

Challenges of Elderly People in Bangladesh

Submitted by

Examination Roll – 3469

Registration No: Ha – 3592

M.S.S. (2nd semester)

Session: 2013-2014



**Institute of Social Welfare and Research
University of Dhaka**

March, 2015

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This Thesis has been conducted to fulfill the partial requirement of M.S.S. degree
(Course: 1004)

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This research **Challenges of Elderly People in Bangladesh** has been conducted as course (course no 1004: Thesis) of MSS degree.

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Executive Summary

This study has been conducted in Rupasdi union of Bancharampur upazilla. Case study and sample survey have been applied for collecting data. Total respondents were eighty. Sixty percent of them were male and rests of them were female. They have different socio-economic condition but all are aged over sixty years. The main objectives of this study were to know about the demographic characteristics of the older person, the socio-economic problems, identify the health problem, psycho social problem and people needs & recommend for formulating policy in favor of their welfare.

Elderly people face many challenges in their daily life. All of the respondents have their children but most of them do not take responsibility of their parents. They even rarely communicate with their parents and do not support them financially or other ways. So that elderly parents are in a depression situation particularly for bad health and economic condition. Most of them have been suffering from various illnesses which hamper their active ageing. In some cases they hardly manage to take medical care for the lack of financial support and also for the negligence of their care givers. So far been merely supported by their adult children they spend their life with loneliness and depression. So most of them are being neglected from the support and care of their near and dear one.

In the study, it is found that most of the respondents are male that consists of 60% and 40% respondents are female among of total 80 respondents. Here, the distribution of respondents is on the basis of sex (Table: 01). In the study, it is found that 50 percent are 60-69 age groups, 32.5 percent are 70-79 age groups and the rest of them 17.5 percent are 80 and above age groups (Table: 02). It is found that 57.5% of the respondents are illiterate. Only 26.25% respondents are literate only signature and 12.5% respondents have passed the class 5-10 and

only 3.75% are completed their SSC & above. None of the respondents is graduated or post graduated (Table: 03). In the study, it is found that 96.25 percent are Muslim and 3.75 percent are Hindu. This table shows that majority respondents are Muslim and rest of them are Hindus (Table: 04).

In the study, it is found that 47.5 percent respondents spouse is alive, 30 percent respondents are widow and 22.5 percent respondents are widower. None of the respondents was found to be unmarried or divorced. Widow have no security are heavily depended on family members. The plight of widowhood is severe and discriminatory among women and consequently they suffer more than widowers (Table: 05). In the study it is found that most of the respondents (72.5%) live in joint family and rest of them (27.5%) live in nuclear family. The family bondage is strong in the Rupasdi union. Family members take care of the elderly people. It is a good sign that the elderly Rupasdi union people can have support from their families. The family size is medium in this union. On an average, every family consists of five members. Fertility and morality rate is high in this union (Table: 06).

In the study it is found that the respondents themselves are the leader of the family. There are 56.25 percent respondent's head of their family. About 11.25 percent husbands are head of their family and the rest of them 32.5 percent are son lead their family. It shows that, respondent's family their most of family head are men (husband or son) and lower number of women are in this position. As a result, most of the elderly women are dependent on their husband or son. So, elderly women faced different types of problem in family (Table: 07). In the study it is found the percentage of the number of family members of the respondents. Only 27.5 percent families consist of 1-3 members, 43.25 percent families have 3-5 members. A good number of respondents live in a large family which is consisted of 5-7 and above members. It indicates that joint family system is greatly existed in Rupasdi union. Though they live in rural

community the trend of social change is little touched to them. A significant number of respondents have no income; they are fully dependent on the family members (Table: 08).

In the study it is found that near of half of the respondents occupation was agriculture. 46.25 percent respondent's occupation is agriculture. Only 5 percent respondents are day labor. 11.25 percent respondent's previous occupation was business. There were only 5 percent people who were service holders. And 32.5 percent respondents were housewives. In previous, all elderly people were involved some any occupation. But, now a present maximum elderly people are not doing job for their physical illness (Table: 09). In the study it is found that 42.5 percent respondents source of income is land. 3.75 percent and 10 percent source of income is pension and business. There are 40 percent respondents source of income is money given by their son. Their son gives money to live and that is the sources of the income of the respondents. Some of the respondents (3.75 percent) are doing their job and get the salary. Most of the respondent's don't get work permission anywhere by their children and some of them are physically unable for work. As a result, they are dependent on their son (Table: 10). In the study it is found that 81.25 percent respondents don't have any current job and on the other hand only 18.75 percent respondents have current job. Some of them do business or something else. Most of the respondents are physically unable for work and some of them don't get any work. As a result maximum respondents have not any present occupation (Table: 11).

In the study it is found that most of the elderly (81.25 percent) people are unemployed due to their physical inability and lack of elderly friendly job. About 3.75 percent earn in the range of tk. 500-1000 per month and 2.5 percent respondents earn tk. 1001-1500. Their 5 percent of the respondents earn 3001 &

above per month. This meager amount of income of the elderly persons can affect their livelihood and consequently health problems. As a result, most of the elderly people cannot fulfill their basic needs. They report that in many times, they take a meal two times in a day. Most of the women are involved in house hold activities which are regarded as non-productive work, but employers are unwilling to hire themselves as day laborers of higher class people (Table: 12). The older people are important and influential in Rupasdi union. In most cases, the family members take the decision from the older persons on family related affairs. It indicates that the family member show the respect and honor to the elderly people. Only 35 percent respondents report that the family members do not take the opinion on family related issues (Table: 13).

In the study it is observed that 32.5 percent respondents report that they have very good relation with the neighbors. 42.5 percent respondents have a good and 22.5 percent respondents are moderate relationship with their neighbors. There are 2.5 percent respondent's reports that they have not a good relationship with the neighbors. It shows that neighbor's relationship is very strong in this union (Table: 14). In the study it is found that the ownership of the house of elders. Here, most of the respondents (66.25 percent) are owner of their house. Their 11.25 percent respondents live their husband's house. 22.5 percent respondents live their son's house that I have seen. In this table many of the elderly women respondents are widow they are legally owner of their husband's house (Table: 15). A good number of the respondents (15 percent) live in hut houses. 22.5 percent respondents live in kancha house which are made by mud & bamboo. Most of the numbers of the respondents (35 percent) lives in tin & wood made house. 6.25 percent live in pacca house and 21.25 percent respondents live in semi-pacca house which are made by brick and tin shed. Maximum respondents are made their house self-made on own land and the

other hand some of them are made their house on the government land which is regarded as *khash* land (Table: 16).

In the study it is found that almost all the respondents face the complex problems. 18.75 percent respondents affect in viral fever. Only 6.25 percent respondent's abdominal pain, diarrhea 1.25 percent, 25 percent respondents affect in asthma. 1.25 percent has blood-pressure, 23.75 percent affect in gastric and 18.75 percent respondents are deeply suffered from diabetics. The rest of 5 percent are affected in the skin diseases and dysentery (Table: 17). In the study it is observed that 47.5 percent respondents are taking treatment and on the other hand half of the respondents are not taking any treatment on their illness. There are 52.5 percent respondents, who are not taking any treatment because of their poverty, lack of treatment facilities and lack of good hospitals and so on (Table: 18). In the study it is found that about 77.5 percent respondents use own tube well and 8.75 percent respondents use pond water for drink. 13.75 percent respondents use neighbor's tube well. It signifies that most of the population gets pure drinking water which is an indication no water borne diseases (Table: 19).

In the study it is found that 21.25 percent respondents use sanitary latrine, 70 percent respondents use kancha latrine and rest of them (8.75 percent) use open space. Safe sanitation is one of the indicators of good health. More than half of the respondents use the unhealthy and unsafe sanitation in the Rupasdi union. It indicates that the union is unhygienic and unhealthy. The elderly people are the worst victims of these situations (Table: 20). In the study it is found that most of the respondents are face financial problem this percentage is 38.75 percent. There are 27.5 percent respondents who face family related problems. Elderly people always feel insecurity in this country. 21.25 percent respondents face social problem. And some of the respondents face another problem except physical problem, which is psychological problem (12.5 percent). Maximum

older persons feel insecurity in their family. Most of the older persons want the diplomatic solution of this problem and want to live with equal rights just like others (Table: 21). The older people are important and influential in Rupasdi union. Most of the respondents are passing their leisure time watching television (47.5 percent). Only 8.75 percent respondents use hearing radio to pass their leisure time. 2.5 percent respondents use reading newspaper. Another big percentage of respondents (41.25 percentages) are gossiping with their grandchildren to pass their leisure time (Table: 22).

After being aged social connectivity decrease. For the weakness and limited capacity of mobility, aged people cannot visit their relatives and on the other hand the relatives do not maintain any communication with the older one. Member of the family neglect the decision of their aged parents, also do not ask for it even an important matter.

The old age challenges depend on the economic solvency of the older ones. A respondent of a higher class family rarely face negligence due to their solvency, on the other hand a respondent of a lower class family having no financial means faces challenge in all the phases of their life.

Every older people think that family should be more responsible for the wellbeing of their present condition and also the support from Government should be increased.

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Chapter One

Introduction

Challenges of elderly people in Bangladesh

1.1 Introduction

Bangladesh is a country of the least developed regions, but it is not out of current global ageing stream. It is a country of about 160 million people, including more than 10 million older persons, is facing a daunting challenge of providing social security, health care and other supports and safety net to the seniors (Rahman, 2012:91).

The latest population census of Bangladesh (2011) showed that 7.4 percent of its population is elderly. This percentage of elderly population is projected to increase 8 percent in 2020, 11.9 percent in 2035 and 17 percent in 2050. The median age of Bangladeshi population is projected to increase by about 15 years over the next half century (i.e. from 2000 to 2050). The ageing index i.e. the ratio of the people aged 60 or over to children less than 15 years of age will be about 5.7 times higher over the next half century (i.e. between 2000 and 2050) for Bangladesh due to the growing number of older persons & reduction of young population. Also the old-age dependence ratio will be almost triple in Bangladesh during the period between 2000 & 2050 (World Population Prospects, 2008). The life expectancy of Bangladeshi population has increased to 68 years in 2011 from only 39.93 years during the independence. All these are related to the rapid increase of the elderly population over the years (www.thefinancialexpress-bd/index).

Again, the older section of the population is increased much faster than the total population along with their vulnerability, thereby multiplying the dimension of the problem. Present situation of the older persons in the country is much more terrific than that of the develop societies. Most of them are seriously suffering from some basic human needs related challenges, it includes-lack of minimum

income and employment opportunities, extreme poverty, senile diseases accompanied by absence of proper health, medical care, food, nutrition and comfortable living arrangements, isolation, exclusion, loneliness, negligence, psychological and cultural complexities etc. Their capacities for doing creative and socially useful work are under estimated. It call for proper action programs to reduce their vulnerabilities and bring them in the stream of social life as active, productive, healthy and right based dignified members of the society.

Population aging is the process by which older individual become a proportionally large share of the population is one of the most distinctive demographic events of the 21st century. Initially experience by more developed countries, the process has recently become apparent in much of developing world like Bangladesh as well.

In 1950 there were about 200 million people age 60 above throughout the world and it was projected up to 1.2 billion by 2025, which about of the world population. Aging is the inevitable and irreversible result of the development of demographic structure. The present world is experience an age-quake. Every month 1 million people or so will turn to be aged 60 (world population projection to 2015). As a result the rapid declining trend in fertility and mortality rates rise in the number and proportion of the population has received worldwide attention.

Most of the elderly people in Bangladesh now living both rural and urban societies and their literacy rate are not well enough. No separate health policy existing for the elderly in Bangladesh. Geriatric problem are usually ignored in medical education and profession. There is lack of sufficient information on research and on the elderly in health sector.

Aging is a new phenomenon in Bangladesh that is regarded as turning point in the development issues particularly in the progress of the society. The problems

that are faced by order in Bangladesh, it cannot be changed following a single prescription. The Govt. should take some effective measurement involving NGOs which have been working especially for order. However elderly population is an asset of the nation. They have experience, wisdom, knowledge which can be used for the national reconstruction and development. It is responsibility of everyone to take care of our national asset and utilize their experiences in the development of the country.

In poor and developing countries, the old generation not always welcomed because of many social and economic factors. During old age non-communicable diseases like diabetes, hypertension, stroke, cancer, chronic, obstructive lung diseases, cataract, prostate problem, hormonal problems in female, predominate one's life. There is also an increased chance of fall, traumatic injury, fractures, dementia, impaired hearing and vision. All these make the life of an old person unproductive, incapable and they become burden to their family and society

1.2 Rationality of the Study

Among the south Asian countries Bangladesh is considered one of the twenty developing countries with largest number of elderly population. Bangladesh, with its 10 million out of 160 million in the older age group, is not out of the current global aging stream and facing a daunting challenge in providing social security, health care and other safety net programs to the seniors. At present, around 7 percent of Bangladesh's population constitutes the elderly population, but their absolute number (about 10 million) is quite significant, their rate of increasing is also very alarming (Rahman, 2010).

The elderly people need not only financial help, also love and respect from their near and dear ones. Therefore the core family values which have been lost in the whirlpool of so called nuclear life style, must be redress through various

campaigns, old age has a dual dimension of challenges and opportunities that can give society their vision of life. So it is the task of the society and government to guard the safety and right of the elderly.

There are very little institutional support and services being provided by the government or NGOs in Bangladesh. The government programs are designed mainly in the retired government employees. There is a little public safety net program for the aged people living in poor families. The world elderliness has only mentioned in the third five year plan (1985-1990) at the government level planning. In the fourth five year plan (1990-1995) 5 million taka was allocated for the time with a view to setting up some institutions for welfare of the elderly. In order to provide institutional services in the fifth five year plan (1997-2002), the government has decided to build up Boisko Nibash (old home) in six divisional cities of the country. In the middle of 1998, the government introduces a new pension program for the older poor people.

Unfortunately the vast majority of people in the society are still less aware of the problem of aging people. Information and knowledge therefore, in this regard essential to formulate policy planning and program and to raise awareness to address the issue from the right prospective. Some sporadic studies have been conducted on this issue. Most of the studies are merely socio-economic surveys. In this background the issue relating to problem of elderly people in Bangladesh appears to be the crying need an interview study.

This study hopefully will be pertinent sources of information for those who will be interested in caring out further research in this field.

The proposed study however will make an attempt to gather information out of which the planners can make their own assumption of the prevailing situation. The overt and covert dimension of this problem emerging in this study will

provide the planners with a measure of foresight to deal with them effectively. A matter of fact this study will contribute to the knowledge of the policy makers, planners to draw up a more realistic and appropriate social policy and programs for the betterment of overall situation of the old age problem. Finally the study will help researcher pave the way for further researcher on new dimension and directions of the old age problem.

1.3 Objectives of the Study

The general objective of the study is to find out the challenges of the elderly. The specific objectives are as follows-

- a) To know about the demographic characteristics of the older population in Bangladesh.
- b) To know about the socio-economic problems of elderly people.
- c) To identify the health problem faced by the older person.
- d) To know about their psycho-social problem.
- e) To understand the behavior pattern of the society towards the aged.
- f) To identify the study people needs and recommend for formulating policy in favor of their welfare.

1.4 Operational Definition of the Concepts

Elderly

Elderly is defined as an increase in the proportion of population, which is elderly there is no universally accepted definition of the elderly but in most gerontology literature, people above 60 years or above are considered as 'old' and taken to be the elderly segment of the population of a country.

Elderly Challenges

The challenges (technological, economic, health, social and culture) that are faced by older person and which affect their normal social functioning.

1.5 Methodology of the study

The present study is both qualitative and quantitative in nature. Survey method & case study method have been used in the study. The reasons behind using mixed method approach lie on merits and demerits of qualitative and quantitative approaches. Considering the merits and limitations of qualitative and quantitative approaches, both the methods have been used in the study. Rupasdi union of Bancharampur upazilla has been selected purposively for conducting the research. A list of age people has been prepared through household census from this union. There are a total (approximately) 650 elderly people live in the study areas. All the older persons both male and female are the population of the study. Finally, 80 older persons have been selected for data collection by applying random sampling technique. Each respondent irrespective of color, caste and religion has been considered as a unit of analysis. Data of the study have been collected from both primary and secondary sources. Primary data have been collected from selected samples through interview, case study and observation. Secondary data have been

gathered from published and unpublished research reports, journals, and books as well as from record and documents of relevant agencies. Primary data have been collected through an interview schedule. For this purpose, a semi-structured interview schedule (close and open ended) has been prepared for data collection, which is pre-tested prior to the field work in order to improve its reliability. Requisite data have been collected from the selected older persons by direct/face to face interview. Moreover, observation technique has been applied for data collection. A check list has been prepared for conducting the case studies. Two case studies have conducted where in-depth interview technique is used. At first, the collected data have been edited properly. The necessary steps have also been taken for creating codes of qualitative data. Then the data have been directly manipulated through statistical software. In analyzing qualitative data, description and explanation of themes and concepts have been presented in a narrative way.

Area of the Study: Rupasdi union of Bancharampur upazilla.

Population and Sampling

All people with aging and who live in Rupasdi union were research population. This study was conducted on total number of 80 samples. Respondents of the study were selected using non – purposive technique ‘simple random sampling’.

Sources of Data

Data of this study was collected from both primary and secondary sources. Primary data was collected from selected sample and secondary data was gathered from published & unpublished research report, journal, books as well as the records & documents of the relevant agencies.

Data Collection Technique

Primary data was collected through interview schedule. Moreover observation technique was also applied for data collection. The secondary sources of data were also explored to supplement the findings from primary sources.

Data Analysis

After collecting data, it was edited and coded classified accurately. Then the data was manipulated directly through using statistical procedure.

1.6 Limitations of the study:

Some limitations are found in conducting the study, the inquirer tried best to overcome such limitations to collect the accurate information. The limitations which have been perceived during the interview and case study are as follows:

- a) Many respondents didn't show interest to provide information. They felt hesitation to answer some questions. It was very difficult for me to make them understand as well as to collect data.
- b) Many of the respondents were not available or had not enough time to provide information due to their business. As a result, the researcher had to go to the respondents frequently to collect the information.
- c) Most of the respondents have no idea about their rights and old allowance. So it was very difficult to collect the accurate information about their rights.
- d) In many cases, most of the respondents especially the female respondents felt hesitation to answer the covert illness. So it was very difficult to get the actual information regarding their illness. In addition, some elderly found suffered from loss of memory.
- e) Most of the respondents are old. Because of infirmity of old age they are weak and maximum of them are illiterate. Sometimes they are unable to

give right answer because of their illiteracy. Many times they are not revealing their opinion fully and correctly. Maximum time they are not remembering and depend on their guess in a special manner such as age, income, the incident that was gone past. In this research always their opinion are granted.

- f) I bear the cost of research rather this research included in curriculum. So this research are little bit obstacle for lack of money.
- g) Maximum time repliers are avoided sensitive question that is opposing of the research.
- h) Each and every elderly people's problem and situation are not same. So selecting this problem researcher is faced some problem.
- i) Shortage of time limitation in this study.
- j) Literature on ageing in Bangladesh is scarce. It is also a limitation of the study.

- k) The population of the study should have been that of every area of village in Bangladesh. But this study is conducted only Rupasdi union that are situated in Bancharampur upazilla. So it is not quite possible to generalize on the entirely aged population of Bangladesh by obtained result.

At last, I can say that I tried my best to ensure perfection in this report. It is very usual to find mistakes in research. For this reason after completion one research then need to again research for same subject. For this reason one research is new command to do another research. In spite of having above limitations the researcher believes that these limitations have no influence on information collection, observation because this research was conducted on the basis of literature survey regarding these subjects.

Chapter Two

Literature Review

Literature Review

This chapter deals with the review of literature relevant to present study and tried to find out the gap in the existing research and build theoretical framework to address the research issues. It is mentioned that there have been considerable number of studies on ageing issues in Bangladesh. But researcher found that only few researches are conducted in ageing women issues.

Islam & Fatema (2011) conducted a study on *Problems of the Elderly in Changing Families: A Study on Urban Areas of Bangladesh*

Analyze the existing situation of elderly in Bangladesh. They used both primary and secondary data. They mentioned that, the traditional form of family support for older people is weakening. In traditional joint family system, they used to enjoy an honorable life in the past. But breakup of the joint family system, aged parents and relatives are often exposed to emotional negligence and denied family support. The study also mentioned that, there have been remarkable improvements in life expectancy in the last century and the successes in lengthening life expectancy have raised new questions about added years of life mean a healthier life or an increased burden of chronic illness. There is no social safety net program of government except old age allowance of Tk. 250 per month here is no ways and means of addressing the plight of the elderly people with no law in place to protect their rights. The study also drew some recommendations for improving the situation of elderly in changing family structure in Bangladesh that, the government and NGOs may carry the collective programs as well the social security programs should be intensified.

Kalam & Khan (2006) conducted a study on *Morbidities among Older People in Bangladesh: Evidence from an Ageing Survey*

They used a multistage sampling design to collect information for the study. Data have been collected from all six administrative divisions of Bangladesh. In recent decades, the population structure in many countries has been reshaping due to combined effect of falling fertility and increased life expectancy. Because of demographic interaction, a trend of increasing proportion for aged 60 years or more has emerged which cause new concerns to academics, researchers and policy makers. Although ageing is relatively a new demographic phenomenon in Bangladesh, demographers however believe that it will have profound impact on the economy, politics and society as a whole. As more people live longer, retirement, pensions and other admissible social benefits tend to extend over longer periods of time. This makes it necessary for social security systems to change substantially in order to remain effective in particular for keeping the elderly in good shape. The paper attempts to explore the types of illness among older people in Bangladesh using data collected from a national survey. It also describes the factors associated with health situation of the elderly in Bangladesh.

Hossen (2010) conducted a study on *Bringing Medicine to the Hamlet: Exploring the Experiences of Older Women in Rural Bangladesh Who Seek Health Care*

The purpose of this study was to explore the experiences of older women in rural Bangladesh who seek health care. Qualitative methods were used to collect data from 17 older women in Bibirchar Union, Sherpur District, Bangladesh in June 2006. The study is intended to generate findings to help policy makers plan appropriate strategies to improve the health of this highly

vulnerable population group. The findings reveal that women's culturally and socially determined roles greatly impair their health and play an important role in health-seeking behavior through a complex web of social, economic, religious/cultural and behavior a interrelationships and synergies that pervade every aspect of their lives. Both demand factors – which include age, gender, cost, quality, geographic accessibility, availability of resources, the seriousness of the condition, and traditional and religious beliefs — and supply factors which include health system barriers such as perceived high cost of health services, geographical distance, scarcity of female health workers, understaffing, inadequate supply of drugs, discrimination and disrespectful treatment based on class, age and gender lead to reduced use of health services. The social determinants of health perspective informing the study shapes the conclusion that there is , an urgent need for changes to the publicly funded health care system that would make it more accessible to older women in Bibirchar. These changes include ensuring an adequate supply of medications and equipment in the primary health centers, provision of free medications, and training of health service providers in geriatrics. Further, it is recommended that the referral system among the various health services be strengthened, collaboration between traditional health providers and modern health providers be provided, and that spiritual beliefs be integrated into health care provision. Training in how to treat older patients respectfully is recommended for all health.

A provider working in government-funded organizations as is the hiring of more female health care providers. Incentives to attract physicians to work in publicly funded facilities in rural areas are suggested and provision of free hospital and preventive testing services for older adults. In the longer term, recommendations are made that would increase the status, respect and resources commanded by older women in Bangladesh. These include health promotion programs to change public attitudes about the importance of providing health care to older women, investment

in the social development of rural areas in Bangladesh, empowering local communities in health care decision making, and enhancement of economic opportunities for women. Finally a need is identified to redefine health from a limited understanding of it as the absence of disease" to one grounded in a determinant of health perspective.

