

## **‘Aging in Place’ in Bangladesh: Challenges and Possibilities**

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**ABSTRACT:** Being a country turning from developing to middle income; Bangladesh is facing a tremendous change in its family bonding and age-old social customs. Social and physical development is increasing, on the other hand, the dependency rate is decreasing to a great extent. It has become a burning question that what would be the future or social status of old age people in contrast to the young blood who are determined to build their own society according to their own interest. The research will bring to light the existing situation of a residential area of middle-income groups to find out the problems are faced by the older adults living in there. It will draw a lucid picture to represent the current situation of the older adults are living in the so-called planned residential area of Bangladesh. ‘Aging in Place’ refers to, having people remain in their homes and communities for as long as possible and also avoids the costly option of institutional care and is therefore favored by policymakers, health providers, and by many older people themselves (WHO 2007). The older adult needs assistance or helps for leading their day to day life as they become unable to do all their works because of their health issues. As the hands for their assistance are decreasing, a question comes out often, is there any need for institutional care for them or the situation is still well enough for aging in place? The research will give an overview of the possibilities of ‘Aging in Place’ using proper statistics and case study analysis. While the overall situation says about the independence of the older adults, the assessment shows that there is a magnificent opportunity to ‘Aging in place’ in Bangladesh.

**KEY WORDS:** ‘aging in place’, older adults, displacement

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## 1. Introduction

Aged people are increasing at an alarming rate day by day. According to the UN, the world is experiencing an 'Age-quake'. Every month, one million people turned into 60, by the year 2030, several industrial countries will have one-third of their population over 60. In Bangladesh, eighty thousand new elderly people added to the over 60 age group each year (UN ESCAP 1999). The pace of population aging is much faster in developing countries compared to developed countries (Khan and Leeson 2006). People over 60 years make up 6% of the total population of Bangladesh. While this percentage is small relative to developed countries due to the large size of the population, it represents approximately 7.3 million people (Abedin 1998). Furthermore, projection indicates that the number of elder people in Bangladesh by 2025 will reach 8.5 million and 10.1 % of the total population which is alarming.

Bangladesh is one of the twenty developing countries having the largest percentage of the elderly population. By 2025 along with other four Asian countries, Bangladesh will account about half of the world's total elderly population (Chaklader et al. 2003). The growth of the aged population will continue to several issues related to their status and roles, care and living, health, social support and overall wellbeing (Khan and Leeson 2006). The elderly people require a combination of physical and mental supports which they can receive properly from their family members. The cultural and religious tradition of Bangladesh is expected that families should care for their own elderly members but rapid socioeconomic and demographic transformation, changes in social and religious values, an influence of western culture and other factors have broken down the community care system (Islam and Nath 2012). Bangladesh will face difficulties in managing the challenges for a large elderly population.

The research was conducted to recognize problems faced by the growing number of older adults aging in place as well as the causes force them to choose an institutional housing and determine the possibility of 'aging in place'. There is a strong need to understand the dependency and the vulnerability patterns of older adults of the middle-income group and the problem faced by them in both indoor and outdoor and the causes of their displacement which is the contrast with the aging in place in Bangladesh. The older adult should not be out of our consideration as they are the experienced members of society and citizen to a country.

## 2. Aging in place

Almost all the countries in the world are facing the increase of the elderly population, particularly in urban areas. In this regards, the housing that can sustain the needs of the elderly becomes the primary concern. Developed nations such as United Kingdom (UK), United State of America (USA) and Japan are examples of countries with their economic development has tried to develop integrated policies for the welfare of the elderly so that elderly can exist safely and comfortably wherever they live.

The U.S. Centers for Disease Control and Prevention defines aging in place as “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level”. An environment where the older adults lives, have to be environmentally friendly to the elderly (age-friendly physical environment) that use the advanced technologies, especially support to the elderly with limited mobility, vision, and listening. Affordable housing where the elderly become independent and get the opportunity for social contact and remain active in community activities also important to be noted (UNFPA 2012). The Age-Friendly City is the concept can answer those needs (WHO 2007).

