জাতীয় প্রবীণ নীতিমালার লক্ষ্য ও উদ্দেশ্য (Goal and Objectives) :

লক্ষ্য (Goal):
প্রবীণদের মর্যাদাপূর্ণ, দারিদ্রমুক্ত, কর্মময়, সুস্বাস্থ্য ও নিরাপদ সামাজিক জীবন নিশ্চিত করা।

উদ্দেশ্য (Objectives):

- সংশ্লিষ্ট জাতীয় নীতিমালাসমূহে (স্বাস্থ্যনীতি, নারী উন্নয়ন নীতি, গৃহায়ন, প্রতিবন্ধী ইত্যাদি নীতিমালাসমূহ) প্রবীণ বিষয়টিকে গুরুত্বের সাথে অন্তর্ভুক্ত করা এবং যথাযথ কর্মপরিকল্পনা সুনির্দিষ্ট করে তা বাস্তবায়ন করা;

- বাংলাদেশের প্রবীণ ব্যক্তিদের সামাজিক, সাংস্কৃতিক, অর্থনৈতিক ও রাজনৈতিক অবদানের স্বীকৃতিসহ সামগ্রিক উন্নয়নের পদক্ষেপ গ্রহণ;
- স্থানীয় সরকার, উন্নয়ন ও সামাজিক উদ্যোগে এবং প্রতিষ্ঠানসমূহ প্রবীণদের অংশগ্রহণের সুযোগ তৈরির নীতি গ্রহণ ও বাস্তবায়ন;
- জাতীয় স্বাস্থ্য নীতিতে প্রবীণদের বিষয়টি অন্তর্ভুক্ত করা এবং বিদ্যমান সরকারি এবং বেসরকারি স্বাস্থ্যসেবা কাঠামোতে প্রবীণদের অগ্রাধিকারের ভিত্তিতে সেবা প্রদানের নীতি গ্রহণ ও বাস্তবায়ন করা এবং রাষ্ট্রীয়ভাবে প্রবীণদের স্বাস্থ্য সহায়তার ক্ষেত্রে সামাজিক ও ব্যক্তিগত উদ্যোগকে উৎসাহিত করা;
- ক্রমবর্ধমান নগরায়ন ও প্রচলিত যৌথ পরিবার ব্যবস্থা ভেঙ্গে পড়ার কারণে প্রবীণদের সার্বিক সুরক্ষার আইন প্রণয়নের বিষয়টি বিবেচনায় রাখা;
- রাষ্ট্রীয় তথ্যের ক্ষেত্রে প্রবীণ বিষয়ক তথ্য সুনির্দিষ্ট করা এবং সে সাথে তা হালনাগাদ করা, এর জন্য জরিপ ও গবেষণা কাজ পরিচালনা;
- সকল শ্রেণীর প্রবীণ উপযোগী আবাসন নিশ্চিত করা এবং যাবতীয় ভৌতকাঠামো প্রবীণবান্ধব করণ;
- সার্বিক দুর্যোগ ব্যবস্থাপনা তথা দুর্যোগপূর্ব সতর্কীকরণ, দুর্যোগকালীন নিরাপত্তা ব্যবস্থা, আশ্রয়, ত্রাণ এবং পরবর্তী পুনর্বাসন কর্মসূচিতে প্রবীণদের অগ্রাধিকারের বিষয়টি নিশ্চিতকরণ;
- প্রবীণ ইস্যু সম্পর্কে গণসচেতনতা সৃষ্টির লক্ষ্যে গণমাধ্যমকে সামাজিক ও প্রাতিষ্ঠানিক দায়বদ্ধতার আওতায় আনা এবং শিক্ষা ও প্রশিক্ষণ পাঠক্রমে প্রবীণ বিষয়টি অন্তর্ভুক্তকরণ;
- প্রবীণ নারী এবং প্রতিবন্ধী প্রবীণ ব্যক্তিদের ক্ষেত্রে উদ্ভূত সকল বৈষম্য ও অবহেলা দূর করে বিশেষ সহায়তা প্রদান; এবং
- আন্তঃপ্রজন্ম যোগাযোগ ও সংহতি গঠন এবং সংরক্ষণের নীতি গ্রহণ।

০৩. প্রবীণ ব্যক্তি (Older Persons) ঃ

বার্ধক্য মানুষের জীবনে একটা স্বাভাবিক পরিণতি। বার্ধক্যের সংজ্ঞা সম্পর্কে বিভিন্ন মতামত রয়েছে। তবে শারীরিক, মানসিক, আচরণগত, সামজিক ও সাংস্কৃতিক দিক বিবেচনায় জরা বিজ্ঞানীরা মূলত বয়সের মাপকাঠিতে বার্ধক্যকে চিহ্নিত করেছেন। বিশ্বের শিল্পোন্নত দেশসমূহে ৬৫ (পয়ষট্টি) বছর বয়সী ব্যক্তিদের প্রবীণ হিসাবে বিবেচনা করা হলেও আন্তর্জাতিকভাবে স্বীকৃত এবং জাতিসংঘ ঘোষণা অনুযায়ী বাংলাদেশে ৬০ (ষাট) বছর এবং তদূর্ধ্ব বয়সী ব্যক্তিদেরকে প্রবীণ বলে অভিহিত করা হয়। জাতিসংঘ ঘোষণা অনুযায়ী বাংলাদেশের ৬০ (ষাট) বছর এবং তদূর্ধ্ব বয়সী ব্যক্তিগণ প্রবীণ হিসেবে স্বীকৃত হবেন।

০৪. বাংলাদেশে প্রবীণ ব্যক্তিদের অবস্থা (Situation of Older Persons in Bangladesh)ঃ

বাংলাদেশে প্রায় ১৫ কোটি (২০১১ এর আদম শুমারী অনুযায়ী) লোক ১,৪৪,০০০ বর্গ কিলোমিটার এলাকায় বসবাস করছে। গত কয়েক দশক যাবৎ বাংলাদেশে বিভিন্ন স্বাস্থ্য কর্মসূচি গ্রহণ করার ফলে মানুষের মধ্যে উন্নত চিকিৎসা গ্রহণের সুযোগ তৈরি হয়েছে, রোগ-প্রতিরোধ ক্ষমতা বৃদ্ধি পাচ্ছে। ফলে, মৃত্যুহার কমে গড় আয়ু বেড়ে যাওয়ায় প্রবীণ জনগোষ্ঠীর সংখ্যা দ্রুত বৃদ্ধি পাচ্ছে। এক পরিসংখ্যান (সুত্রঃ বিআইডিএস) অনুযায়ী বাংলাদেশে ১৯৯০ সালে মোট জনসংখ্যার ৪.৯৮ শতাংশ ছিল প্রবীণ জনগোষ্ঠী এবং ২০০১ সালে তা বৃদ্ধি পেয়ে ৬.১ শতাংশে দাঁড়িয়েছে। জনসংখ্যার প্রক্ষেপণ ২০৫০ সালে প্রবীণ জনগোষ্ঠীর এ হার হবে ২০ শতাংশ অর্থাৎ বাংলাদেশে প্রতি পাঁচ জন মানুষের মধ্যে এক জন হবেন প্রবীণ। এ বৃদ্ধির হার আমাদের জাতীয় জীবনের জন্য এখন একটি বড় চ্যালেঞ্জ। পরিসংখ্যান ব্যুরোর হিসাব অনুযায়ী দেশে প্রায় ৩০.৫ শতাংশ (২০১০ সালের জরিপ অনুযায়ী) লোক দারিদ্র সীমার নিচে বসবাস করছে।

