AGING POLICY OF BANGLADESH: ISSUES AND CHALLENGES FOR IMPLEMENTATION

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Abstract

The global issue of aging is currently becoming more and more prevalent. In Bangladesh, aging is also a significant issue since social development has made the elderly more vulnerable. Realizing the importance of the issue, the National Policy for Older Persons 2013 was developed to ensure the well-being of the elderly population. Nevertheless, it was unclear if the commitments and policy statements really addressed the well-being of the elderly. The goal of this review research is to: (1) evaluate the National Policy for Older Persons 2013 in terms of its applicability and relevance to the needs of Bangladesh's senior citizens; (2) identify the strengths and weaknesses of the policy and (3) provide strategic directions for the future so that policy interventions can become more responsive to elderly needs. The paper argues that in designing policy, the Ministry of Social Welfare should recognize that the well-being of the elderly population has multiple dimensions, and that the ministry is required to work closely with other relevant ministries. It should be envisioned that improvements in social development indicators will coincide with improvements in the well-being of the elderly and vice versa. The policy should prioritize a life cycle approach, given that many of the major morbidities that contribute to the aging crisis are not primarily social, but rather result from underlying nutritional conditions and vulnerabilities that older adults carry into old age and then exacerbate.

Key Words: Policy, Bangladesh, Elderly People, Social Welfare, Health, Social Security

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Introduction

Bangladesh achieved its independence in 1971, and its population has grown from 75 million in 1971 to 169.4 million in 2021 (BBS, 2023). Bangladesh is one of the nations with the highest population density (1119 people per Km2) (BBS, 2023) and is ranked as the eighth most populous nation in the world. The nation's overall fertility rate dropped from 6.3 in 1971 to 2.3 in 2017–18 (NIPORT, ACPR, ICF, & Inc., 2020). In Bangladesh, it is therefore anticipated that the elderly population will grow both in absolute and relative terms. The number of elderly people is projected to rise from 1.94 million in 1951 to 44 million in 2050, or about 22% of the entire population (Kabir, Khan, Kabir, & Rahman, 2013; Khan & Leeson, 2006; Rahman, 2020). Currently, there are 15 million people over the age of 60 (BBS, 2023). As a result of the large absolute number of older people in Bangladesh and the expectation that this number will increase over the coming years, aging will become a new demographic concern.

The average size of the households has also changed along with this change, falling from 5.6 in 1973 to 4.2 in 2022 (BBS, 2023). As a result, there are more nuclear families than ever before, which is altering perceptions of the elderly. Despite recent socioeconomic changes, older people still prefer to live with their family and friends, especially married sons who have grandchildren so that they can spend time with them in their later years. In exchange, older people provide families with both financial and unpaid support (Khan & Leeson, 2006). However, according to various research findings, Bangladesh's conventional support framework is slowly eroding, and older people are turning to the government for alternative healthcare and financial support (Khan & Leeson, 2006; Khan, 2009). Analysis of Bangladesh's current aging policy is crucial given the country's shifting demographics, intergenerational equity, labor force and retirement, long-term care, social engagements, welfare, and rights.

In reality, there had been a pressing need to comprehend the security and well-being of older people, particularly for elderly poor who reside in rural areas. It was discovered that both local and international initiatives on aging issues had an impact on the policy changes and various initiatives taken for the well-being of older people in this nation. Since the country's founding in 1972, the rights of the elderly have been explicitly stated in the constitution. Following the 1982 "Vienna International Plan of Action on Aging," the government took initiatives to develop legislative and policy changes. Initiatives and activities at the non-government levels, however, began much earlier than those at the government

level. The country's major political parties have offered to include the issue of aging in their election manifesto and political platform. Therefore, this paper's primary goal is to investigate and critically examine the significant measures taken for the welfare of the elderly in the nation. This article presents the initiatives and policy changes made by the government, non-government organizations, and other bodies to address aging-related issues. The role and responses of the major political parties are also briefly discussed. Recognizing the well-being of senior citizens, the National Policy for Older Persons 2013 ensured the protection and advanced welfare of the elderly in the society to improve the situation of the senior citizens. However, it remained unclear as to whether the policy statements and commitments cater to senior citizen's needs. the goal of this review research is to examine: (1) evaluate the National Policy for Older Persons 2013 in terms of its applicability and relevance to the needs of Bangladesh's senior citizens; (2) identify strengths and weaknesses of the policy and (3) provide strategic directions for the future so that policy interventions can become more responsive to elderly needs.

