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Senior Citizen's Understanding Regarding the Quality of Life and Policy of Bangladesh

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ABSTRACT

Older people are encouraged to participate more in the economic, social, and governmental sectors as part of progressive aging policies worldwide. Very little is known about applying engagement techniques or carrying out strategies in Bangladesh that are important for involving seniors in social engagement. Therefore, this qualitative research was conducted in Dhaka, Bangladesh, among 385 people aged sixty or above to assess their understanding of the quality of life and the gap in government policy. Results showed that between 60 and 65 were more mobile, creative, engaged in productive activity, and had significantly higher decision-making power ($p<0.000$). Aging greatly enhances dependency ($p<0.000$). Lower-educated people were significantly dependent on their families ($p<0.000$).

Moreover, elderly income and the cost of treatment were significantly correlated to abuse ($p<0.001$). Furthermore, 10% of participants reported negative relationships with family members ($p<0.031$). However, most (61.6%) were unaware of the 2013 Parent's Care Act. Though most participants (73.2%) knew of the government-funded Old Age Allowance, 92.5% received no non-governmental assistance. The research concluded that education and economic condition have a long-term relationship with reducing dependency. In recommendation, Government can increase the retirement age from 59 to 65 years which may increase self of security, respect, and self-esteem and reduce harassment. Parent's Care Act 2013 should implement. Government should include Community Health and Social Service centers for the quality of life of the elderly.

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1. INTRODUCTION

During the aging period, senior citizens lose a variety of responsibilities and duties. It affects their quality of life and level of satisfaction with life. The aging process signifies a vulnerable and risky time in life. Therefore, in social work and health disciplines, aging is seen as a unique community [1]. The idea of life satisfaction is intimately linked to social well-being and health-related factors. The definition of well-being varies from culture to culture and person to person. Accordingly, it is possible to compare one's health and social life condition to their quality of life [2]. In addition, life satisfaction is correlated with subjective and introspective views toward life and a cognitive mechanism of assessment and appraisal of the experience of emotion [3]. However, the most significant issues elderly adults deal with are a shortage of financial resources, health issues, an absence of psychosocial support, and inactivity during old age [4]. As many individuals perceive this situation as still troublesome, it becomes a societal issue. Getting older is not an issue, but the difficulties of aging have become an issue. These concerns are linked to social, cultural, governmental, and economic structures. All around the world, aging populations' perception of their quality of life is essential to explore [5].

A feeling of helplessness and dissatisfaction regarding traditional politics and social activities might discourage older people from participating in a group effort, even though they participate in considerable numbers in social, cultural, and political activities [6]. Considering this, policy agendas on active aging have tried better to utilize social security, engagement, and public wellness to enhance the overall quality of life. These goals are backed by accumulating research showing that activity improves health. Age-related well-being, employment involvement, the advancement of cultural and social pursuits, and assistance in various projects that produce (unpaid) social benefits have all drawn significant attention [7].

A study from the UK observes that the difficulties arising from traditional and informal care systems are leading to a significant rise in the number of older individuals with unfulfilled needs for assistance and care. It is now a top priority for public health to address these neglected requirements. Understanding older persons' social services and health care requirements might be essential for finding strategies to improve their quality of life [7].

However, very little attention has been given to general older people's perceptions regarding their problems in Bangladesh. Moreover, there is also short come in Government activities [7]. Therefore, this research has been undertaken to assess older people's understanding of the quality of life and the gap in Government Activities on Geriatric people in Bangladesh for policy initiatives.

2. METHOD

This study followed a quantitative approach by a cross-sectional survey done at Bangladesh Bioethics Society in January–June 2022. It was conducted in Dhaka city among 385 people considering a standard sample size calculation to assess their views regarding the quality of life and the gap in government policy. Participants have been

selected purposively from three care homes in Dhaka city of Bangladesh. 60 and over 60 aged population living in Dhaka city and signed the informed consent have participated in the study. However, critically ill, mentally disabled patients aged 60 or above have been excluded from this study.