বাংলাদেশের প্রবীণ ব্যক্তিদের প্রধান সমস্যাবলীর মধ্যে স্বাস্থ্যগত সমস্যা এবং অর্থনৈতিক অস্বচ্ছলতা অন্যতম। আমাদের সংস্কৃতির প্রেক্ষাপটে পরিবার হল একটি প্রাচীন প্রতিষ্ঠান। অতীতে প্রবীণেরা যৌথ পরিবারে সকলের নিকট হতে সেবা এবং সহায়তা পেতেন এবং এভাবেই তাদের প্রবীণ সময় কেটে যেত। পরিবার এবং সমাজে প্রবীণদের প্রতি শ্রদ্ধা ও সম্মান প্রদর্শনসহ তাদের বেশি যত্ন নেয়ার একটি বিশেষ মূল্যবোধ এবং সংস্কৃতির চর্চা ছিল। কিন্তু বর্তমানে সামাজিক, সাংস্কৃতিক ও অর্থনৈতিক নানা পরিবর্তনের ফলে যৌথ পরিবারগুলো ভেঙ্গে যাচ্ছে। প্রবীণেরা হারাচ্ছে তাদের প্রতি সহানুভূতি, বাড়ছে অবহেলা আর তারা শিকার হচ্ছেন বঞ্চনার। সামাজিক মূল্যবোধের অবক্ষয়ের ধারায় দেখা যাচ্ছে প্রবীণরা প্রথমত নিজ পরিবারেই তাদের ক্ষমতা ও সম্মান হারাচ্ছেন এবং ধীরে ধীরে সমাজের সকল কর্মকাণ্ড হতে বাদ পড়ছেন। বিশেষ করে তৃণমূল পর্যায়ের প্রবীণদের বার্ধক্যজনিত সমস্যা আর অন্যদিকে চরম আর্থিক দীনতার মধ্যে থাকার কারণে তারা পরিবার হতে শুরু করে সমাজের প্রতিটি ক্ষেত্রেই সকল ধরণের সেবা পাবার সুযোগ হতে বঞ্চিত। ফলে প্রবীণ এ জনগোষ্ঠী প্রতিনিয়ত বিভিন্ন ধরনের সামাজিক নিরাপত্তার ঝুঁকির মুখোমুখি হচ্ছে যা আগামীতে একটি জাতীয় সমস্যা হিসাবে চিহ্নিত হতে পারে। সমাজের বিপুল এ জনগোষ্ঠীকে কোনভাবেই উপেক্ষা করার উপায় নেই। তাই বর্তমানে প্রবীণদের উন্নয়নের বিষয়টি জাতীয় ও আন্তর্জাতিকভাবে এখন বেশ গুরুত্বপূর্ণ ইস্যু হয়ে দাঁড়িয়েছে।

বাংলাদেশ সরকার প্রবীণ ব্যক্তিদের সমস্যাগুলো গুরুত্ব সহকারে বিবেচনা করে আসছে। সমাজকল্যাণ মন্ত্রণালয়াধীন সমাজসেবা অধিদফতর কর্তৃক ১৯৯৮ সালে দেশের দরিদ্র প্রবীণদের জন্য "বয়স্ক ভাতা" কার্যক্রম চালু করা হয়েছে। সরকার অবসর প্রাপ্তদের পেনশন ব্যবস্থা সহজীকরণ ও সুবিধাদি বৃদ্ধি করেছে। তবে প্রবীণদের বৃহত্তর স্বার্থে, অর্থাৎ প্রবীণদের অধিকার, উন্নয়ন এবং সার্বিক কল্যাণের জন্য দীর্ঘ মেয়াদী কার্যক্রম গ্রহণ প্রয়োজন।

০৫. বাংলাদেশের সংবিধানে প্রবীণ ব্যক্তি (Older Persons in the Constitution of Bangladesh)ঃ

বাংলাদেশের সংবিধানে সরাসরিভাবে প্রবীণদের বিষয়টি উল্লেখ না থাকলেও দেশের সকল অসুবিধাগ্রস্ত শ্রেণিকে সহায়তা প্রদানের নিশ্চয়তা দেয়া হয়েছে। নিম্নোক্ত ১৫নং অনুচ্ছেদটি এ নিশ্চয়তা বিধানের সাথে সরাসরি যুক্তঃ

অনুচ্ছেদঃ ১৫

রাষ্ট্রের অন্যতম মৌলিক দায়িত্ব হবে পরিকল্পিত অর্থনৈতিক বিকাশের মাধ্যমে উৎপাদন শক্তির ক্রমবৃদ্ধি সাধন এবং জনগণের জীবনযাত্রার বস্তুগত ও সংস্কৃতিগত মানের দৃঢ় উন্নতিসাধন, যাহাতে নাগরিকদের জন্য নিম্নলিখিত বিষয়সমূহ অর্জন নিশ্চিত করা যায় ঃ

(ক) অন্ন, বস্ত্র, আশ্রয়, শিক্ষা ও চিকিৎসাসহ জীবনধারণের মৌলিক উপকরণের ব্যবস্থা;

(খ) কর্মের অধিকার অর্থাৎ কর্মের গুণ ও পরিমাণ বিবেচনা করিয়া যুক্তিসংগত মজুরীর বিনিময়ে কর্মসংস্থানের নিশ্চয়তার অধিকার;

(গ) যুক্তিসংগত বিশ্রাম, বিনোদন ও অবকাশের অধিকার;

(ঘ) সামাজিক নিরাপত্তার অধিকার অর্থাৎ বেকারত্ব, ব্যাধি বা পঙ্গুত্বজনিত কিংবা বৈধব্য, মাতৃ-পিতৃহীনতা বা বার্ধক্যজনিত কিংবা অনুরূপ অন্যান্য পরিস্থিতিজনিত আয়ত্তাতীত কারণে অভাবগ্রস্ততার ক্ষেত্রে সরকারি সাহায্য লাভের অধিকার।

০৬. প্রবীণ ব্যক্তিদের অবদানের স্বীকৃতি (Recognition of the contribution of Older Persons)ঃ

আজকের সমাজ ও সভ্যতার কারিগর মূলত প্রবীণরাই। তাই তাদের সামাজিক অবদানের স্বীকৃতি প্রদান করা সকলের নৈতিক দায়িত্ব। এ ক্ষেত্রে যে পদক্ষেপ গ্রহণ করতে হবে তা নিম্নে বর্ণিত হল ঃ

(১) পরিবার, জনসমষ্টি ও অর্থনীতিতে প্রবীণদের অবদান স্বীকার করা এবং সেইগুলোকে উৎসাহিত করা;

(২) প্রবীণ ব্যক্তিরা যাতে দেশের চলমান সামাজিক, অর্থনৈতিক, রাজনৈতিক, সাংস্কৃতিক ও জীবনশিক্ষায় তাদের অংশগ্রহণ অব্যাহত রাখতে পারেন সেইজন্য সুযোগ সৃষ্টি করা;

(৩) প্রবীণ ব্যক্তিদের ব্যক্তিগত ও সামাজিক চাহিদার প্রতি শ্রদ্ধা প্রদর্শন এবং সে অনুযায়ী সমাজে বসবাসের নিশ্চয়তা বিধান;

(৪) প্রবীণ জনগোষ্ঠীর উৎপাদনশীল ক্ষমতার নিরিখে স্বীকৃতি দেয়া এবং সরকারি ও বেসরকারি কাজে ব্যবহার;

(৫) জাতীয় ও সামাজিক উন্নয়নের ক্ষেত্রে সিদ্ধান্ত গ্রহণের সময় প্রবীণ ব্যক্তিদের প্রয়োজনীয়তা ও সম্পৃক্ততার উপর গুরুত্ব আরোপ করা। সিদ্ধান্ত গ্রহণের ক্ষেত্রে প্রবীণ নারীরাও যাতে পূর্ণ ও সমান অংশগ্রহণ করতে পারেন সেজন্য উদ্যোগ গ্রহণ।

০৭. আন্তঃপ্রজন্ম যোগাযোগ ও সংহতি (Intergenarational Communication and Solidarity)ঃ

জাতীয় ও আন্তর্জাতিক উন্নয়নের প্রেক্ষাপটে আন্তঃপ্রজন্ম সংহতি খুবই গুরুত্বপূর্ণ। প্রজন্মসমূহের মধ্যকার ব্যবধান দূর করে সকল বয়সীদের জন্য সমাজ গঠনের লক্ষ্যে ঃ

(১) শিক্ষা ও প্রশিক্ষণ পাঠক্রমে বার্ধক্য বিষয়টি অন্তর্ভুক্ত করে নতুন প্রজন্মকে সচেতন করে তোলা;

(২) নতুন প্রজন্মগুলোর মধ্যে সংহতি জোরদারকরণ;

(৩) সকল বয়সীদের মধ্যে পাঠ্যপুস্তক, গণমাধ্যম, সভা, সেমিনার, আলোচনাসভা প্রভৃতির মাধ্যমে প্রবীণ ও নতুন প্রজন্মের মধ্যকার মতভেদ ও পার্থক্য দূরীকরণ এবং পারস্পারিক সম্পর্কের উন্নয়ন ও বিকাশ ঘটানো;