Methodology

This study is a descriptive analysis that primarily examines the policies and programs of the Bangladeshi government in order to inspect the National Older Persons Policy 2013 of Bangladesh. It focuses on secondary analysis of data gathered from various sources that are currently in existence. Estimates and information about the stakeholders were gathered by looking through government documents and studies on the elderly that were made public. Examining its laws, policies, and programs allowed us to determine the government of Bangladesh's position. Reports, surveys, and statistics from the last ten years were examined in order to ascertain the nature of reality. Moreover, documented information from Madrid Plan of Action for senior citizens has been reviewed. Also, the Aging Policies of India and Sri Lanka have been analyzed. By reviewing the secondary documents, policies, and programs, an understanding of the well-being of the elderly in the context of Bangladesh has been developed. This understanding of reality is then transformed into a framework of analysis (Table 1 and Table 2) using the descriptive framework of analysis suggested by Janovsky (Janovsky 1995) and Kutzin (Kutzin, 1996). According to Janovsky and Cassels (Janovsky & Cassels, 1996), it is hard to analyze any policies and reforms because they are not created and applied in a laboratory. Thus, the conceptual framework chosen for this paper is not a true "hard" science tool that will prove the interconnection, but rather a procedure for developing a tool for assessment to reach reasonable conclusions about the relevance and suitability of policies and strategies (Collins, 2005). The

Bangladesh National Policy on Older People 2013 is reviewed on the developed framework of analysis, that describes the extent to which the policy meets the needs of the elderly.

Background of the National Policy for Older Person Formulation

The Constitution of the People's Republic of Bangladesh ensures the equality and nondiscrimination of senior citizens. Part II of the constitution, "Fundamental Principles of State Policies," contains Section 15(d), which permits the "Provision of Basic Necessities" and mentions the right to social security through public assistance. In addition, cases of unmet needs brought on by "old age" in conjunction with unemployment, disease, or disability, as well as situations involving widows and orphans, are covered in this section (The Constitution, 1972). The rights to reasonable rest and recreation, work and employment at a reasonable wage, and reasonable leisure are further emphasized in Sections 15(a), 15(b), and 15(c), respectively (GOB, 1979). The basic needs of every citizen, such as food, clothing, shelter, healthcare, and education, are also covered in these sections. Furthermore, to ensure the well-being and economic security of the nation, the Retirement Pension Benefit for Older Working People has been in existence since 1925 (GOB, 2011). Then again, together with all other developing and developed nations, the government of Bangladesh actively participated in the Vienna International Plan of Action on Aging conference in 1982 to safeguard the nation's elderly citizens.

In Bangladesh, most of the elderly people live with their families, and the social welfare policy acknowledges the family to be the primary source of social cohesion and development for senior citizens (GOB, 2014). Nevertheless, the government of Bangladesh launched the Old Age Allowance Program (OAAP) in 1998 as a part of the social safety net program to protect the rights and needs of the vulnerable elderly population (Planning Commission, 2015). The country's "Social Security" programs were designed to safeguard the rights of the elderly in line with its constitution. Furthermore, the government integrated aging issues into other policies such as the Health Population & Nutrition Sector Development Plan (HPNSDP) (2011), Accelerating Growth and Reducing Poverty (2011), the Population Policy (2012), the Social Welfare Policy (2012), and the Sixth Five Year Plan FY2011-FY2015.

It is, however, important to note that these policies and programs were insufficient to address every issue stated in the 2002 Madrid International Plan of Action on Aging (MIPAA). In response to the growing concerns, government agencies

carried out preliminary research studies and held extensive consultations with stakeholders, including healthcare professionals, advocacy groups, and the elderly themselves. These discussions prepared the ground for the creation of policies by illuminating the complex needs of the senior citizen population. The National Policy on Older Persons, 2013, and the Maintenances of Parents Act were both developed with a strong commitment to safeguarding the rights of the elderly (UN, 2002). Policy documents provide a framework and a foundation for strategies to support the sector's dynamic growth. The policy would serve as a roadmap for all future initiatives that the government, non-government organizations, and other civil society organizations undertake on behalf of senior citizens (GOB, 2014).

Policy Formulation Dynamics

Numerous internal and external actors and issues had a direct or indirect impact on the 2013 National Policy on Older Persons (GOB, 2014; UN, 2002). International forums, international organizations, and donor agencies were some of the main external actors. On the other hand, the Ministry of Social Welfare (MOSWF), the Ministry of Health, civil society, non-profit organizations, and bureaucrats make up the internal actors (Kabir *et al.* 2013). Thus, during the formulation stage, the government's constitution and numerous non-governmental organizations that defend the rights of senior citizens had a big influence. Like other policies, this one was also written by a Task Force that was not formally organized, even though the MoSW was supposed to be the one who wrote it (GOB, 2014). Government officials, gerontology specialists, and representatives from related sectors collaborated on the draft. International donor organizations, specialists from specific non-governmental organizations, and a few civil society organizations provided technical support to the ministry. The NOPP was finalized and then approved in 2013 after being carefully examined by legislators. Following that, to ensure that the policy's objectives were met, the government established specialized agencies, allocated funds, and started public awareness campaigns. It is important to highlight that the Ministry of Social Welfare's National Policy for Older Persons (2013) remains dormant in terms of its intended goal of protecting the elderly from all hazards and inconveniences even though the Ministry has been charged with coordinating the policy's implementation under the terms of the policy.