Ethical clearance was obtained from the Ethics Review Committee of the Bangladesh Bioethics Society. Before beginning the survey, respondents signed or thumped the informed consent agreement.

A survey with 30 questions has been formulated containing three sections. The first portion focused on gathering socio-demographic information like age, sex, occupation, family members, income, and level of education about the respondents. A self-assessment questionnaire has been used in the second and third parts to assess their views regarding the quality of life and the gap in government policy. Responders took 10 to 15 minutes approximately to complete the questionnaire.

Statistical analysis: Rao soft assessed the statistical groundwork of the sampling technique based on the output distribution of about 50%, a marginal error of 5%, and a confidence interval of 95%. SPSS version 22.0 was used to examine the data. Distributions of frequency and percentages were used to evaluate socioeconomic characteristics. The X^2 test was used to compare diverse communities of elderly persons considering the statistical significance at $p < 0.05$.

3. RESULTS AND DISCUSSION

3.1. Demography

In our study, among the 385 sample population, more than half of the Bangladeshi-aged population were married (60%), educated (67.3% Secondary School certificate to master's degree), and dependent on family members (60%). Most participants were Muslim (94.0%) (Table not shown).

3.2. Living Conditions

Sheltered accommodation is for those who can typically live independently but occasionally require assistance or care. Not just the aged but many people without homes are unaware that they qualify for social security schemes [8]. Usually, government care homes have trouble obtaining the assistance and good facilities they require because of the lower budget than private.

In our study, more than half of the elderly resided in Government shelter homes (56%) and other private care homes (17%), respectively. In contrast, a quarter lives at home. However, come to a private clinic (26.5%) for their ailment. The living circumstances of the senior citizen become a key influence in their overall well-being in Bangladesh as it is widely acknowledged that the nature of living arrangements can influence how older people interact with one another and have access to services for daily life [8]. The investment of the Government has increased to a maximum of Tk 30,000 crores in the 2020-2021 budget (USD 347 million) for old care homes. However, this only accounts for 2.25 million senior persons, or around 0.53 percent of the entire expenditure

[9]. In our study, 43% of the senior citizen were from private. Therefore, their education level and quality of life are better than the government shelter (not shown in the figure).

3.3. Dependency and Decision Power

In our study, more than half had decision-making power (59.49%). On the other hand, the remaining (40.51%) needed to have decision-making power. Dependency was the meaningful relationship between education and age. Those who were less educated had significantly more dependency on family members ($p<0.000$) (Figure 1). Those who were of higher age had significantly more dependency on family members ($p<0.001$) (Figure 2 and Table 1). Age between 60 and 65 years had significantly greater decision power than other age groups of the elderly ($p<0.000$) (Figure 2 and Table 1).

Our study's maximum respondents (41%) age group was 60-65. Another study from Bangladesh showed that almost 60% elderly had an aged between 60-69. People between 60 and 65 are less vulnerable to health and socioeconomic risks [10]. They were active and less dependent, which may be reflected in their daily life activity and quality of life. Therefore, the government should consider increasing the retirement age to 65 years to create opportunities so they can utilize their productive years to benefit society. They can establish their positive image in the country [11].

Looking into older people's situations from Asia, it is common for family members and doctors to influence a person's end-of-life choices. Male family members are frequently told the person's lousy prognosis and associated treatment options by doctors rather than the person themselves [12]. The idea of "relationship responsibility" and the individualism worldview might effectively encourage Asian people, especially older individuals, to discuss their views on long-term care and choice-making with their family to improve their quality of life [13].