(৪) প্রবীণদের জ্ঞান এবং মেধাকে প্রজন্মান্তরে চলমান করার জন্য পারিবারিক এবং সামাজিক ব্যবস্থা নিশ্চিতকরণ;

(৫) প্রত্যেক প্রজন্মকে তাদের মাতা-পিতা এবং প্রবীণ স্বজনদের সেবা প্রদানে উৎসাহিত ও অনুপ্রাণিত করণ।

০৮. প্রবীণ ব্যক্তির সামাজিক সুযোগ-সুবিধা (Social Facilities for Older persons) ঃ

প্রবীণ ব্যক্তিদের প্রাপ্য সম্মান প্রদানের লক্ষ্যে সরকারি ও বেসরকারি উদ্যোগে করণীয় ঃ

১. প্রবীণ ব্যক্তিদেরকে রাষ্ট্রীয়ভাবে "জ্যেষ্ঠ নাগরিক" (Senior Citizen) হিসাবে স্বীকৃতি প্রদান;

২. প্রবীণ ব্যক্তিগণকে সমাজের বৈষম্য ও নিপীড়নমুক্ত নিরাপদ জীবনযাপনের নিশ্চয়তা বিধান;

৩. জাতি, ধর্ম, বর্ণ, ভাষা, সম্পদ, মর্যাদা, লিঙ্গ, বয়স নির্বিশেষে রাষ্ট্রে প্রবীণ ব্যক্তিদের মৌলিক মানবাধিকার নিশ্চিত করা;

৪. সমাজে প্রবীণ ব্যক্তিদের শিক্ষা, সাংস্কৃতিক, ধর্মীয়, নৈতিক ও চিত্তবিনোদনমূলক কর্মকাণ্ডে প্রবেশাধিকার/অভিগম্যতা নিশ্চিত করা;

৫. সামাজিক বিচ্ছিন্নতা কমানোর জন্য সামাজিক ও সাংস্কৃতিক কর্মকাণ্ডে অংশগ্রহণ বৃদ্ধির সুযোগ সৃষ্টি ও ক্ষমতায়নে সহায়তা করা;

৬. প্রবীণ ব্যক্তিদের মানবাধিকার ও পূর্ণ স্বাধীনতা ভোগ করার অধিকার সুরক্ষা;

৭. সকল প্রকার টার্মিনাল ও স্ট্যান্ড, হাসপাতাল ও সেবা প্রদানকারী প্রতিষ্ঠান ও ভবনসমূহে ঢালুপথের (Ramp) ব্যবস্থা করা। শহরের প্রতিটি ফুটপাত, উঁচু রাস্তার শেষপ্রান্ত চলাচলের সুবিধার্থে ঢালু করা;

৮. প্রবীণ নাগরিকদের জন্য "পরিচিতি কার্ড " প্রবর্তন;

৯. সকল প্রকার যানবাহনে (বিমান, বাস, ট্রেন, লঞ্চ, স্টীমার, মনোরেল, মেট্রোরেল ইত্যাদি) প্রবীণ ব্যক্তিদের জন্য আসন সংরক্ষণ এবং বিশেষ ছাড়ে অর্থাৎ স্বল্প মূল্যে টিকিট প্রদানের ব্যবস্থা করা। পাশাপাশি প্রবীণ ব্যক্তিদের টিকিট সংগ্রহের কষ্ট লাঘব করার জন্য পৃথক টিকিট কাউন্টার স্থাপন;

১০. প্রবীণ ব্যক্তিদের জন্য দিবা-যত্ন কেন্দ্র (Day Care Centre) এবং প্রবীণ নিবাস (Old Home) স্থাপন করা;

১১. দুঃস্থ প্রবীণ ব্যক্তিদের মৃত্যুর পর দাফন/কাফন এবং সৎকারের ব্যবস্থা করা।

০৯. জীবন ও সম্পত্তির নিরাপত্তা (Security in Life and Property of Older Persons) ঃ

প্রবীণ ব্যক্তিদের জীবন ও সম্পত্তির নিরাপত্তায় বিশেষ ব্যবস্থা নেয়ার লক্ষ্যে যে সকল কার্যক্রম গ্রহণ করা হবে তা হল ঃ

১. সমাজ ও পরিবারে প্রবীণ ব্যক্তিরা যাতে অবহেলা, অবজ্ঞা, বৈষম্য ও নিপীড়নের শিকার না হন তার প্রতি গুরুত্ব আরোপ করা;
২. পরিবারে প্রবীণ পুরুষ ও প্রবীণ নারীদের ন্যায্য সম্পত্তি ভোগের অধিকার নিশ্চিতকরণ এবং আইনগতভাবে সর্বাত্মক সহযোগিতা প্রদান;
৩. স্বেচ্ছাসেবী, উন্নয়ন এবং অন্যান্য উপযুক্ত সংস্থার মাধ্যমে দেশের প্রবীণ ব্যক্তিদের স্বার্থ রক্ষা ও সম্পত্তি ভোগের প্রয়োজনে আইনগত ও অন্যান্য উপায়ে সহযোগিতা প্রদান;
৪. প্রবীণ ব্যক্তিদের জীবনের নিরাপত্তা বিঘ্নিত ও ঝুঁকিপূর্ণ হলে আইন প্রয়োগকারী সংস্থা কর্তৃক পূর্ণভাবে নিরাপত্তা বিধান করা।

১০. দারিদ্র দূরীকরণ (Poverty Reduction) ঃ

বিশ্ব সম্প্রদায় দারিদ্র দূরীকরণের জন্য অনেক কর্মসূচি গ্রহণ করেছে কিন্তু এখনও অনেক প্রবীণ ব্যক্তি এ নীতি ও কর্মসূচির বাইরে রয়ে গেছে। দরিদ্র প্রবীণ ব্যক্তিদের দারিদ্র লাঘবের লক্ষ্যে নিম্নোক্ত পদক্ষেপ গ্রহণ করা হবে ঃ

১) আগামী ২০১৫ সালের মধ্যে চরম দারিদ্রের মধ্যে বসবাসরত প্রবীণের সংখ্যা সর্বনিম্নে নামিয়ে আনা। এ জন্য সামাজিক সুরক্ষা, নিরাপত্তা ও উন্নয়ন কর্মসূচিতে প্রবীণ ব্যক্তিদেরকে অন্তর্ভুক্ত করা;
২) দারিদ্র হ্রাস লক্ষ্যমাত্রা অর্জনের জন্য গৃহীত নীতিমালা ও কর্মসূচিতে প্রবীণ ব্যক্তিদেরকে অন্তর্ভুক্ত করা;
৩) জাতীয় পর্যায়ে গবেষণা ও জরিপের মাধ্যমে হতদরিদ্র প্রবীণদের চিহ্নিত করে তাদের চাহিদা অনুযায়ী বিশেষ কর্মসূচি গ্রহণ এবং বাস্তবায়ন;
৪) নিয়োগ, আয়বর্ধক কাজের সুযোগ, ক্ষুদ্রঋণ, বাজার ও সম্পদের উপর প্রবীণ ব্যক্তিদের সমপ্রবেশাধিকার নিশ্চিত করা;
৫) প্রবীণ, বিশেষ করে প্রবীণ নারীদের আয়বর্ধক এবং অর্থনৈতিক কর্মসূচি গ্রহণে সহায়তা করা; এবং
৬) প্রবীণ ব্যক্তিদের জন্য টেকসই সামাজিক ও অর্থনৈতিক উন্নয়নের লক্ষ্যে জাতীয় পর্যায়ে উদ্যোগ গ্রহণ ও বাস্তবায়ন করা।

১১. আর্থিক নিরাপত্তা (Financial Security) ঃ

বাংলাদেশের দারিদ্রসীমার নিচে বসবাসরত জনগোষ্ঠীর মধ্যে প্রবীণ জনগোষ্ঠীর আর্থিক অবস্থা অধিকতর শোচনীয়। প্রবীণ ব্যক্তিদের আর্থিক নিরাপত্তা বিষয়ে নিম্নোক্ত পদক্ষেপ গ্রহণ করা হবে ঃ

