# Chapter 5
# Bridging the Gap in Social Infrastructure for the Ageing Population in Bangladesh


**Nishan Chatterjee and Muhammad Nateque Mahmood**

**Abstract** With a 15% growth in the population over 65 years of age in the last decade, it is more important than ever for the government of Bangladesh to design innovative policies around social infrastructure for the ageing population. The primary emphases of national policies are to improve the status of elderly people in Bangladesh and to prioritise their welfare. Overall, the gaps fall across both "hard" social and "soft" social infrastructure. Moreover, resource constraints, weak management of public initiatives, and unplanned urbanisation, coupled with the pandemic have exacerbated the challenges associated with the ageing population. Focusing on the United Nation's Sustainable Development Goal (SDG 9) and analysing the current scenario through the WHO framework of an age-friendly built environment, this chapter uses document analysis to identify areas of current and future community needs and gaps in social infrastructure supply, as well as those which support human well-being with a focus on affordable and equitable access for the ageing population.

**Keywords** Aged care · Document analysis · COVID-19 · SDG-9 · Social infrastructure

## 5.1 Introduction

The world's population has been increasing, although the rate of increase has been decreasing (UN 2020b). Depending on whether this growth is considered positively as an opportunity for growth and development of the state through improved productivity, or regarded as the most alarming challenge staring in the face of every government across the globe, civilians' perceptions and their appreciation of

N. Chatterjee · M. N. Mahmood (✉)
School of Architecture and Built Environment, Geelong Waterfront Campus, Deakin University, Geelong, VIC, Australia
e-mail: nchatterjee@deakin.edu.au; n.mahmood@deakin.edu.au



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governmental policies pave the way to future. Responding to the inevitable challenges posed by the increasing population, governments have developed provisions for social infrastructure to ensure the wellbeing and upkeep of their people based on their capacities and national priorities. It is in this context that the inclusion of the aged in the welfare and social infrastructure policies are a necessity in developing countries that are facing resource constraints, weak public services, lack of data availability, climate change, and unplanned urbanisation, which coupled with the pandemic have exacerbated the challenges associated with the ageing population (ARUP 2019; Grimsey and Lewis 2007; PWC 2018; UN 2020a, b). Bangladesh is an interesting case in this regard due to the lack of data on policy outcomes specifically focused on the ageing population, and further investigation is required. Hence, one of the important objectives of this chapter is to identify the stakeholders currently involved in delivering the services and facilities to ensure the well-being of the ageing population in Bangladesh. An attempt was made to understand the governmental and non-governmental landscape of the coverage of policy implementation through social infrastructure services.

The chapter begins with a narrative around the background of the problem discussed. After establishing the context with information about the country's population and the growth of the ageing population, the discussion is channelled towards the social infrastructure in Bangladesh. The next section explores certain best practices and the noteworthy support extended around the world towards the welfare and wellbeing of the aged. Despite the acute dearth of data on outcomes, the existing policies are explored and the status of their implementation is noted. The identification of the stakeholders actively participating in supporting the aged are discussed next. Finally, the gaps in governmental and non-governmental initiatives lead to suggestions and recommendations documented in the penultimate section of the chapter.

## 5.2 The United Nations Sustainable Development Goals & Bangladesh

The United Nation's broader sustainable development goals (SDG) are relevant in the context of social infrastructure as these goals collectively deal with building resilient infrastructure and promoting sustainable industrialisation while fostering innovation (UN 2020a). The SDG#9 and the 1st sub-goal deal with developing qualitative, reliable, sustainable, and resilient infrastructure, inclusive of regional and transborder infrastructure, to support economic development and well-being. It particularly focuses on affordable and equitable access for all, which has been highlighted in the current scope of the study. Addressing this subgoal also indicates coverage of groundwork on UN subgoal 9.3 which deals with increasing the access of small-scale industries and other enterprises, particularly in developing countries, to financial services, including affordable credit, and their integration into markets

and value chains, contextualising the benefits of the elderly (UN 2020a). Focusing on the subject population, an overlap of the UN SDGs could help understand the current status of activities and level of support extended by the responsible stakeholders in Bangladesh. As suggested by the WHO, rising life expectancy and the potential of the older population can act as significant resource for the future, provided systemic changes are adopted to enable their contributions while ensuring their safety and well-being (UN 2019). However, recent reviews indicate that with the growing older population, the priority of addressing health policies for the aged, training in geriatrics, and gerontology have been globally reducing since 2002. Paradoxically, Bangladesh reaps the benefits of a large working-age population while on the other hand a significant portion of the population are above 60 years, and by the year 2061 this will translate into 55.6 million senior citizens (Kabir et al. 2016).