Aging Policy in Bangladesh

The development of the National Policy on Older Persons 2013 (NPOP) has long been demanded by individuals and groups concerned with the welfare

of the elderly. In Bangladesh, the government has established social assistance programs, universal contributory pension plans, and training programs for medical professionals who care for the elderly, such as therapists and other healthcare specialists. The Government of Bangladesh developed a National Policy for Older Persons in 2013 following the 1982-adopted Vienna International Plan of Action on aging (UN, 983) and the Madrid International Declaration (UN, 2002). According to this policy, the elderly of the nation are those who are 60 years of age or older (GOB, 2014). The policy aims to provide seniors with a dignified, poverty-free, healthy, and secure social life. According to the Ministry of Social Welfare, there were 11 objectives of the National Policy for Older Person. The Objectives are (GOB, 2014):

1. Mainstreaming aging into relevant national policies (health policy, women's development policy, housing, disabled, etc.) and developing appropriate action plan to implement it;

2. Recognition and support the valuable contribution of senior citizens in social, cultural, economic, and political areas for overall development;

3. Take actions to ensure fair and complete participation of senior citizens in Local government, development and social enterprises and institutions;

4. Embrace the issue of senior citizens in the existing National Health Policy. It was emphasized that the existing government and non-governmental healthcare facilities should take initiatives to provide services to the senior citizens at priority basis and the government would encourage the social and individuals' initiatives taken to provide healthcare services to the elderly.

5. Ensure the legal safety and protection of the elderly as the conventional joint family structure is changing due to rapid urbanization;

6. Need to conduct more research and survey to ensure that perspectives and opinions of the elderly population are included;

7. Ensuring the best housing for all senior citizens and making the current physical infrastructure easier for the elderly to use;

8. To ensure the priority of the elders in Disaster Management, Disaster Prevention, disaster safety system, shelter, relief and post-rehabilitation programs;

9. In order to create public awareness about the elderly issues, it is necessary to bring social media under institutional liability and include the elderly issue in education and training lessons;

10. Eliminate all discrimination and negligence for elderly women and

physically challenged elderly people and provide special assistance;
11. To adopt interdisciplinary communication and consolidation and conservation policy.

Major Features of the National Policy for Older Person

Table 1 compares the 2013 National Policy for Older People with the Madrid Plan of Action, which serves as the foundational framework for aging policies worldwide. The National Policy for Older People 2013 is examined using the developed framework of analysis to show how much it takes into account the needs of the aging population. The development of the nation's aging policies in a comprehensive and integrated way that will protect the rights and dignity of the elderly has been emphasized by MIPAA (2002). In order to guarantee both financial stability and social inclusion, MIPAA encourages the idea of active aging. Additionally recommended were pension plans and social safety nets for the elderly who are most in need. To combat ageism and promote intergenerational solidarity, these issues must be addressed in national policies. MIPAA acknowledges the significance of older people's long-term care options, access to necessary services, and healthcare needs. Meeting the needs of the elderly is difficult, and it's made more difficult in developing nations like Bangladesh where a major issue is the lack of credible data and information.

In 2013, in accordance with MIPAA, the National Policy for Older People was formulated to guarantee the social and financial stability of Bangladesh's senior citizens (GOB, 2014). The policy suggests ensuring a respectable, poverty-free, healthy, and safe social life for the elderly at all levels and improving measures to prevent negative effects on safety, nutrition, and health. Furthermore, the policy placed a strong emphasis on the need for a situation that supports older people's well-being by providing them with access to food, clothing, shelter, and medical care (GOB, 2014). The policy specified the age range for people who will be regarded as elderly by society. To protect parents' rights as they age, the 2013 Parent's Care Act was implemented as part of the policy (GOB, 2013). The policy also wanted to ensure the protection of senior citizens from disaster and climate change (GOB, 2014). The government committed to assist the elderly to meet their basic needs, such as monetary stability, which would also reduce the risks and disasters that older people had to cope with. The policy acknowledged the importance of senior citizens as resources and valued their contributions (GOB, 2014). The primary aim of the policy was to safeguard and promote the well-being of the elderly population in society.