১. পল্লী ও শহর এলাকায় প্রবীণবান্ধব স্বল্প এবং দীর্ঘমেয়াদী সঞ্চয় প্রকল্প প্রবর্তন করা এবং সে ক্ষেত্রে অংশগ্রহণের জন্য জনসাধারণকে উৎসাহিত করা;
২. সক্ষম প্রবীণ ব্যক্তিদের বয়স উপযোগী পল্লী ও শহর এলাকার সরকারি ও বেসরকারি পর্যায়ে উপযুক্ত কর্ম সংস্থানের সুযোগ সৃষ্টির প্রতি গুরুত্ব আরোপ;
৩. অগ্রাধিকারের ভিত্তিতে অবচ্ছল প্রবীণ ব্যক্তির পোষ্য/নির্ভরশীলদের নিয়ম অনুযায়ী দারিদ্র বিমোচন কর্মসূচিতে অন্তর্ভুক্ত করা;
৪. সক্ষম প্রবীণ ব্যক্তিদের বেকারত্ব দূরীকরণ ও আর্থিক নিরাপত্তার জন্য সরকারের পাশাপাশি স্বেচ্ছাসেবী ও উন্নয়ন সংস্থাসমূহের কার্যক্রম উৎসাহিত ও জোরদার করা;
৫. সক্ষম ও আগ্রহী প্রবীণ ব্যক্তিকে উপযুক্ত প্রশিক্ষণের মাধ্যমে কর্মসংস্থানের ব্যবস্থা করা;
৬. প্রবীণ ব্যক্তিদের কর্মসংস্থান ও আর্থিক সচ্ছলতা আনয়নের জন্য গৃহীত প্রকল্প/কার্যক্রমে সরকারি অনুদান বরাদ্দ করা;
৭. সক্ষম ও আগ্রহী প্রবীণ ব্যক্তির কর্মসংস্থান/স্বকর্মসংস্থানের জন্য সহজ শর্তে ও সুদমুক্ত/স্বল্পসুদে ঋণের ব্যবস্থা করা;
৮. আর্থিক প্রতিষ্ঠানসমূহে প্রবীণদের জন্য প্রণোদনামূলক বিশেষ সঞ্চয় স্কীম চালু করা; এবং
৯. পর্যায়ক্রমে প্রবীণদের জন্য Universal, Non-Contributory Pension Scheme চালু করা।

১২. প্রবীণ ব্যক্তিদের স্বাস্থ্য পরিচর্যা ও পুষ্টি (Health Care and Nutrition for Older Persons)ঃ

বার্ধক্যে পৌঁছে প্রবীণ ব্যক্তি যাতে শারীরিক ও মানসিকভাবে সুস্থ ও স্বস্তিতে থাকতে পারেন সে লক্ষ্যে নিম্নোক্ত কার্যক্রম গ্রহণ করা হবে ঃ

১. প্রবীণদের স্বাস্থ্যসেবা উন্নয়নের লক্ষ্যে প্রচলিত মেডিকেল শিক্ষা পাঠক্রমে বার্ধক্য স্বাস্থ্য পরিচর্যা (Geriatric Care and Medicine) বিষয়টি অন্তর্ভুক্ত করা এবং প্রতিটি মেডিকেল কলেজ হাসপাতাল ও জেলা হাসপাতালে Geriatric বিভাগ থাকা বাঞ্ছনীয়। জরা বিজ্ঞান (Gerontology) ও বার্ধক্যজনিত রোগসহ প্রবীণ ব্যক্তিদের সেবা প্রদানকারী চিকিৎসা পেশাজীবীদের শিক্ষা ও প্রশিক্ষণ প্রদান কর্মসূচি প্রবর্তন করা;
২. সরকারি ও বেসরকারিভাবে প্রবীণ ব্যক্তিদের স্বাস্থ্যসেবা ও চিকিৎসা সুবিধাদি সৃষ্টি ও সম্প্রসারণ করা;

৩. সরকারি ও বেসরকারি অবকাঠামোতে প্রাথমিক স্বাস্থ্যসেবা পরিচর্যার ক্ষেত্রে প্রবীণদের জন্য স্বাস্থ্যসেবা কার্যক্রম আরম্ভ ও জোরদার করা এবং স্বাস্থ্যসেবা কেন্দ্রে প্রবীণ উপযোগী/প্রবীণবান্ধব ঔষধের ব্যবস্থা করণ;
৪. সরকারি ও বেসরকারি হাসপাতাল, ক্লিনিক ও চিকিৎসাকেন্দ্রে প্রবীণ ব্যক্তিগণ যাতে অগ্রাধিকারভিত্তিতে দ্রুত চিকিৎসা সুবিধা লাভ করতে পারেন তার প্রতি গুরুত্ব আরোপ করা। এজন্য পৃথক কাউন্টার ও ওয়ার্ড স্থাপন এবং প্রত্যেক হাসপাতালে কমপক্ষে ৫ শতাংশ সিট প্রবীণ ব্যক্তিদের জন্য সংরক্ষণ করা;
৫. সরকারের পাশাপাশি বেসরকারি স্বাস্থ্য ও চিকিৎসাকেন্দ্র, রোগ নির্ণয়, প্রবীণ স্বাস্থ্য পরিসেবা কেন্দ্র স্থাপনে উৎসাহিত করা ও সরকারি অনুদান প্রদান করা। এই সমস্ত চিকিৎসাকেন্দ্রে অসহায় ও দরিদ্র প্রবীণদেরকে স্বল্প/বিনামূল্যে চিকিৎসাসেবা ও ঔষধ সরবরাহের সুবিধা প্রদান করা;
৬. সরকারি ও বেসরকারি হাসপাতালে প্রবীণ ব্যক্তিদের চিকিৎসার সুবিধার্থে Health Access Voucher, Health Service Card ইত্যাদি চালু করা;
৭. প্রবীণদের জন্য মৌলিক স্বাস্থ্যসেবা দোরগোড়ায় পৌঁছে দিতে স্বাস্থ্য সহকারী এবং স্বাস্থ্য পরিদর্শকের দায়িত্বে প্রবীণদের স্বাস্থ্য পরীক্ষার বিষয়সমূহ (রক্তচাপ, ডায়াবেটিস, চোখের সমস্যা, বাত, কানের সমস্যা, হৃদরোগ, শ্বাসকষ্ট ইত্যাদি) সুনির্দিষ্টভাবে সংযোজন করা;
৮. প্রবীণ ব্যক্তির পরিবারের সদস্যদের বার্ধক্য, স্বাস্থ্য পরিচর্যা, পুষ্টি, খাদ্যাভ্যাস ও খাদ্য তালিকা প্রভৃতি বিষয়ে সচেতন করার জন্য Health worker এবং নার্সদের স্বাস্থ্য বিষয়ক বিভিন্ন প্রশিক্ষণে প্রবীণ উপযোগী খাদ্য অভ্যাস, ব্যায়াম চর্চা, চলাচল করাসহ দৈনন্দিন জীবন প্রণালী বিষয়ে উপদেশমূলক (Health tips) নির্দেশনা অন্তর্ভুক্ত করা এবং পাশাপাশি দেশের সকলের জন্য পুষ্টিকর ও নির্ভেজাল খাবার সহজলভ্য করা;
৯. প্রবীণ উপযোগী মানসিক স্বাস্থ্যসেবা সম্প্রসারণ ও জোরদার করা। এক্ষেত্রে পরিবার এবং কমিউনিটিকে প্রবীণ ব্যক্তিদের মানসিক চিকিৎসা সুবিধা ও পরিচর্যা প্রদান বিষয়ে সচেতন করিয়া তোলা;
১০. বিদ্যমান স্বাস্থ্যসেবা কাঠামোতে প্রবীণবান্ধব চিকিৎসাসেবা নিশ্চিত করার পাশপাশি প্রয়োজনীয় Referral service এর ব্যবস্থা করা;
১১. সরকারি এবং বেসরকারি উদ্যোগে দেশের প্রত্যন্ত অঞ্চলে বসবাসরত প্রবীণ ব্যক্তিদের চক্ষু, নাক-কান-গলা, দন্ত ইত্যাদি চিকিৎসার জন্য অস্থায়ী এবং ভ্রাম্যমাণ স্বাস্থ্য শিবির পরিচালনা করা এবং স্বাস্থ্যসেবা সহায়ক উপকরণ (Assistive device) সহজলভ্য করা।
১২. পরিবারের শয্যাশায়ী এবং দৈনন্দিন জীবনযাপন কার্যক্রম পরিচালনায় সক্ষম নন এমন প্রবীণদের জন্য স্বেচ্ছাসেবা ভিত্তিক হোম কেয়ার (Home care) চালু করা;
১৩. দেশের আপামর জনসাধারণের বৃহত্তর স্বার্থে "স্বাস্থ্য বীমা" ব্যবস্থার প্রচলন ও বিকাশ ঘটানো;
১৪. সুস্বাস্থ্য সম্পন্ন জনগোষ্ঠী পেতে এবং বার্ধক্যে সুস্থ ও সক্রিয় থাকতে হলে শিশু বয়স হতেই স্বাস্থ্য সচেতনতা বিষয়ে একটি জীবনব্যাপী দৃষ্টিভঙ্গির (Life course/cycle approach) ধারণা এবং নির্দেশনা দেওয়ার জন্য গণমাধ্যম, সাংস্কৃতিক কর্মকাণ্ড ও অন্যান্য উপযুক্ত মাধ্যমে