## 5.3 Country Background

Based on a report published by the United Nations in 2019, it was estimated that the current world population of 7.7 billion people would rise to 11.2 billion by 2100, and then the growth trend would eventually flatten (UN 2019). The state of improved healthcare globally has reduced the mortality rate significantly and has facilitated population growth. Furthermore, the global average life expectancy has more than doubled to 72.6 years since 1900 (Dhaka Tribune 2020). The average life expectancy in Bangladesh was close to the world average, being 70.7 years in 2015. Projections suggest that the median age will increase to 50.6 years by 2100, compared with a global median age of 41.6 years (UN 2011).

Based on UN findings, the number of senior citizens in Bangladesh aged 65 years or above was found to have grown to 8 million in 2010, up from 4 million in 1990. The trends suggest exponential growth going forward. Amongst major Asian countries in the year 2000, Bangladesh had the youngest population with only 3% of the population aged 65 years or more. In 2007, the UN predicted the elderly population to rise to 5% in 2025 and up to 11% by 2050 (UN 2011). Bangladesh's census data (BBS 2015) indicated that its elderly population was 7.48% in 2011. Generically for Bangladesh, it can be established that a decreasing mortality rate accompanied by a low fertility rate has led to an increase in the population of the elderly. The population of the citizens above 65 years of age in Bangladesh is estimated to rise up to 17.2 million by 2025.

With the ongoing demographic changes concerning the gradually aging population in Bangladesh, the current 7% of the population which is over 60 years of age shall rise to 12% by 2030 and to an alarming 23% by 2050, based on projections published by the government (Government of Bangladesh 2015). With more than 28% of the aged below the poverty line in Bangladesh, while factoring for population growth in the years going forward, the need for governmental intervention has never been so necessary. Studies show that although many senior citizens continue

to work and contribute to the country's development for their survival, often their insecurities and vulnerable livelihoods have been reported amongst other adversarial issues, which require to be addressed proactively by the government (BCEC 2018). A detailed analysis of demographics influencing the problems associated with the growing aged population done by Khan and Leeson (2006) indicates that the growing aged population has increased the fiscal demands on the government of Bangladesh, particularly for social services, health, and support through allocating resources and infrastructure.

Once taken care of by the society and respective individual families, the traditional support system for the elderly population seems to be compromised due to several factors including globalisation among other socio-economic changes. Without a concerted effort by the central administration for the inclusion of citizens across all age groups, globalisation could be detrimental to the well-being of the senior citizens who are not seen as having made tangible contributions to the country's development. It is in this context that this chapter argues that community and social infrastructure, along with the support services, need to be designed and provided in response to the needs of the communities to enhance the quality of life, equity, law & order, and social wellbeing in various ways. These essentially include both hard and soft infrastructure across several categories, namely, health, education, community and individual support and development, information, art and culture, housing, sports facilities, employment and training, emergency and legal services, along with public and community transport facilities. Much of the adverse conditions of the aged and their compromised well-being can be attributed to the failure of the state to provide for the social infrastructure and thereby their failure to carefully include the aging population in its purview.

## 5.4 Social Infrastructure – Hard and Soft

Developing an equitable and reliable social infrastructure system would ensure local strategies to assist communities and individuals to develop mutual trust, communication systems, and develop relationships while providing for the well-being of its people. Social infrastructure as defined by Davern et al. (2017) is life-long social service requirements related to education, community development, health, early childhood, culture, parks, sport and recreation, community support, and emergency services. Social infrastructure that provides basic services for the communities to improve the quality of life and welfare is usually provided by the state and federal governments which are responsible for providing such infrastructure (Grimsey and Lewis 2007). Contextualising with the aged population, the building of age care facilities and community centres, while making the market conducive and welcoming for NGO operations through adequate funding, are a few of the primary responsibilities of the government to provide hard-social infrastructure (Casey 2005). Furthermore, to distinguish from the hard infrastructure, building the capacity of localised groups and communities to respond to current and future needs

by enhancing knowledge, skills, networks, and access to essential services, workforce (paid and unpaid), processes, models of care, social security, and payment and funding mechanisms can be categorised under soft social infrastructure, which for obvious reasons are difficult to measure (Casey 2005; PWC 2018). More so, the precedence of either of the two components of social infrastructure is interchangeable and correlated, although the state policies govern much of the hard-social infrastructure of any country.