Khan, T.A. Hafiz & Leeson, W.George (2006) conducted a unique study on *The Demography of Aging in Bangladesh: A Scenario Analysis of the Consequences*

The main postulates of their study are three important questions remain: 1) whether or not the debate on aging has really emerged as a demographic issue; 2) if so, what are the important issues that should be addressed? And 3) how should the country be prepared to face the challenges of aging in order to implement public policies. The study uses data collected from a national representative primary source. The study provides some important findings. By now aging has emerged as a new demographic issue in Bangladesh as the absolute number of older people is very large and is expected to grow in the years to come. There will be more people widowed in old age. Despite recent socioeconomic changes, older people prefer to live with their loved ones, particularly married sons with grandchildren so they can spend time with them in later life. In turn, they also support families, both financially and voluntarily. The study also reveals that the traditional support system is gradually shifting downwards in Bangladesh and older people are seeking alternative financial and health care support from the government. Research is needed to understand the reality of older people, their well-being and security. People should be encouraged to support and accommodate their older parents or relatives as regular members of the family. The government should introduce

an appropriate pension system and health insurance scheme to cover the vast majority of poor people who live in rural areas.

Alam (2000) conducted a study on *Care for the Elderly Poor: A Case Study of a Bangladeshi Village*

These reports based on the broad objectives describe the content and qualities of care received by the elderly in poor households and explore the process of health care provision. The study has been employed several different qualitative methods in order to attempt methodological triangulation. The major part of the information was collected through the use of in-depth interviews and key-informant interviews. Eight elderly women and eight elderly men from Shaharbil village under Chakaria upazilla (sub-district) of Cox's-Bazar district were interviewed as core informants. Five key informants and few NGOs and government officials were interviewed. The purposive sampling method was used in sample selection.

The study findings reveal that poor older people are facing various kinds of physical, economic and psychological problems. Physical weakness is the most commonly reported health problem which is either a cause or a manifestation of other problems. It was also found by the study that poor elderly feel that they are not respected by the younger generation. They cannot take part in the decision-making process of the family.

In terms of living arrangements of elderly it seems that poverty is the single biggest factor staying the traditional form of family support for the elderly. Neighbors and villagers are the most important support providers for many poor elderly. They are the single most important support providers for the elderly living alone. Besides economic support the older poor are very much in need of nursing and other physical help. The study highlighted that an older male

with a living spouse suffers less than a widow/widower because he can rely on his wife for physical support, and providing special nursing during sickness.

In short **Alam** (2000) study was a first study which is focuses the views of poor elderly on residing old home. It was found that majority of the elderly are not eager to move to a possible home caring for the elderly in the locality. Lack of trust and feelings of insecurity that are perhaps derived from the lack of practical experience with this kind of institutional care are found as the major obstacles to moving to a nursing home by the elderly poor.

Kneda, Zmmer, Fang, & Tang (2009) in their study *Gender Differences in Functional Health and Mortality among the Chinese Elderly Testing an Exposure Versus Vulnerability Hypothesis*

This report focused on older adults in Beijing with three objectives: to examine gender differences in functional health and mortality at the end of a five-year study period, controlling for initial functional health; to determine the extent to which these differences were a function of exposure versus vulnerability to risk factors; and to analyze the relative importance of social, economic, and psychological risk factors in explaining gender differences. The results show that women were more likely to survive and to be functionally dependent at follow-up compared with men among those functionally independent at baseline. No significant differences among those who were initially dependent were apparent. Differential vulnerability to risk factors, more so than exposure, explained the variation in health outcomes across gender. Smoking, a lack of formal education, a lack of health insurance, a low sense of control, stressful events, and rural living played large roles in explaining the differences.

In conclusion all literature reviewed in this subject generalize that aged population in Bangladesh has been growing rapidly and their situations are vulnerable.

Especially the condition of aged women is worse than that of aged men. Most of the literature mentioned that older people in Bangladesh prefer to live with their loved ones, particularly married sons with grandchildren so they can spend time with them in later life. The existing literature also explored that the traditional family system has been changed and the living arrangement of elderly is an emerging issues in Bangladesh. However, there is no significant research conduct on this subject of living arrangement of elderly especially on old age home and health care of older women.

Rahamn, Masud Ibn (2013) conducted a study on *Elder abuse and neglect: From Bangladeshi older women and analyzed the existing situation of elderly in Bangladesh*

They used a qualitative approach has been applied for this study. A number of studies on the neglect of older persons are found in literature. Most of the influential studies are found from America. One such study has portrayed that abuse by caregivers may be physical, emotional or financial. It may involve intentional or unintentional neglect. These various forms of abuse may be motivated by many factors Caregiver Stress and Physical. Abuse studies of physical abuse by caregivers have yielded divergent results reflecting variations in methodology and how care giving was defined. An early study of abuse by non-spousal caregivers, for example, revealed that 23 percent engaged in some form of physical abuse. A survey administered to a sample of 342 callers to a help line for caregivers found that 12 percent of the callers had physically abused the person in their care at least once. Other studies have revealed rates of physical abuse by caregivers at 6 percent, 5 percent and 10.5 percent. Other inconsistencies have also been observed. For example, one research team identified adult offspring caregivers as the most likely to commit acts of

violence, others suggest that spousal caregivers are proportionately more likely to abuse.

For every case of elder abuse and neglect reported to authorities, experts estimate as many as 23 cases go undetected. This study has concluded that most elder abuse and neglect takes place at home. About 95 percent of older people live on their own or with their spouses, children, siblings or other relatives not in institutional settings. When elder abuse happens, family, other household members or paid caregivers are usually the abusers. Although there are extreme cases of elder abuse, often the abuse is subtle and the distinction between normal interpersonal stress and abuse is not always easy to discern.

The quality of life of older individuals who experience abuse is severely jeopardized, as they often experience worsened functional and financial status and progressive dependency, poor self-rated health, feelings of helplessness and loneliness and increased psychological distress. Research also suggests that older people who have been abused tend to die earlier than those who have not been abused, even in the absence of chronic conditions or life-threatening diseases. The most recent study to estimate the occurrence of elder abuse and neglect nationally concluded that about 450,000 persons age 60 or older experienced abuse or neglect in domestic settings in 1996.

Another study has described that approximately 450,000 elderly persons in domestic settings were abused and/or neglected during 1996. When elderly persons who experienced self-neglect are added, the number increases to approximately 551,000 in 1996. Additionally this study finding shows that female elders are abused at a higher rate than males, after accounting for their larger proportion in the aging population. Oldest elders (80 years and over) are abused and neglected at two to three times their proportion of the elderly population. And in almost 90 percent of the elder abuse and neglect incidents with a known perpetrator, the perpetrator is a family member and two-thirds of

the perpetrators are adult children or spouses. Finally victims of self-neglect are usually depressed, confused or extremely frail.

Islam & Khatun (2013) conducted a study on *problems of Elder Widow: An empirical study based on the broad objectives describe the contents of problems of elderly widow*

The study has three important objectives: 1) To know the socio-economic problems of the elderly widow. 2) To know the health related problems of the elderly widow. 3) To find out the suggestions in regarding to solve their problems.

They used both primary & secondary data, case study method used in data collection. A number of total 6 elderly widows were select purposive sampling technique. The major part of the information was collected through face to face in-depth interviewing as well as observation. Besides, data was collected from secondary sources such as books, journals, internet etc.

Poor social interaction and relationship were very common among almost all the elderly widows of this study. Most of their social life was limited to chatting with neighbors. Elderly widows who were dependent on their sons or daughters were found busy in doing house hold activities. Interestingly, taking care of grandson or daughters way found as a meaningful social interaction for many of respondents of the study. As acknowledged by one of the elderly widows of the study-

'I did not face big problem but after my husband death my family relation is getting weak. They do not discuss with me the family decisions. Like that my social relation with my family members' has changed a bit. But all of them love me.'

Participation in social and cultural program is also very low for elderly widows. Social isolation is also found as a negative consequence of elderly widow in different studies. For many elderly older women, a combination of physical ill-health, financial insecurity, problems with housing and transport after the death of their spouse, all contribute to the loss and isolation commonly associated with widowhood.

Widowhood, though an inevitable status has impact on the lives of people when it occurs. The death of a spouse can be one of the most stressful role transition which results in profound change in the status, stability and security of the woman. The death of a spouse results in a problem of re-adjustment. Most times, the widow suffers from insecurity and wants especially with regard to the maintenance of the house and children. In the past, this role was a joint responsibility of the couple. The financial insecurity leads elderly to work hard and even doing manual labor. Half of the elderly widows of this study were found as the sole bread earners of their family.

Among the several problems of the elderly in our society, economic problems occupy an important position. Mass poverty is Bangladesh reality and the vast majority of the families have income far below the level, which would ensure a reasonable standard of living. The most vulnerable are those who do not own productive assets, have little or no savings or income from investments made earlier, have no pension or retirement benefits and are not taken care of by their children or they live in families that have low and uncertain incomes and a large number of dependents. Nearly half of the elderly widows are fully dependent on others and rest of the half was found in struggling with their livelihood.

This program was found to have immense multidimensional positive impacts on the recipients, recipient's family and also on the rural society as a whole. Though government is gradually targeting more beneficiaries, the selection process of the elderly for the old age allowance is not transparent and many

eligible beneficiaries are excluded from such social assistance program. Lack of accountability, proper monitoring system and nepotism of the local government bodies make the proper implementation of this program difficult. Moreover, considering current market price of necessary commodities the amount is insignificant.

Islam, Md. Rafiqul (2013) conducted a study on *Age discrimination in Bangladesh Society: Dhaka north & south metropolitan area*

Ageism or age discrimination is stereotyping and discrimination against individuals or groups because of their age. It is a set of beliefs, attitudes, norms and values used to justify age based prejudice, discrimination and subordination. The general objective of the present study is to know the age discrimination of the elderly in the community level, so the objectives are—1) To know the family background and demographic profile of the respondent elderly people. 2) To know the age discrimination regard socio cultural activities in the community. 3) To know the age discrimination received community services in the elderly. 4) To explore the input of old age discrimination on elderly people. 5) To find out the problem due to old age and to seek suggestions from the elderly people.

A methodology refers to the choices made about the cases to study method, data gathering, forms of data analysis and so-on in planning and executing a research study.

A study they chosen 5 older people as sample, out of them 4 are female and 1 is male. At the old age of (60-65 years old), there are 1 is female older person. At the age of (66-69 years old), there are 1 female older person and at the old age (70-80 years old), there are 1 male older person and 2 female older person. In terms of educational qualifications of the above samples are: primary education

have been completed by 1 male and 1 female older person and 3 female is uneducated. Here all of the samples are in single marriage except 1 male older person, who has got his second marriage after the death of his first wife. Most of the older persons 4 are in joint family and rest 1 older persons are in a nuclear family.

The study show that older persons are always interested to participate to socio-cultural activities in the family and community. But most of the older person is facing lack of basic needs. So the community cannot support to the poor and elderly people to the socio-cultural activities. The research shows that five elderly peoples are discriminated against community service. 1 female elderly people does not get honor because she is prostitution, poor and has no son and husband and is an elderly female. Another elderly people cannot engage to community support due to older. They are not getting the respect to the community. 2 female elderly people resorted to begging to obtain food. As a result she often goes without eating a meal. She too, appealed to Union Council members and chairman, but did not receive any relief because of her inability to provide bride money.

A lot of age discrimination comes from negative stereotypes of aging. Our society tolerates a range of negative stereotypes about older people. For example all older people are mentally and physically weak, stubborn, out of date, unable to learn, seriously unhealthy, in all, a burden to society. When a society accepts these images, it is not surprising that older people are treated worse just because of their age, in employment, in financial and other important services, in having their views and choices respected. The rights of older people are often violated, most of the elderly people, they are abused and neglected by their family, community, due to have no ability to earning.

Hossain, Yeasmin, Nahar, Haider & Rahman (2013) conducted a study on *Needs of and Services to the Urban Elderly: A Study*

The primary objective of the study was to find out the needs and services of elderly people in urban area of Bangladesh. The study is qualitative in nature. Case study was the basic method of collecting data. A case study guide line was prepared to collect information. In this study 6 cases aged above 60 were selected and all of them retired from job and currently living in Dhaka city. Traditionally Bangladeshi family structure is still remaining aged friendly. This study reveals that most of the elderly are getting satisfactory services from their family and some of them mentioned about the total dependency of getting services on family. An elderly people said “I am totally depended on my family, especially to my wife and daughter. They are providing food, care, health, economic, emotional and maximum support in my physical distressed”. On the other hand; our traditional family system is facing great consequences and already started to create crucial circumstances for elderly and their care giving. Modernization, urbanization, rapid migration, development of professionalism and so-on are making a vacuum for the services of elderly people from traditional family system.

Study found that they are expecting maximum care (foods, meals, 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 Hospitals, community services, treated respectably, recreation services and the helping hands of enablers (Individual/agency) for taking elderly welfare initiative at community level are the major expectation of elderly people as study related. A case mentioned Government also can facilitate and take proper initiatives relating to community services.

Chapter Three

This chapter includes

- 3.1 Concept of Ageing
- 3.2 Concept of older person
- 3.3 Demographic situation of elderly people in Bangladesh
- 3.4 Socio-economic condition of elderly people in Bangladesh
- 3.5 Health situation of elderly people in Bangladesh
- 3.6 Available services of the elderly in Bangladesh
 - 3.6.1 Government initiatives
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 - 3.6.3 Constitution of the country
 - 3.6.4 National policy on ageing
 - 3.6.5 National committee on ageing
 - 3.6.6 Old age allowance program
 - 3.6.7 National health policy
 - 3.6.8 Five years plans
- 3.7 Non-Government initiatives
- 3.8 Prospects
- 3.9 Promising sectors of elderly people

Present Situation of Elderly People in Bangladesh

3.1 Concept of Ageing

The term ageing refers simply to the process of growing old. It is a normal biological phenomenon is a slow imperceptible progressive process advancing with chronological age, leading to increased deterioration, vulnerability and ultimately cumulating to extinction (Encyclopedia of social work in India). It is in humans refers to a multidimensional process of physical, psychological and social change. (*Wikipedia*)

Ageing is generally associated with fatigue, decline in functional capacity of the organs of body, decreased ability to cope with the stress of disease. Mainly ageing is a complex, lengthy and comparative conditions so it is difficult to define it.

3.2 Concept of older person

Population ageing is defined as an increase in the proportion of population, which is elderly. There is no universally accepted definition of the elderly but, in most gerontologists literature, people above 60 years of age are considered as 'old' and taken to be the 'elderly' segment of the population of a country. In Bangladesh, persons aged 60 or above are considered to be elderly. However, in reality people in this country become older before the age of 60 because of poverty, physical hard working and, inability and illness due to malnutrition and geographical condition.

(<http://www.unnayan.org/reports/Policy%20Brief%20on%20Elderly%20Population.pdf>).

3.3 Demographic Situation of the Elderly People's in Bangladesh

Ageing of the population is one of the most important demographic facts that came to the foreground in the 21st century. With the increase in life expectancy of the world population ageing is now a global issue. It is common all over the world that elderly age range is increasing rapidly and on the other hand the number of children and youth population is decreasing. In 1950, the number of world population of age 60 years and above was about 200 million, constituting 8.1 % of the total global population. In the year 2050, there will be a manifold increase; the world's elderly population is projected to be 1.8 billion which is about 20% of the total 9.8 billion. The annual rate of increase of population is 1.5%, while at the same time the rate of increase of the elderly population of age 60 + would be 2.5%.

(http://www.un.org/esa/population/cpd/cpd2007/Country_Statements/Bangladesh.pdf)

Table 3.3.1: Population Aged 60 years or Older: World & Major Regions

Country or Area	Population Aged 60 years or Old										
	Number (millions)		Percentage of total Population		Percentage living alone		60 and above population percentage in labor force		Percentage currently married		Sex ratio (Men per 100 women) 2006
	2006	2050	2006	2050	Men	Women	Men	Women	Men	women	60+
World	687	1968	11	22	8	19	40	16	80	48	82
More developed regions	247	400	20	32	13	32	22	11	79	48	72
Less developed Regions	440	1568	8	20	5	9	50	19	81	47	88
Least Developed Countries	39	171	5	10	4	8	71	37	85	39	85
Africa	48	192	5	10	6	11	64	32	85	39	83
Asia	34	1231	9	24	5	9	48	18	81	50	88
Europe	151	225	21	34	13	35	15	7	80	47	69
Latin America and the Caribbean	50	188	9	24	7	10	46	16	75	42	82

Source: United Nations Population Division, 2007

Population ageing is increasingly recognized as a process of major significance for all society. Table -1 show that, how rapidly increase world population. The issue of living alone in old age is also considerable as in more developed regions, there are only 13 percent men living alone at old age in 2006 compared to 32 percent women. In less developed regions these figures are 5 percent and 9 percent for men and women respectively (See table-1). Aged people 60 years or over, who currently married, in more developed regions, 79 percent are men and 48 percent are women. Thus, a large proportion of older women at are 60 over are widowed, divorced or separated, which of course put these women in vulnerable position.

In world, the elder people ratio is difference between developed and developing countries. In developing countries, the proportion of older persons is expected to rise from 8 to 19 per cent by 2050, while that of children will fall from 33 to 22 per cent. Though developed countries have been able to age gradually, they face challenges resulting from the relationship between ageing and unemployment and sustainability of pension systems, while developing countries face the challenge of simultaneous development and population ageing. There are other major demographic differences between developed and developing countries. While today the overwhelming proportion of older persons in developed countries live in areas classified as urban, the majority of older persons in developing countries live in rural areas. Demographic projections suggest that, by 2025, 82 per cent of the population of developed countries will live in urban areas, while less than half of the population of developing countries will live there. In developing countries, the proportion of older persons in rural areas is higher than in urban areas.

(social.un.org/ageing-working-group/documents/mipaa-en.pdf).

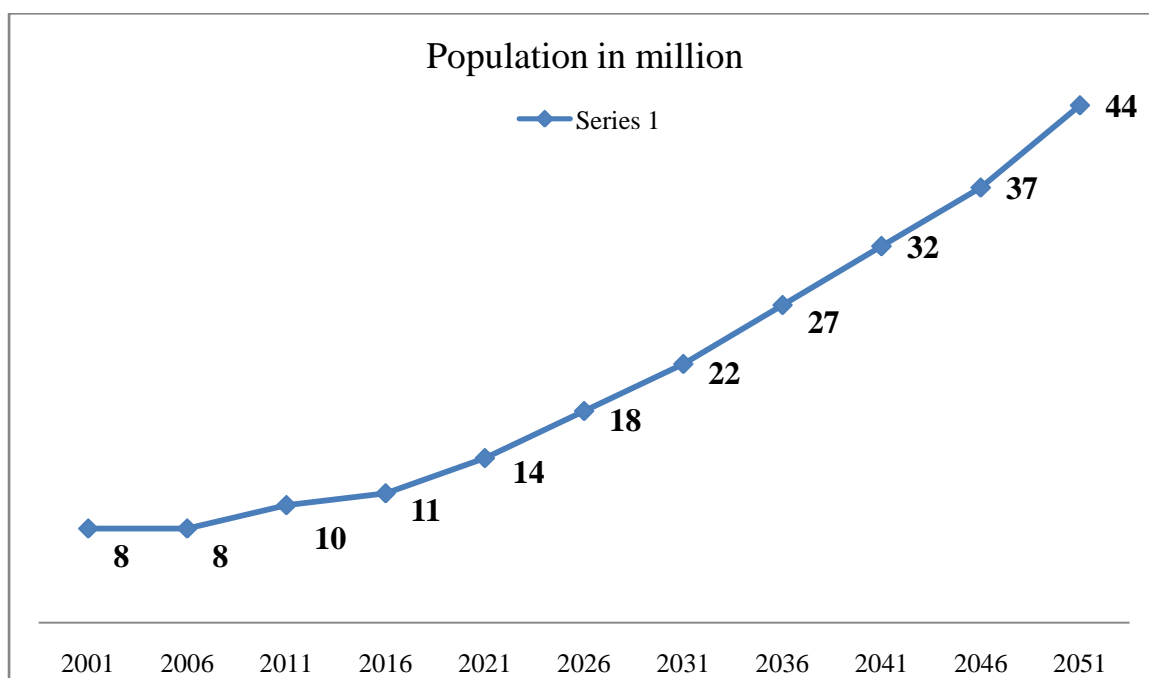
Developing countries like Bangladesh the elderly population is also increasing in a remarkable rate. The table below shows the trend of increase in the number of elderly persons in Bangladesh.

Table 3.3.2: The trend of increasing number of Elderly in BD

SL.NO	Age group	Population census of 1974	Population census of 1981	Population census of 1991	Population census of 2001
1	55-59	1351885	1620374	1949721	2356440
2	60-64	1682629	1948649	2270142	2828640
3	65-69	735255	901571	1092919	1443140
4	70+	1639056	2053133	2339704	3318560

Source: http://www.un.org/esa/population/cpd/cpd2007/Country_Statements/Bangladesh.pdf

Population 60 years and above in Bangladesh in million (2001-2051)



The elderly in Bangladesh will face many problems such as insolvency, loss of authority, social insecurity, insufficient facilities, lack of overall physical and mental care, problems associated with the living arrangements etc. The situation faced by the old men is substantially better on this dimension than faced by the older women, because most men remain married until they die, while most women experience the death of their husbands and end their lives as widow. The majorities (68%) of older women in Bangladesh are widowed (Rahman 2012). They have to be dependent on the mercy of their sons and daughter-in-laws. But they take no more responsibilities for caring for their grandchildren and other household works. So negligence prevails strongly in their final years of life.

Table 3.3.3: Number, Percentage of National & Elderly Population, 1951-2008

Year	National population		Elderly population			
	Number (in millions)	Growth Rate	Number (in millions)	Variation		Percent
				Number	Percentage	
1951	44.17	0.50	1.94	4.4
1961	55.22	2.26	2.87	0.93	47.94	5.2
1971	76.40	2.48	4.35	1.48	51.57	5.7
1981	89.91	2.35	4.95	0.60	13.79	5.5
1991	111.46	2.17	6.02	1.07	21.62	5.4
2001	130.52	1.59	8.09	2.07	34.39	6.2
2008	144.66	1.40	9.69	1.60	19.77	6.7

*Source: 1) BBS, 2009, Report on Sample Vital Registration System, 2008
2) BBS, 2007, Population Census 2001, National Series, Volume-1, Analytical Report, P-32-33, 68*

Bangladesh is one of the most populous countries in the world and is projected to remain in the same position in 2050. The percentage increase of the elderly population has a slow but steady increase during 1951 – 2008 periods. Although the percentage increase is not that high (from 4.4 to 6.7) during 1951 – 2008 periods, the increase of the absolute number of the elderly people is absolutely alarming. The absolute number of the elderly population has increased from 1.94 million in 1951 to 9.69 million in 2008. The national population has about 3.27 fold increase whereas the elderly population has a 5-fold increase during 1951-2008 periods.

**Table 3.3.4: Elderly support Ratio, Ageing Index & Median Age
1951-2001**

Year	Dependency Ratio		Index of Ageing	Median Age
	Total	Elderly		
1951	87	8.2	10.45	19.3
1961	105	10.7	11.30	17.6
1971	116	12.3	11.87	15.9
1981	109	11.6	12.08	17.0
1991	102	11.0	11.96	18.0
2001	83	11.2	15.90	20.69

Source: BBS, 2007, Bangladesh Census Results at a Glance,

<http://www.bbs.gov.bd/p-3>

(www.inia.org.mt/data/images/bold/Bold_August_2011.pdf).