Table 1: Comparison of Bangladesh National Policy for Older Person 2013 with Madrid International Plan of Action on Aging (2002)

Sections in the National Policy of Older Persons in 2013	Priority direction I								Priority direction II									Priority direction III	Implementation	
	Active participation in society and development	Work and the aging labor force	Rural development, migration and urbanization	Access to knowledge, education and training	Intergenerational solidarity	Eradication of poverty	Income security, social protection/social security and poverty prevention	Emergency situations	Health promotion and well-being throughout life	Universal and equal access to health-care services	Older persons and HIV/AIDS	Training of care providers and health professionals	Mental health needs of older persons	Older persons and disabilities	Housing and the living environment	Care and support for caregivers	Neglect, abuse and violence	Images of aging	Research	Global monitoring, review and updating
Preamble	+	◆	-	-	-	+	-	◆	+	◆	-	*	-	-	-	*	-	+	◆	-
Background	*	+	-	-	-	*	+	-	+	-	-	-	-	-	-	-	-	-	-	-
Goals	+	+	-	-	-	+	+	-	-	*	-	*	-	-	-	-	-	-	+	-
Objectives	+	+	-	+	+	+	+	+	+	+	+	+	-	-	-	-	-	-	+	-
Implementation Strategies	◆	+	-	+	+	+	+	+	+	+	+	+	-	-	-	-	-	-	+	-
Action Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Monitoring and Evaluation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Multi-sectoral coordination	-	-	-	-	-	-	-	-	◆	-	-	◆	-	-	-	-	-	-	-	-
Conclusion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

(+) =Policy is addressing the issue; (-) =Policy is not addressing the issue; (*) =Policy is partially addressed the issue; (◆) =Policy is obscurely addressing the issue Source: (UN, 2002; GOB 2014)

Cross-Country Comparison with Specific South Asian Countries

The 2013 National Older Person Policy was an important step toward identifying and meeting the changing needs of our aging population. Even though great progress has been made, ongoing assessment and modification are necessary to guarantee that the policy continues to be responsive to the ever-changing challenges presented by an aging population. In order to determine the strengths and weaknesses of our policy, table 2 below contrasts the 2013 National Policy for Older People with those of other South Asian nations, such as the Indian National Policy for Older Person (1999) and the Sri Lanka National Policy for Senior Citizens (2006). Other South Asian countries like Pakistan, Afghanistan, and Nepal were not taken into consideration due to the absence of suitable policy documents, and there was a dearth of data. Overall, the policies were comprehensive and integrated, taking a holistic approach to aging that considered social, economic, health, and human rights considerations. All the policies lacked the notion of active aging, which promotes older people to continue participating in social, economic, cultural, and civic activities. While social inclusion is important and aims to lessen age-related discrimination and increase older people's social participation, Bangladesh's policy does not go into great detail about social inclusion issues. The government of Bangladesh introduced the OAAP, which tackled the issue of economic security and raised the status of the elderly in society while giving them a sense of empowerment. There is a lack of clarity in our policy regarding the measures for long-term care and healthcare that ensure the well-being of seniors. Bangladesh's policy also lacks discussions on procedures for monitoring and evaluating how well the national policy is being implemented.

Table 2: Comparison of Bangladesh National Policy for Older Person 2013 with Indian National Policy for Older Person (1999) and Sri Lanka National Policy for Senior Citizens 2006

Sections in the National Policy of Older Persons in 2013	Indian Policy for Older Persons 1999												Sri Lanka National Policy for Senior Citizens 2006																		
	Principle Areas of Investment					Other Areas							Priority Declaration I									Priority Declaration II		Priority Declaration III					Implementation		
	Financial Security	Health Care and Nutrition	Shelter	Education	Welfare	Protection of Life and Property	Non-Governmental Organizations	Realizing the Potential	Family	Research	Training of Manpower	Media	Mainstream Aging into Development Policy to Promote full integration and participation	Create awareness of aging population for positive attitudes towards elderly	Provide Access to appropriate education and training	Provide Social welfare and protection	Ensure income security and promote employment	Ensure gender specific issues in aging	Ensure provision of services for special circumstances	Advancing health and wellbeing (health nutrition and recreation)	Counselling Services	Promote appropriate housing, transportation and living environment	Strengthen the family to take care of parents and other senior citizens	Provide Legal Protection	Ensure consumer protection	Encourage community participation	Cater for cultural and spiritual needs	Conduct Research and disseminate information	Develop an implementation and follow up mechanism	Training of Manpower	Partners and stake holders
Preamble	+	-	+	-	+	-	+	-	+	+	+	-	-	+	-	+	+	-	-	-	-	-	+	-	+	-	*	+
Background	+	+	+	+	+	+	+	-	+	+	+	-	-	*	◆	+	-	-	*	*	-	*	-	-	*	-	+	+
Goals	+	+	+	-	◆	+	+	-	-	-	-	-	*	-	*	+	*	-	*	+	-	*	-	-	◆	-	-	+
Objectives	+	+	+	-	+	+	+	-	-	+	-	-	+	+	+	+	+	-	+	+	-	◆	-	-	+	-	-	+
Implementation Strategies	+	+	-	-	+	+	+	-	+	+	+	-	+	+	+	+	+	-	+	+	-	*	-	+	*	-	+	+
Monitoring and Evaluation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Multi-sectoral coordination	-	+	-	*	+	+	+	*	*	+	-	-	+	-	-	+	-	-	-	+	-	-	-	+	◆	-	-	+
Conclusion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