The older adult stage is an unavoidable stage of human life. From the beginning of the human race, there was elderly people and the need for older care. The importance and the necessities of older care have understood thousands of years ago. There are many recognized steps were taken for elder care and they formed the present situation. In Egypt, care for the elderly varied greatly from class to class and even from family to family. Similar to the Egyptian custom, Greek men without children could adopt a son who is then given the elderly man’s entire estate. In return, while the adopted father is alive, he would look after and care for the elderly man and after death provides for a proper burial and visit the tomb on a regular basis (MacEachern 1962). The problem of providing housing for the aging society of Japan is and has been a key issue. Since the speed of aging is so rapid, Japan is facing a serious problem of having to provide buildings and dwelling units that will be suitable for use by elderly persons in a very short time.

For many years, special housing for seniors was considered the best solution. It gradually became evident that all dwellings in the housing stock should be capable of housing an elderly person because the sufficient number of a special housing can never be built to house one in four persons who are expected to be elderly. In India the concept of 'retirement communities' become very popular, especially in south Indian states such as Kerala, Andhra Pradesh, and Tamil Nadu. More recently, this concept of senior assisted living has spread wings all over India, with several big and small real-estate players having entered the fray. But, this does not come cheap. The prices for retirement apartments range from Rs. 2.2 million to 7.5 million, depending upon the location and size, which is not affordable to all. Then they are thinking for aging in place so that they could avoid the costly alternatives.

Aging in place not only avoid the costly alternatives for the older adults but also help them to remain in the place they belong to. It helps to ameliorate the social capital and family bonding, ownness of place and mental satisfaction. To make a better retirement life for the older adult the aging in place has no alternative.

### 3. Study Methods

The study is conducted at 'Nirala Residential Area' (ward no. 24 of Khulna city), it is a planned residential area, where mostly the middle-income group people are lives in. The simple random sampling is used for the data collection with a semi-structured questionnaire. The area represents the middle-income group all over the country which is 20% of the total population and will be 25% in 2025 (The Daily Star November 06, 2015). The population size of the area is 35803, which has converted to 2148 as the concerned age group is only 6% of the total population. The sample size is determined 66; where Margin of error: 10%, Confidence level 90%, Response distribution 50%. All the data is collected without biases and for the time limitation 50 samples data are collected and use for the further analysis and findings. To understand the vulnerability and the dependency CDS (Care Dependency Scale) has used (relevant to Bangladesh by piloting) which was formed by Dijkstra et al (2006).

**Table 1. Components of CDS (Care Dependency Scale)**


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|                                 |                                 |
|---------------------------------|---------------------------------|
| ✦ Avoidance of danger           | ✦ Day/night pattern             |
| ✦ Continence                    | ✦ Daily activities              |
| ✦ Communications                | ✦ Getting dressed and undressed |
| ✦ Body posture                  | ✦ Recreational activities       |
| ✦ Contact with others           | ✦ Body temperature              |
| ✦ Mobility                      | ✦ Hygiene                       |
| ✦ The sense of rules and values | ✦ Eating and drinking           |

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*Source: Dijkstra et al. 2006*

To identify the challenges for 'aging in place', the reasons of displacement of older adults are need to be analyzed carefully. To fulfill this objective, one of the biggest institutional houses for older adults in Bangladesh has been surveyed which was selected through a simple random method. At this stage, the methods of collecting information were case studies and FGDs?

#### **4. Aging in place in Bangladesh**

Traditionally, the society of Bangladesh has looked after its elderly population through family and community support system. Today, the traditional family support system is under the circumstances of demographic, social and economic changes. The traditional form of family support for older people tends to be weakening due to the formation of more and more nuclear families and the departure of the youngsters from families in search of a better livelihood. Cain (1991) and Jones (1993) stated that smaller family sizes are seen beneficial from a developmental point of view but soon they will pose a greater challenge for the aging population. Elder person encountered non-communicable diseases such as cardiovascular diseases including heart attacks and stroke, chronic respiratory diseases including chronic obstructed pulmonary disease and asthma, renal disease cancers, and diabetes as well as other chronic diseases, which are highly recommended institutional housing or full-time assistance for the older adult.

Children of the older parents living in megacities or far from their families have to suffer a lot in a sense of older care. Most of these cases the older adults choose to live in a rural setting having a poor facility or no facilities at all. The parents living in cities where their children's are living abroad face a great problem of loneliness and insecurity as they living alone. The poor families, who are migrated to a city and promised to their parents to send money every month, struggling with their own living and can't look after their parents. In these type of cases, the elderly people get involved in beggary. However, older women especially widows and those who are without sons are facing economic vulnerability with the consequences of health problem.