The three most important demographic indices of population ageing are old age dependency ratio or elderly support ratio, index of ageing and median age have shown a positive increasing trend over the periods. These trends have been rightly corresponding with the emerging issues of population ageing in Bangladesh. Although the total dependency ratio had decreased through ups and down processes to 83 in 2001 from 87 in 1951, the elderly support ratio has increased from 8.2 in 1951 to 11.2 in 2001. Index of ageing has increased from 10.45 in 1951 to 15.90 in 2001, which is more than 50 percent increase. Median age has increased from 19.3 in 1951 to 20.69 in 2001. The high median age in 1951 was 19.3 may be due to the heavy migration during the independence and partition of the Indian subcontinent in 1947. The increase of median age is evident when we look at the 1974's median age which was 15.9 year and it has increased to 20.69 year in 2001.

Source: World Population Prospects 2009.

This figure, we see that the percentage of the elderly in Bangladesh is increasing with the advancement of time. The percentage of the elderly population in 2050 might be about three times higher than the percentage in 2000. The key point here is that the elderly population keeps growing and will continue to grow. The percentage of the elderly population has steadily and slowly decreased over the past half century (Figure 1), which was 6.2 percent in 1950, 5.5 percent in 1975 and 4.9 percent in 2000.

3.4 Socio-economic situation of the elderly in Bangladesh

Bangladesh is basically a rural country and 80% of its population lives in rural areas. Therefore, 80% of the elderly of the country live in the rural areas. In rural areas socio-economic problems are high and in urban and semi urban areas social problems also exist. Some micro-level surveys in urban and rural areas made by the Bangladesh Association for the Aged and Institute for

Geriatric Medicine reveal a depressing situation of the elderly population particularly in respect to their health and economic situation. The survey also showed that most of the elderly live in joint/extended families and they had so far been mainly supported by their adult children. But due to deteriorating economic conditions this support does not last long. Besides now-a-days women are involving without side activities, therefore the elderly are not being cared properly by them (National Plan, 1997).

In Bangladeshi families most of the elderly sometimes hold important role. So household decision making is indicative of older person's status and authority. The 1998 ESCAP survey reports 49.6% of older males in rural areas play a dominant role in making major or most household decision. Older females from rural areas report that 34.7% of the major decisions are made by their sons (Samad and Abedin, 1998).

Over time values for the elderly people are changing and young groups are not paying respect to the elderly rather they feel them as burden for them, poor family education is an important reason beyond this because young and children are not taught to respect the old people.

It is universal that elderly are one of the victims of poverty and dependency. Although elderly man possess some property but elderly women are barely penniless. Their main problem is economic. They have no capability of earning. Generally elderly women in middle class family of Dhaka city depend on their sons or husband. As a middle class member they are not enough capable to fulfill the inherent high ambition.

Economic situation of the elderly is very vulnerable. In general older people feel that young people see them as being unable to earn income, dependent on their families for survival, and therefore as a burden.

About 80% people of elderly are in rural areas. In rural areas where social and technological changes are less rapid, many younger people did not value the contributions of older people to the family and community. In rural area job facilities are low and young people do not get the chance of job always let alone the elderly. In urban areas there are some private companies where elderly can work but the percentage of the institutes is very low in comparison with the required numbers of institutions. 63% elderly people were jobless whereas only 15 and 14% of them were continuing with age works and business respectively (Kaldi, 2005). Another survey shows that 46% of the people are capable of working but not getting the job scopes and about 15% of them are not totally qualified to do anything.

(www.scialert.net/fulltext/doi=jas.2010.3060.3067&org=11).

The majority of activities zone by older persons in Bangladesh are agricultural work and household chores. Household tasks, described as non-income generating work, are for the most part performed by females. For older females, the survey reports that majority of them doing cooking (8.5%), cleaning (69%), and laundry (70%) and reports that their children buy the food (76.1%), pay the bills (68.9%), and take care of the property (70.8%) (Samad and Abedin, 1998)

A negligible percentage of the elderly get a formal pension or a minimum old age allowance, the vast majority will have to depend on their family members or on other sources. These economically dependent elderly parents and grandparents will become a burden on the major portion of the working age population of 40-54 age groups who at the sometime will have to shoulder the responsibility of their children also (Kabir, 1998).

3.5 Health Situation of Elderly

The health condition of elderly is not so good to be satisfied. They possess broken and ill health in absence of proper health care needs and facilities. The older or the people above 50 years have two kinds of diseases: (i) short term diseases (ii) long term diseases.

Short term diseases are cold, caught, fever, digestive disorder etc. which may be rendered with as usual medicines and going to doctor is not needed. Another is long term disease which is chronically and doctor's suggestion and care are must. The diseases are such as, Heart disease, Diabetes, Dementia, Enlargement of prostate etc. (Mojlish, Romjan Ali Khan, 1992).

They also suffer from Geriatric urinary disease, mental disorder and malnutrition. Blood pressure, diabetes and cardiac disease are more common chronic health conditions among urban elderly whereas pain, rheumatism, anemia and respiratory problems are more common in rural elderly old odds (age-70+) compared to young old, (age, 60-70 years) females compared to males, rural elderly compared to urban elderly have great problems with functional activities like coughing, lifting, walk etc. (Begum, 2008).

Social and economic dependency also impact on health. Many young members reported that older people are very much fussy about their health, need and personal services, due to high cost. Many elder people delay seeking medical attention care and until they are extremely ill, thereby prolonging illness.

Old people aged above 65 years are having an increased threat for disease due to poor diet and inadequate physical activity. Here most of the elderly suffer from shortage of eyesight even lose the eyesight; listen a little, ways of their walking becomes very short as they cannot walk more. They generally use stick to continue their walking. In most cases their teeth are not eligible to eat something and most of the teeth fall down at the beginning of their old age.

Sometime they are not able to run their lives easily. So they need the help from others to go to toilet, bathroom or to sit or walk. They are not spending the required amount of money on healthy food, leisure center visits, dental and eye care costs. So they suffer from various disease and sicknesses which are common for elderly.

Medical services are limited in Bangladesh & thus lead to greater health problems for the elderly .There are only 419 Govt. Hospital, 21,000 registered doctors, 8,500 nurses, & 6,000 qualified paramedical (BAAIGM, 1997). As a part of a vulnerable group, the older population has a greater need for, but less access to health care.

Elders face depression on and related mental health disorders, including anxiety & schizophrenia.

The following symptoms arise when a person become old aged: Strong, repeated concerns about death and dying, an unexplained change in behavior, a tendency to frequent arguments and bad moods, avoiding people, feelings of anxiety around people, finding no pleasure in doing things he or she used to enjoy, feeling hopeless or worthless etc.(Begum, 2008).

3.6 Available Services of the Elderly in Bangladesh

In Bangladesh, services for the elderly have been limited. Some limited efforts have been at public initiatives towards alleviating the situation of the elderly in the country. Two types of care and service systems are available in Bangladesh for the elderly – traditional or indigenous, and modern. Traditional services include care by the family or relatives, charity or alms giving, and permission to live in religious premises such as mosques, graveyards, mazars, and dargas. Modern services are offered by both governmental and non-governmental initiatives.

3.6.1 Government Initiatives

Steps taken by the Government of the People's Republic of Bangladesh on the issue of older persons in accordance with the MIPAA are-

3.6.1.1 Pension and other Financial Policies for the Retired Government Employee:

Government has a pension system for its retired employees since the British rule in 1924. Retirement age in government services is now 57 years. However, the age of retirement is higher in some autonomous bodies as well as in some specialized bodies like judicial department, educational institutions etc. Pension rules were modified after the end of the British rule in 1952 and later it was modified again in different stages in 1972, 1974, 1977, 1982, 1985, 1988, 1989, 1991 and 1994 after the independence of Bangladesh in 1971. (Mohiudin, M. And Islam, M.N. 2002). At present, generally, a government employee gets 32, 48, 64 and 80 percent of the basic salary as the pension after retiring or at death at the 10th, 15th, 20th and 25th year of his/her employment respectively. There are different types of pension such as Compensation Pension, Invalid Pension, Retiring Pension, Optional Pension, Family Pension (Rahman, M.H. and Parveen, F. R., 1999).

3.6.1.2 Constitution of the Country

The rights of the elderly are mentioned in the Constitution of the People's Republic of Bangladesh. The rights to social security through public assistance in cases of unsaved want arising from 'old age' along with unemployment, illness or disablement, or suffered by widows or orphans or in other such cases are mentioned in the Section 15 (d) entitled 'Provision of Basic Necessities' of the Part II of the constitution entitled 'Fundamental Principles of State Policies' The provision of basic necessities for all citizens such as food,

clothing, shelter, education and medical care; the right to work and employment at a reasonable wage and right to reasonable rest, recreation and leisure are mentioned in the 15 (a), 15 (b), 15 (c) clause respectively in Section 15 of the constitution. (<http://www.pmo.gov.bd/constitution>).

3.6.1.3 National Policy on Ageing

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

- To ensure the dignity of the elderly people in the society.
- To identify the problems of the elderly people and address those.
- To change the attitude of the mass people towards the elderly people.
- To take new programs to address the needs of the elderly people for their socio-economic development.
- To develop special measures to help the elderly peoples during emergency like natural calamities, cyclone, earthquake etc.
- To ensure social security, health care, employment and rehabilitation.
- To implement the Madrid International Plan of Action on Ageing (MIPAA)

(http://www.un.org/esa/population/cpd/cpd2007/Country_Statements/Bangladesh.pdf).

3.6.1.4 National Committee on Ageing

The national Committee on Ageing was constituted for the first time after the Vienna International Plan of Action on Ageing in 1982. It was one of the first moves from the government level to address the ageing issues from a formal point of view. The President and Vice President of the committee were the Minister and Secretary of the Ministry of Social Welfare, Government of the People's Republic of Bangladesh respectively. The committee played some role to allocate some fund for the Bangladesh Association for the Aged and Institute for Geriatric Medicine (BAAIGM). Primarily this committee was involved in formulating policies and its implementation for BAAIGM (South-South Centre, 2004).

3.6.1.5 Old Age allowance program

This pension program for the poor older people for the first time in the country was inaugurated by the Prime Minister of the country on 31st May 1998 under the Fifth Five Year Plan. Initially Taka 125 million was allocated for this scheme. 10 elderly poor, of whom at least 5 should be women of each ward of a union throughout the country were, sanctioned a monthly allowance of Taka 100 each.

Later the coverage and amount of money were increased in ten successive fiscal policy of the successive government. Although the coverage has increased significantly, only 23 percent of the older people of the country are currently getting this benefit. Table 4 shows the increasing coverage and amount of this scheme. This program was found to have immense multidimensional positive impacts on the recipients, recipient's family and also on the rural society as a whole (Majumdar, P. Pal, and Sharifa B., 2001).

Table 3.6.1.5: Old Age Allowance Program in Bangladesh (1997-2009)

Year	Total Allocation(Taka* in millions)	Number of Beneficiary(in millions)	Taka Per Person (per month)
1997-1998	125	0.403	100
1998-1999	425	0,403	100
1999-2000	500	0.413	100
2000-2001	500	0.415	100
2001-2002	500	0.415	100
2002-2003	750	0.5	125
2003-2004	1800	1.0	150
2004-2005	2603.70	1.315	165
2005-2006	3240	1.5	180
2006-2007	3480	1.6	200
2007-2008	4485	1.7	220
2008-2009	6000	2.0	250
2009-2010	8100	2.25	300

*1US\$=70 Taka

Source: 1) GOB, 2007, Poverty alleviation, Human resource Development & Ministry of Social Welfare, P-75

2) Budge Documents 2009-2010, Safety Nets, 2009-2010. available at: http://www.mof.gov.bd/en/budget/09_10/safety_net/bn.pdf

3.6.1.6 National Health Policy

The emerging issues of the elderly are mentioned as a ‘current and upcoming challenges’ in the Government’s draft national health Policy, 2008. The goals of this policy are in accord with the goals of Poverty Reduction Strategy Paper (PRSP) as well as Millennium Development Goals (MDGs) where sustainable improvement in health, nutrition and family welfare status of the people, particularly of the poor and vulnerable groups including women, child and the elderly were addressed along with their economic and social emancipation (GOB, 2008).

3.6.1.7 Five Year Plans

Government’s planning as well as concern for the welfare of the elderly people was first found in the Third Five Year Plan (1985 – 1990). In Third Five Year Plan, awareness of planning in this regard was influenced by the Vienna International Plan of Action on Ageing in 1982 as well as the UN’s conference on ‘The World Ageing Situation, Strategies and Policies’.

Then some concrete initiatives were taken for the welfare of the elderly people in the Fourth Five Year Plan (1990-1995). Taka Five million (1U\$ = 70 Taka) was allocated for the first time under the Ministry of the Social Welfare although the money was not expended.

Fifth Five Year Plan (1997 – 2002) plan proposed to establish more centers for older persons with facilities like light economic/ income generating activities, geriatric medical and social welfare services for the poor older people. The most basic and innovative policy for the poor older people in Bangladesh, the ‘Old Age Allowance Program (Boyoshko Bhata Karmaschuchi) was formulated in this Fifth Five Year Plan (1997 – 2002).

(www.inia.org.mt/data/images/bold/Bold_August_2011.pdf).

3.6.2 Non-Government Initiatives

Non-Government Organizations have program directed specifically at old people. However, their services are confined to outdoor and indoor Medicare, maintenance of old man's home, recreation facilities for the old people and seminars, workshops, training, research and publication activities. Despite having 1500 NGOs in the country, it is very difficult to say how many are working for the cause and interest of the elderly. Some notable ones are identified below:

Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) is the prime non-government organization at national level working for the welfare of the older persons in Bangladesh. Established in 1960, the Association provides services to the elderly in different forms like health care services, recreational and socio-economic activities, 50 bed geriatric hospitals with out-door programs and pathological services, recreation and library programs, vocational training and management of revolving funds and research and publication.

Elders and Children Rehabilitation Centre for the elderly was by an individual in set up in 1987, at Gazipur. They are given free accommodation, food, and clothing and Medicare facilities. The elders are involved in gardening, farming, piciculture and other recreational activities.

Resource Integration Center (RIC) got involved with the elderly welfare activities through working relief activities during the floods in 1988 (RIC, 2003). This organization has started micro-credit program with some 150 elderly people with the help of Help Age International and Action Aid, Bangladesh in 1989... RIC's activities included housing and health care facilities, recreation, funeral support and pension along with micro credit program.

Service Center for Elderly People (SCEP) provides health service and recreational facilities to the older persons of age 60 and more for their social and emotional peace. Present activities of the SCEP for the registered elderly include listening to the radio, watching television, reading newspapers, magazines, playing indoor games.

Elderly Initiatives for Development (EID) was established at Manikganj, a nearby district headquarters of Dhaka in 1995, as a community based self-help organization. Its activities included health care, continuing education, financial support and services, psychological support and community awareness creation (Samad, A., 2005).

Bangladesh Retired Government Employees Welfare Association was established in 1955 in Dhaka to render benefit and service to government pensioners and their family members, run vocational training facilities organize recreational facilities for older members and respective families, provide accommodation to pensioners having no such provision and to arrange health care facilities for pensioners and their family members.

Very recently, Bangladesh Women's Health Coalition (BWHC), Bangladesh Girl Guides Association, Bangladesh Education Board Retired Employee Welfare Association, Old Home and Bangladesh Society of Gerontology and Forum for the Rights of the Elderly are also working for welfare of elderly. Thus, limited number of NGOs and professional associations are working for the welfare of the elderly.

3.7 Prospects

“Death of an older person is the end of a library.” (China proverb)

Elderly are on such a situation which reaches at that position after passing a huge time working for them and their families. Once they have physical, mental and economic well-off situation but over time they lose their physical as well as mental power gradually. At that time they can do hard labor a little

bit but they can think very sharply along with they can understand or percept anything very quickly. Sometime it is said that elderly people get fear very much and they do not want to take challenges which is totally wrong to the renowned persons such as Bertrand Russell who married for 4th times at the age of 70 and still his dealt at the age of 90 he wrote books. Pablo Picasso who died at the age of 83 but he didn't stop his work before his death. Sher-E-Bangla A.K. Fazlul Haque who died at the age of 80 was not a burden for the family, society or for the nation. Dr. Muhammad Shahidullah, Poet Al-Mahmud Poet and writer Syed Ali Ahsan, Professor Kabir Chowdhury, who died after 70 years even more than 80, years (Mojlish 1992).

Therefore we cannot consider the elderly people as unproductive sector; they may be a great hill of light which will guide all people around the hill. Elderly are promising but we have to them facility and utilize them.

3.8 Promising sectors of elderly people

Advocacy: Elderly can advocate their clients. Elderly people who are lawyers can serve their client from their long-experience. Especially elderly lawyers are renowned in their profession.

Preserving National Art: A little review shows that heritage of our national art of cooking, Art of sewing, art of pottery, art of weaving, jute industry etc. Fine arts and handicrafts are going to be lost due to ultra-modern touch. In order to save and preserve those, our old people (male and female) who are well experienced be deployed (Salma, 1999).

Care taker and story teller: Now-a-days both father and mothers are busy with various activities in house and outside the house. So the elderly can pass their time by looking after the grandchildren. They also love it and the grand children also love to be with their grandfathers and grandmothers. They can educate the children through gossiping, telling stories and making fun with them. Here very important fact is telling story. Because these stories will be

create the thinking, beliefs and values of the children. If the stories are of humanity, brevity, forgiveness and in one word of good behavior they will be like those characters.

Teaching: The elderly are more experienced in teaching profession. They can easily understand the student because of their long time experience. So their teaching is more effective for the student.

Medication: Now a day's doctors and patients are given advice how to overcome stress about the diseases. In this case elderly are the most preferable groups in the society. When they will talk with the patients, the patients will get mental power. Not only this but also they can suggest the policy makers by imparting their experiences felt at the time of diseases attack and remedial period.

Encouraging: Elderly encourage us and hope our regard. That is to say, we can sacrifice our life in development activities by being self-confident for their encouragement.

Experience: Elderly people are for sighted experienced. They can help us by their experience. They can cursed advise and order for the betterment of youth. Our inexperienced conscious people may gather experienced from them. In this way our next generation may turn into a skilled working force. Not only these but also they can conduct small business shops, small business related activities. They can be counselor, psychologist and sex educator which are crying need for our country because our culture is somewhat shy to say these things to the adults but for the shortage of clear sense of this knowledge, adults are abusing their physical, mental and intellectual powers.

Older persons still face a number of major challenges, but the outlook for the ageing population is positive in many respects. Ageist stereotypes persist, and low levels of literacy and educational attainment have hindered the full participation of older persons in society. However, the older generation is

gradually coming into its own. Within the next few decades, as the better educated younger population ages, education and literacy rates will increase significantly. Even now, as the number of older persons increases, there is a growing awareness of the importance of active ageing. Older individuals are gradually being recognized for their considerable contributions to intergenerational care giving and for their ongoing involvement in community life. They are becoming a powerful and ever-expanding political force, especially in developed countries, and organizations of older persons are helping to ensure that the ageing population has a greater voice in decision-making processes.

Chapter-Four

This chapter includes

- 4.1 Findings of the study
- 4.2 Challenges of elderly people's in Bangladesh
- 4.3 Case studies

4.1 Findings of the study

This study was conducted on Rupasdi union of Bangcharampur upazilla, Brahmanbaria district. A total number of 650 elderly people live in this union from where 80 elderly people (60 percent male & 40 percent female) were selected by applying random sampling technique.

Table – 01: Information regarding to the sex of the respondents

Sex	Frequency	Percentage
Male	48	60
Female	32	40
Total	N=80	100.0

In the above, it is clear to me that most of my respondents are male that consists of 60% and 40% respondents are female among of my total 80 respondents. Here, my distribution of respondents is on the basis of sex.

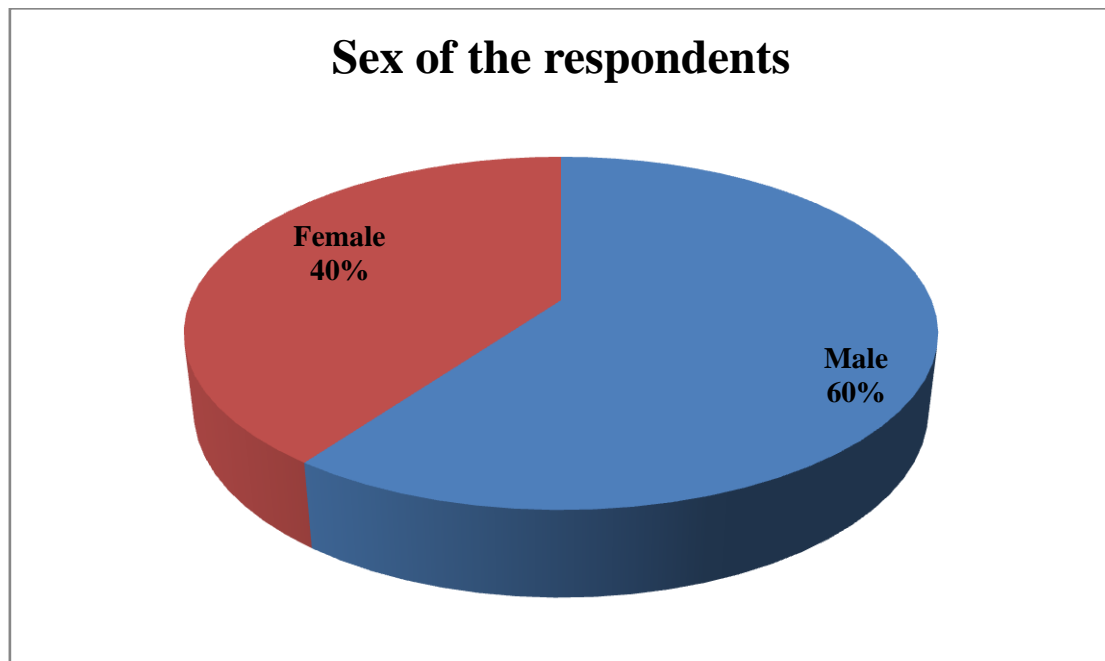


Figure 1: Respondents on the basis of sex

Table – 02: Information regarding to the age of the respondents

Age	Frequency	Percentage
60-69	40	50
70-79	26	32.5
80-89	10	12.5
90-99	4	5
Total	N=80	100.0

In the study, it is found that 50 percent are 60-69 age groups, 32.5 percent are 70-79 age groups and the rest of them 17.5 percent are 80 and above age groups.