The fault lines in the social infrastructure provisions in Bangladesh adversely impact the wellbeing of the aged population, leading them to be the most vulnerable amongst all. With the outbreak of the COVID-19 pandemic, the impact on the aged population has been severe (Hamadani et al. 2020). Statistical data presented in subsequent sections helps to emphasise the importance of both hard and soft social infrastructure that impacts on the well being of the senior citizens of Bangladesh. Based on an analysis of empirical data from the Bangladesh Bureau of Statistics (BBS), governmental and industry reports, journal articles, and other credible sources, gaps were identified in the provision of social infrastructure, and recommendations have been provided in the interest of inclusive and overall health & well-being of the ageing population of Bangladesh.

Much of the social infrastructure development for the aged is built on the framework laid out by the World Health Organisation (WHO) that can be categorised under three groups, social and civic participation, service provision, and the built environment (WHO 2007). The needs of the aged and the role of social infrastructure to facilitate and provide for the needs have been assessed through the WHO framework to reflect on the adequacy of the state-led policies. The fundamental needs of the elderly revolve around autonomy and independence, social connectedness, health and wellbeing, security, and resilience. The United Nations 11th Sustainable Development Goal appraises the development of sustainable cities and communities which aligns with the need for creating age-friendly cities. The subsequent section describes the methodology adopted for data collection and thereby its analysis on the subject.

## 5.5 Methodology

The understanding of the status of the aged population in Bangladesh required the review of relevant national policies. Through an analysis of the policies, the current conditions and implementation of the policies and their outcomes were expected to expose the challenges in supporting a healthy and sustainable ageing agenda. This, in turn, necessitated a qualitative approach by systematically reviewing and analysing the governmental documents and grey literature relevant to the subject as enlisted in Table 5.1. A document analysis of such subjects enables the convergence of information from different pieces of evidence and credible data sources. For this purpose, industry reports along with Bangladesh's census 2011 outcomes, BBS reports, National Social Security Strategy (NSSS) document, the WHO framework

**Table 5.1** Documents analysed for the research

| Year | Author(s) | Title |
|---|---|---|
| 2005 | Casey, S. | Establishing standards for social infrastructure |
| 2007 | World Health Organization (WHO) | Global age-friendly cities: A guide |
| 2011 | United Nations (UN) | Report on the current status of older persons worldwide United Nations for ageing |
| 2012 | Bangladesh Bureau of Statistics (BBS) | Socio-economic and demographic report |
| 2013 | Government of Bangladesh | Parents Care Act |
| 2015 | Government of Bangladesh | National Social Security Strategy (NSSS) of Bangladesh |
| 2016 | Kabir, R., Kabir, M., Uddin, M., Ferdous, N. & Khan Chowdhury, M. R. | Elderly Population Growth in Bangladesh: Preparedness in Public and Private Sectors |
| 2016 | Mahmood, A., Al-Sakkaf, M. & CHB | Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) Through the Eyes of the Elderly |
| 2017 | Pradhan, M. A. H., Akthar, S., Khan, M. G. U., & Islam, M. R. | Demographic transition and home care for the elderly in Bangladesh: An urban rural comparison |
| 2019 | United Nations (UN) | World population prospects |
| 2020 | United Nations (UN) | World social report |
| 2020 | Ministry of Social Welfare (MSW) | Old age allowances |
| 2020 | United Nations (UN) | United Nations Sustainable Development Goals |
| 2020 | The Business Standard (TBS) | Safeguarding senior citizens against coronavirus |

Source: Compiled by authors

and the United Nations SDG document, alongside reports and websites of the stakeholders imparting services for the aged were evaluated for developing insights and identifying gaps, while acknowledging best practices.