Constitution of Bangladesh mentioned the rights of elderly people. In the constitution part II section 15 entitled "Provision of Basic Necessities" described social security of the elderly people as the "provision of the basic necessities of life, including food, clothing, shelter, education and medical care; the right to reasonable rest, recreation and leisure; and the right to social security, that is to say, to public assistance in cases of undeserved want arising from unemployment, illness or disablement, or suffered by widows or orphans or in old age, or in other such cases mentioned in the 15 (a) (c) and (d) clause respectively" (Barikdar et al. 2016).

Old age allowance introduced in Bangladesh in the Fiscal Year (FY) 1997-1998 and the main objectives of this allowance is ensuring socio-economic development and social security for the elderly; increase dignity of elderly within family and community and the aim of the allowance is to strengthening of mental health through grant for Medicare and increase of nutritional support for elderly people of Bangladesh. The age of 65 years for male and 62 years for a female whose yearly average income not exceeding 10,000 BDT are considered eligible for the old age allowance. The total budget in FY 1997-1998 was 125.00 million BDT and monthly allocation for 100 taka per person (which is very little, but it was clearly a step toward 'Aging in Place') and the total beneficiary was 40,311. That amount of grant per head has been increased in the present FY 2015-2016. Bangladesh government allocated BDT 14,400 million and the total beneficiary is 3 million, each beneficiary getting 400 BDT per head per month (Barikdar et al. 2016).

Recently the Parent Care Act 2013 of Bangladesh tried to ensure that the children have to take necessary steps to look after their parents for three

years and provide them with maintenance. But it is not fully functioning yet. Many elderly welfare organizations work for elderly people and elderly people to get involved with the elderly welfare organization. Such as, Probin Hitoishi Kendra, Probin Hitoishi Sangha Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM), Retired officers Welfare Association (Dhaka), Retired Police Officers Welfare Association (Dhaka), Service Center for Elderly People (Rajshahi), Elderly Development Initiative (Manikganj), Senakalyan Sangstha, etc.

There are initiatives taken by government and NGOs and social organizations for elderly but it is not enough to cover the whole elderly population of Bangladesh and there is no clear provision for housing and rehabilitation of elderly population.

Though there is a great number of obstacles in aging in place, very few numbers of the respondents who have a 'Yes' for institutional care at all. Despite many issues like health, care, loneliness, financial dependency, assistance out of the home, safety problem out of the home and the feelings of a burden on the family; they want to spend rest of their life with their families.

Most of the older adult doesn't want institutional care (86%). Only a few (12%) want to go. The older adult people mainly want to live with the family for the rest of their life. Though there are some minor issues, they are not taking these seriously and they think it's not their culture to live in institutional housing rather than families. They are willing to mutualize the family issues and want some modifications of outdoor facilities and concerned authorities to plan which are age-friendly to make the 'Aging in place' more effective in a developing country like Bangladesh which has a strong history of family bonding and social capital over centuries. On the other hand, those who want to go to institutional housing, are mainly having no home ownership, no social capital, no offspring or no male child. There is a strong negative correlation between having a son and wish to live in institutional care. In our society, a male child is considered as an asset for the older adult. As the daughter got married, she became a member of another family she can't look after her parents at all. But in this study, it also found that the educated and job holding daughters are looking after their parents as well. The homeownership has also an emphasizing role in this case but not too strong to statistical validity.

#### *4.1. Possibilities of Aging in Place in Bangladesh*

Bangladesh has a reputation for social bonding and culture of respecting the older adults and give importance to them. Though the culture is changing and the modern concept of living is taking place, the morals and the norms of looking after the older adults are not elapsed yet. The older adults are also interested to live with their families rather than institutional care. The people of the studied institutional housing of older adults are getting all the facilities that are necessary for an older adult to live independently like- medical facilities, assistance, indoor and outdoor innovation, better environment, nutritious meal, etc. Even though all the facilities are present in the surveyed institutional home, only 12.5% of its accommodation capacity are occupied by displaced older adults which is a strong evidence of family bonding and social relationship and the possibility of 'aging in place' that still remain in Bangladesh.