(+) =Policy is addressing the issue; (-) =Policy is not addressing the issue; (*) =Policy is partially addressed the issue; (◆) =Policy is obscurely addressing the issue Source: (GOI, 1999; GOS2006; GOB 2014)

Bangladesh's Parent's Care Act 2013

The *Shantan Kotrik Pita Matar Voron Poshon Ain* (2013) law, which guarantees social security, improvement, and maintenance of elderly parents by their children, has received the support of the Bangladeshi government. Before this, there was no specific law allowing parents to sue their children for maintenance. Through this law, the government has compelled the children to assume parental responsibility in sections 1 and 2 (GOB, 2013). According to Section 3 of the Act, every child is responsible for providing for their parents' maintenance. If there are multiple children still living with their parents, each child is responsible for providing for the maintenance of his or her parents after consulting with the other children (GOB, 2013). Additionally, it is mentioned that children would live with their parents and that they are not permitted to make their parents move into old homes or ask them to live anywhere else without their wishes. Grandparents may be entitled to maintenance from their grandchildren under Section 4 of the act, which deals with their maintenance when their children are not present. According to Section 5 of the law, children who choose not to abide by the law must pay a fine of up to one lakh taka, and if they don't pay, they risk up to three months in jail. As stated in Section 6, the offenses committed under this Act are cognizable, bailable, and compoundable (GOB, 2013). According to section 7 of the act, parents are allowed to bring cases against their children before the First-Class Magistrate Court or Metropolitan Magistrate Court (GOB, 2013). The procedures for negotiation between the parties to resolve the complaint, arbitration, mediation, and conciliation are all included in Section 8. The local government representatives, such as chairmen, union council members, the mayor, and others designated by them, will be tasked with resolving these issues. Finally, Section 9 of the Act states that the government has the authority to create regulations in order to accomplish the Act's goals (GOB, 2013).

General Institutional Arrangement

The National Committee on Aging, the Ministry of Health & Family Welfare, and numerous other public, private, and civil society organizations were directly and indirectly involved in addressing the issues of elderly people. Major responsibilities for developing and carrying out plans and policies were given to the Ministry of Social Welfare's Department of Social Welfare (Planning Commission, 2015). HelpAge International is one of many United Nations organizations that actively supports the elderly. A national committee on aging was established in response to the 1982 Vienna International Plan of Action on Aging to discuss and organize initiatives related to the old age problem (UN, 1983). The minister and secretary of

the government's Ministry of Social Welfare in the People's Republic of Bangladesh served as the committee's president and vice president, respectively. Members of the committee also included representatives from civil society and various related government agencies that are dealing with aging issues. The committee initially helped the Bangladesh Association for the Aged and Institute for Geriatric Medicine (BAAIGM) by allocating funds, participating in the creation of policies, and overseeing their implementation. RIC, BWHC, FREB, and SWBF were the NGOs active in this area (Rahaman, & Atiqur 1999).

As the focal ministry, the MoSW is in charge of coordinating efforts with other ministries to ensure that the aging population is given appropriate consideration in their development plans. The Ministry is also actively involved in advising on policy and coordinating the execution of action plans in all sectors. The MoSW is also in charge of examining and overseeing the policy's application in all sectors (Planning Commission, 2015). In Bangladesh, each Ministry has its own set of policy and program frameworks that serve as a foundation for addressing particular issues relating to elderly people and their protection. To ensure the well-being of the elderly, the implementation of the National Policy of Older People 2013, monitoring, and evaluation of all activities, various committees, such as the National Aging Committee, District level *probinkollan* committee, thana/*Upazilla* level *probinkollan* committee, and ward/union level *probinkollan* committee, are in place (GOB, 2013; GOB, 2014). The institutional ability of all the relevant ministries and committees, though, to carry out the various action measures identified, is still lacking. As a result, not all aspects of society actually uphold the constitutionally guaranteed rights of the elderly.