স্বাস্থ্যশিক্ষা কার্যক্রম জোরদার করা এবং যুবক ও মধ্যম বয়সীদের স্বাস্থ্য সুরক্ষা, সুষম খাদ্য, শারীরিক ব্যায়াম অভ্যাস, নিয়মিত স্বাস্থ্য পরীক্ষা এবং ধূমপান, মদপান, মাদকাসক্তি ইত্যাদির পরিণতি বিষয়ে সচেতন করিয়া তোলা।

১৫. বয়স্কভাতা ভোগীদের সরকারি চিকিৎসাকেন্দ্রে চিকিৎসা পাওয়ার বিষয়টি নিশ্চিত করা।

১৬. প্রবীণ নারীদের স্বাস্থ্যগত বিশেষ জটিলতা ও অসুস্থতার বিষয়টি গুরুত্বের সহিত বিবেচনা করিয়া উপযুক্ত চিকিৎসা সেবার ব্যবস্থা করা।

১৩. প্রবীণ ব্যক্তি এবং এইচ আইভি/এইডস (Older Persons and HIV & AIDS):

এইচআইভি ও এইডস হইতে প্রবীণ জনগোষ্ঠীকে রক্ষা করিবার পূর্ব প্রস্তুতি হিসাবে নিম্নোক্ত পদক্ষেপ গ্রহণ করিতে হইবে:

১. এইচআইভি ও এইডস এর ঝুঁকি ও পরিণতি সম্পর্কে সামাজিকভাবে এবং গণমাধ্যম ব্যবহারের মাধ্যমে সচেতন করিয়া তোলা।

২. শিক্ষা প্রতিষ্ঠান এবং ধর্মীয় প্রতিষ্ঠানের মাধ্যমে ইতিবাচক জ্ঞান ও ধর্মীয় অনুশাসন সম্পর্কে সচেতন ও উদ্বুদ্ধ করিয়া তোলা।

৩. সামাজিক ও নৈতিকভাবে কাঙ্ক্ষিত সুস্থ্য ও সামাজিক জীবনযাপনে আগ্রহী হইবার লক্ষ্যে প্রবীণ জনগোষ্ঠীর মাধ্যমে তরুণ প্রজন্মকে উদ্বুদ্ধ করা।

৪. এইচআইভি ও এইডস এ আক্রান্ত প্রবীণ রোগীদের উপযুক্ত চিকিৎসা ও পুনর্বাসনের ব্যবস্থার প্রতি নজর দেওয়া।

১৪. জলবায়ু পরিবর্তন ও দুর্যোগে প্রবীণ ব্যক্তি (Climate Change and Older Persons in Emergency)ঃ

জরুরী অবস্থা, প্রাকৃতিক দুর্যোগ, বন্যা, ঘূর্ণিঝড়, সামুদ্রিক জলোচ্ছ্বাস, নদীভাঙ্গন, ভূমিকম্প, অগ্নিকাণ্ড, শৈত্যপ্রবাহ, মঙ্গা প্রভৃতি কারণে প্রবীণ ব্যক্তিরা প্রতিকূল পরিস্থিতির সম্মুখীন হন এবং অনেক ক্ষেত্রে প্রবীণ ব্যক্তিরা পরিবার হইতে বিচ্ছিন্ন হইয়া পড়েন। এইরূপ পরিস্থিতিতে প্রবীণ ব্যক্তিদের জন্য যে সকল বিষয়ে নজর দেওয়া হইবে:

১. সরকার কর্তৃক প্রবীণ ব্যক্তিদের জরুরী মানবিক সাহায্য প্রদান করিয়া তাহাদের সহায়তা ও সুরক্ষার ব্যবস্থা করা।
২. জরুরী অবস্থায় প্রবীণ ব্যক্তিদের খুঁজিয়া বাহির করা এবং তাহাদের চাহিদা, অবস্থান ও অসহায়ত্ব চিহ্নিত করা।
৩. ত্রাণ সংস্থার সংঙ্গে যুক্ত ব্যক্তিবর্গকে দুর্যোগ অবস্থায় প্রবীণ ব্যক্তিদের শারীরিক ও স্বাস্থ্যগত বিষয় সম্পর্কে সচেতন করা এবং তাহাদের মৌলিক চাহিদা পূরণ করিবার উপায় বাহির করা।
৪. প্রাকৃতিক দুর্যোগকালে এবং দুর্যোগ উত্তর পুনর্বাসনে প্রবীণ ব্যক্তিদেরকে অগ্রাধিকার দেওয়া।
৫. প্রবীণ নারীরা সুনির্দিষ্টভাবে যেইসব ঝুঁকির মুখোমুখি হন, সেইসব দিকে খেয়াল রাখিয়া দুর্যোগকালে প্রবীণ নারীদের শারীরিক, মানসিক, যৌন নিপীড়ন ও আর্থিক শোষণ হইতে সুরক্ষা এবং এই বিষয়ে সংশ্লিষ্ট সকলের সচেতনতা বৃদ্ধি করা।
৬. জলবায়ুর পরিবর্তনের কারণে প্রবীণদের প্রতি প্রতিক্রিয়া চিহ্নিত করা এবং তাহা নিরসন করা।
৭. জলবায়ু পরিবর্তনে যেকোন কর্মসূচিতে প্রবীণদের পরিপ্রেক্ষিত বিবেচনা এবং অংশগ্রহণ নিশ্চিত করা।
৮. জলবায়ু পরিবর্তনে প্রবীণদের জ্ঞান ও অভিজ্ঞতাকে কাজে লাগানোর উদ্যোগ গ্রহণ করা।
৯. সকল পর্যায়ে দুর্যোগ ঝুঁকিহ্রাস নিরসন পরিকল্পনা প্রণয়নে প্রবীণদের সম্পৃক্তকরণ এবং দুর্যোগ সংশ্লিষ্ট প্রবীণ ইস্যু অন্তর্ভুক্ত করা।
১০. বিভিন্ন পর্যায়ে দুর্যোগ ব্যবস্থাপনা কমিটিতে প্রবীণদের অন্তর্ভুক্তির বিষয়টি নিশ্চিত করা।
১১. ত্রাণ বিতরণের ক্ষেত্রে প্রবীণদের অভিগম্যতা নিশ্চিতকরণ, প্রবীণ উপযোগী ত্রাণ সামগ্রী নির্বাচন ইত্যাদি বিষয় বিবেচনায় রাখিয়া সরকারি এবং বেসরকারি উন্নয়ন সংস্থাসমূহ কর্তৃক ত্রাণ কার্যক্রম ও নীতিমালা গ্রহণ এবং ইহার বাস্তবায়ন নিশ্চিত করা।
১২. প্রবীণ উপযোগী পুনর্বাসন কর্মসূচি গ্রহণ করা এবং ঐ কর্মসূচিতে প্রবীণদের অন্তর্ভুক্তি / অংশগ্রহণ নিশ্চিত করা।

১৫. শিক্ষা ও প্রশিক্ষণ (Education and Training) ঃ

শিক্ষা ও প্রশিক্ষণের মাধ্যমে প্রবীণ ব্যক্তিদের অধিকার ও সুযোগ-সুবিধা রক্ষার্থে নিম্ন বর্ণিত কার্যক্রম গ্রহণ করা:

১. সরকারিভাবে প্রবীণ ব্যক্তিদের শিক্ষা, প্রশিক্ষণ ও তথ্যাবলী জানিবার অধিকারের স্বীকৃতি দেওয়া। প্রবীণ বিষয়ক শিক্ষা কারিকুলাম প্রস্তুতকরণ এবং উন্নয়ন সাধন করা।