The potentials of Bangladesh to support aging in place due to its socio cultural status are described under this section. These are the findings from the structures interviews with the older adults who are still enjoying aging in place with their families and are not interested to move anywhere at any point of their remaining life.

##### *4.1.1. Family bonding to support dependent older adults*

Dependency explains the older adult's dependence on descendants or relatives for helps to lead his/her life. Financial dependency comes, when the older adults are depending on someone else for financial help. As the older adults of middle income groups are mostly the retired employee and most of the cases they don't have any regular income, they have to depend on their children or relatives by whom they are looked after. The older adults are mostly depending on their offspring's (about 70%) and a remarkable portion (about 28%) is independent due to informal income like-renting their house, bank-interest from the savings. It also clear that very few are dependent on relatives (about 2% only); so the dependency on families are dominant in these case.

Older adults are not capable of doing all the works they need to do because of their physical and mental disability due to their age and deteriorating health condition. Some issues of physical health and mental

health like problems of hearing, eyesight, movement, and disability to recognize people are very common. These problems due to age force them to seek help from others who are capable of, basically, the family members have to help them in these issues. According to CDS (Care Dependency Scale), constructed by Ate Dijkstra and his team in 2006, the older adults are dependent to some extent, as described in the study method. These CDS's parameter has helped to understand the actual scenario of dependency and the opportunities or possibilities to 'Aging in Place' in Bangladesh.

From the analysis of collected information, it is clear that most of the assistance of older adults comes from their family members (83%) which is helping 'Aging in Place'. Who doesn't get help from family members, as the members are busy with their earnings and living apart from their parents, the maid is a solution to their problem. Older adults are getting assistance from their maid in the absence of their family members and staying at the place of their aging.

On the other hand, because of having an ideology of patriarchy in Bangladesh, the older adults are mainly depending on their male children rather than the female one. Another cause of the dependency on a male child is the educational and occupational backwardness of the female children in developing countries like Bangladesh, India and so on. Looking after the parents by the female child after their marriage requires financial self-dependency. Without a job, the female children are unable to provide help to their parents at an older age. With the increasing female education and participation in the job sector, the dependency on a female child is increasing (about 12% in the study area) day by day.

#### 4.1.2. Social capital

Hanifan (1916) referred to social capital as "those tangible assets (that) count for most in the daily lives of people: namely good will, fellowship, sympathy, and social intercourse among the individuals and families who make up a social unit". In this study, the social relationships of an older adult with their neighbor and the chance of getting help from the neighbor in emergencies are considered as social capital.

About 92% of respondents have good relation with their neighbors. Social capital is a strong factor influencing 'Aging in Place' because it helps

suppressing loneliness at older age and provide helps in an emergency. About all of the respondents having good relation are receiving help from their neighbor at the time of emergencies. Which means respondents who have social capital can expect company and assistance which is a great support for aging in place. These social issues are influencing the 'Aging in Place' process in the study area very positively.

#### *4.1.3. Participation in family-decision making*

Participation of older adults in the decision-making process of family indicates the value of older adults within his/her family and it also indicates how well they are treated by their family and it is also necessary for successful aging in place in Bangladesh. In Nirala residential area most of the older adult take part in the decision-making process (about 72%) and only 28% of respondents don't take part in the decision making process. A large number of the participating group identifies the strong evidence to 'Aging in Place'. On the other hand, the negative correlation between 'Home ownership' and 'Burden on family' making the 'Aging in Place' process more strong.

#### *4.1.4. Financial Solvency*

About 96% people don't think that they are burden on family and only 4% people thinks that they are burden on families. It was found that the older adults, who do not think them as burdens on their family, have sources of income like interests from savings or home rents, and also have home ownership.

A strong negative relation was found between 'Home ownership' and feeling burden on family' from phi test cross-tabulation. This negative correlation (-.384) indicates the necessity of financial solvency homeownership in the process of aging in place. In the study area most of the older adults are from middle and high income households and have financial solvency that make them confident about living with their families and able to enjoy aging in place with their known community.