Key Constraints for Effective Implementation of National Policy for Older Person

In order to improve the lives of its senior citizens, Bangladesh has been able to establish an enabling policy regime. The Madrid Declaration's fundamental principles have been incorporated into the policies, and it has also been acknowledged how critical it is for senior citizens to have both social and economic security (GOB, 2014; UN, 2022). The formulated Policy for Older People 2013 is fairly rich in content having sections like preamble; goals; objectives; definition of older persons; trend; principles; strategies; and implementation. Though the government has created a policy with many sections, tables one and two clearly show that some of the sections are only vaguely described. For example, the financial resources, the timeline, and gender issues are not mentioned. Therefore, like other policies,

this policy faces implementation challenges due to:

> ➢ A policy requires detailed operational rules for effective implementation which have not yet been formulated.
> ➢ The Bangladeshi government's development budget does not properly account for the substantial funding and investment needed to implement the policy.
> ➢ The Department of Social Welfare, the primary agency in charge of implementing the policy, is severely short on skilled human resources to handle the challenging tasks and responsibilities it has been given.
> ➢ One of the main reasons for the poor and ineffective application of the current policy is inter-organizational coordination. Due to lack of such inter-organizational collaboration and coordination of approaches, the policy lacks clear operational directions.
> ➢ The conditions of elderly people are different in rural and urban areas. The policy did not consider this factor. Furthermore, this policy didn't emphasize the concerns of elderly women, especially rural women.

The following subsection discusses some additional National Policy for Older People 2013 restrictions related to institutional, legal, and policy frameworks.

Inconsistency with Other Policies: As discussed earlier, the Madrid Declaration, Indian National Policy for Older Persons (1999), and Sri Lanka National Policy for Senior Citizens 2006 draw attention to several matters that are not addressed by the National Policy for Older Persons of 2013 (GOB, 2014; UN, 2002; GOS, 2006). To begin with, a sectoral approach is commonly employed in Bangladesh to develop policies. Along with other sectoral policies such as the Health Population & Nutrition Sector Development Plan (HPNSDP) (2011), Accelerating Growth and Reducing Poverty (2011), the Population Policy (2012), the Social Welfare Policy (2012), and the Sixth Five Year Plan FY2011-FY201, the National Policy for Older Persons of 2013 places a strong emphasis on ensuring that the elderly live in dignity, are free from poverty, enjoy good health, and can participate in society in safety. In accordance with the government's aging policy, which does not explicitly address how to meet the healthcare needs of the elderly population, a high-quality healthcare system and a nutrient-dense diet should be promoted. Furthermore, the need for universal health coverage as it relates to the elderly is not addressed in the health policy. The aforementioned policy only briefly mentions the need for elderly people; however, it does not address the regulations for providing for the elderly. Additionally, the policies failed to adequately address the issue of

the failing rural and urban health systems. The well-being of the elderly has such a positive effect on preserving sustainable development that this issue ought to have received more attention from the policy, which is a significant challenge. Since the well-being of the elderly has had such positive effects on preserving sustainable development, the policy should have given this aspect more consideration. The National Nutrition Policy 2015 does not explicitly outline any senior citizen programs. Only a few goals for the elderly are mentioned in Bangladesh's seventh five-year plan, and no specific programs are outlined.

Lack of Inter-sectoral Coordination: A major problem in Bangladesh is the lack of cross-sectoral coordination when addressing issues like aging. Thus, policies frequently face criticism for failing to guide inter-party coordination, consistency, and collaboration. Different ministries and sectors are responsible for overseeing the management of various activities. This makes it challenging to implement and maintain an effective management system. There is poor coordination between the Ministry of Social Welfare (MOSW), the Department of Social Welfare, and other line ministries. The Ministry of Health is required to "control all aspects of health sectors" in accordance with the national health policy. The necessary connections with the numerous organizations and ministries that oversee the various facets of health issues, however, were not mentioned. Although it is stated in the policy that coordination would be established, no specifics regarding how this would be done have been provided. Inter-sectoral conflicts may consequently arise, primarily as a result of a lack of coordination.

Lack of Regulatory and Institutional Capacity: The institutional capability to put the various action measures recommended by the policy into practice remains lacking. The ministries, departments, and line ministries do not coordinate well. The majority of the relevant ministries and departments, including the MoSW, lack organizational capacity in terms of both financial and human capital required for proper policy implementation. They lack crucial background information on the elderly population. There hasn't been any advancement or suggestions for improvement in this area, aside from the lack of an overall MOSW monitoring authority. Similar issues exist with the Department of Social Welfare as well. Particularly in rural areas, there is a lack of qualified labor. An information management system backed by a robust data bank is lacking, which makes it difficult to support planning, policies, and monitoring activities. Despite being a highly decentralized regulatory and enforcement department, DOSW suffers from a severe manpower shortage at the regional and local levels.

Limitations of the Parents Act: The main drawbacks of the act are that it only addresses issues involving biological parents and children; it does not address any issues involving stepparents or adopted children, and it remains silent regarding the standards, parameters, emission levels, and management components that should have been used to apply for and obtain environmental clearance. The amount that must be paid by children from their earnings if the parents pass away is unclear under the law, and the provisional maintenance for the parents that must be paid while the lawsuit is pending is not quantified either. There is no provision in the Act for acknowledging complaints made on the parents' behalf by third parties. Finally, the government has not established any regulations or a quick trial provision. While the Indian Maintenance and Welfare of Parents and Senior Citizens Act of 2007 defines "parents and children" as "father or mother and son, daughter, grandson, granddaughter but does not include a minor," Indian Courts have the freedom to decide the lowest and highest amounts of maintenance taking into account the context, and requests can be filed by either of the parents. Senior citizen protection and improvement provisions have already been added to the constitutional documents of India and Sri Lanka, making them fundamental responsibilities or rights.