২. প্রবীণ ব্যক্তিদের শিক্ষা ও প্রশিক্ষণের ক্ষেত্রে সকল প্রকার বৈষম্যের অবসান ঘটানো। প্রবীণ ব্যক্তিদের সৃষ্টিকৃত কৃষ্টি, সংস্কৃতি, সামাজিক ঐতিহ্য ও দক্ষতা কাজে লাগানো। পাঠাগার, বিশ্ববিদ্যালয়, গবেষণাকেন্দ্র ও সাংস্কৃতিককেন্দ্রে প্রবীণ ব্যক্তিদের অবাধ প্রবেশাধিকার নিশ্চিত করা।

৩. সকল বয়সী ব্যক্তি, পরিবার এবং জনগোষ্ঠীকে জীবনচক্রে বার্ধক্য প্রক্রিয়া, ইহার ভূমিকা, পারস্পরিক সম্পর্ক ও দায়িত্বাবলী বিষয়ে সচেতন করিয়া তোলা। পরিবারে এবং বাহিরে প্রবীণ ব্যক্তিদের অবদান বিষয়ে গণমাধ্যম ও অন্যান্য ফোরামের মাধ্যমে তুলিয়া ধরা।

৪. প্রত্যেক ধর্মে প্রবীণ ব্যক্তিদের প্রতি শ্রদ্ধা-সম্মান ও সেবা-যত্নের প্রতি বিশেষ গুরুত্ব আরোপ করা হইয়াছে। ধর্মীয় দৃষ্টিকোণ হইতে প্রবীণ ব্যক্তিদের প্রতি অধিকতর সেবা-যত্ন ও মনোযোগ দেওয়ার বিষয়ে পরিবারের সদস্য ও সমাজের লোকদের সচেতন ও উদ্বুদ্ধকরণ। মসজিদ, মন্দির, গীর্জা, প্যাগোডা ও স্বেচ্ছাসেবী সংস্থার মাধ্যমে প্রবীণ ব্যক্তিদের প্রতি দায়িত্ব-কর্তব্য পালনে উদ্বুদ্ধ করা এবং নতুন প্রজন্মের নিকট ধর্মীয় ও নৈতিক মূল্যবোধকে জাগ্রত করা।

৫. প্রবীণ শ্রমিকদের জন্য প্রশিক্ষণ ও পুনঃপ্রশিক্ষণের সুযোগ তৈয়ার করা যাহাতে অবসর গ্রহণের পরও তাহাদের অর্জিত জ্ঞান ও দক্ষতা কাজে লাগানো যায়।

৬. দেশের উচ্চতর শিক্ষা কার্যক্রমে Geriatric Medicine, Gerontology, Ageing and Development ইত্যাদি কোর্স চালু করা।

১৬. বিশেষ কল্যাণ কার্যক্রম (Special Welfare Activities) ঃ

প্রবীণ ব্যক্তিদের কল্যাণের জন্য নিম্নবর্ণিত কর্মসূচি প্রবর্তন করিতে হইবে:

১. সমাজের দরিদ্রতম, সুবিধাবঞ্চিত, প্রতিবন্ধী, শারীরিকভাবে রুগ্ন-দুর্বল এবং পারিবারিক সাহায্যবিহীন প্রবীণ ব্যক্তিদের অগ্রাধিকারের ভিত্তিতে চিহ্নিত করা এবং তাহাদের জন্য কল্যাণমূলক কর্মসূচি গ্রহণ। অবহেলিত, সুবিধাবঞ্চিত প্রবীণ ব্যক্তিদের জন্য প্রাতিষ্ঠানিক সেবার প্রতি গুরুত্ব আরোপ করা।

২. প্রবীণ ব্যক্তিদের কল্যাণে নিয়োজিত উপযুক্ত স্বেচ্ছাসেবী প্রতিষ্ঠানের কার্যক্রমকে উৎসাহিত ও জোরদারকরণ। পারিবারের প্রবীণ ব্যক্তিদের সেবা প্রদানের জন্য সরকারি ত্রাণ এবং অন্যান্য সাহায্যের ব্যবস্থা করা এবং সরকারি ও স্বেচ্ছাসেবী সংস্থার যৌথ উদ্যোগে প্রবীণ ব্যক্তিদের জন্য কল্যাণমূলক কার্যক্রম চালু করা।

৩. সরকারি ও বেসরকারি এবং স্বেচ্ছাসেবী সংস্থার উদ্যোগে প্রবীণ ব্যক্তিদের জন্য বিশেষ 'কল্যাণ তহবিল' গঠন করা।

৪. প্রতিরক্ষা সঞ্চয় পত্রের ন্যায় 'প্রবীণ কল্যাণ সঞ্চয়পত্র' প্রবর্তন করা।

৫. স্থানীয় ও আন্তর্জাতিক সংস্থার অনুদানে তহবিল গঠন এবং প্রবীণ ব্যক্তিদের কল্যাণে ব্যয় করা।

৬. সমাজের শিল্পপতি, ধনীব্যক্তি, দানশীল ব্যক্তির ট্রাস্ট প্রতিষ্ঠান ও অন্যান্যদের নিকট হইতে দান ও অনুদান সংগ্রহ করিয়া তহবিল গঠন।

৭. সরকারি বাজেটে প্রবীণ ব্যক্তিদের জন্য অর্থ বরাদ্দ এবং সরকারি অনুদানের পরিমাণ বৃদ্ধি করা।

১৭ . স্বেচ্ছাসেবী সংস্থা (Voluntary Agency) ঃ

সরকারি উদ্যোগের পাশাপাশি প্রবীণ ব্যক্তিদের কল্যাণে বিভিন্ন স্বেচ্ছাসেবী সংস্থাকে সম্পৃক্ত করিতে হইবে যাহাতে তাহারা:

১. সরকার প্রবীণ ব্যক্তিদের কল্যাণের জন্য স্বেচ্ছাসেবী সংস্থার কার্যক্রমকে উৎসাহিত এবং পৃষ্ঠপোষকতা প্রদান করিবে।

২. প্রবীণ ব্যক্তি বিষয়ে সরকার ও স্বেচ্ছাসেবী প্রতিষ্ঠানের প্রতিনিধিদের মধ্যে যোগাযোগ ও আলোচনাক্রমে উপযুক্ত কর্মসূচি গ্রহণ করা হইবে। স্বেচ্ছাসেবী সংস্থার মধ্যে যোগাযোগ ও তথ্যের আদান প্রদান করা এবং জনবলকে দক্ষ করিয়া গড়িয়া তুলিতে হইবে।

৩. প্রবীণ ব্যক্তি বিষয়ক ট্রাস্ট, দানশীল প্রতিষ্ঠান, ধর্মীয় ও অন্যান্য প্রতিষ্ঠানের কার্যক্রম সম্প্রসারণের ক্ষেত্রে সরকার সর্বাত্মক সহযোগিতা প্রদান করিবে। প্রবীণ কল্যাণে সর্বাত্মক সহযোগিতা প্রদান করিবার ক্ষেত্রে বিভিন্ন আন্তর্জাতিক দাতা সংস্থাকেও অন্তর্ভুক্ত করা হইবে।

৪. প্রবীণ ব্যক্তি বিষয়ক স্বেচ্ছাসেবী সংস্থা গঠনের উদ্যোগকে সরকার কর্তৃক উৎসাহিত করা হইবে। পেশাজীবী ও কর্মকর্তা / কর্মচারী কল্যাণ সমিতিকে তাহাদের পরিবারের প্রবীণ ব্যক্তিদের জন্য সেবা ও কল্যাণমূলক কর্মসূচি প্রবর্তনের লক্ষ্যে উৎসাহিত করিতে হইবে।

১৮ . কমিটিসমূহ (Committees) ঃ

দেশের প্রবীণ ব্যক্তিদের কল্যাণে প্রবীণ বিষয়ক জাতীয় নীতিমালা বাস্তবায়ন, তদারকী ও মূল্যায়নে বিভিন্ন পর্যায়ের কমিটি কাজ করিবে:

১. প্রবীণ ব্যক্তি বিষয়ক জাতীয় কমিটি।

২. জেলা প্রবীণকল্যাণ কমিটি।

৩. থানা/উপজেলা প্রবীণকল্যাণ কমিটি।

৪. পৌর ওয়ার্ড/ ইউনিয়ন প্রবীণকল্যাণ কমিটি।

১৯. বাস্তবায়ন কৌশল (Implementation Strategies) ঃ

আলোচ্য নীতিমালা বাস্তবায়নের কর্মকৌশল হইবে:

১. সমাজকল্যাণ মন্ত্রণালয় ও বেসরকারি সংস্থা এবং ব্যক্তির সমন্বয়ে একটি পরীবিক্ষণ কমিটি গঠন করা হইবে। এই কমিটি প্রবীণ বিষয়ক নীতিমালার বাস্তবায়ন, পর্যালোচনা এবং পরীবিক্ষণ করিবে।

২. প্রবীণ ব্যক্তিদের অধিকার, উন্নয়ন এবং কল্যাণে বিভিন্ন কর্মসূচি গ্রহণ, বাস্তবায়ন, মূল্যায়ন ও পরীবিক্ষণের জন্য সমাজকল্যাণ মন্ত্রণালয়ের অধীনে একটি পৃথক অধিদপ্তর অথবা শাখা স্থাপন করা হইবে এবং প্রয়োজনীয় জনবল নিয়োগ করা হইবে। ঐ পরীবিক্ষণ প্রক্রিয়ায় প্রবীণ ব্যক্তি এবং নাগরিক সমাজকে সম্পৃক্ত করা হইবে।

৩. সরকার প্রবীণ ব্যক্তিদের অধিকার, উন্নয়ন এবং কল্যাণের জন্য বিভিন্ন মেয়াদী পরিকল্পনা গ্রহণ করিবে এবং পরিকল্পনা বাস্তবায়নের কার্যকর উদ্যোগ গ্রহণ করিবে।
৪. প্রবীণ ব্যক্তিদের অধিকার, উন্নয়ন এবং কল্যাণ বিষয়ক জাতীয় কর্মপরিকল্পনা বাস্তবায়নের জন্য অর্থ মন্ত্রণালয় অগ্রাধিকার ভিত্তিতে বাজেট বরাদ্দ নিশ্চিত করিবে।
৫. সমাজকল্যাণ মন্ত্রণালয় প্রবীণ ব্যক্তিদের অধিকার, উন্নয়ন এবং কল্যাণ বিষয়ক তথ্য ও উপাত্ত সংগ্রহ এবং গবেষণা কাজ পরিচালনা করিবে। গবেষণা এবং সভা, সেমিনার, ওয়ার্কশপ ইত্যাদির সুপারিশের ভিত্তিতে বাস্তবসম্মত কার্যক্রম গ্রহণ করিবে।
৬. স্বাস্থ্য মন্ত্রণালয়ের বিদ্যমান স্বাস্থ্যসেবা পরিকল্পনায় প্রবীণদের স্বাস্থ্যসেবার বিষয়টি সুনির্দিষ্ট করা হইবে এবং সরকারি ও বেসরকারি পর্যায়ে ঐ পরিকল্পনা অনুযায়ী প্রবীণদের জন্য স্বাস্থ্যসেবা প্রাপ্তি নিশ্চিত করিবার লক্ষ্যে সমাজকল্যাণ মন্ত্রণালয় প্রয়োজনীয় সমন্বয় এবং প্রশাসনিক উদ্যোগ নিশ্চিত করিবে।
৭. প্রবীণ ব্যক্তিদেরকে অবহেলা ও নিপীড়নের হাত হইতে রক্ষা করিবার জন্য উপযুক্ত আইন / সুরক্ষা আইন প্রণয়নে সমাজকল্যাণ মন্ত্রালয় সংশ্লিষ্ট সকল মহলের সহিত যোগাযোগ এবং উদ্যোগ গ্রহণ করিয়া আইন প্রণয়নে সহায়তা প্রদান করিবে।
৮. শিক্ষা ও প্রশিক্ষণ প্রতিষ্ঠান, জাতীয় সম্প্রচার কেন্দ্রসমূহ এবং গণমাধ্যম তাহাদের কার্যক্রমে বার্ধক্য ও প্রবীণ কল্যাণ বিষয়াবলী অন্তর্ভুক্ত করিয়া গণসচেতনতা সৃষ্টি করিবে।

২০. নীতিমালা সংশোধন (Amendment of the Policy) ঃ

নির্দিষ্ট সময়ান্তে সকল মহলের অংশগ্রহণে সমাজকল্যাণ মন্ত্রণালয় গঠিত জাতীয় কমিটি প্রবীণ বিষয়ক জাতীয় নীতিমালা পর্যালোচনা করিতে পারিবে এবং পর্যালোচনার ভিত্তিতে বাস্তবায়নের স্বার্থে নীতিমালার প্রয়োজনীয় পরিবর্তন/পরিবর্ধন ও সংশোধন করিতে পারিবে। সংশোধিত অংশ জারীকৃত আদেশ নির্দেশ নীতিমালার অবিচ্ছেদ্য অংশ হিসাবে পরিগণিত হইবে।

রেজিস্টার্ড নং ডি এ-১

বাংলাদেশ গেজেট

অতিরিক্ত সংখ্যা
কর্তৃপক্ষ কর্তৃক প্রকাশিত
রবিবার, অক্টোবর ২৭, ২০১৩

বাংলাদেশ জাতীয় সংসদ
ঢাকা, ২৭ অক্টোবর, ২০১৩/ ১২ কার্তিক, ১৪২০

সংসদ কর্তৃক গৃহীত নিম্নলিখিত আইনটি ২৭ অক্টোবর, ২০১৩ (১২ কার্তিক, ১৪২০) তারিখে রাষ্ট্রপতি সম্মতি লাভ করিয়াছে এবং এতদ্বারা এই আইনটি সর্বসাধারণের অবগতির জন্য প্রকাশ করা যাইতেছে:-

২০১৩ সনের ৪৯ নং আইন

সন্তান কর্তৃক পিতা-মাতার ভরণ-পোষণ নিশ্চিতকরণের লক্ষ্যে প্রণীত আইন

যেহেতু সন্তান কর্তৃক পিতা-মাতার ভরণ-পোষণ নিশ্চিতকরণের লক্ষ্যে বিধান করা সমীচীন ও প্রয়োজনীয়;

সেহেতু এতদ্বারা নিম্নরূপ আইন করা হইল:-

১। সংক্ষিপ্ত শিরোনাম ও প্রবর্তন।-

(১) এই আইন পিতা-মাতার ভরণ-পোষণ আইন, ২০১৩ নামে অভিহিত হইবে।

(২) ইহা অবিলম্বে কার্যকর হইবে।

২। সংজ্ঞা।- বিষয় বা প্রসঙ্গের পরিপন্থী কোন কিছু না থাকিলে এই আইনে-

(ক) "পিতা" অর্থ এমন ব্যক্তি যিনি সন্তানের জনক;

(খ) "ভরণ-পোষণ" অর্থ খাওয়া-দাওয়া, বস্ত্র, চিকিৎসা ও বসবাসের সুবিধা এবং সঙ্গ প্রদান;

(গ) "মাতা" অর্থ এমন ব্যক্তি যিনি সন্তানের গর্ভধারিণী;

(ঘ) "সন্তান" অর্থ পিতার ঔরসে এবং মাতার গর্ভে জন্ম নেওয়া সক্ষম ও সামর্থ্যবান পুত্র বা কন্যা;

৩। পিতা-মাতার ভরণ-পোষণ।-

(১) প্রত্যেক সন্তানকে তাহার পিতা-মাতার ভরণ-পোষণ নিশ্চিত করিতে হইবে।

(২) কোন পিতা-মাতার একাধিক সন্তান থাকিলে সেই ক্ষেত্রে সন্তানগণ নিজেদের মধ্যে আলাপ-আলোচনা করিয়া তাহাদের পিতা-মাতার ভরণ-পোষণ নিশ্চিত করিবে।

- ১৯ -

(৩) এই ধারার অধীন পিতা-মাতার ভরণ-পোষণ নিশ্চিত করিবার ক্ষেত্রে প্রত্যেক সন্তানকে পিতা-মাতার একইসঙ্গে একই স্থানে বসবাস নিশ্চিত করিতে হইবে।

(৪) কোন সন্তান তাহার পিতা-মাতাকে বা উভয়কে তাহার, বা ক্ষেত্রমত, তাহাদের ইচ্ছার বিরুদ্ধে, কোন বৃদ্ধ নিবাস কিংবা অন্য কোথাও একত্রে কিংবা আলাদা আলাদাভাবে বসবাস করিতে বাধ্য করিবে না।