## *4.2. Challenges of aging in place in Bangladesh*

'Age UK' the largest organization working for older adults of UK has built an index to indicate or measure the vulnerability of older adult. They find

out some factors/Aspects in which the older adults are ought to vulnerable. From the study area, this vulnerability aspect's information are collected for further analysis and tried to understand the vulnerability aspects of the older adults in 'aging in place'. These vulnerabilities indicate the challenges of 'Aging in Place' in context of Bangladesh.

#### 4.2.1. *Financial*

Some financial issues like uneven distribution of property among descendants, loss of property or being bankrupt sometime cause displacement of older adults from their known community. The FGD conducted on institutional housing retrieved some financial issues that trigger displacement. As the physically disabled older adults with all working family members need fulltime care from a hired caregiver, however, such arrangement is expensive and not always available. When the family is well-off then they try to keep a maid or nurse for the full-time care of their older adult family members. But when the older adult is not from a well off family and lack of own financial solvency, is very prone to displacement.

Another financial cause of displacement is the uneven distribution of the properties. Uneven distribution of properties may affect displacement in two ways. On the one way, when older adults distribute their properties among their descendants with bias, conflicts among the siblings might raise regarding the responsibility to their parents and ultimately might destined the older adult to the old home. On the other way, when a person is a victim of uneven property distribution and deprived of inherited property and due to such deprivation lack financial capacity to lead older age life and depends on old home. Another financial reason, raised by the participants of the FGD done in the institutional home, is the bankruptcy due to business loss in working age which left then financially insolvent at older age and bound to depend on descendants or relatives which afterwards might displace them to old home. So, financial insecurity is a major reason of displacement in absence of proper pension or old age allowances.

#### 4.2.2. *Physical (indoor and outdoor)*

For aging in place some additional indoor facilities for the older adults are required for safely movement inside the households. From literature review

some required indoor requirements for older adults have been identified. Those are window in room, sufficient sunlight, fall proof floor, high commode, maximum allowed distance to bathroom, to kitchen, safety bars in bathrooms etc. (Vladeck & Segel 2010). These should be incorporated in order to ensure the safety and safe movement of the older adults within their own space to take least assistance from others. As a middle and high income residential area, most of the houses in Nirala comply with some of such indoor design requirements, however, fall proof floor and safety bars in bathrooms are highly neglected indoor design issue which often cause serious injury among older adults from falling down due to slippery floors. To live independently in own home such indoor design requirements must be fulfilled which is a great challenge for Bangladesh due to its socio-economic status and poor housing condition.

For aging in place some additional outdoor facilities for the older adult required for safety and daily needs for the older adult, like- Road safety, Footpath, Zebra crossing, Ramp and a Pleasant overall outdoor environment.

The collected data represent that the interviewed older adults (100%) are not satisfied with the outdoor facilities in the study area. Absence of footpath with proper ramp and absence of zebra crossing on roads have made the outdoor walking very risky for older adults even in a planned residential area like Nirala. Moreover, wandering cattle on road, disposal of waste here and there have made the outdoor environment very unpleasant and unsafe for the older adults.

The different vehicular speed makes the older adults confused in crossing the road. There is no speed breaker at the entrance and the exits of the residential area and no speed limit has provided for the vehicles running on the roads within the residential area. Without proper rules and regulation, the people are driving recklessly and increasing the possibilities of accidents especially for the children and older adults.

For the outdoor insecurity, the older adults are compelled to remain at home rather than walking through the neighborhood and enjoying the fresh air. These are making them feel lonelier and causing many mental and physical problems and also act as obstacle on the way of acquiring social capital. Though the selected study area is a planned residential area it is failed to fulfill the outdoor necessities of the older adults. If it is the scenario of

the planned area, then it is clear that the unplanned area's condition most possibly would be more unsatisfactory. For aging in place, to ensure such outdoor facilities is another challenge in context of Bangladesh.

#### 4.2.3. *Social challenges*

The older adults, who are not married or bachelor becomes lonely at their older age when they felt everyone is busy with their families and there is no one to look after him. When they were strong enough for working they looked after their families but at the older adult stage he/she becomes a burden on others and thus they want institutional care. Second marriage in later life is also an important issue fueling the older adult displacement from their place of aging. Polygamy hampers a person's impression and relation with children from first marriage who are no more willing to take their liability at the older age. And the older adults have to come in an institutional housing for shelter at their older adult age. Having no male children is also a predominating factor behind the displacement of older adults. Those who do not have any male children become helpless at their older adult age. There is a strong negative relationship (-.560) between an older adult's displacements and having a male child. Having a male child makes aging in place stronger.