Document analysis is a systematic procedure for the evaluation of documents both from printed and electronic materials, identified as an effective and qualitative method thereby enhancing the credibility of the study (Bowen 2009). Analysis of the documents enabled setting the context for the issue of the inadequacy of social infrastructure for the aged, while categorically allowing for information on the maturity of policy implementation and global best practices. All the documents were sourced online over the internet from government websites, and websites of the active stakeholders in Bangladesh supporting the aged.

However, the study was limited by the range of available data on the outcomes of implementation across the districts or at a national level, in many cases lacking the specific details to guide the research.

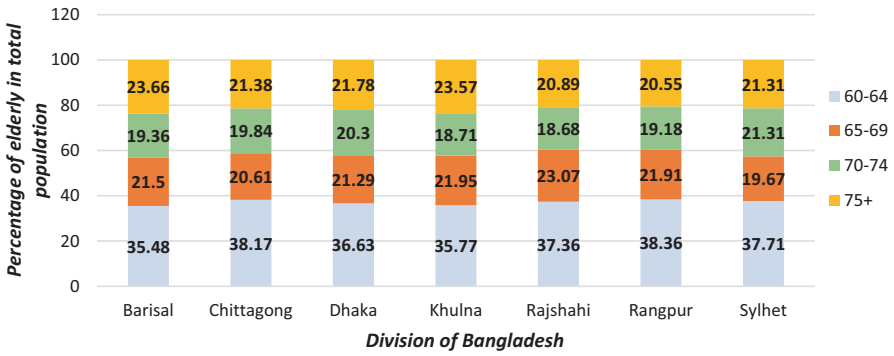


**Fig. 5.1** Stratified percentage of elderly population by age group in each division of Bangladesh

## 5.6 Findings

### *5.6.1 Current Status of the Elderly Population*

Based on Fig. 5.1, in terms of regional demographics, Dhaka, the capital, houses the highest proportion of elderly citizens, with further stratification of senior citizens by age groups. It can be generalised from comparative studies on the issue that the elderly requires more personal care than financial or practical care, especially in rural areas than in urban areas (Pradhan et al. 2017).

## 5.7 Current Policies for the Elderly Population

The attention of the state towards the issue was initiated in 1998 with the promise of allowances in the form of a pension scheme to provide for minimum financial support for the elderly. More than a decade later, in 2013, the Parents Care Act (Government of Bangladesh 2013) was passed, with the National Policy for Elderly approved in 2014. Critically assessing the position of the government in addressing the looming issue of the aged in Bangladesh, the lack of revisions and amendments to the sanctioned policies raise concerns. Furthermore, data management and information keeping have been inadequate, impeding a deeper analysis of the issues associated with an ageing population. One of the key takeaways from the National Social Security Strategy (NSSS) of Bangladesh (Government of Bangladesh 2015) was that due to the lack of a formal coordination mechanism between the various departments of the ministry and a relatively weak administration system, the explicit specialisation of delivering Social Security Programs is missing in the country.

The Parents Care Act (Government of Bangladesh 2013) explicitly highlights several aspects of social security for the aged in Bangladesh. Through this act, the children in the family are obliged to provide shelter and food for their parents and

care for their wellbeing. Over time, the customary tradition of three-generational households has been transformed, due to the private provision of elderly care in Bangladesh (Kabir et al. 2016). One of the intuitive solutions is to work on social security for the aged which addresses Article 15 (d) of the National Constitution of Bangladesh. With the broader vision of making Bangladesh a social welfare state, much work has been put into the National Social Security Strategy (Government of Bangladesh 2015). It was found that the increasing proportion of the aged population and concerns associated with the failure of individuals to take the responsibility for their parents' wellbeing, the national poverty rate for the elderly will increase, thereby requiring governmental intervention with policy amendments. The NSSS of Bangladesh (Government of Bangladesh 2015) maintains that in budgetary terms, the Government Service Pension is Bangladesh's most significant social security scheme that paid benefits to only 398,000 people, most of whom are from 'not so poor' households. The Old Age allowance with its minor benefits reaches 2.5 million people. The coverage of old-age pensions is estimated to range between 35 and 40% of men over 65 years and women over 63 years. However, it has also been established that a third of the beneficiaries are below the eligibility age, thereby the coverage may be close to 30% of the total aged population to be served.