(৫) প্রত্যেক সন্তান তাহার পিতা এবং মাতার স্বাস্থ্য সম্পর্কে নিয়মিত খোঁজ খবর রাখিবে, প্রয়োজনীয় চিকিৎসা সেবা ও পরিচর্যা করিবে।

(৬) পিতা বা মাতা কিংবা উভয়, সন্তান হইতে পৃথকভাবে বসবাস করিলে, সেইক্ষেত্রে প্রত্যেক সন্তানকে নিয়মিতভাবে তাহার, বা ক্ষেত্রমত, তাহাদের সহিত সাক্ষাত করিতে হইবে।

(৭) কোন পিতা বা মাতা কিংবা উভয়ে, সন্তানদের সহিত বসবাস না করিয়া পৃথকভাবে বসবাস করিলে, সেইক্ষেত্রে উক্ত পিতা বা মাতার প্রত্যেক সন্তান তাহার দৈনন্দিন আয়-রোজগার, বা ক্ষেত্রমত, মাসিক আয় বা বাৎসরিক আয় হইতে যুক্তিসঙ্গত পরিমাণ অর্থ পিতা বা মাতা, বা ক্ষেত্রমত, উভয়কে নিয়মিত প্রদান করিবে।

৪। পিতা-মাতার অবর্তমানে দাদা-দাদী, নানা-নানীর ভরণ-পোষণ।- প্রত্যেক সন্তান তাহার-

(ক) পিতার অবর্তমানে দাদা-দাদীকে; এবং

(খ) মাতার অবর্তমানে নানা-নানীকে-

ধারা ৩ এ বর্ণিত ভরণ-পোষণ প্রদানে বাধ্য থাকিবে এবং এই ভরণ পোষণ পিতা-মাতার ভরণ-পোষণ হিসাবে গণ্য হইবে।

৫। পিতা-মাতার ভরণ-পোষণ না করিবার দন্ড-

(১) কোন সন্তান কর্তৃক ধারা ৩ এর যে কোন উপ-ধারার বিধান কিংবা ধারা ৪ এর বিধান লংঘন অপরাধ বলিয়া গণ্য হইবে এবং উক্ত অপরাধের জন্য অনুর্ধ্ব ১ (এক) লক্ষ টাকা অর্থদন্ডে দন্ডিত হইবে; বা উক্ত অর্থদন্ড অনাদায়ের ক্ষেত্রে অনুর্ধ্ব ৩(তিন) মাস কারাদন্ডে দন্ডিত হইবে।

(২) কোন সন্তানের স্ত্রী, বা ক্ষেত্রমত, স্বামী কিংবা পুত্র-কন্যা বা অন্য কোন নিকট আত্মীয় ব্যক্তি-

(ক) পিতা-মাতার বা দাদী-দাদীর বা নানা-নানীর ভরণ-পোষণ প্রদানে বাধা প্রদান করিলে; বা

(খ) পিতা-মাতার বা দাদা-দাদীর বা নানা-নানীর ভরণ-পোষণ প্রদানে অসহযোগিতা করিলে-

তিনি উক্তরূপ অপরাধ সংঘটনে সহায়তা করিয়াছে গণ্যে উপ-ধারা (১) এ উল্লেখিত দন্ডে দন্ডিত হইবে।

৬। **অপরাধের আমলযোগ্যতা, জামিনযোগ্যতা ও আপোষযোগ্যতা।**- এই আইনের অধীন অপরাধ আমলযোগ্য (cognizable), জামিনযোগ্য (bailable) ও আপোষযোগ্য (compoundable) হইবে।

৭। **অপরাধ বিচারার্থ গ্রহণ ও বিচার।**-

(১) Code of Criminal Procedure, 1898 (Act V of 1898) এ যাহা কিছুই থাকুক না কেন, এই আইনের অধীন সংঘটিত অপরাধ ১ম শ্রেণীর জুডিশিয়াল ম্যাজিস্ট্রেট বা মেট্রোপলিটন ম্যাজিস্ট্রেটের আদালতে বিচারযোগ্য হইবে।

(২) কোন আদালত এই আইনের অধীন সংঘটিত অপরাধ সংশ্লিষ্ট সন্তানের পিতা বা মাতার লিখিত অভিযোগ ব্যতীত আমলে গ্রহণ করিবে না।

৮। **আপোষ-নিষ্পত্তি।**-

(১) আদালত এই আইনের অধীন প্রাপ্ত অভিযোগ আপোষ-নিষ্পত্তির জন্য সংশ্লিষ্ট ইউনিয়ন পরিষদের চেয়ারম্যান বা মেম্বর, কিংবা ক্ষেত্রমত, সিটি কর্পোরেশন বা পৌরসভার মেয়র বা কাউন্সিলর, কিংবা অন্য যে কোন উপযুক্ত ব্যক্তির নিকট প্রেরণ করিতে হইবে।

(২) উপ-ধারা (১) এর অধীন কোন অভিযোগ আপোষ-নিষ্পত্তির জন্য প্রেরিত হইলে, সংশ্লিষ্ট চেয়ারম্যান, মেয়র, মেম্বার বা কাউন্সিলর উভয় পক্ষকে শুনানীর সুযোগ প্রদান করিয়া, উহা নিষ্পত্তি করিবে এবং এইরূপে নিষ্পত্তিকৃত অভিযোগ উপযুক্ত আদালত কর্তৃক নিষ্পত্তিকৃত বলিয়া গণ্য হইবে।

৯। **বিধি প্রণয়নের ক্ষমতা।**- সরকার, সরকারি গেজেটে প্রজ্ঞাপন দ্বারা, এই আইনের উদ্দেশ্য পূরণকল্পে বিধি প্রণয়ন করিতে পারিবে।

- ২১ -

প্রবীণ হাসপাতালে প্রবীণদের পাশাপাশি সকল বয়েসীদের চিকিৎসা সেবা দেয়া হয়

প্রবীণ নিবাস (Old Home)

প্রবীণ ভবন চত্বরে অবস্থিত প্রবীণ নিবাসে ৫৫ বছর বা তদূর্ধ্ব বয়েসীদের জন্য নিরাপদ ও আরামদায়ক আবাসনের ব্যবস্থা রয়েছে। আগ্রহী প্রবীণ-প্রবীণারা সংঘের অফিসে যোগাযোগ করে প্রবীণ নিবাসে বসবাসের সুযোগ গ্রহণ করতে পারেন। বাংলাদেশী প্রবীণ/প্রবীণা যারা শারীরিক ও মানসিক ভাবে নিজের কাজ নিজে করতে সামর্থ রাখেন তারা নিবাসে ভর্তি হতে পারবেন। ফরমে আবেদন করার পূর্বে ২কপি পাসপোর্ট সাইজের ছবিসহ আবেদন করতে হবে

ইনস্টিটিউট অব জেরিয়াট্রিক মেডিসিন (Institute of Geriatric Medicine)ঃ

বাংলাদেশ কারিগরি শিক্ষা বোর্ড অধীনে এখানে তিন বছর মেয়াদী ডিপ্লোমা কোর্স (ডিপ্লোমা ইন ল্যাবরেটরী টেকনোলজি (প্যাথলজি); ডিপ্লোমা ইন পেশেন্ট কেয়ার টেকনোলজি (নার্সিং); ডিপ্লোমা ইন ফিজিওথেরাপি টেকনোলজি) চালু রয়েছে। কোর্সসমূহে ভর্তির জন্য ইনস্টিটিউট এর নির্ধারিত ফর্মে (যে কোন বিভাগ হতে যে কোন বছরের এস.এস.সি/ সমমান পরীক্ষা পাস সর্বনিম্ন জিপিএ ২.৫) আবেদনপত্র সংগ্রহ করে ভর্তি হতে পারেন। ভর্তি প্রক্রিয়া চলছে।

প্রবীণ হাসপাতালে নিজে সেবা নিন এবং অন্য বয়সী রোগীদের সেবা নিতে উৎসাহিত করুন

স্বল্প খরচে উন্নতমানের চিকিৎসা সেবা প্রদানই আমাদের লক্ষ্য

- ২২ -

Annexure 04:
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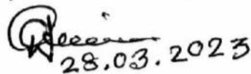

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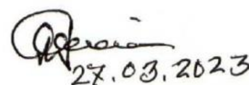
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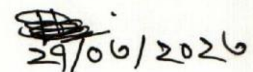
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