#### 4.3. *Some possible initiatives to encourage aging in place in Bangladesh*

To meet the growing needs of older people to age-in-place and to support family caregivers, formal home and community-based supportive services and assistive technologies have been developed worldwide. The primary goal of these services and technologies is to attain the level of support provided by the housing environment to the level of capabilities of the individual, although they have historically been underfunded, leaving many without adequate help (Doty 2010). Though there are some challenges for successful aging in place in Bangladesh, they could be eased by proper measures. It is not yet too late.

##### 4.3.1. *Indoor and outdoor design solutions*

To enable aging-in-place, it is necessary that the barriers to aging in place be removed. These include indoor physical modifications and accommodations to enhance the accessibility and usability of the home environment, increase safety, reduce difficulties in activity performance (Pettersson et al. 2008), as

well as the provision of formal and informal social support and care services, to enhance older people's independence (Johansson et al. 2009). One strategy is physical modifications, such as the installation of ramps in staircases, safety bars in bathrooms, and making premises and amenities more accessible and useable. Following the 'Universal Building Design' can be a remedy of the problems in indoor facilities especially Equitable Use, Simple and Intuitive, Perceptible Information, Low Physical Effort. However, failure to adapt to the changing situations may lead to relocation to long-term care facilities.

The Global Age-Friendly Cities Project, which was launched by the World Health Organization (WHO), is aimed at promoting the physical and psychosocial wellbeing of their older inhabitants and thus improving the quality of life of the entire community. This model incorporates all aspects of the natural, built, and social urban environment and includes assessment of needs related to accessible and affordable services, social participation and inclusion, accessible public transportation, provision of information, community support, recreational and social programs, civic participation, and security at home and at outdoor spaces (Gonzales & Morrow-Howell 2009; Plouffe & Kalache 2010). In age-friendly communities, older people are not only consumers of services but are rather a social capital that contributes to the well-being of the whole community.

There is a "mismatch" between the design of communities and the needs of older people. Both the physical and social environments are designed for a mobile and functionally independent people. Most housing, transportation, services for health and home care, and public spaces are organized to accommodate people who are healthy. The need to have residential and commercial spaces within walking distance is rarely considered in most urban planning (Bookman 2008). Therefore, urban planners have to take these into consideration and initiate new innovative and creative architectures of housing and city building to enable the integration of older individuals in its mainstream of life. Many older people and their families are unaware of or have no information on available services in their communities or access to them (Bookman & Harrington 2007). This is a substantial barrier to accessing services and may hinder aging-in-place (Tang & Pickard 2008). There are also affordability issues for those who are the middle class who are not entitled to receive subsidized housing and care services. Nevertheless,

with regard to formal services, attention should be given to welfare state regimes and cultural differences that are profoundly influenced by the role of families in providing support to their older family members.

#### 4.3.2. *Trained caregiver*

Caregiving takes many forms. Family members help older, sick, or disabled older adults every day. They are glad to do this and feel rewarded by it, but if the demands are heavy, over time they can also become exhausted and stressed. Most of them, at some point are caregivers. Caregivers are daughters, wives, husbands, sons, grandchildren, nieces, nephews, partners and friends. While some people receive care from paid caregivers, most rely on unpaid assistance from families, friends and neighbors.

But when the family members are not able to look after their older member due to their job and absence in home, paid and trained caregiver is a solution. In Bangladesh the tradition to hire a trained caregiver for older adult is rare. Maid is common in these cases though they don't have the institutional learning for caring the older adults, they can manage the basic necessities of the older adult quite well. Trained caregivers are those who have training on the caring issues and health issues of the older adults and took the caregiving as a profession. Having an age-old tradition of family caregiving for the older adults, the trained caregiver is not a known term to the society. But it can be a very effective way to make the aging in place process smoother. As the maid is taking place of the trained caregiver in Bangladesh, training to the maid who is looking after the older adults in community level can be a great way to get better care in a home rather than institutional care. If the process took place in every community scale the aging in place will be attained as well as the family member can get relief of the problem discussed in the challenges of aging in place.