Non-involving Approach of Laws: The present laws may be condemned for their passive approach. Under the Family Courts Ordinance of 1985, parents have the right to file a case in the Metropolitan Magistrate Court or First-Class Magistrate Court. In the presence of local government representatives, the parties will negotiate the terms of the settlement, including the use of mediation or arbitration and the extent to which the complaint will be resolved; however, this negotiation will also be influenced by public opinion. For instance, a connection to the social or political system could slant the judgment.

Issues not covered: This is yet another tactic that the policy has suggested using to change how people act toward senior citizens. However, the policy ignores issues like social, physical, and mental abuse, the absence of gender, and rural conditions in favor of focusing only on financial security, healthcare, and nutrition; social welfare, and protection. The Sri Lankan Policy and the Madrid Declaration both addressed these issues.

Way out

To address the limitations of the National Policy of Elderly People 2013, which has the potential to ensure the well-being of the elderly population, some immediate

procedural and policy interventions can be suggested. Bangladesh's elderly population will grow, so policies must strike a balance between development and the problem of the aging population. To ensure synchrony and cooperation, it is necessary to thoroughly review the provisions of sectoral policies. Effective policy intervention requires proper coordination among all the ministries including the Ministry of Social Welfare, Ministry of Health and Welfare, and other relevant departments. Concerned policymakers should take action to develop a centralized database and Management Information System (Defar *et al*., 2020) in order to guarantee the viability of all national policies pertinent to senior citizens. Regarding the timeline for implementing the policy, a clear policy direction is required. It is possible to understand how everyone views and perceives elderly people by increasing awareness and information dissemination about them. The efficacy of the current national aging committees, their level of representation, and corresponding authority and responsibilities will need to be improved, requiring modifications to organizational, administrative duties, and organizational arrangements. Additionally, the legal system needs to be strengthened by implementing quick trials, which will lessen the suffering of aging parents. A strong political commitment to aging policy implementation are crucial for sustained success.

Conclusion

Analysis of National Policy for Older People 2013 exposes some organizational limitations and characteristics: The policy was written by a very esteemed group of professionals from civil society, NGOs, academia, and national and international advisors. However, the participation of other Ministries was ambiguously specified which eventually had cost the political "ownership" of the Policy. The public officials who have a direct role in putting the policy into effect generally have a brief and unclear understanding of it. Due to a lack of inter-ministerial integration, the policy has not been fully implemented or supported by additional laws, rules, and required amendments to other policies and regulations. The National Policy does not clarify the measures, budget and time frame that is needed for implementing a policy. The policy needs to acknowledge the multi-sectoral nature of policy and the social welfare ministry should collaborate closely with other ministries to eliminate gender inequalities with the idea that success in social development indicators will result in concurrent gains in social outcomes and vice versa. This is how gender equity can be used as a strategy to improve the situation of elderly women.

In addition, the policy needs to broaden its scope to include the whole life cycle method, which is crucial for the well-being of senior citizens because it addresses the weaknesses and deteriorating nutritional situations that affect the elderly. A multi-sectoral approach must be developed to integrate elderly healthcare services into the current health systems to reinforce their strategies. Further, the improvement of healthcare services needs to introduce health packages that reflect current gender-based lifestyle norms. Mass education and training programs for healthcare professionals can be another tactic to raise the quality of healthcare services. Another means of fostering intergenerational cooperation and communication is through the mass media, which has access to the majority of the nation's population. In the existing context, where aging has been seen as an essential component of a broader developmental goal, there is a possibility to move previous traditional target-based approaches and to re-ground aging policy in the context of social progress, gender equity, human rights, and decreasing poverty scenarios. In light of this viewpoint, it becomes obvious that aging is more than just a byproduct of developmental policy that manifests itself favorably or unfavorably. By using the aging policy as a catalyst, a just and democratic society can be established.

References

Bangladeh Bureau of Statistiscs, (BBS) (2023). *Statistical Pokect Book 2022*. Retrieved from Dhaka: https://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/d6556cd1_dc6f_41f5_a766_042b69cb1687/2023-06-25-05-06-8e522cd7c4312b7f9f8ee0a67a5ebebe.pdf

Collins, T. (2005). Health policy analysis: a simple tool for policy makers. *Public health, 119*(3), 192-196.