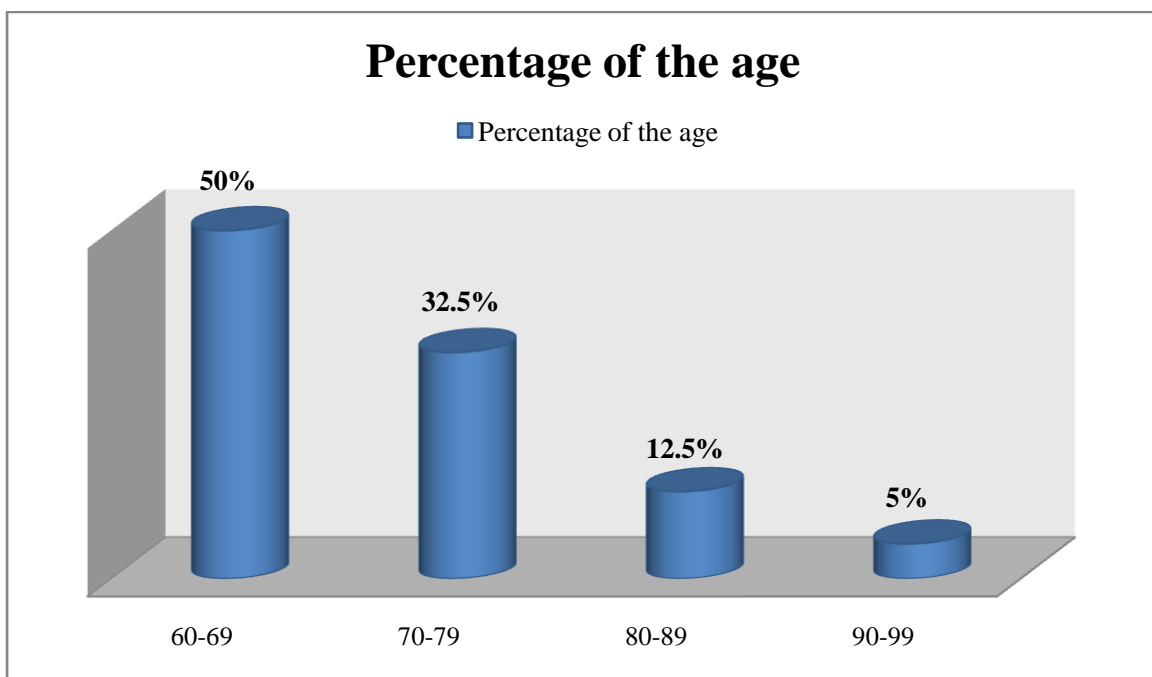
**Figure 2: Respondents on the basis of age**

Table – 03: Information regarding to the educational qualifications of the respondent's

Educational qualification	Frequency	Percentage
Illiterate	46	57.5
Literate only signature	21	26.25
Primary level	0	0
Class 5-10	10	12.5
SSC & above	3	3.75
Total	N=80	100.0

It is found that 57.5% of the respondents are illiterate. Only 26.25% respondents are literate only signature and 12.5% respondents have passed the class 5-10 and only 3.75% are completed their SSC & above. None of the respondents is graduated or post graduated.

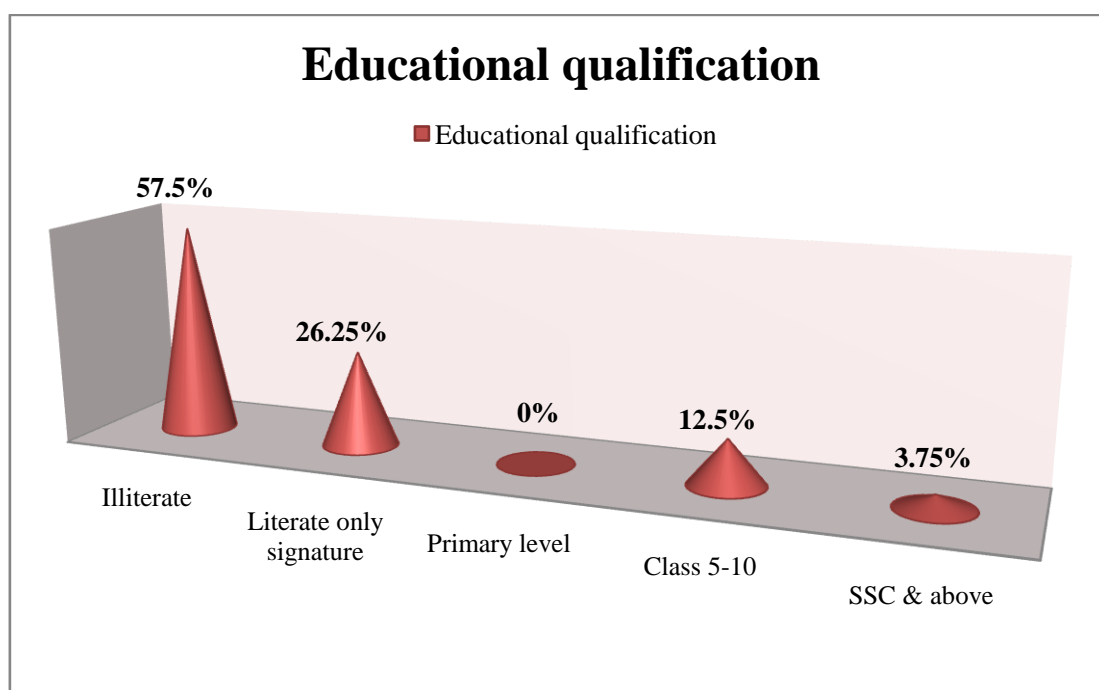


Figure 3: Respondents on the basis of education qualification

Table – 04: Information regarding to the religious status of the respondents

Religious status	Frequency	Percentage
Islam	77	96.25
Hindu	3	3.75
Buddhist	0	0
Christian	0	0
Total	N=80	100.0

In the study, it is found that 96.25 percent are Muslim and 3.75 percent are Hindu. This table shows that majority respondents are Muslim and rest of them are Hindus.

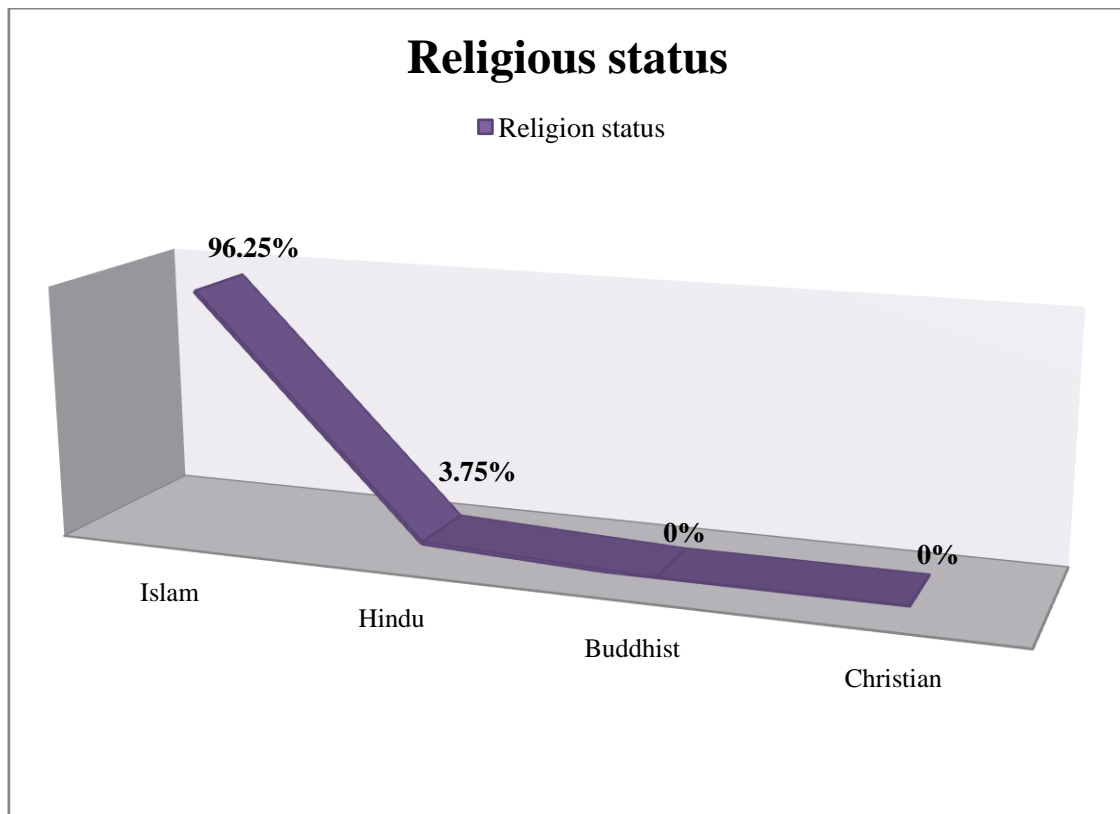
**Figure 4: Respondents on the basis of religion**

Table – 05: Information regarding to the marital status of the respondents

Marital status	Frequency	Percentage
Single	0	0
Married	38	47.5
Divorce	0	0
Widow	24	30
Widower	18	22.5
Total	N=80	100

In the study, it is found that 47.5 percent respondents spouse is alive, 30 percent respondents are widow and 22.5 percent respondents are widower. None of the respondents was found to be unmarried or divorced. Widow have no security are heavily depended on family members. The plight of widowhood is severe and discriminatory among women and consequently they suffer more than widowers.

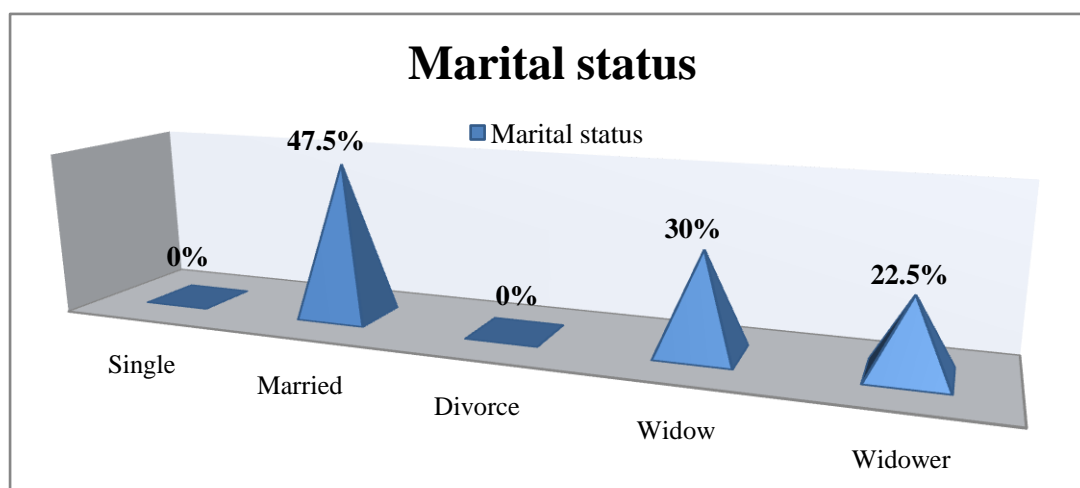
**Figure 05: Respondents on the basis of marital status**

Table – 06: Information regarding to the family types of the respondents

Family types	Frequency	Percentage
Joint	58	72.5
Nuclear	22	27.5
Total	N=80	100.0

This above table explores that most of the respondents (72.5%) live in joint family and rest of them (27.5%) live in nuclear family. The family bondage is strong in the Rupasdi union. Family members take care of the elderly people. It is a good sign that the elderly Rupasdi union people can have support from their families. The family size is medium in this union. On an average, every family consists of five members. Fertility and morality rate is high in this union.

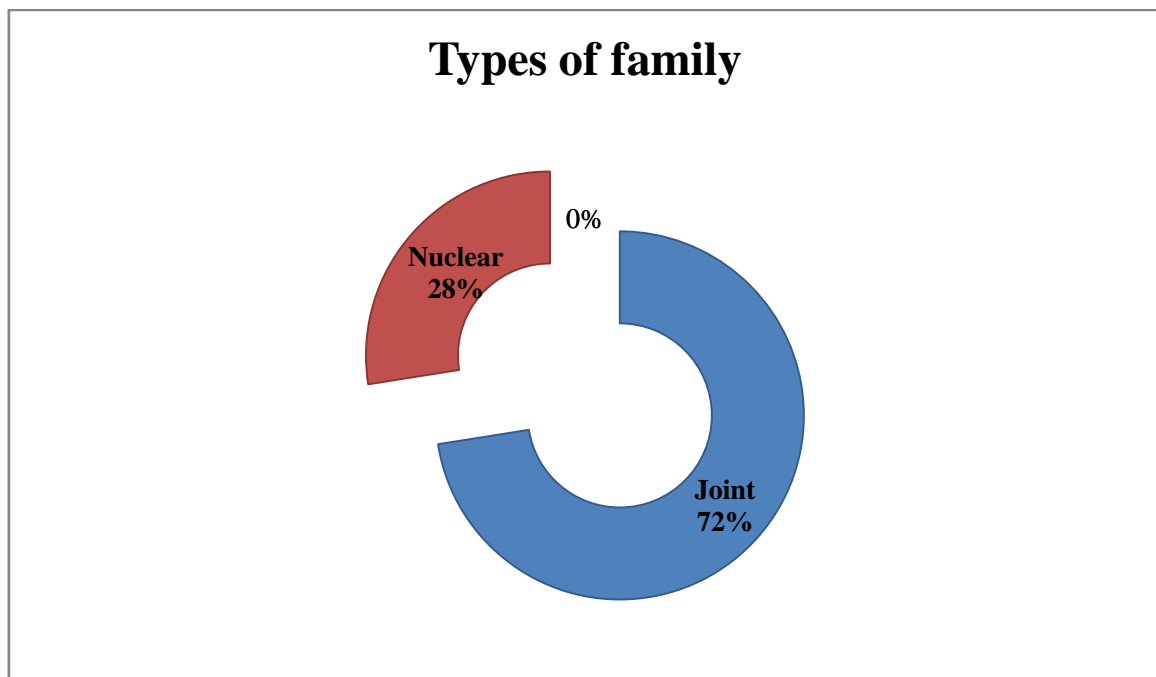
**Figure 06: Respondents on the basis types of family**

Table - 07: Information regarding family head of the respondents

Family head	Frequency	Percentage
Self	45	56.25
Husband	9	11.25
Son	26	32.5
Daughter	0	0
Others	0	0
Total	N=80	100.0

The above table shows that the respondents themselves are the leader of the family. There are 56.25 percent respondent's head of their family. About 11.25 percent husbands are head of their family and the rest of them 32.5 percent are son lead their family. It shows that, respondent's family their most of family head are men (husband or son) and lower number of women are in this position. As a result, most of the elderly women are dependent on their husband or son. So, elderly women faced different types of problem in family.

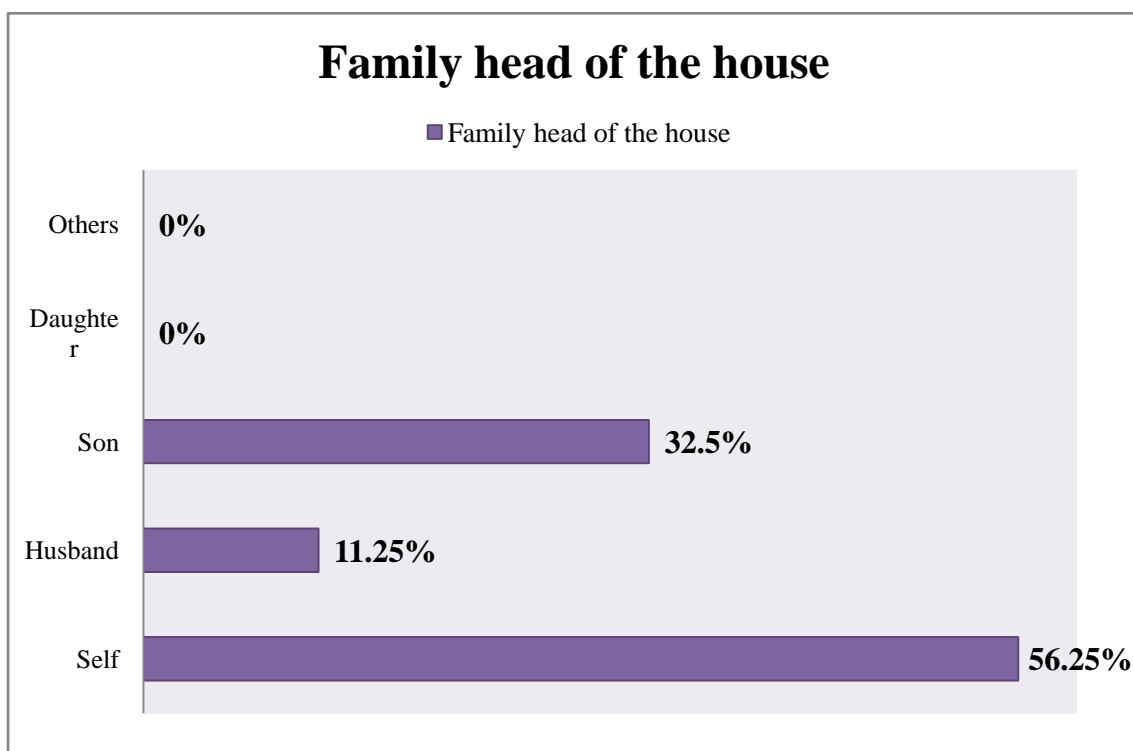
**Figure 07: Respondents on the basis family head of the house**

Table – 08: Information regarding to the family members of the respondents

Family members	Frequency	Percentage
1-3	22	27.5
3-5	35	43.75
5-7	17	21.25
7 and above	6	7.5
Total	N=80	100.0

The table shows the percentage of the number of family members of the respondents. Only 27.5 percent families consist of 1-3 members, 43.25 percent families have 3-5 members. A good number of respondents live in a large family which is consisted of 5-7 and above members. It indicates that joint family system is greatly existed in Rupasdi union. Though they live in rural community the trend of social change is little touched to them. A significant number of respondents have no income; they are fully dependent on the family members.

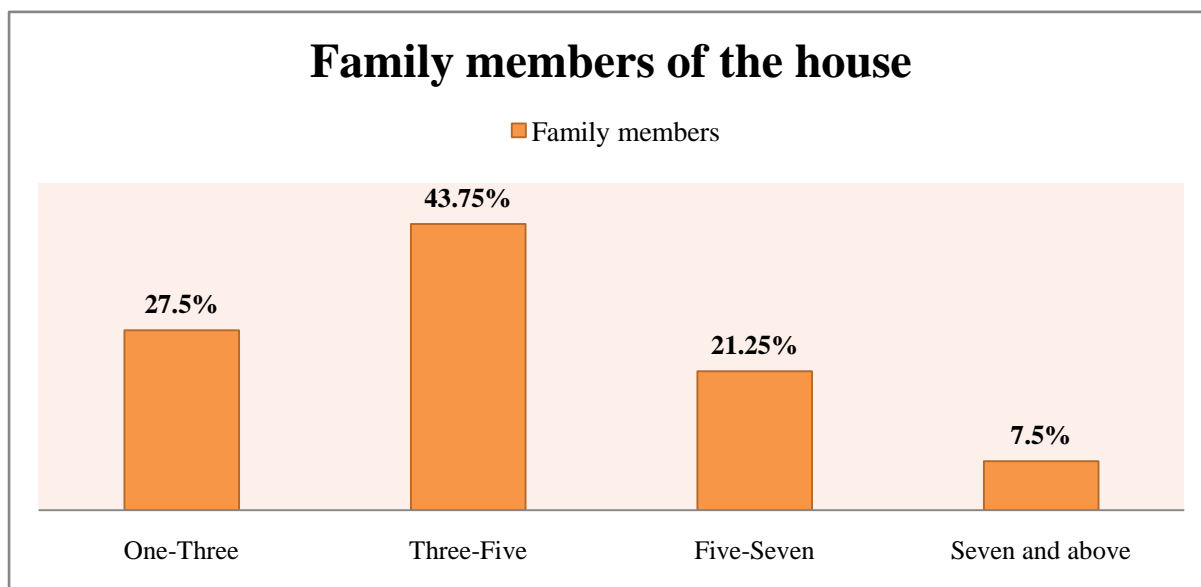


Figure 08: Respondents on the basis of family members of the house

Table - 09: Information regarding to the previous occupation of the respondents

Types of occupation	Frequency	Percentage
Agriculture	37	46.25
Day labor	4	5
Business	9	11.25
Services	4	5
House wife	26	32.5
Total	N=80	100.0

The above table shows that near of half of the respondents occupation was agriculture. 46.25 percent respondent's occupation is agriculture. Only 5 percent respondents are day labor. 11.25 percent respondent's previous occupation was business. There were only 5 percent people who were service holders. And 32.5 percent respondents were housewives. In previous, all elderly people were involved some any occupation. But, now a present maximum elderly people are not doing job for their physical illness.

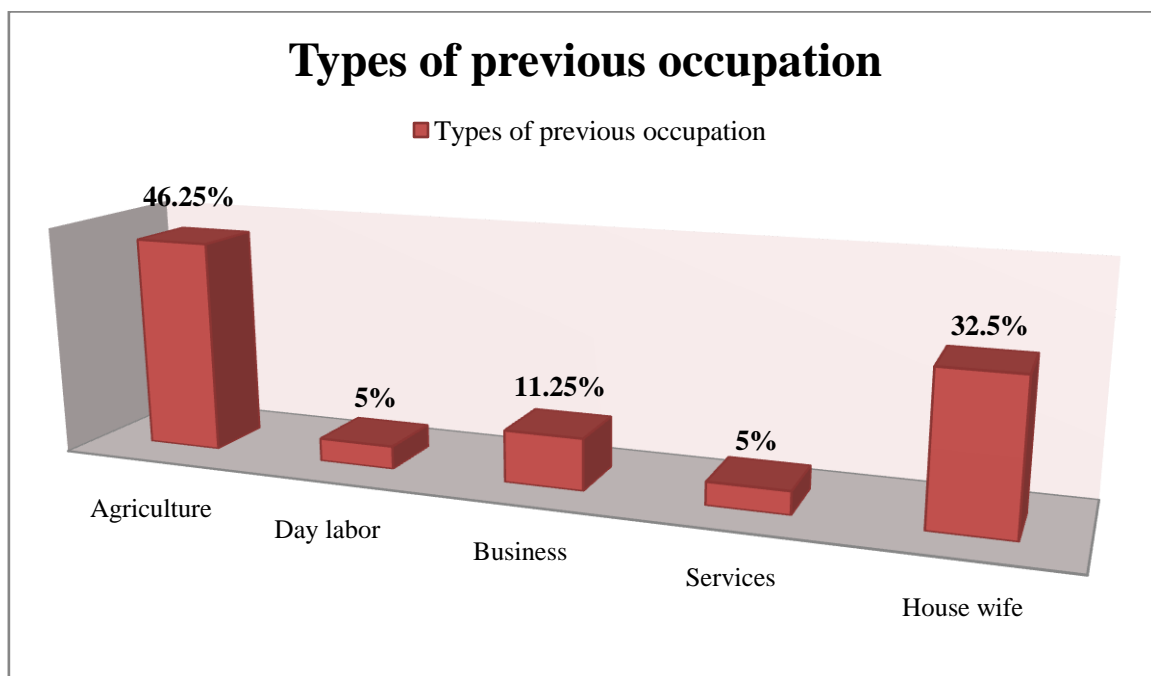


Figure 09: Respondents on the basis of types of their previous occupation

Table – 10: Information regarding to the source of income respondent's family

Source of income	frequency	Percentage
Land	34	42.5
Pension	3	3.75
Business	8	10
Money given by son	32	40
Salary	3	3.75
Total	N=80	100.0

This table elucidates that 42.5 percent respondents source of income is land. 3.75 percent and 10 percent source of income is pension and business. There are 40 percent respondents source of income is money given by their son. Their son gives money to live and that is the sources of the income of the respondents. Some of the respondents (3.75 percent) are doing their job and get the salary. Most of the respondent's don't get work permission anywhere by their children and some of them are physically unable for work. As a result, they are dependent on their son.