Three types of pension schemes were proposed as part of the NSSS in 2015 (Government of Bangladesh 2015). For the majority, which is poor and vulnerable, the first tier guarantees a minimum income that has been improved from earlier figures. The second tier is a contributory pension scheme overseen and regulated by the state that was proposed for the workers in the formal sector. The third tier of the pension scheme is voluntary and is managed by the private sector which may be chosen by the working-age group for assuring their income during older age. The reforms included the increase of the monthly pension from 300 Taka to 500 Taka (100 Taka – $1.12 US) for 2015–16, which would be inflation-indexed (Government of Bangladesh 2015). Budgeted at 26400 m. takas for 44,00,000 people in 2020, the pension scheme functionally is the backbone for the social infrastructure landscape in Bangladesh (MSW 2020).

The old age allowance proposed during 1998 was the first time the government acknowledged the large number of elderly populations who were unprotected and under provisioned. Known to have served 3.3% of the elderly initially, the reach was last reported to be serving 30% of the target population, with an allowance of 400 Taka. The 2014 National Policy for the Elderly highlighted the social, economic, and health measures which were taken to support the aged. Despite the policies, there has been a significant lack of information and data around the implementation of the law as monitoring by the Social Welfare Ministry was found to be absent (Government of Bangladesh 2015).

## 5.8 Non-government Organisation (NGO) Stakeholders Providing Social Infrastructure for the Elderly in Bangladesh

Some of the noteworthy initiatives and support extended by Bangladesh's government and private sector such as Probin Hitoshi Sangha, Elderly Rehabilitation Center, Resource Integration Center (RIC), Subarta Trust, and William Beverage Foundation have developed measures to support older citizens. These are essentially support related to housing, nursing, and healthcare. Other significant NGOs actively working for the elderly population in Bangladesh include Boiska Kallyan Samiti (BKS), Help Age International, Bangladesh Association of Aged, and Institute of Geriatric Medicine (BAAIGM). For example, the Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) established in 1960 has been working towards the welfare of the elderly. The BAAIGM services now include healthcare services, recreational socio-economic activities, and other similar facilities to support the aged (Mahmood et al. 2016). The Elderly Rehabilitation Center in Gazipur houses 500 senior citizens. The RIC focuses on the rights of the elderly and thereby their intervention strategies, enforced by their elderly committee at the union level where they are effective, primarily in Dhaka, Shaymoli, and Savar cities (BBS 2015). Providing support with a plethora of indoor and outdoor services, the Subarta Trust provides residential arrangements to enhance the security and independence of the elderly. However, these services provided by the RIC are unfortunately inaccessible and unaffordable for the both the urban middle class and the poor. Since 2007, the William Beverage Foundation has provided social and health care through home care for the vulnerable and old (Kabir et al. 2016).

The Boyoshko Punorbashon Kendra's Old Rehabilitation Centre has developed facilities to accommodate 1200 elderly citizens and is considering measures against the COVID-19 pandemic (TBS 2020). Recent news posts indicated that the government funding has improved for BAAIGM and Boyoshko Punorbashon Kendro. Gaps in data availability, coverage and accuracy are major impediments to gauge the supply side of the social infrastructure.

## 5.9 Analysis of the Gaps in Social Infrastructure for the Aged

### *5.9.1 Hard Social Infrastructure*

A shortage of staffing resources impedes the scaling up of old age homes in Bangladesh, with the disabled older left with no support from the government or non-governmental organisations. The gaps in services and facilities, especially concerning shelter for the elderly. Were found to be an overarching concern for all the

divisions of Bangladesh, requiring national policy action. Global standards suggest one senior citizen's daycare centre be available for 20,000 people in developed countries (Casey 2005). Assuming a lower requirement of 1 in 30,000 for developing countries such as Bangladesh, elderly citizens are significantly under-served. Official reports suggest that 127 registered hospitals are operational in Bangladesh, which indicates a significant gap while standards indicate the need for 147 daycare centres for the aged, as represented in Table 5.2. It was also noted that the proportion of single elderly women is higher than that of their male counterparts, which calls for tailored services to be provided for the single-dwelling aged population requiring maximum support amongst other categories (BBS 2015). It is clear that the existing infrastructure does not support the single-dwelling elderly, who are the most vulnerable and in need of personal, financial, and practical care for their existence.

Moreover, a plethora of best practices noted in the earlier sections revolve around the provisioning of hard social infrastructure for the aged which acts as their basic support for their shelter and food. In addition, most of the associated services can be categorised under the 'health and wellbeing' and 'security and resilience' categories of the WHO framework for an age-friendly built environment.