#### 4.3.3. *Financial security*

The government of Bangladesh has started to take some steps to empower older adults financially. The age of 65 years for male and 62 years for a female whose yearly average income not exceeding 10,000 BDT are considered eligible for the old age allowance. Monthly allocation for 100 taka per person and the total beneficiary was 40,311. That amount of grant per head has been

increased in the present FY' 2015-2016. Bangladesh government allocated BDT 14,400 million and the total beneficiary is 3 million, each beneficiary getting 400 BDT per head per month (Barikdar et al. 2016). Though the action is praiseworthy, the amount of allowance is too little and only poverty-oriented. Older adults of all income groups need to be taken under the social security shelter. Allowance for every group of the income strata mostly the poor and middle-income group should be in the center of these kinds of strategy. Besides, along with government employees the private sector service holders should also be under pension system for their retired life.

It's impossible for the govt. to ensure financial solvency or allowance for all the older adults. Nevertheless, some strategies can secure the retired life by encouraging people to save for retired life, by increasing homeownership through affordable housing and mortgages, and by ensuring subsidized health care for older adults.

#### 4.3.4. *Gender equity*

One of the causes of the displacement of older adults from their place is having no offspring or having no male child. A male child is considered as an asset for the older adult age in Bangladesh. The person having no male child is at the risk of care related vulnerabilities at their older adult age. Most of the cases the relatives are not willing to take care of him/her. On the other hand, the female children who are living in their in-law's house are unable to look after their parents. In the study, about only 12% of the respondents are living with their daughters who are self-dependent by holding a formal job. So it is clear that the gender equity and empowerment of the women is very effective for aging in place. The number of working women increased to 18.6 million in 2016-17 from 16.2 million in 2010. Bangladesh secured the 47th position among 144 countries in 2017 as per The Global Gender Gap Report, whereas India, Sri Lanka, Nepal, Bhutan, and Pakistan remain at 108, 109, 111, 124 and 143 positions respectively. The govt. policies are also female empowerment-oriented which might help aging in place of the parents with only female descendants (Alam 2015). Now what we need to do is to change our outlook that female child can also take care of their parents as the male one. It could be done through proper awareness building campaigns.

### 4.3.5. Securing the rights of the older adults

To secure the rights of older adults and public in general, there are some relevant acts and policies. But these legal instruments have limitations in terms of proper specification that could make them more influential and applicable. Some legal instruments and their limitations are given in Table 2.

Table 2. Existing Policy Gaps

| Strategy  | Gap  |
|---|--|
| Bangladesh national health policy, Health and Population Sector Strategy (HPSS) | Allocate more resources to support services for the poor, and for vulnerable groups (women and children not for older adults); Health insurance scheme for government employees only and for employees of state-owned enterprises. |
| Constitution of Bangladesh  | In the constitution part II section 15 entitled "Provision of Basic Necessities" and 15 (a) (c) and (d) clause respectively; but no penalty for violation.   |
| Old age allowance   | Fiscal Year (FY) 1997-1998 and the age group was 65 for male and 62 for a female whose yearly average income not exceeding 10,000 BDT. In FY 2015-2016 the allowance has increased but the allowance is too little.                |
| Public Service Retirement Act 1974b   | Pension policies to ensure social security on old age for retired government employees only.   |
| Parent Care Act 2013  | Children's have to take necessary steps to look after their parents and provide them with maintenance, but no sentence to a violation.   |

Source: Compiled by the Author, 2018

## 5. Conclusion

In the conclusion it can be said that with the increasing trend of nuclear family, Bangladesh still has potentiality for aging in place if the identified challenges for aging in place are handled efficiently through appropriate strategies to provide physical, social and financial security for older adults

for their smooth aging in their known community. Still the family bonding, values and social capital that left within the middle class households and the increasing gender equality in our society increase the possibilities of aging in place in Bangladesh. However, there are some limitations that can be categorized under financial, social and physical challenges for aging in place. These challenges can be overcome by efficient strategies for providing adaptable indoor and outdoor physical facilities for older adults according to universal design guideline; ensuring financial solvency at retired life; for achieving more gender equity to reduce the dependency of older adults only on male descendants; and for securing their legal and welfare rights.

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