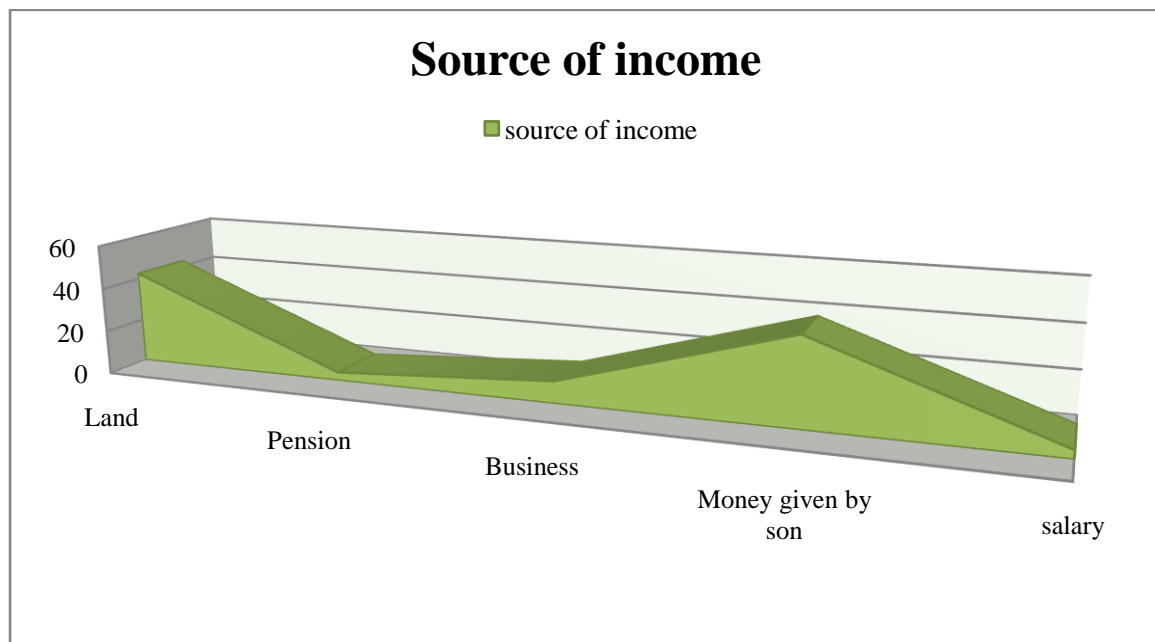


Figure 10: Respondents on the basis of source of income

Table – 11: Information about respondents regarding their present occupation

Present occupation	Frequency	Percentage
Yes	15	18.75
No	65	81.25
Total	N=80	100.0

The table shows that 81.25 percent respondents don't have any current job and on the other hand only 18.75 percent respondents have current job. Some of them do business or something else. Most of the respondents are physically unable for work and some of them don't get any work. As a result maximum respondents have not any present occupation.

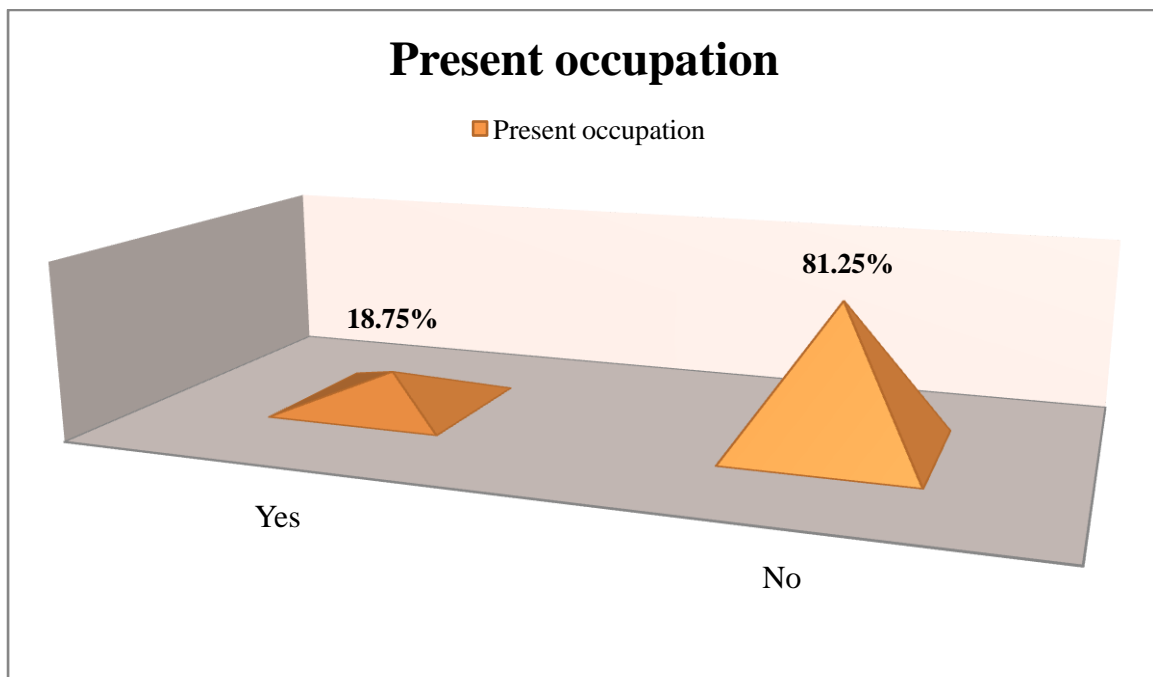


Figure 11: Respondents on the basis of present occupation

Table – 12: Information regarding to the monthly income of the respondents

Monthly income	Frequency	Percentage
No income	65	81.25
500-1000	2	3.75
1001-1500	2	2.5
1501-2000	2	2.5
2001-2500	2	2.5
2501-3000	2	2.5
3001 & above	4	5
Total	N=80	100.0

The above table (Table no: 10) shows that most of the elderly (81.25 percent) people are unemployed due to their physical inability and lack of elderly friendly job. About 3.75 percent earn in the range of tk. 500-1000 per month and 2.5 percent respondents earn tk. 1001-1500. Their 5 percent of the respondents earn 3001 & above per month. This meager amount of income of the elderly persons can affect their livelihood and consequently health problems. As a result, most of the elderly people cannot fulfill their basic needs. They report that in many times, they take a meal two times in a day. Most of the women are involved in house hold activities which are regarded as non-productive work, but employers are unwilling to hire themselves as day laborers of higher class people.

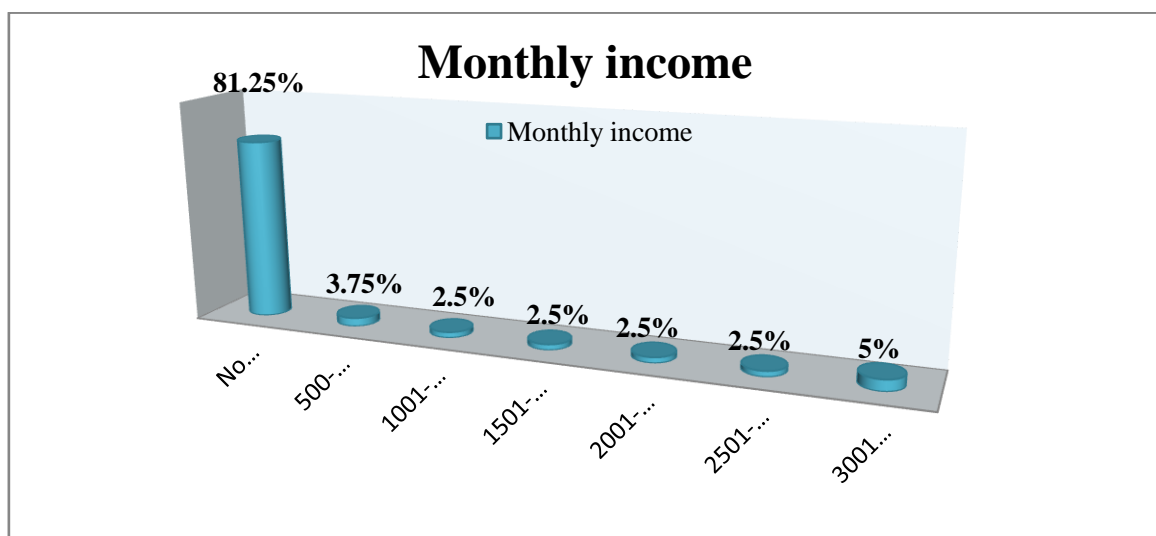


Figure 12: Respondents on the basis of monthly income

Table – 13: Information regarding to the participation in decision making process of family related affairs

Participation in decision making process	Frequency	Percentage
Yes	52	65
No	28	35
Total	N=80	100.0

The older people are important and influential in Rupasdi union. In most cases, the family members take the decision from the older persons on family related affairs. It indicates that the family member show the respect and honor to the elderly people. Only 35 percent respondents report that the family members do not take the opinion on family related issues.

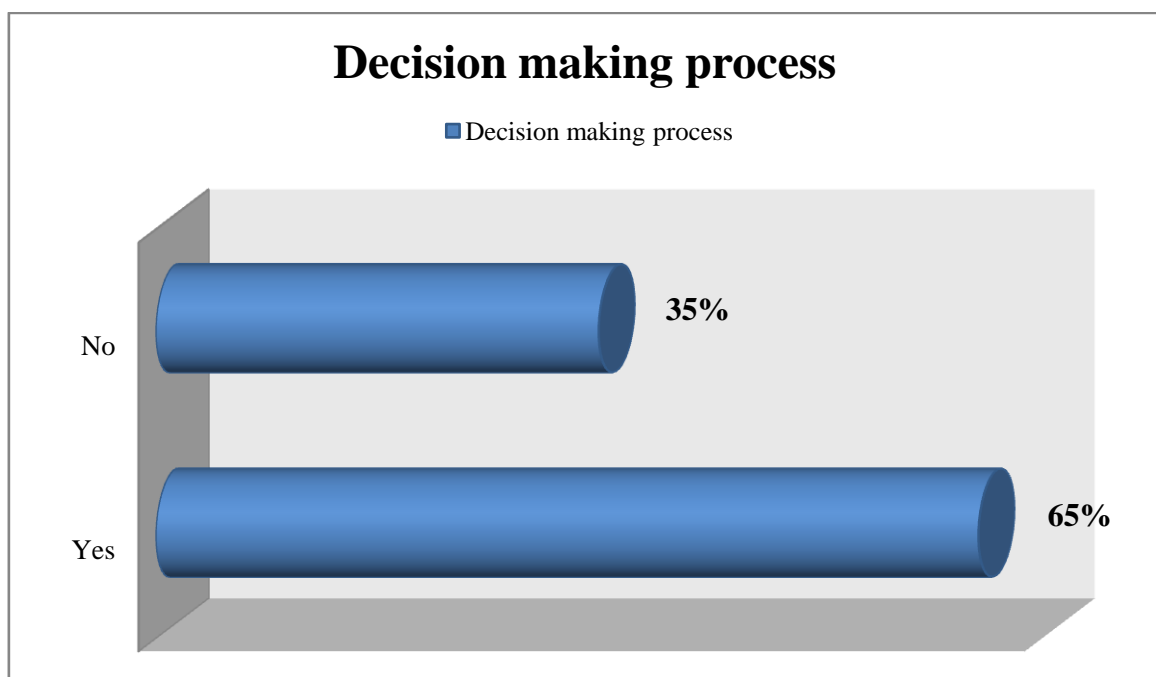


Figure 13: Respondents on the basis of decision making process in family

Table – 14: Information regarding to the relationship with the neighbors

Relationship with neighbors	Frequency	Percentage
Very good	26	32.5
Good	34	42.5
Moderate	18	22.5
Bad	2	2.5
Total	N=80	100.0

From the table it is observed that 32.5 percent respondents report that they have very good relation with the neighbors. 42.5 percent respondents have a good and 22.5 percent respondents are moderate relationship with their neighbors. There are 2.5 percent respondent's reports that they have not a good relationship with the neighbors. It shows that neighbor's relationship is very strong in this union.

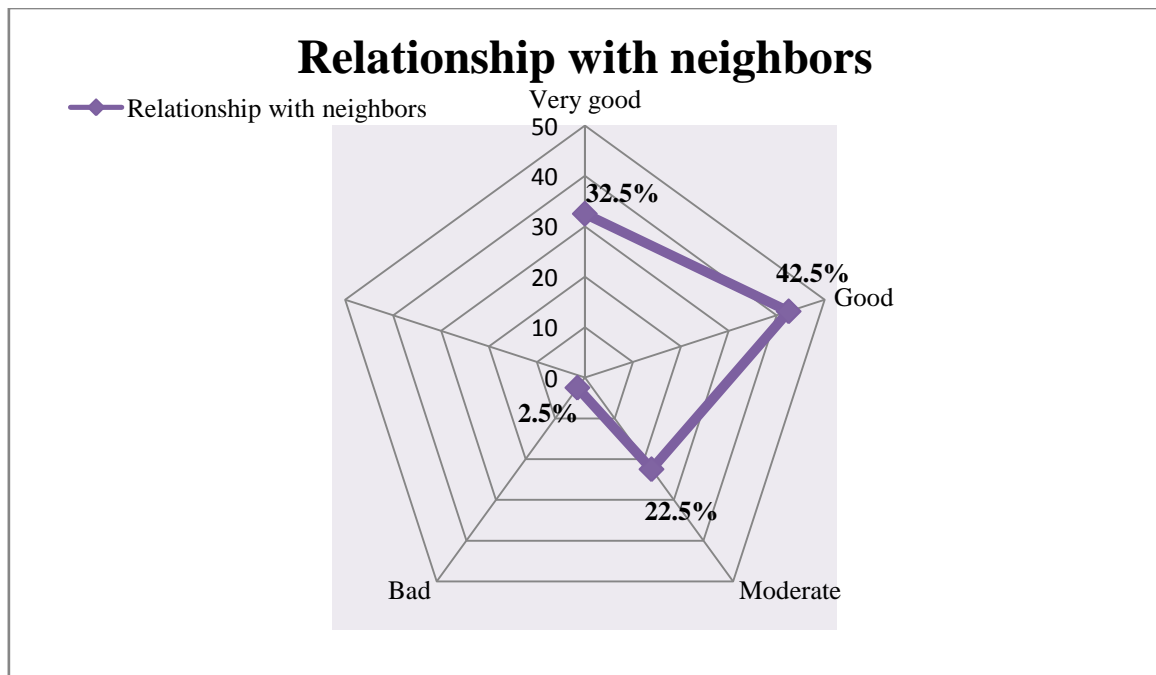
**Figure 14: Respondents on the basis of relationship with neighbors**

Table – 15: Information regarding to the ownership of the house of respondent's

Ownership of the house	Frequency	Percentage
Self	53	66.25
Husband	9	11.25
Son	18	22.5
Total	N=80	100.0

This tabulation shows that the ownership of the house of elders. Here, most of the respondents (66.25 percent) are owner of their house. Their 11.25 percent respondents live their husband's house. 22.5 percent respondents live their son's house that I have seen. In this table many of the elderly women respondents are widow they are legally owner of their husband's house.

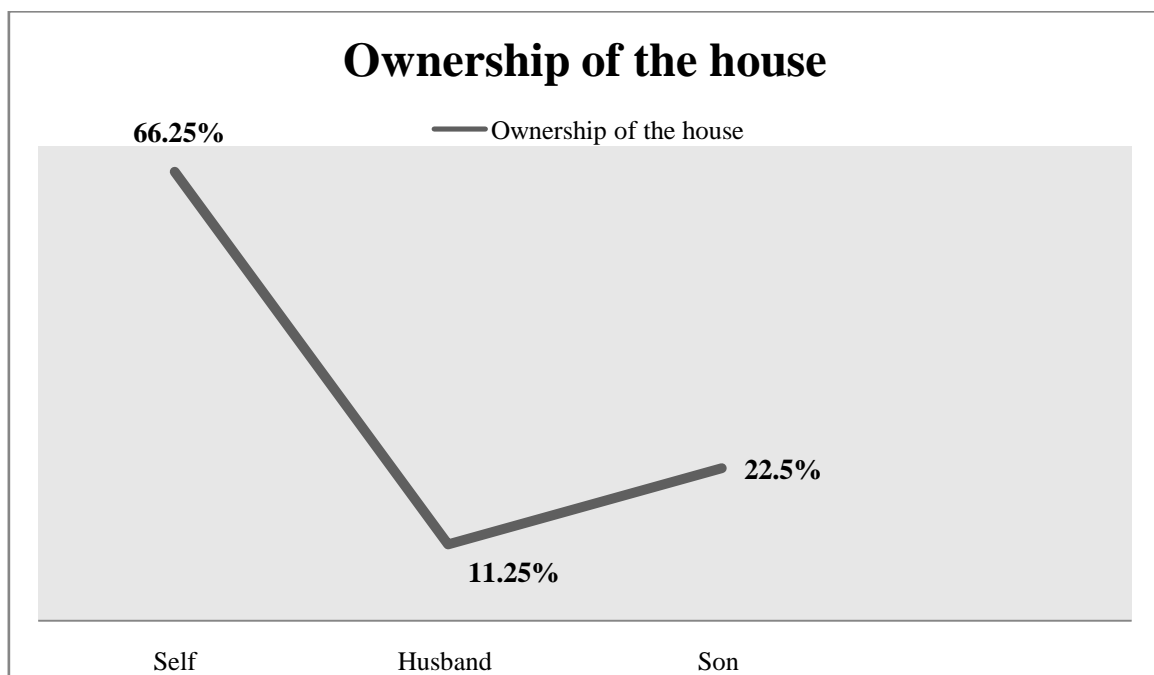


Figure 15: Respondents on the basis of ownership of the house

Table – 16: Information regarding to the types of the house of respondents

Types of house	Frequency	Percentage
Hut	12	15
Kancha (Mud & Bamboo)	18	22.5
Tin & Wood	28	35
Pucca	5	6.25
Semi-pacca	17	21.25
Total	N=80	100.0

A good number of the respondents (15 percent) live in hut houses. 22.5 percent respondents live in kancha house which are made by mud & bamboo. Most of the numbers of the respondents (35 percent) lives in tin & wood made house. 6.25 percent live in pacca house and 21.25 percent respondents live in semi-pacca house which are made by brick and tin shed. Maximum respondents are made their house self-made on own land and the other hand some of them are made their house on the government land which is regarded as *khashland*.

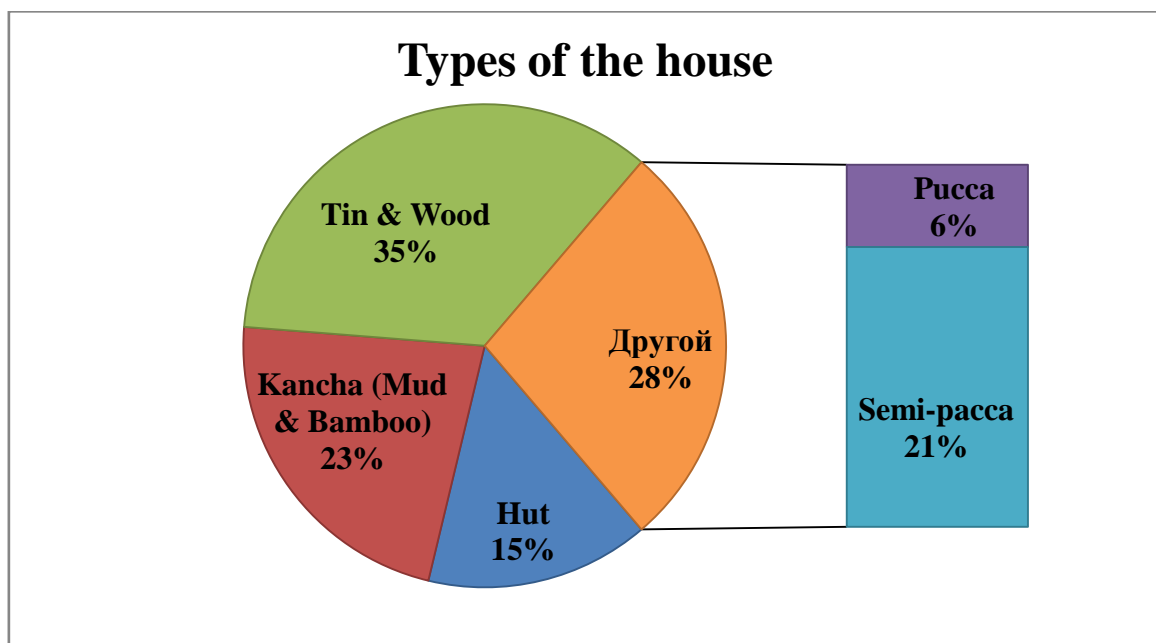
**Figure 16: Respondent's types of the house**

Table – 17: Information regarding to the physical illness of the respondents

Physical illness	Frequency	Percentage
Viral fever	15	18.75
Abdominal pain	5	6.25
Diarrhea	1	1.25
Asthma	20	25
Blood pressure	1	1.25
Gastric	19	23.75
Skin diseases	2	2.5
Diabetic	15	18.75
Dysentery	2	2.5
Total	N=80	100.0

The above table specifies that almost all the respondents face the complex problems. 18.75 percent respondents affect in viral fever. Only 6.25 percent respondent's abdominal pain, diarrhea 1.25 percent, 25 percent respondents affect in asthma. 1.25 percent has blood-pressure, 23.75 percent affect in gastric and 18.75 percent respondents are deeply suffered from diabetics. The rest of 5 percent are affected in the skin diseases and dysentery.

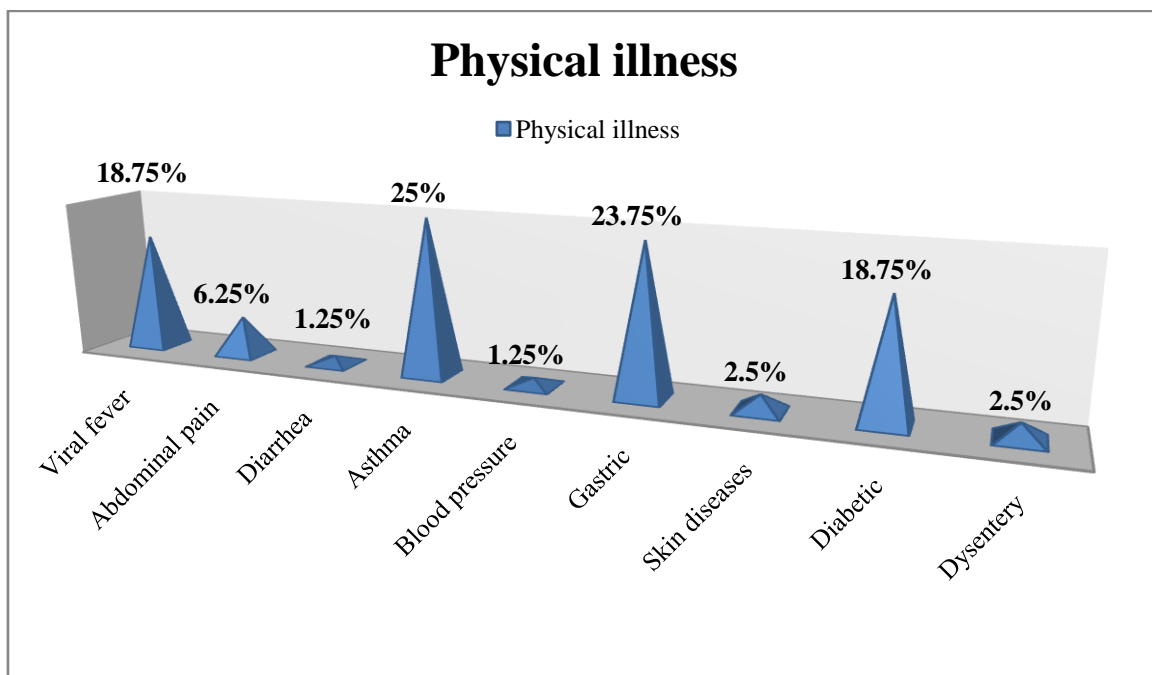
**Figure 17: Respondents on the basis of physical illness**

Table - 18: Information regarding to the taking any treatment of the respondents

Taking any treatment	Frequency	Percentage
Yes	38	47.5
No	42	52.5
Total	N=80	100.0

From the table it is observed that 47.5 percent respondents are taking treatment and on the other hand half of the respondents are not taking any treatment on their illness. There are 52.5 percent respondents, who are not taking any treatment because of their poverty, lack of treatment facilities and lack of good hospitals and so on.