### *5.9.2 Soft Social Infrastructure*

Some generic recommendations based on the BBS findings suggest the necessity of policies to be developed based on a collection of data disaggregated by sex, age, and the region of residence, The pension schemes and national healthcare systems amongst other public programs need to be enhanced in terms of coverage, access, and magnitude. The OAA needs to be increased to amounts between 750 to 1500 BDT (US10–20), with robust data and information collection systems to be developed at regional and national levels (BBS 2015). Substantial improvements can be foreseen by implementing policies to encourage the elderly who are found to be capable of participating in the workforce, and by encouraging self-employment in sectors other than agriculture for diversification. Lastly, amongst other social

**Table 5.2** Health service provisions (Hard social infrastructure)

| S. N. | Health services provision (Hard social infrastructure) | Quantity |
|---|---|---|
| 1 | Number of government hospitals | 607 |
| 2 | Number of non-governmental hospitals | 5023 |
| 3 | Number of functional beds (under DGHS) | 49,414 |
| 4 | Number of beds in private sector facilities | 87,610 |
| 5 | Standard recommended number of senior citizen's day care centres (assuming 1 in 30,000 people) | 147 |
| 6 | Number of hospitals (multi-specialty) | 127 |

Source: MSW (2020)

infrastructure, the number of specialist geriatric doctors and healthcare professionals needs to be increased alongside targeting the provision of free healthcare and medicine for the elderly in Bangladesh. Furthermore, a United Nations report on the subject highlighted how and why the older individuals of Bangladesh cannot participate in the microcredit schemes introduced to boost self-employment and income generation, due to reasons such as formal age limits for participation, alongside other documented physical barriers and the presumptions of the governing authorities (UN 2011). Under the WHO framework, to fulfill the objective of enhancing security and resilience, while ensuring the independence and autonomy of the elderly, best practices from Japan, Singapore, and some of the Scandinavian countries like Denmark could be adopted, thus providing public infrastructure in the interest of the elderly through enhancing their accessibility to facilities; and services could be adopted with the support of the Ministry of Social Welfare with adequate planning. A sizeable number of elderly citizens who are fit to contribute to the workplace do not find opportunities owing to biased prejudices by the employers, which also requires to be addressed.

There is scope for improvement across both, hard and soft infrastructure. Though challenging to measure and quantify the softer aspects of social infrastructure, official reports provide certain indicators, as represented in Table 5.3. Further, the government has established an objective of ensuring a 20% reservation in public transport for children, the elderly, and the disabled (MSW 2020). However, the lack of data availability raises questions about the monitoring of the actionable on established policies by the Ministry.

## 5.10 Discussion

The Madrid international action plan (UN 2002) suggested recommendations for the development of social infrastructure for the older population – advancing health and well-being into old age, enhancing access to healthcare systems, addressing the mental health needs of the aged and providing care and support for caregivers, while ensuring that the aged benefit from these supportive environments. All of these are focused on preventing neglect, abuse and violence against older people. The initiatives for the aged like any other social security and welfare schemes require significant planning and structuring.

**Table 5.3** Health service provision (Soft social infrastructure)

| S. N. | Health services provision (Soft social infrastructure) | Quantity |
|---|---|---|
| 1 | Number of registered physicians | 85,633 |
| 2 | Registered diploma nurses | 48,001 |
| 3 | Number of dental surgeons | 8130 |

Source: MSW (2020)

Due to the lack of adequate traditional support, alternate healthcare systems and financial support are required to be extended by the Bangladesh government. The provision of assisted living facilities, health insurance schemes, psychological well-being support and adult day care support, and pension systems, new policies, and legislation are necessary for Bangladesh's government and non-governmental organisations (NGOs). It is further imperative to consider the needs of the aged across age groups and genders while meetingngr the specific requirements of the aged. As they are the most vulnerable, the single-dwelling elderly must be supported with systems suited for their wellbeing. However, for appropriate infrastructure provision, the national priorities of Bangladesh need to be revisited with stringent monitoring of the expenditure and roll out of the pension schemes to yield fruitful results.