Country Report of Bangladesh in the 'High-Level Meeting on the Regional Review of the Madrid International Plan of Action on Aging (MIPAA)' during 9-11 October 2007 in China. Retrieved from: http://www.unescap.org/esid/psis/meetings/AgingMipaa2007/Bangladesh.pdf.

Defar, A., Getachew, T., Taye, G., Tadele, T., Getnet, M., Shumet, T., . . . Tadesse, A. (2020). Quality antenatal care services delivery at health facilities of Ethiopia, assessment of the structure/ input of care setting. *BMC Health Services Research, 20*, 1-9.

Government of the People's Republic of Bangladesh (GOB), (1979). *The Constitution of the People's Republic of Bangladesh, Part II FUNDAMENTAL PRINCIPLES OF STATE POLICY*. Dhaka: Government Printing Press.

Government of the People's Republic of Bangladesh (GOB), (2011). *National Health Policy*. Dhaka: Ministry of Health and Family Planning.

Government of the People's Republic of Bangladesh (GOB), (2014). *National Policy on Older People 2013* (41.00.0000.041.04.015.12(Part)-17). Dhaka: Ministry of Social Welfare. Retrieved from www.bgpress.gov.bd.

Government of the People's Republic of Bangladesh (GOB), (2013). *Parents Care Act, 2013*, Laws of Bangladesh, Legislative and Parliamentary Affairs Division, Bangladesh. Retrived from: https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/95797/112914/F1617402392/BGD95797.pdf

Government of India Shastri Bhawan, (1999), *National Policy for Older Persons Year 1999*, New Delhi: Ministry of Social Justice and Empowerment. Retrieved from : https://socialjustice.gov.in/writereaddata/UploadFile/National%20Policy%20for%20Older%20Persons%20Year%201999.pdf

Government of Sri Lanka, (2006), *Nataional Policy for Senior Citizens Sri Lanka 2006,* Battaramulla: Ministry of Social Services & Social Welfare Sethsiripaya. Retrieved from: https://stateminsamurdhi.gov.lk/web/images/content_image/pdf/legislation/citizens_national_pfsc.pdf

Janovsky, K. (1995). *Decentralization and Health Systems Change: A Framework for Analysis; Revised Working Document*: WHO.

Janovsky, K., & Cassels, A. (1996). Health policy and systems research: issues, methods, priorities. *Health policy and systems development: an agenda for research. Geneva: World Health Organization*, 11-23.

Kabir, R., Khan, H. T., Kabir, M., & Rahman, M. T. (2013). Population aging in Bangladesh and its implication on health care. *European Scientific Journal, 9*(33), 34-47.

Khan, H. T., & Leeson, G. W. (2006). The demography of aging in Bangladesh: a scenario analysis of consequence. *Hallym International Journal of Aging, 8*(1), 1-21.

Khan, M. H. (2009). *Policy responses to the emerging population aging in Bangladesh: a developing country's experience*. Paper presented at the XXVI IUSSP International Population Conferance, Morocco. iussp2009.princeton.edu/abstracts/91324

Kutzin, I., & (1996). *Healthfinancing reform: aframeworkfor evaluation*. Retrieved from Geneva:

National Institute of Population Research and Training (NIPORT), ACPR, ICF, & Inc., I. (2020). *Bangladesh Demographic and Health Survey 2017-18*. Retrieved from Dhaka, Bangladesh and Rockville, Maryland, USA:

Planning Commission, Bangladesh, 2015. *National Social Security Strategy (NSSS) of Bangladesh*. Dhaka: Planning Commission. Retrieved from https://socialprotection.gov.bd/wp-content/uploads/2018/09/National-Social-Security-Strategy-English.pdf

Rahman, D. A. (2020). The increasing 'burden' of the elderly in Bangladesh. *The Daily Star*. Retrieved from https://www.thedailystar.net/opinion/news/the-increasing-burden-the-elderly-bangladesh-1970349.

Rahaman, A.S.M. Atiqur (1999), Population Aging in Bangladesh, *Bangladesh Journal of Geriatrics*, Vol. 37, No. 1&2, BAAIGAM, Dhaka.

The Constitution of the People's Republic of Bangladesh (1972) Ordinance No. LVI of 1983 to Ordinance No. XXXVI of 1984), Retrieved from http://bdlaws.minlaw.gov.bd/volume-25.html

UN (Unidented Nation) (2002), *Report of the Second Assembley on Aging. Madrid. 8-12 April 2002.* New York: United Nation. Retrieved from https://www.un.org/esa/socdev/documents/Aging/MIPAA/political-declaration-en.pdf

UN (United Nations) (1983) Vienna international plan of action on aging. New York, 1983. www. un.org/es/globalissues/aging/docs/vipaa.pdf.

UN (United Nations) (2002) Madrid international plan of action on aging, 2002. https://www.un.org/ development/desa/aging/madrid-plan-of-action-and-its-implementation.html.