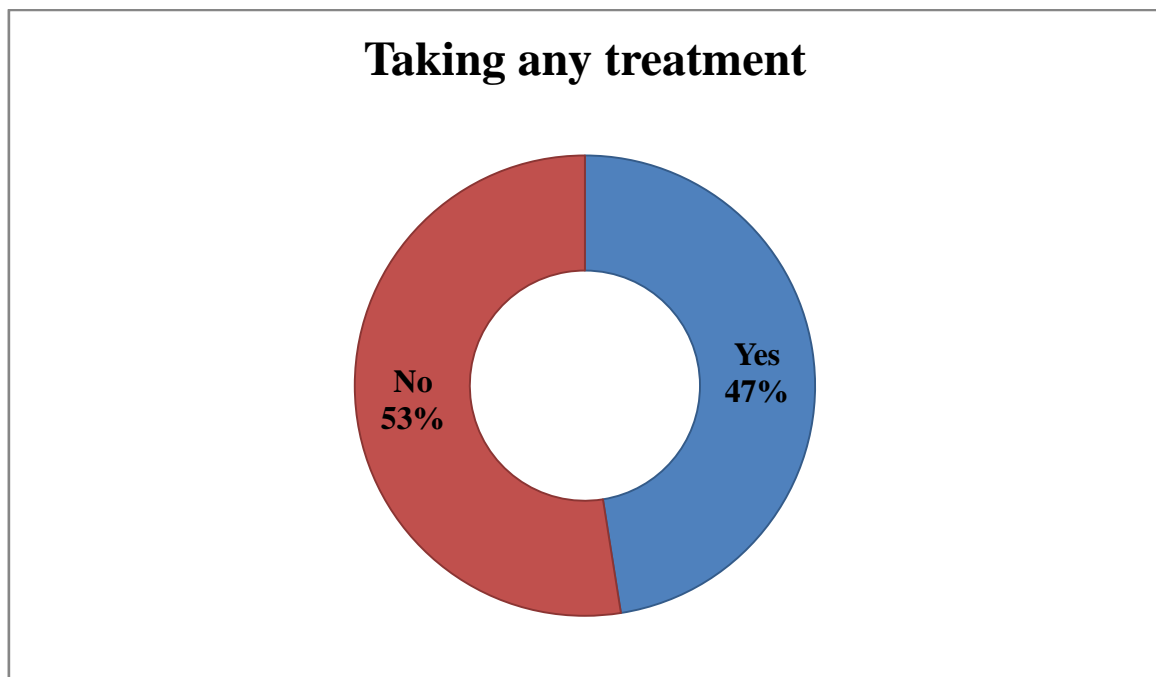


Figure 18: Respondents on the basis of taking any treatment

Table – 19: Information regarding to the supply of drinking water

Drinking water	Frequency	Percentage
Own tube well	62	77.5
Pond water	7	8.75
River water	0	0
Neighbors water	11	13.75
Total	N=80	100.0

Above the table illustrates that about 77.5 percent respondents use own tube well and 8.75 percent respondents use pond water for drink. 13.75 percent respondents use neighbor's tube well. It signifies that most of the population gets pure drinking water which is an indication no water borne diseases.

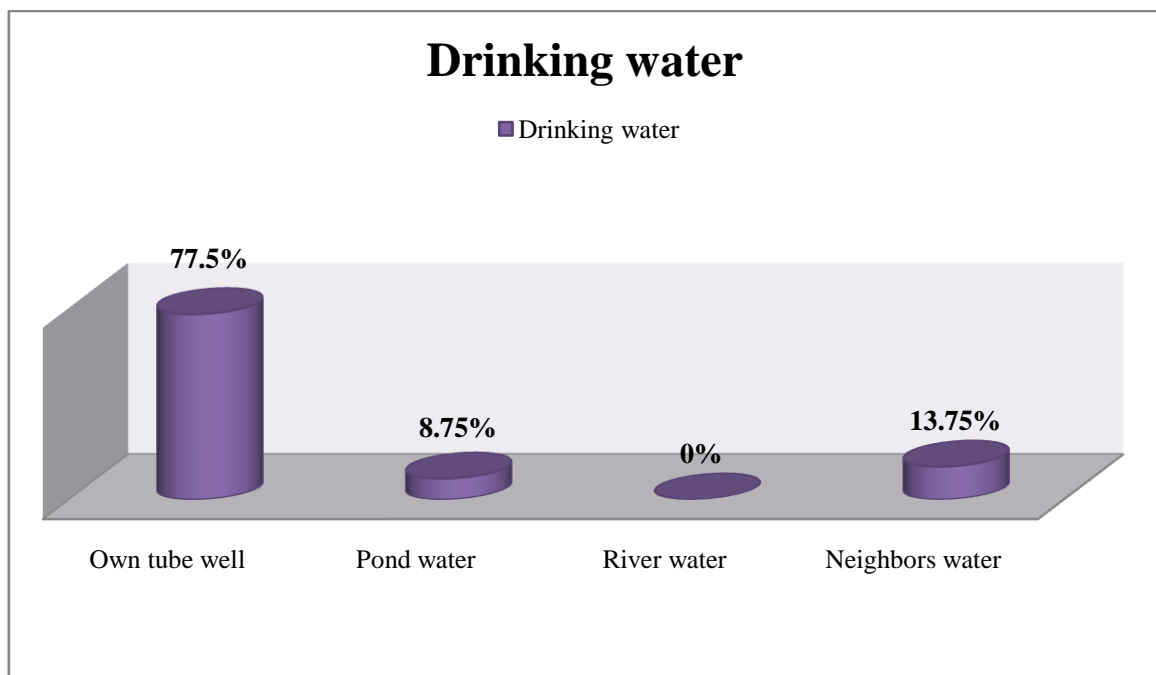
**Figure 19: Respondents on the basis of drinking water**

Table - 20: Information regarding to the sanitation system in the Rupasdi union

Latrine system	Frequency	Percentage
Sanitary latrine	17	21.25
Kancha latrine	56	70
Open space	7	8.75
Total	N=80	100.0

This table elucidates that 21.25 percent respondents use sanitary latrine, 70 percent respondents use kancha latrine and rest of them (8.75 percent) use open space. Safe sanitation is one of the indicators of good health. More than half of the respondents use the unhealthy and unsafe sanitation in the Rupasdi union. It indicates that the union is unhygienic and unhealthy. The elderly people are the worst victims of these situations.

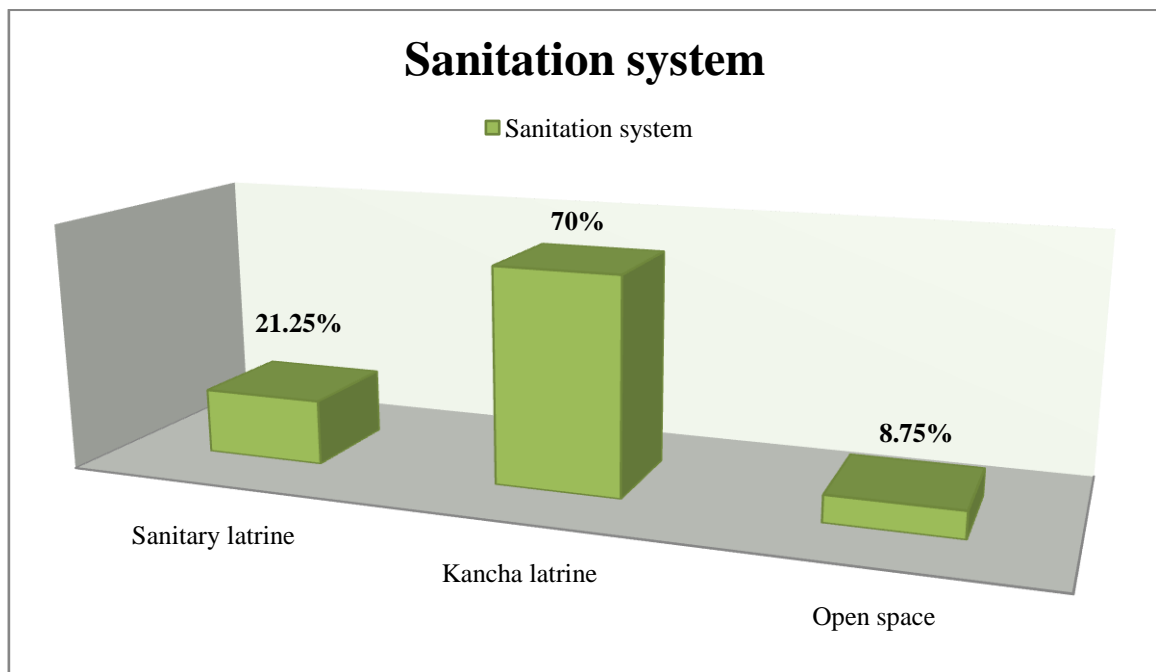


Figure 20: Respondents on the basis of sanitation system

Table – 21: Information regarding to the problems faced by the respondents except physical illness

Problems	Frequency	Percentage
Financial	31	38.75
Family related	22	27.5
Social	17	21.25
Psychological	10	12.5
Total	N=80	100.0

The table shows that most of the respondents are face financial problem this percentage is 38.75 percent. There are 27.5 percent respondents who face family related problems. Elderly people always feel insecurity in this country. 21.25 percent respondents face social problem. And some of the respondents face another problem except physical problem, which is psychological problem (12.5 percent). Maximum older persons feel insecurity in their family. Most of the older persons want the diplomatic solution of this problem and want to live with equal rights just like others.

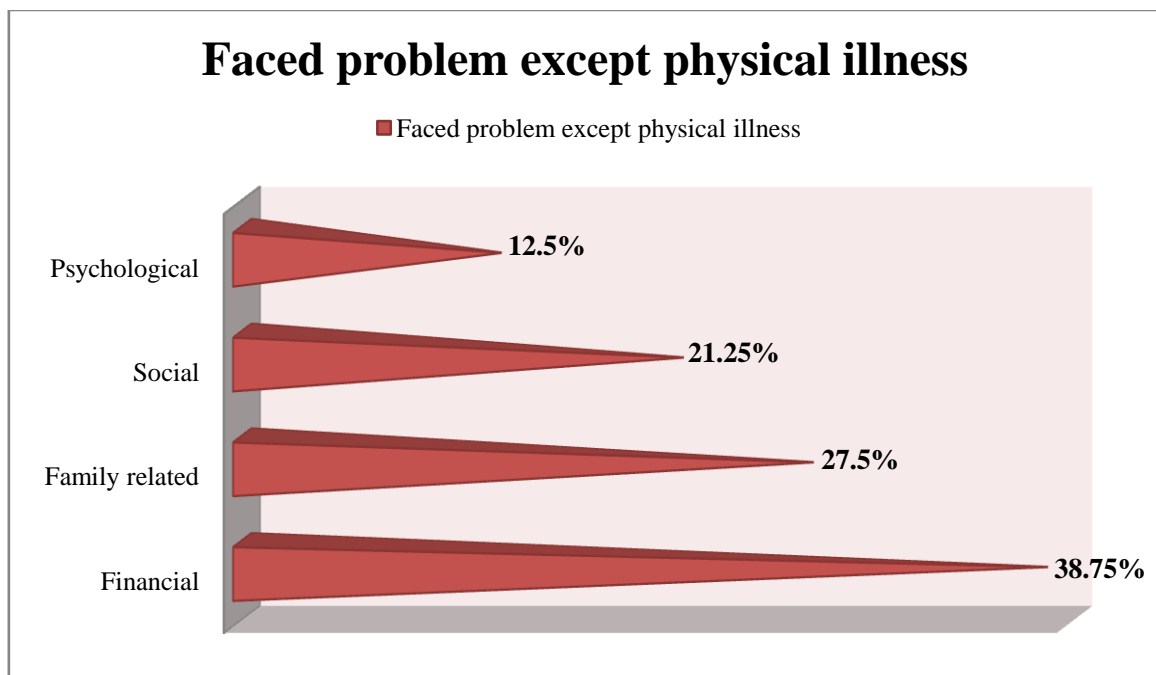


Figure 21: Respondents on the basis of problem faced except physical illness

Table – 22: Information regarding to the passing leisure activities of the respondents

Leisure activities	Frequency	Percentage
Watching television	38	47.5
Hearing radio	7	8.75
Reading newspaper	2	2.5
Gossiping with grand child	33	41.25
Total	N=80	100.0

The older people are important and influential in Rupasdi union. Most of the respondents are passing their leisure time watching television (47.5 percent). Only 8.75 percent respondents use hearing radio to pass their leisure time. 2.5 percent respondents use reading newspaper. Another big percentage of respondents (41.25 percentages) are gossiping with their grandchildren to pass their leisure time.

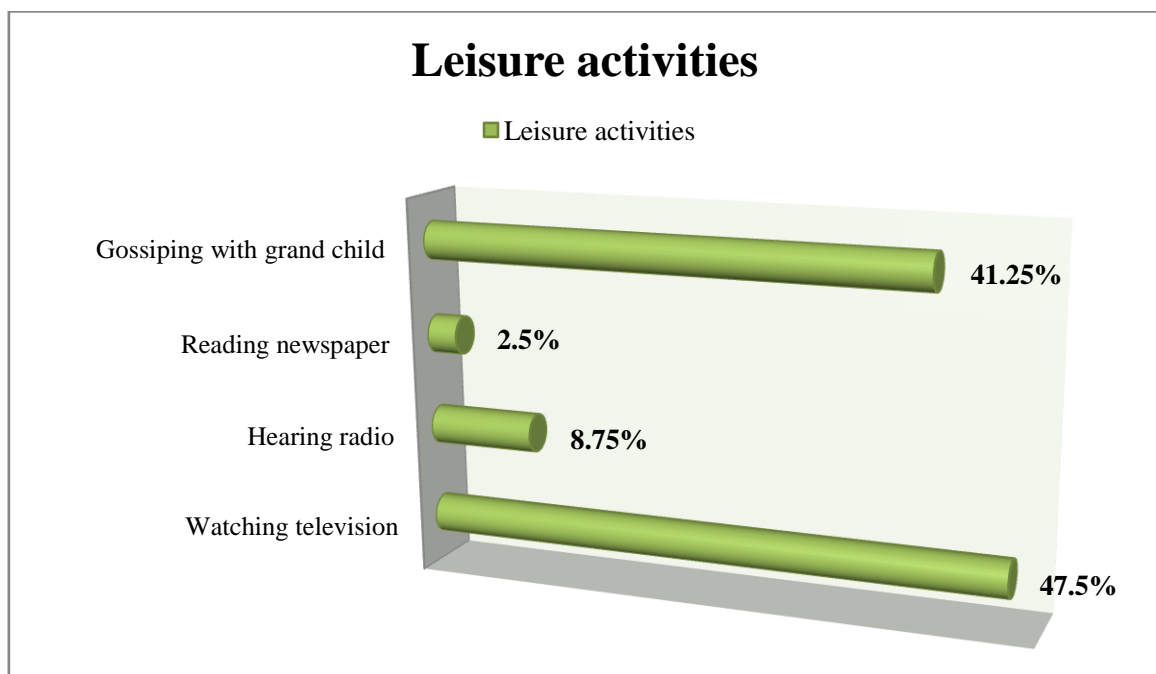


Figure 22: Respondents on the basis of passing leisure activities

Table – 23: Information about respondents regarding their necessity of Government services

Government services	Frequency	Percentage
Yes	67	83.75
No	13	16.25
Total	N=80	100.0

This table shows that 83.75 percent respondents are think they need government services. On the other hand, only 16.25 percent respondents don't need any government services, because they are not face problem in society and family. But most of the elderly people, any time of their life face different types of problem. Such as family related problem, economical problem, societal problem, psychological problem. So, they think that government services are very necessary for their life.

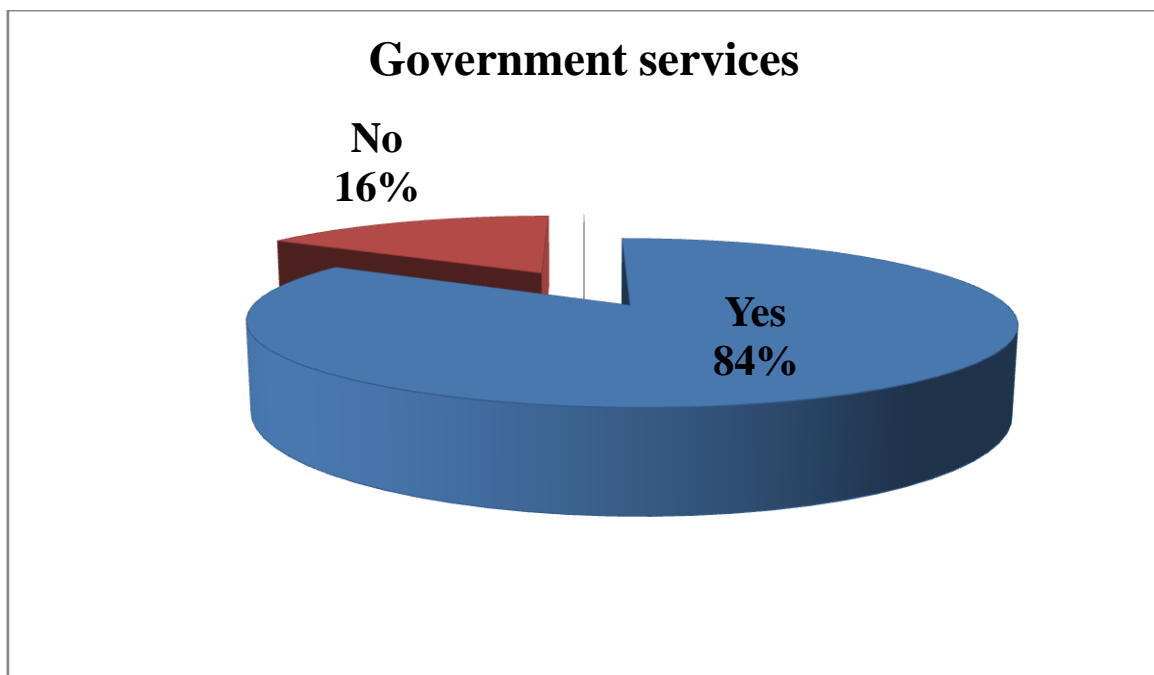


Figure 23: Respondents on the basis of necessity of Government services

4.2 Challenges of Elderly People in Bangladesh

In view of the size of population, scarcity of resources, existing poverty, insufficient health facilities and absence of social security, ageing is going to be a major problem in Bangladesh.

➤ **Economic challenges:**

Problem of maintaining the self and spouses is most common amongst the elderly people in the country. Among the several problems of the elderly in our society, economic problems occupy an important position. Mass poverty is Bangladesh reality and the vast majority of the families have income far below the level, which would ensure a reasonable standard of living. The most vulnerable are those who do not own productive assets, have little or no savings or income from investment made earlier, have no pension or retirement benefits, and are not taken care of by their children or their living families that have low and uncertain incomes and a large number of dependents. Nearly half of the elderly widows are fully dependent on others and rest of the half was found in struggling with their livelihood. The above analysis on the economic status of widows concludes that most of the widows of the study were found doing low paid economic activities that require lower skills and earn lower income, which made them to live under poverty conditions. Their expenditure pattern also shows that they have been spending mostly on basic necessities of their consumption and some of them are not even able to spend for their treatment. Therefore, it can be said that most of the sample elderly people are poor, backward and living in measurable conditions.

Absence of any social security system, poor resource base, and lack of employment opportunities and above all, gradual diminution of traditional social support system are the major for the underlying factors. Consequently,

for the vast majority of the elderly people old age and economic insecurity and positively associated.

➤ **Accommodation challenges:**

The ordeal of the old age is also underline by the lack of accommodation. The problem is accentuated by diminution is mobility during old age and lack of proper main trance of whatever accommodation they may love.

➤ **Medicare challenges:**

Old age leads to physical degradation, therefore age specific health and Medicare problems. Poor nutritional standard and poor housing and sanitation further aggravate their health problems. Certain diseases are relatively more prominent amongst the elderly people. Mental disorder amongst elderly people is increasingly becoming common. Varying socio-economic backgrounds underline health problems faced by the elderly.

➤ **Socio-psychological problem:**

Poor social interaction and relationship were very common among almost all the elderly peoples of this study. Most of their social life was limited with chatting with neighbors. Elderly peoples who were dependent on their sons or daughters were found busy in doing house hold activities. Interestingly taking care of grandson or daughters was found as a meaningful social interaction for many of respondents of the study. As acknowledge by one of the elderly widows of the study-

“I did not face big problem but after my husband death my family relation is getting weak. They do not discuss with me the family decisions. Like that my social relation with my family members’ has changed a bit.”

Participation in social and cultural program is also very low for elderly peoples. As mentioned by one of the respondents.

'I do not feel good to participate in social and cultural program like marriage ceremony because I cannot provide them gift. I feel that I am being avoided at least in some parts of the program.'

During old-age, frustrations emanating from inactiveness, economic crisis, accommodation problems, physical disorders, sickness, separation from the dearest ones etc. culminate into social and physical problems for the elderly people. Breaking up of joint family system has serious adverse effects on the traditional social safety net for old age.

➤ **Health challenges:**

All the elderly people of the study were suffering from various heaths' related problems like viral fever, abdominal pain, diarrhea, dysentery, asthma, blood pressure, gastric, skin diseases, diabetics and so on. They commonly complain about general weakness. Digestive problems like acidity and constipation and sleeping disturbance were also very common among elderly peoples. Many elderly peoples do not take good treatment for their poverty, lack of proper treatment, lack of good doctors, and lack of modernized hospitals and so on. As a result most of the elderly peoples are suffering various health related problems.

➤ **Social isolation:**

Social isolation is also found as a negative consequence of elderly peoples in different studies. For many elderly people, a combination of physical ill health financial insecurity, problems with housing and transport after the death of their spouse, all contribute to the loss and isolation commonly associated with elderly.

➤ **Family related problems:**

Family related problems are very common situation in Bangladesh. At present many elderly people are faced different types of problems in their

family. Such as insecurity, do not have any dominating power in family, children do not take care, feeling loneliness, negligence and so on.

➤ **Lack of comfortable life:**

Many elderly people lead a vulnerable life in their family. They are not comfort with live their family members. Because of their elderly they do not get work and some of them are unable to work. So they do not have any income. For this reason, family members do not care, don't give priority as previous, don't think about them etc. Presently this is an important issue for their challenges.

Aging is an unavoidable and universal process in human life. But a little has been done to make the life easier for the older generation who are the progenitors of civilization, the transmitter of culture and the people who ensure society's lineal succession. It is our ethical and moral responsibility to extend our helping hands towards our senior citizen so that they can pass their ending days of life with respect, proper care, food security. Poor health care service, mistreatment from the family members and threat from meeting basic needs, unhygienic living condition and poor sanitary system, isolation and loneliness, unsuitable transport system and poor recreational facilities are very much associated with the life of the elderly in Bangladesh. Earlier the joint or extended family system used to take care of the elderly population by family resources but this situation is now changing rapidly through the eroding of traditional family pattern. In this context, the need for a social welfare program for the elderly both from the government as well as public sector is emerging and requires serious attention in future years.