Many of the socio-cultural challenges for the wellbeing of the aged population in Bangladesh, such as the emergence of nuclear families and urbanisation leading to the exclusion of certain age groups from the economy, may be addressed by implementing policies around soft social infrastructure such as through the government-initiated programs to support the vulnerable families with old age homes across the country, run by the Department of Social Services under the Ministry of Social Welfare. The scaling up of such initiatives is necessary to meet the national need to support older persons (Government of Bangladesh 2015). Improving the lived environment through developing walkable environments, ensuring seamless access to transport, enabling ways for the aged to reside in their places of comfort, and providing wayfinding and city information to enhance the independence and autonomy of the aged are also required.

The health and wellbeing of the ageing citizens would be enhanced by ensuring access to health services, providing exercise and recreational spaces, and bringing the communities closer to nature. For instance, the establishment of a Single Registry Management Information System across schemes could help monitor and oversee the effectiveness of such schemes. If the country's central government can foster collaborative partnership alongside non-governmental institutions, significant improvements in social connectivity could be ensured by battling loneliness and isolation, promoting inclusion and civic participation, creating intergenerational spaces, and providing more options for the aged to reside within their communities (ARUP 2019). However, many of these solutions need to be revisited for practical outcomes with the outbreak of the COVID-19 pandemic. Ageing communities invariably struggle with technological aids, which are necessary for community development during such pandemics. Significant support measures need to be strategised to enhance social connectedness for the aged under such conditions. Lastly, security and resilience among the aged can be enhanced by preparing for extreme climates, promoting dementia safety, and designing safe streets and friendly public spaces.

Amongst the best practices noted around the world, to enhance accessibility to public toilets in Bangladesh, WaterAid has developed a mobile application providing information and direction to the facilities, particularly for women, children, and older people (ARUP 2019). Provisioning for an adequate social infrastructure

budget helps build a strong economy (Falzon 2018). With numerous instances of best practices sighted around the world, Bangladesh's national policies and current ongoings for the aged were required to be assessed to identify scope for improvement. The WHO framework was used to identify the ongoing works under each of the four sections based on the needs of the elderly. This further enabled identifying the maturity of national policies in addressing those needs categorically under hard and soft social infrastructure.

## 5.11 Conclusion

In this chapter, the critical stakeholders currently involved in delivering the services and facilities ensuring the well-being of the aged population in Bangladesh were identified and analysed respectively.The governmental and non-governmental landscape of the coverage of policy implementation through social infrastructure services was explored in order to identify gaps while noting their levels of adequacy. Significant socio-economic changes have transformed the nature of the issues faced by the elderly in Bangladesh. The new associated policies and legislation can be best amended by identifying the gaps from a qualitative standpoint, in order to align with the United Nation's SDGs. A document analysis on the subject allows insights on how the Government of Bangladesh can work towards an effective pension system, facilities for assisted living, health insurance schemes and collaborating with the non-governmental bodies to address the needs of the elderly. Public programs, including pension schemes and the national healthcare systems need to be enhanced both in terms of size and coverage.

Access to the old age allowance should be increased while increasing the old-age allowance. Further research on forecasting the impact of ageing, on fiscal, care, welfare, and health programs is required. It is important to understand the status and future demand for social infrastructure for the aging population. Global best practices are available from WHO that have the potential of being translated into policy initiatives that are suitable for Bangladesh. Substantial development needs to be planned across both hard and soft social infrastructure for improving the welfare of the elderly in Bangladesh. Initiatives for such accelerated development must not only be the sole responsibility of the state but ideally should be a combined effort by both government and non-governmental institutions. The hard-social infrastructure required for the target population is measurable and tangible, the soft social infrastructure requirements are intangible and difficult to evaluate.

There is a need for a policy reform that encourages the elderly who are still capable to stay in the workforce. The initiative by the Government of Bangladesh to increase the retirement age of some government sector jobs gradually to 65 years is commendable, but the retirement age of other government jobs can also be increased accordingly. Elderly people may be encouraged to be involved in self-employment in sectors other than agriculture. Subsidised healthcare and medicine for the elderly people on the presentation of ID cards may be initiated with the long-run target of

providing free healthcare and medicine. It is also necessary to increase the number of specialist gerontologists in Bangladesh. With the incorporation of best practices aligned with the WHO framework, the situation of the elderly can be improved substantially. The elderly can be included in community activities while empowering their independence, connecting them socially, while securing their health and wellbeing.

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