4.3 Case studies

Case study-1

Mrs. Alia khatun presently lives in Rupasdi union with her family. She is 72 years old now. She is not well educated. She knows about only signature. She married at the age of 16 with Md. Benu Miah. Seventeen years have passed since her husband died. She belonged to a joint family. She has four sons and one daughter. She became mother of five children. All child of Alia Khatun are got married. She has some grandchild of her own. Two of them got married. Now she lives with her younger son. So there are four members in her family. Her younger son has a confectionary. Now her health condition is not in her favor to do household chores and other jobs. Only her son is the earning member in her family. Now her son becomes the head of the family.

In family, she usually gives her own opinion. She said that only a few times her decisions are accepted. She is taken decision regarding the health of family members but usually it is not accepted. When she becomes ill, she decides to take some medicine from the nearest pharmacy. Her decision doesn't have any matter to her family. To fulfill the basic needs, she gives some opinions. But they do not accept all decision. She eats some food that other family members take. It isn't the matter that she likes it or not. But her family members are not conscious about her foods that are harmful for her body. She is not given any nutrition foods and fruits. She wears white color of Shari. But she can't buy her clothes as her desire, because those were chosen by her son and daughter-in-law. She lives in a store room. Her grandson room is in front of hers. Sometime when she becomes ill and at this time her younger grandson reads and also listens loudly some loudly, she feels disturbed too much. Though she gives some idea about the decoration of those rooms but it is not accepted. She is compelled to live on that environment. She wants to consult with a doctor about

her physical problems but her family ignore it maximum time. They try to convince her by giving quack prescription and nearest pharmacy's medicines, as they can't bear the cost. They treat her like a burden.

She has some physical problem such as Diabetics, high blood pressure, physical weakness, sleeping problem, dental problem etc. she has also a vision problem. When she becomes ill she is asked to take medicines from the nearest pharmacy where are family live. But she is not taken to doctors. But in major illness she is taken to doctors. It is totally depend on her son that when it is necessary to take her to doctor. She has enough freedom to entertain herself. Sometimes she influenced by family members to entertained herself. There is a television in her house. But it is operated by her son's and daughter in laws desired.

She is asked in the matter of buying and selling of lands. But her decision is often neglected. When her son is about to sell his property, she forbid her but he doesn't listen. In a financial crisis her son took a big loan, before taking the loan Alia Khatun forbade to do that. Also when her son makes saving they do not take any opinion from Alia Khatun. When she tries to cooperate with her sons, they don't like it. Also her sons neglect her regularly. She does not feel any threat from her successor. Sometimes she tries to help in household chores but her daughter-in-laws do not like her intervals. Her sons and daughter-in-laws don't value whatever she does.

In her free time she goes to neighbor's house, read Holy Quran and Hadith. Sometimes she passes her time talking with her neighbors. Her neighbors are very helpful to her. She is invited in various social festivals and family functions. She tries to attend those. Making family party successful, her sons and daughter-in-laws take her opinion and few times give priority of her opinion. She does not lead any religious festivals. But she does not like to play

role as a social negotiator. She does not lead in any social and cultural club or organization. She gives vote according to her own wish.

Case study-2

Md. Mizan Miah was born in 1941 at Rupasdi union of Bancharampur upazilla, Brahmanbaria. He is 74 years old. His wife 'S' is a housewife. He has two sons and two daughters. From his boyhood he started to help his father in agriculture, so he cannot go to school after class two, besides this he is the oldest son of his parents. He gives marry to his all son and daughters. At present he is living with his elder son who is the earning member of family.

Mr. Mizan Miah has enough opportunity to share his opinion with the family members. In most of the cases his opinion gets priority. He takes care of the health issues of the family members and gives advice for them. But the cloths that was he wear, it is always selected the family members. He has his own living room. He could enjoy it without any sharing. He decorated her room as per his choice and is quite comfortable in his living standard. His sons and daughter-in-law take enough care of his health and other issues. He has enough time for entertainment and he passed his maximum time with his grandchild.

Mr. Mizan Miah's opinion gets enough priority in case of family related decision. He has also an opportunity to suggest the family members on their income expenditure. The family members take advice from her in case making savings or taking loan for the family. He has the opportunity to use his own asset.

In leisure period, Mr. Mizan Miah recites the Holy Qur'an, passing time with grandchildren, neighbors and relatives. He is used to participate in the family and social party. His opinion also gets priority at different social and religious program like as EID, Ramadan. He gets enough honors in different social and family party as a senior.

Although, Mr. Mizan Miah is in a very happy and comfortable life, but he has some problems due his old age like as diabetics, asthma, and high blood

pressure. He has to take insulin once a time every day. As a result, he doesn't lead a comfortable life.

Case study-3

Sajeda khatun lives at Rupasdi union of Bancharampur upazilla, Brahmanbaria. She is 72 years old. She is literate (only signature). She performs household activities. She has permanent shelter in her own house. Her husband died almost 17 years ago in an accident. She is an older person who faces many in her day to day life. She got married with Shamsu Miah when she was only 15 years old. Her husband worked as a farmer in others land. After died of her husband, she worked as a maid-servant in many house. She could not continue this work for a long time due to her physical illness. Now she leads a vulnerable life.

Shajeda Khatun is a mother of three children. She has one son and two daughters. All of them are got married. Sometimes she lives in her daughter's house and maximum time she live with her son. Her son is an auto rickshaw puller in profession. All of them are live in Rupasdi union. Besides other relative don't bother to communicate with her. Her family members do not pay respect as previous and don't give priority to take family related decision making. She feels insecurity in this house. She worries about her future. She explained that

“I face a big problem after my husband death. In this situation my family internal relation is getting weak. They don't discuss with me about family decision. And social relation in society has change a bit”.

If any day she becomes ill, she won't be able to get proper treatment due to her poverty.

She does not consume old age allowance. She does not receive any kind of help or support from any government or non-government organization. There are a lot of problem in this union including water, electricity and gas problem. She

uses tubewell water & Kancha latrine. She wants good treatment and financial facilities for this union from the government.

Chapter-Five

This chapter includes

5.1 Overview of the study

5.2 Recommendations

5.3 Conclusion

5.1 Overview of the study

The main objective of the study was to realize the challenges of elderly people of Rupasdi union of Bancharampur upazilla. Survey method and case study guide line/checklist was prepared to collect information. The findings of the study are deliberated necessary information of the challenges of the elderly people's in Bangladesh.

Major findings of the study showed that the selected older people lived under mental pressure along with stress. Although for the most of the respondents are the multi structural satisfaction in living stage furthermore most of them are not in the capacity of expand proper livelihood. They lived on the caring of their children and were found to survive minor lives in severe economic difficulty.

The vital findings of the study were that the majority of the elderly could not look after themselves. Most of them cannot afford sufficient food to get sufficient healthy diet needed for their nutrition. The reasons of inadequate food intake were poor economic status and insufficient availability after maintaining the others demand in the family. (Most of respondents cannot manage their daily food.)

The study shows that most of the older people are sufferings from many basic human problems such as lack of sufficient income and employment opportunities, absolute poverty, senile diseases and absence of proper health & Medicare facilities, negligence, deprivation, socio-economic insecurity etc. In view of the huge number of older population, scarcity of resources, existing poverty, insufficient health facilities and lack of social security, psycho-social problem, ageing is going to be a major problem.

Many respondents explained that in previously they get maximum priority in different types of work, but now a present they don't get minimum priority in those work. In family decision they don't give their opinion in making decision.

Even few of the respondents were found to live with their children they could not interested to meet the needs of their older parents like food, clothing, emotional support & health care which may be addressed as negligence. The important reasons of negligence of their basic needs were tremendous economic strain, children's unwillingness to support their old parents as extra burden in the family. Also they were found to be neglected and deprived of basic needs by their progeny mainly because of inability to support them with their meager income.

Summarizing the findings of the present study it may be said that many elderly people lived in challenges and negligence. Without meeting most of the fundamental needs, they were mostly struggling for survival. They represent the real scenario of challenges towards the older people's situation in Bangladesh. The poor elderly as a matter of fact, lives in manifold survival problems. Their lives are full of sorrows and pain. They lived in want and suffering and bear hardship in silence along with negligence from others.

5.2 Recommendations

Elderly populations are the asset of any nation. They have experience, wisdom and knowledge which can be used for the national reconstruction. It is the responsibility of everyone to take care of our national asset and utilized their experience. Elderly is a serious reality and last step of our life cycle. So it is the responsibility of our nation to come forward for the wellbeing of our respected senior citizen of Bangladesh. To achieve this mission, it is very important to educate people and to build more awareness among people. Older people should be regarded as valuable human resources as they doing huge services at home and outside. Their residual capacity and rich experience should be properly utilized for the overall socio-economic development of the society. Their ability to lead productive, healthy and meaningful lives should be ensured by the younger generations and the government respectively.

In addition, older people argue strongly for a change in attitudes to ageing, highlighting in particular the need to challenge ageism and involve older people in life of the community in new ways. Elderly people are to be declaring as the senior citizen of the country and provided the following facilities to implement the proposed national policy for older people:

Government of Bangladesh has introduces the old age allowance scheme in 1998 but a few percent of the people are currently receive in the opportunity, beside the amount is also not so adequate. Therefore effort should be made to cover the more elderly eligible person and increase the amount of the allowance.

Coordination among the activities for the welfare and rehabilitation of the elderly people are to be declared as the Senior Citizen of the country & provided the following facilities to implement the proposed National Policy Ageing:

- Determine the social status of the elderly.
- Ensure economic, social & legal security of the elderly.
- Strengthen the status of the elderly family.
- Ensure housing facilities for the elderly.
- Initiate and strengthen Health Insurance policy for elderly.
- Ensure elderly rights to property.
- Priorities to elderly issues in the existing health system.
- Alleviate the quality of the service delivery system for the elderly.
- Arrangement of treatment, security & rehabilitation of the poor and helpless elderly.
- Implementation of the policies which are simultaneously taken in the context of the international elderly policies as well as suitable for the elderly in Bangladesh.
- The existing retirement and pension system in Bangladesh has a very limited coverage. This should be extended to cover the entire formal sector of economy.

The government and a good number of NGO's have to launch programs for alleviation of present back word situation and improvement of living standard of the old people. This program may be intensified and strengthen to assist the poor families to be able to look after the elderly member properly and reduce challenges towards them.

Government and NGO should take proper initiative to create suitable job opportunity for the older person who wishes to work and improve their situation as they are not to be neglected.

Community club and association of older people should be created in the locality and various activities have to be organized for the betterment of the older people.

Emotional, social, physical and economic supports provided by the family are indispensable to aged population & cannot be replaced by other institutions. So that to reduce the old age negligence all the members of the family should play the supportive and caring role to their senior members.

The older person should to be considered as the asset of the family as well as for the society. Their experience and skills should be utilized for productive process which will benefit the nation and also help to reduce the challenges towards them.

5.3 Conclusion

Older people are faced many challenges in their family and the society. The members of their family sometimes see them as a burden and do not proper care which makes them helpless. Other side peoples of society they are not give importance in different fact of the society. The older person as their early days sacrifice their comfort for their family and the society. But after being established they stared to neglect their parents when they became depended on them, which is most unfortunate for them. The family members should respect their older parents and have to give proper attention and besides that Government and other organization should need to take proper steps to reduce the challenges of older person and enhance the situation of older people.

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Appendix 1

Interview Guidelines/Checklist

Institute of Social Welfare and Research

University of Dhaka

Session: 2013-14

“Challenges of elderly people in Bangladesh - A sample survey”

(The information provided by you will be used in research and it will be kept conceal)

Interview Guideline No:

Date:

A. Demographic Information

- 1) Name :
- 2) Age :
- 3) Gender : Male Female
- 4) Education : Illiterate Literate (Only Signature)
 Primary Education Class 5-10
 SSC &Above
- 5) Religion : Islam Hindu Buddhist Christian
- 6) Marital Status : Single Married Divorce Widow
 Widower Others (specify)...
- 7) Permanent Address:
- 8) What is your family type?
- 9) Who is your family head?

10) Say about your family structure :

Serial no:	Name	Age	Gender	Relation with respondent	Marital status	Education qualification	Occupation	Income

B. Information Regarding to Socio-economic condition of Elderly

- 11) What is the source of income of your family?
- 12) What was your previous occupation?
- 13) Do you have any present occupation?
- 14) If yes, then what?
- 15) If not then what is the reason?
- 16) What is your monthly income?
- 17) If you go to any occasion do people value you?
- 18) If you attend in a discussion do people give importance of your opinion?

- 19) Does your opinion get priority while making a decision in your family?
- 20) How is your relation with your neighbors?

C. Information about House, Food Habits & Health Related Problem:

- 21) Who is the owner of your house?
- 22) What is the type of this house?
- 23) Do you get the opportunity to eat three times in a day?
- 24) What were the diseases you have been suffering for last six months?
- 25) Do you have any illness at present?
- 26) If yes then what is the diseases?
- 27) Are you taking any treatment?
- 28) If not then what is the reason behind it?
- 29) If yes who is providing this service?
- 30) Where do you usually go for treatment?
- 31) What is the source of your drinking water?
- 32) What type of sanitation system do you have?

D. Information Regarding to the Psycho-Social Problem of Elderly People:

- 33) What type of problem do you suffer except physical problem?
- 34) What type of problem do you face in case of financing? (If applicable)
- 35) What type of problem do you face as far as your family is concerned?
(If applicable)

- 36) What type of problem do you face as far as society is concerned? (If applicable)
- 37) Are you suffering from any psychological problem?
- 38) What type of psychological problem do you have?
- 39) Have you got any psychological treatment/therapy/counseling?
- 40) Do you feel lonely ever?
- 41) How do you pass your free time?

E. Recommendations Given by Elderly

- 42) Do you think Government services are necessary for you?
- 43) What should govt. do for your welfare?
 - i.
 - ii.
 - iii.
 - iv.

(Thank you)

Appendix 2

Map of the Study Area



Map of the Study Area



জাতীয় প্রবীণ নীতি ২০১৩ (খসড়া)*
NATIONAL POLICY ON OLDER PERSONS 2013 (Draft)

১. পটভূমি (Introduction) :

প্রবীণ ব্যক্তিগণ দেশের ক্রমবর্ধমান জনসংখ্যার এক উল্লেখযোগ্য অংশ। মানুষের গড় আয়ু বৃদ্ধি পাওয়ায় জনসংখ্যা বৃদ্ধির হারের চাইতে প্রবীণ জনসংখ্যা বৃদ্ধির হার তুলনামূলকভাবে বেশী। জাতিসংঘের হিসাব অনুযায়ী ১৯৭৫ হইতে ২০০০ এই পঁচিশ বৎসরে প্রবীণ জনসংখ্যা ৩% (ছত্রিশ) কোটি হইতে বৃদ্ধি পাইয়া ৬০ (ষাট) কোটিতে দাঁড়াইয়াছে অর্থাৎ প্রবীণ জনসংখ্যার বাৎসরিক গড় বৃদ্ধির হার প্রায় ২.৬৮ শতাংশ। বাংলাদেশের প্রবীণ জনসংখ্যা বৃদ্ধির হার আরও অধিক। বাংলাদেশে প্রবীণ জনসংখ্যা ১৯৯১ সালে ছিল ৬০ (ষাট) লক্ষ এবং ২০১১ সালে এই সংখ্যা বৃদ্ধি পাইয়া দাঁড়াইয়াছে ১ কোটি ১৩ লক্ষে। এই ২০ (কুড়ি) বৎসরে প্রবীণ জনসংখ্যা বৃদ্ধি পাইয়াছে ৫৩ (তিন্সান্ন) লক্ষ অর্থাৎ বাৎসরিক গড় বৃদ্ধির হার ৪.৪১ শতাংশ (প্রায়)। প্রবীণ জনসংখ্যার বৃদ্ধির এই অব্যাহত হার অনুযায়ী আগামী ৫০ (পঞ্চাশ) বৎসরে প্রবীণ জনসংখ্যা উন্নয়নশীল দেশসমূহের মোট জনসংখ্যার ১৯% দাঁড়াইবে। বিশ্বময় এই জনসংখ্যাতাত্ত্বিক রূপান্তর ব্যক্তি, সমাজ, জাতীয় ও আর্থ-সামাজিক জীবনে মারাত্মকভাবে প্রভাব ফেলিবে। কারণ প্রবীণ ব্যক্তির বার্ষিক্যজনিত নানা সমস্যায় ভোগেন এবং বার্ষিক্য বর্তমান বিশ্বের একটি অন্যতম সমস্যা হিসাবে চিহ্নিত।

প্রবীণদের বার্ষিক্য, স্বাস্থ্যসমস্যা, কর্মঅক্ষমতা, পারিবারিক বিচ্ছিন্নতা, একাকিত্ব ইত্যাদি বিষয় যথাযথভাবে গুরুত্ব দিয়া তাহাদের কল্যাণের জন্য সরকারিভাবে চিন্তা ভাবনা শুরু হইয়াছে। ইতঃপূর্বে ১৯৮২ সালে ভিয়েনাতে অনুষ্ঠিত প্রবীণ বিষয়ক প্রথম বিশ্ব সম্মেলনে এ বিষয়ে আন্তর্জাতিক পরিকল্পনা ও দিকনির্দেশনা গৃহীত হইয়াছে। ইহা ছাড়া ২০০২ সালে ১৫৯ টি দেশের প্রতিনিধিদের অংশগ্রহণে স্পেনের মাদ্রিদে প্রবীণ বিষয়ক ২য় বিশ্ব সম্মেলনে একটি সুসংবদ্ধ আন্তর্জাতিক পরিকল্পনা এবং রাজনৈতিক ঘোষণা গৃহীত হয় যাহা 'মাদ্রিদ আন্তর্জাতিক কর্ম-পরিকল্পনা' হিসাবে পরিচিত।

এই নূতন পরিকল্পনা সরকার, আন্তর্জাতিক সম্প্রদায় ও সুশীল সমাজ কর্তৃক বাস্তবায়নের জন্য তিনটি প্রধান অগ্রাধিকারমূলক নির্দেশক ও একগুচ্ছ কর্মসূচি নির্ধারণ করা হইয়াছে। একবিংশ শতাব্দীতে প্রবীণ বিষয়ক যে সকল সমস্যা ও সম্ভাবনা দেখা দিবে সেইগুলিকে মোকাবেলা করিবার জন্য এই কর্মসূচিগুলি নূতন ভিত্তি তৈরি করিবে।

নাগরিক হিসাবে প্রবীণ ব্যক্তিগণ পূর্ণ অধিকার, সার্বিক নিরাপত্তা ও মর্যাদার সহিত যাহাতে ভূমিকা পালন করিতে পারে সেই জন্য মাদ্রিদ বিশ্ব সম্মেলনের সদস্য রাষ্ট্রগুলি সংশ্লিষ্ট নীতিমালা প্রণয়নের জন্য সুনির্দিষ্ট ঘোষণা উপস্থাপন করেন।

* দেখুন- www.msw.gov.bd

- সকল প্রবীণ নাগরিকের মৌলিক স্বাধীনতা ও প্রতিটি মানবাধিকারের পূর্ণ বাস্তবায়ন

- নিরাপদ বার্ষিক্য অর্জন অর্থাৎ প্রবীণ বয়সে দারিদ্র দূরীকরণ এবং প্রবীণদের জন্য জাতিসংঘ নীতিমালা বাস্তবায়ন
- নিজেদের সমাজে স্বেচ্ছামূলক কাজ ও আয়বর্ধনমূলক কাজের মাধ্যমে সামাজিক, রাজনৈতিক ও অর্থনৈতিক জীবনযাপনে পরিপূর্ণ ও কার্যকরভাবে অংশগ্রহণ করিবার জন্য প্রবীণদের ক্ষমতায়ন
- প্রবীণ ব্যক্তিদের শেষ জীবনে স্বচ্ছলতা, আত্ম-পরিভূক্তি ও ব্যক্তিগত উন্নয়নের সুযোগের সংস্থান করা
- সামাজিক উন্নয়নের জন্য পারস্পরিক সংহতি, আন্তঃপ্রজন্ম নির্ভরশীলতার মত অত্যন্ত গুরুত্বপূর্ণ ভূমিকার স্বীকৃতি প্রদান করা
- প্রবীণ ব্যক্তির যাহাতে পূর্ণ অর্থনৈতিক, সামাজিক ও রাজনৈতিক অধিকার ভোগ করিতে পারে তাহা নিশ্চিত করা এবং তাহাদের 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 করিবার জন্য প্রবীণ ব্যক্তিগণ নিজেদের ব্যক্তি, নাগরিক সমাজ ও সরকারের সকল মহলের সঙ্গে সমঅংশীদারিত্ব তৈরি করা
- ক্ষুদ্র নৃ-গোষ্ঠী প্রবীণদের নিজস্ব ও স্বতন্ত্র অবস্থা বজায় রাখিয়া তাহাদের সরাসরি উপকারে আসে এমন বিষয়ে কার্যকরীভাবে সোচ্চার হওয়া
- নারী পুরুষের মধ্যকার জেভার বৈষম্য বিলোপ করাসহ অন্যান্য পদক্ষেপ গ্রহণের মাধ্যমে প্রবীণদের মধ্যে জেভার সমতা প্রতিষ্ঠার অঙ্গীকার করা
- বার্ষিক্যজনিত, ব্যক্তিগত, সামাজিক এবং স্বাস্থ্যগত জটিলতার মোকাবেলা করতে বিজ্ঞানসম্মত গবেষণা ও দক্ষতার সমন্বয় করা এবং প্রযুক্তির সম্ভাবনাকে কাজে লাগানো, বিশেষত উন্নয়নশীল দেশগুলোতে

বাংলাদেশ সরকার ও উক্ত ‘মাদ্রিদ আন্তর্জাতিক কর্ম-পরিকল্পনা’র প্রতি রাষ্ট্রীয় সমর্থন ব্যক্ত করিয়া প্রবীণ ব্যক্তিদের সার্বিক কল্যাণ ও আর্থ-সামাজিক সুরক্ষার জন্য ইতোমধ্যে বয়স্কভাতাসহ কিছু কিছু পদক্ষেপ গ্রহণ এবং বাস্তবায়ন শুরু করিয়াছে। প্রবীণদের অধিকার, উন্নয়ন এবং সার্বিক কল্যাণে দীর্ঘমেয়াদী এবং স্থায়ী কার্যক্রম পরিচালনার লক্ষ্যে একটি নীতিমালা আবশ্যিক হওয়ায় “প্রবীণ বিষয়ক জাতীয় নীতিমালা” প্রণয়ন করা হইল।

০২. প্রবীণ বিষয়ক জাতীয় 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 সহিত অন্তর্ভুক্ত করা এবং যথাযথ কর্মপরিকল্পনা সুনির্দিষ্ট করিয়া তাহা বাস্তবায়ন করা
- বাংলাদেশের প্রবীণ ব্যক্তিদের সামাজিক, সাংস্কৃতিক, অর্থনৈতিক ও রাজনৈতিক অবদানের স্বীকৃতিসহ সামগ্রিক উন্নয়নের পদক্ষেপ গ্রহণ করা
- স্থানীয় সরকার, উন্নয়ন ও সামাজিক উদ্যোগে এবং প্রতিষ্ঠানসমূহ প্রবীণদের অংশগ্রহণের সুযোগ তৈরির নীতি গ্রহণ ও বাস্তবায়ন করা
- 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 ভাঙ্গিয়া পড়ার কারণে প্রবীণদের সার্বিক সুরক্ষার আইন প্রণয়ন ও নিশ্চিত করা
- রাষ্ট্রীয় তথ্যের ক্ষেত্রে প্রবীণ বিষয়ক তথ্য সুনির্দিষ্ট করা এবং সেই সাথে তাহা হালনাগাদ করা, ইহার জন্য জরিপ ও গবেষণা কাজ পরিচালনা করা
- প্রবীণদের নাগরিক জীবনে গণপরিবহনসমূহে চলাচলের বিদ্যমান সুবিধা ও ব্যবস্থাকে সম্প্রসারিত ও প্রবীণবান্ধব করা।
- সকল শ্রেণীর প্রবীণ উপযোগী আবাসন নিশ্চিত করা এবং যাবতীয় ভৌতকাঠামো প্রবীণবান্ধব করা
- সার্বিক দুর্যোগ ব্যবস্থাপনা তথা দুর্যোগপূর্ব সতর্কীকরণ, দুর্যোগকালীন নিরাপদ উদ্ধার, আশ্রয়, ভ্রাণ এবং পরবর্তী পুনর্বাসন কর্মসূচিতে প্রবীণদের অগ্রাধিকারের বিষয়টি নিশ্চিত করা
- প্রবীণ ইস্যু সম্পর্কে গণসচেতনতা সৃষ্টির লক্ষ্যে গণমাধ্যমকে সামাজিক ও প্রাতিষ্ঠানিক দায়বদ্ধতার আওতায় আনা এবং শিক্ষা ও প্রশিক্ষণ পাঠক্রমে প্রবীণ বিষয়টি অন্তর্ভুক্ত করা
- প্রবীণ নারী এবং প্রতিবন্ধী প্রবীণ ব্যক্তিদের ক্ষেত্রে উদ্ধৃত সকল বৈষম্য ও অবহেলা দূর করিয়া বিশেষ সহায়তা প্রদান করা
- আন্তঃপ্রজন্ম যোগাযোগ ও সংহতি গঠন এবং সংরক্ষণ করা

০৩. প্রবীণ ব্যক্তি (Older Persons) :

বার্ধক্য মানুষের জীবনে একটা স্বাভাবিক পরিণতি। বার্ধক্যের সংজ্ঞা সম্পর্কে বিভিন্ন মতামত রহিয়াছে। তবে শারীরিক, মানসিক, আচরণগত, সামাজিক ও সাংস্কৃতিক দিক বিবেচনায় জরা বিজ্ঞানীরা মূলত বয়সের মাপকাঠিতে বার্ধক্যকে চিহ্নিত করিয়াছেন। বিশ্বের শিল্পোন্নত দেশসমূহে ৬৫ (পয়ষট্টি) বৎসর বয়সী ব্যক্তিদের প্রবীণ হিসাবে বিবেচনা করা হইলেও আন্তর্জাতিকভাবে স্বীকৃত এবং জাতিসংঘ বিবেচনায় ৬০ (ষাট) বৎসর এবং তদুর্ধ্ব বয়সী ব্যক্তিদেরকে প্রবীণ বলিয়া

অভিহিত করা হয়। জাতিসংঘ স্বীকৃত বিবেচনা হইতে বাংলাদেশের ৬০ (ষাট) বৎসর এবং তদুর্ধ্ব বয়সী ব্যক্তিগণ প্রবীণ হিসেবে স্বীকৃত হইবেন।

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

বাংলাদেশ একটি স্বল্পোন্নত দেশ। এখানে প্রায় ১৫ কোটি (২০১১ এর আদম শুমারী অনুযায়ী) লোক ১,৪৪,০০০ বর্গ কিলোমিটার এলাকায় বসবাস করিতেছে। গত কয়েক দশক যাবৎ বাংলাদেশে বিভিন্ন স্বাস্থ্য কর্মসূচি গ্রহণ করিবার ফলে মানুষের মধ্যে উন্নত চিকিৎসা গ্রহণের সুযোগ তৈরি হইয়াছে, রোগ-প্রতিরোধ ক্ষমতা বৃদ্ধি পাইতেছে। ফলে, মৃত্যুহার কমিয়া গড় আয়ু বাড়িয়া যাওয়ায় প্রবীণ জনগোষ্ঠীর সংখ্যা দ্রুত বৃদ্ধি পাইতেছে। এক পরিসংখ্যান (সূত্র: বিআইডিএস) অনুযায়ী বাংলাদেশে ১৯৯০ সালে মোট জনসংখ্যার ৪.৯৮% ছিল প্রবীণ জনগোষ্ঠী এবং জনসংখ্যা প্রক্ষেপণ অনুযায়ী ২০৫০ সালে প্রবীণ জনগোষ্ঠীর এই হার হইবে ২০% অর্থাৎ বাংলাদেশে প্রতি পাঁচ জন মানুষের মধ্যে এক জন হইবেন প্রবীণ। এই বৃদ্ধির হার আমাদের জাতীয় জীবনের জন্য এখন একটি বড় চ্যালেঞ্জ। পরিসংখ্যান ব্যুরোর হিসাব অনুযায়ী দেশে প্রায় ৩০.৫% (২০১০ সালের জরিপ অনুযায়ী) লোক দারিদ্র সীমার নিচে বসবাস করিতেছে।

এই দেশে আর্থিক অস্বচ্ছলতা, জীবনযাত্রার নিম্নমান, ঘনবসতি, বেকারত্ব, মাথাপিছু সীমিত আয় প্রভৃতি আর্থ-সামাজিক সমস্যা বিদ্যমান। বাংলাদেশের প্রবীণ ব্যক্তিদের প্রধান সমস্যাবলীর মধ্যে স্বাস্থ্যগত সমস্যা এবং অর্থনৈতিক অস্বচ্ছলতা অন্যতম। আমাদের সংস্কৃতির প্রেক্ষাপটে পরিবার হইল একটি প্রাচীন প্রতিষ্ঠান। অতীতে প্রবীণেরা যৌথ পরিবারে সকলের নিকট হইতে সেবা এবং সহায়তা পাইতেন এবং এভাবেই তাহাদের প্রবীণ সময় কাটিয়া যাইত। পরিবার এবং সমাজে প্রবীণদের প্রতি শ্রদ্ধা ও সম্মান প্রদর্শনসহ তাহাদের বেশি যত্ন নেওয়ার একটি বিশেষ মূল্যবোধ এবং সংস্কৃতির চর্চা ছিল। কিন্তু বর্তমানে সামাজিক, সাংস্কৃতিক ও অর্থনৈতিক নানা পরিবর্তনের ফলে যৌথ পরিবারগুলো ভাঙ্গিয়া যাইতেছে। প্রবীণেরা হারাইতেছেন তাহাদের প্রতি সহানুভূতি, বাড়িতেছে অবহেলা আর তাহারা শিকার হইতেছেন বঞ্চনার। সামাজিক মূল্যবোধের অবক্ষয়ের ধারায় দেখা যাইতেছে প্রবীণরা প্রথমত নিজ পরিবারেই তাহাদের ক্ষমতা ও সম্মান হারাইতেছেন এবং ধীরে ধীরে সমাজের সকল কর্মকাণ্ড হইতে প্রবীণরা বাদ পড়িতেছেন। বিশেষ করিয়া তৃণমূল পর্যায়ের প্রবীণদের বার্ষিক্যজনিত সমস্যা আর অন্যদিকে চরম আর্থিক দীনতার মধ্যে থাকিবার কারণে তাহারা পরিবার হইতে শুরু করিয়া সমাজের প্রতিটি ক্ষেত্রেই সকল ধরনের সেবা পাইবার সুযোগ হইতে বঞ্চিত। ফলে প্রবীণ এই জনগোষ্ঠী প্রতিনিয়ত নিরাপত্তার সংকটের মুখোমুখি পতিত হইতেছে যাহা আগামীতে একটি জাতীয় সমস্যা হিসাবে চিহ্নিত হইতে পারে। আপাতদৃষ্টিতে সমাজের বিপুল এই জনগোষ্ঠীকে কোনভাবেই উপেক্ষা করিবার উপায় নেই। তাই বর্তমানে প্রবীণদের উন্নয়নের বিষয়টি জাতীয় ও আন্তর্জাতিকভাবে এখন বেশ গুরুত্বপূর্ণ ইস্যু হইয়া দাঁড়াইয়াছে।

বাংলাদেশ সরকার প্রবীণ ব্যক্তিদের সমস্যাগুলি গুরুত্ব সহকারে বিবেচনা করিয়া আসিতেছে। সমাজকল্যাণ মন্ত্রণালয়াদীন সমাজসেবা অধিদফতর কর্তৃক ১৯৯৮ সালে দেশের দরিদ্র প্রবীণদের জন্য “বয়স্ক ভাতা” কার্যক্রম চালু করা হইয়াছে। সরকার অবসর প্রাপ্তদের পেনশন ব্যবস্থা

সহজীকরণ ও সুবিধাদি বৃদ্ধি করিয়াছে। সরকার প্রবীণদের বৃহত্তর স্বার্থে, অর্থাৎ প্রবীণদের অধিকার, উন্নয়ন এবং সার্বিক কল্যাণের জন্য দীর্ঘ মেয়াদী কার্যক্রম গ্রহণ করিতে বদ্ধ পরিকর।

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

বাংলাদেশের সংবিধানে সরাসরিভাবে প্রবীণদের বিষয়টি উল্লেখ না থাকিলেও দেশের সকল অসুবিধাগ্রস্ত শ্রেণিকে সহায়তা প্রদানের নিশ্চয়তা দেওয়া হইয়াছে। নিম্নোক্ত অনুচ্ছেদগুলি এই নিশ্চয়তা বিধানের সহিত সরাসরি যুক্ত:

অনুচ্ছেদ: ১৪

রাষ্ট্রের অন্যতম মৌলিক দায়িত্ব হইবে মেহনতী মানুষকে কৃষক ও শ্রমিকের এবং জনগণের অন্তঃসর অংশসমূহকে সকল প্রকার শোষণ হইতে মুক্তি দান করা।

অনুচ্ছেদ: ১৫

রাষ্ট্রের অন্যতম মৌলিক দায়িত্ব হইবে পরিকল্পিত অর্থনৈতিক বিকাশের মাধ্যমে উৎপাদন শক্তির ক্রমবৃদ্ধি সাধন এবং জনগণের জীবনযাত্রার বস্তগত 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 আয়ত্ৰাতীত 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 তাহাদের সামাজিক অবদানের স্বীকৃতি প্রদান করা সকলের নৈতিক দায়িত্ব। এই ক্ষেত্রে যে পদক্ষেপ গ্রহণ করিতে হইবে তাহা নিম্নে বর্ণিত হইল:

- (১) পরিবার, জনসমষ্টি ও অর্থনীতিতে প্রবীণদের অবদান স্বীকার করা এবং সেইগুলিকে উৎসাহিত করা।
- (২) প্রবীণ ব্যক্তির যাহাতে দেশের চলমান সামাজিক, অর্থনৈতিক, রাজনৈতিক, সাংস্কৃতিক ও জীবনশিক্ষায় তাহাদের অংশগ্রহণ অব্যাহত রাখিতে পারেন সেইজন্য সুযোগ সৃষ্টি করা।
- (৩) প্রবীণ ব্যক্তিদের ব্যক্তিগত ও সামাজিক চাহিদার প্রতি শ্রদ্ধা প্রদর্শন এবং সেই অনুযায়ী সমাজে বসবাসের নিশ্চয়তা বিধান করা।

- (৪) প্রবীণ জনগোষ্ঠীর উৎপাদনশীল ক্ষমতার নিরিখে স্বীকৃতি দেওয়া এবং সরকারি ও বেসরকারি কাজে ব্যবহার করা।
- (৫) জাতীয় ও সামাজিক উন্নয়নের ক্ষেত্রে সিদ্ধান্ত গ্রহণের সময় প্রবীণ ব্যক্তিদের প্রয়োজনীয়তা ও সম্পৃক্ততার উপর গুরুত্ব আরোপ করা। সিদ্ধান্ত গ্রহণের ক্ষেত্রে প্রবীণ নারীরাও যাহাতে পূর্ণ ও সমান অংশগ্রহণ করিতে পারেন সেইজন্য পদক্ষেপ গ্রহণ করা।

০৭. আন্তঃপ্রজন্ম যোগাযোগ ও সংহতি (Intergenerational Communication and Solidarity):

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

- (১) শিক্ষা ও প্রশিক্ষণ পাঠক্রমে বার্ষিক্য বিষয়টি অন্তর্ভুক্ত করিয়া নূতন প্রজন্মকে সচেতন করিয়া তোলা।
- (২) নূতন প্রজন্মগুলোর মধ্যে সংহতি জোরদারকরণ অব্যাহত রাখা।
- (৩) সকল বয়সীদের মধ্যে পাঠ্যপুস্তক, গণমাধ্যম, সভা, সেমিনার, আলোচনাসভা প্রভৃতির মাধ্যমে প্রবীণ ও নূতন প্রজন্মের মধ্যকার মতভেদ ও পার্থক্য দূরীকরণ এবং পারস্পরিক সম্পর্কের উন্নয়ন ও বিকাশ ঘটানো।
- (৪) প্রবীণদের জ্ঞান এবং মেধাকে প্রজন্মান্তরে চলমান করিবার জন্য পারিবারিক এবং সামাজিক ব্যবস্থা নিশ্চিত করা।
- (৫) প্রত্যেক প্রজন্মকে তাহাদের মাতা-পিতা এবং প্রবীণ স্বজনদের সেবা প্রদানে উৎসাহিত ও অনুপ্রাণিত করা।

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 করা।
- (২) প্রবীণ ব্যক্তিগণকে সমাজের বৈষম্য ও নিপীড়নমুক্ত নিরাপদ জীবনযাপনের নিশ্চয়তা বিধান করা।
- (৩) জাতি, ধর্ম, বর্ণ, ভাষা, সম্পদ, মর্যাদা, লিঙ্গ, বয়স নির্বিশেষে রাষ্ট্রে প্রবীণ ব্যক্তিদের অধিকার নিশ্চিত করা।
- (৪) সমাজে প্রবীণ ব্যক্তিদের শিক্ষা, সাংস্কৃতিক, ধর্মীয়, নৈতিক ও চিন্তাবিনোদনমূলক 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 করিবার অধিকার সুরক্ষা করা।

- (৭) সকল প্রকার টার্মিনাল ও স্ট্যান্ড, হাসপাতাল ও সেবা প্রদানকারী প্রতিষ্ঠান ও ভবনসমূহে ঢালুপথের (Ramp) ব্যবস্থা করা। শহরের প্রতিটি ফুটপাথ, উঁচু রাস্তার শেষপ্রান্ত চলাচলের সুবিধার্থে ঢালুকরণ করা।
- (৮) প্রবীণ নাগরিকদের জন্য “পরিচিতি কার্ড” প্রবর্তন করা।
- (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 করিবার জন্য পৃথক টিকিট কাউন্টার স্থাপন করা।
- (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 নেওয়ার লক্ষ্যে যে সকল কার্যক্রম নেওয়া হইবে তাহা হইল:

- (১) সমাজ ও পরিবারে প্রবীণ ব্যক্তির যাহাতে অবহেলা, অবজ্ঞা, বৈষম্য ও নিপীড়নের শিকার না হন উহার প্রতি গুরুত্ব আরোপ করা।
- (২) পরিবারে প্রবীণ পুরুষ ও প্রবীণ নারীদের ন্যায্য সম্পত্তি ভোগের অধিকার নিশ্চিতকরণ এবং আইনগতভাবে সর্বাঙ্গিক সহযোগিতা প্রদান করা
- (৩) স্বেচ্ছাসেবী, উন্নয়ন এবং অন্যান্য উপযুক্ত সংস্থার মাধ্যমে দেশের প্রবীণ ব্যক্তিদের স্বার্থ রক্ষা ও সম্পত্তি ভোগের প্রয়োজনে আইনগত ও অন্যান্য উপায়ে সহযোগিতা প্রদান করা।
- (৪) প্রবীণ ব্যক্তিদের জীবনের নিরাপত্তা বিধিত ও ঝুঁকিপূর্ণ হইলে আইন প্রয়োগকারী সংস্থা কর্তৃক পূর্ণভাবে নিরাপত্তা বিধান করা।

১০. দারিদ্র দূরীকরণ (Poverty Reduction) :

বিশ্ব সম্প্রদায় দারিদ্র দূরীকরণের জন্য অনেক কর্মসূচি গ্রহণ করিয়াছে কিন্তু এখনও প্রবীণ ব্যক্তির এই নীতি ও কর্মসূচির বাহিরে রহিয়া গিয়াছেন। দরিদ্র প্রবীণ ব্যক্তিদের দারিদ্র লাঘবের লক্ষ্যে নিম্নোক্ত পদক্ষেপ গ্রহণ করা হইবে:

- (১) আগামী ২০১৫ সালের মধ্যে চরম দারিদ্রের মধ্যে বসবাসরত প্রবীণের সংখ্যা সর্বনিম্নে নামাইয়া আনা। এই 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 করিয়া তাহাদের চাহিদা অনুযায়ী বিশেষ কর্মসূচি গ্রহণ এবং বাস্তবায়ন করা।

- (৪) নিয়োগ, আয়বর্ধক কাজের সুযোগ, ক্ষুদ্রঋণ, বাজার ও সম্পদের উপর প্রবীণ ব্যক্তিদের সমপ্রবেশাধিকার নিশ্চিত করা।
- (৫) প্রবীণ, বিশেষ করিয়া প্রবীণ নারীদের আয়বর্ধক এবং অর্থনৈতিক কর্মসূচি গ্রহণে সহায়তা করা।
- (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 সংক্রান্ত গৃহীতব্য কার্যক্রমের মধ্যে নিম্নোক্ত পদক্ষেপ গ্রহণ করা হইবে:

- (১) পল্লী ও শহর এলাকায় প্রবীণবান্ধব স্বল্প এবং দীর্ঘমেয়াদী সঞ্চয় প্রকল্প প্রবর্তন করা এবং সেই 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 করা।
- (৩) অগ্রাধিকারের ভিত্তিতে অস্বচ্ছল 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 সঞ্চয়ের উপর বিশেষ বর্ধিত হারে মুনাফা প্রদান করা।
- (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 পৌছাইয়া প্রবীণ ব্যক্তি যাহাতে শারীরিক ও মানসিকভাবে সুস্থ ও স্বস্তিতে থাকিতে পারেন সেই লক্ষ্যে নিম্নোক্ত কার্যক্রম গ্রহণ করা হইবে:

- (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 বাধ্যকর্জনিত 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 স্বাস্থ্যসেবাকেন্দ্রে প্রবীণ উপযোগী/প্রবীণবান্ধব ঔষধের ব্যবস্থা করা।
- (৪) সরকারি ও বেসরকারি হাসপাতাল, ক্লিনিক ও চিকিৎসাকেন্দ্রে প্রবীণ ব্যক্তিগণ যাহাতে অগ্রাধিকারভিত্তিতে দ্রুত চিকিৎসা সুবিধা লাভ করিতে পারেন উহার প্রতি গুরুত্ব আরোপ করা। এইজন্য পৃথক কাউন্টার ও ওয়ার্ড স্থাপন এবং প্রত্যেক হাসপাতালে কমপক্ষে ৫% সিট প্রবীণ ব্যক্তিদের জন্য সংরক্ষণ করা।
- (৫) সরকারের পাশাপাশি বেসরকারি স্বাস্থ্য ও চিকিৎসাকেন্দ্রে, 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, যাহার মাধ্যমে দরিদ্র প্রবীণরা স্বাস্থ্যসেবা প্রদানকারী প্রতিষ্ঠানগুলো হইতে খুব সহজেই চিকিৎসা সেবা নেওয়ার সুযোগ পান।
- (৭) প্রবীণদের জন্য মৌলিক স্বাস্থ্যসেবা দোরগোড়ায় পৌঁছাইয়া 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 বার্ষিক্য, স্বাস্থ্য পরিচর্যা, পুষ্টি, খাদ্যাভ্যাস ও খাদ্য তালিকা প্রভৃতি বিষয়ে সচেতন করিয়া তুলিবার 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 করিবার পাশাপাশি 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 পাইতে এবং বার্ষিক্যে সুস্থ ও সক্রিয় থাকিতে হইলে শিশু বয়স হইতেই 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, সুখম 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 কাজিকত সুস্থ ও সামাজিক জীবনযাপনে আহ্বী 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 ব্যক্তির প্রতিকূল পরিস্থিতির সম্মুখীন হন এবং অনেক ক্ষেত্রে প্রবীণ ব্যক্তির 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) দ্রাণ 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) দ্রাণ বিতরণের ক্ষেত্রে প্রবীণদের অভিজ্ঞতা নিশ্চিতকরণ, প্রবীণ উপযোগী দ্রাণ সামগ্রী নির্বাচন ইত্যাদি বিষয় বিবেচনায় রাখিয়া সরকারি এবং বেসরকারি উন্নয়ন সংস্থাসমূহ কর্তৃক দ্রাণ 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 বার্ষিক্য 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। পারিবারিক 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 সর্বাঙ্গিক সহযোগিতা প্রদান করিবে। প্রবীণ কল্যাণে সর্বাঙ্গিক 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 সমিতিতে 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 প্রবীণ কল্যাণ কমিটি।

১৯. বাস্তবায়ন কৌশল (Implementation Strategies) :

আলোচ্য নীতিমালা বাস্তবায়নের কর্মকৌশল হইবে:

- (১) সমাজকল্যাণ মন্ত্রণালয় ও বেসরকারি সংস্থা এবং ব্যক্তির সমন্বয়ে একটি পরীক্ষণ কমিটি গঠন করা হইবে। এই কমিটি প্রবীণ বিষয়ক নীতিমালার বাস্তবায়ন, পর্যালোচনা এবং পরীক্ষণ করিবে।
- (২) প্রবীণ ব্যক্তিদের অধিকার, উন্নয়ন এবং কল্যাণে বিভিন্ন কর্মসূচি গ্রহণ, বাস্তবায়ন, মূল্যায়ন ও পরীক্ষণের জন্য সমাজকল্যাণ মন্ত্রণালয়ের অধীনে একটি পৃথক অধিদপ্তর অথবা শাখা স্থাপন করা হইবে এবং প্রয়োজনীয় জনবল নিয়োগ করা হইবে। ঐ পরীক্ষণ 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 মন্ত্রণালয় 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 বার্ষিক্য 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।

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।
 (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-

আরা 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 দণ্ড-

- (১) কোন সন্তান কর্তৃক ধারা ৩ এর যে কোন উপ-ধারার বিধান কিংবা ধারা ৪ এর বিধান লঙ্ঘন অপরাধ বলিয়া গণ্য হইবে এবং উক্ত অপরাধের জন্য অনুর্ধ্ব ১ (এক) লক্ষ টাকা অর্থদণ্ডে দণ্ডিত হইবে; বা উক্ত অর্থদণ্ড অনাদায়ের ক্ষেত্রে অনুর্ধ্ব ৩(তিন) মাস কারাদণ্ডে দণ্ডিত 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 গণ্য উপ-ধারা (১) এ উল্লিখিত দণ্ডে দণ্ডিত হইবে।

৬। অপরাধের আমলযোগ্যতা, জামিনযোগ্যতা ও আপোষণযোগ্যতা।- এই আইনের অধীন অপরাধ আমলযোগ্য (cognizable), জামিনযোগ্য (bailable) ও আপোষণযোগ্য (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, মেম্বর 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।