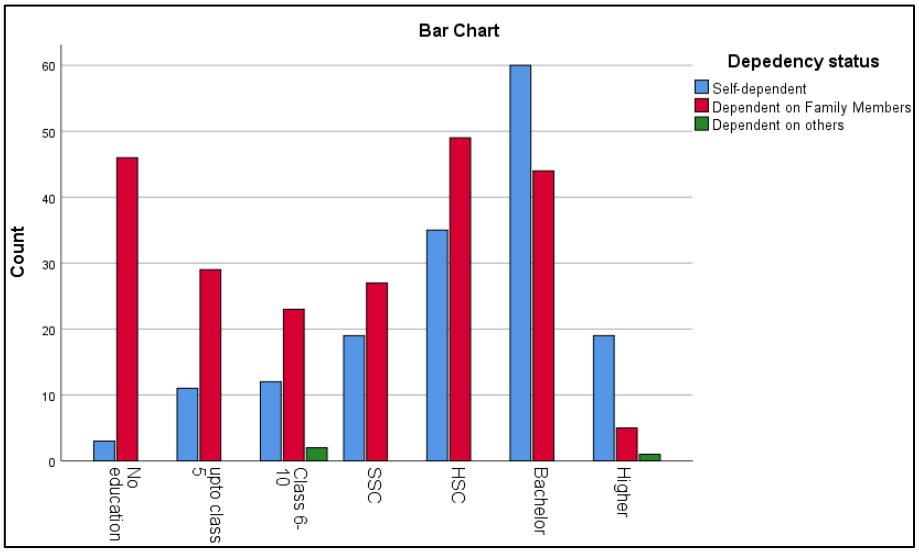

Figure 1. The bar diagram shows relationships between education and dependency on family members (n=385).

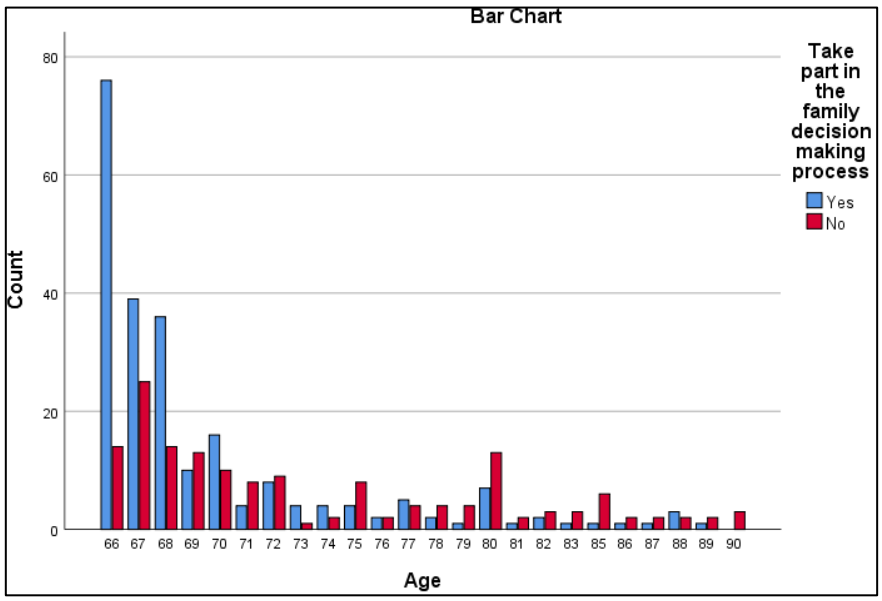

Figure 2. The bar diagram shows the relationship between age and decision power (n=385).

Table 1. X^2 Table shows the cross-tabulation between variables

Variable			Valid Percent	*P****
Dependency	Educated (Secondary School Certificate- Master degree)		67.3%.	.000
	Non Educated (0-10) class		32.7%	
Dependency		60-65 years	41.0%.	.001
		66-70 years	24.7%.	
		71-75 years	13.5%.	
		76-80 years	11.4%.	
		81-85 years	4.9%.	
		86-90 years	4.4%.	
Decision Power	Yes (59.49%)	60-65 years	31.69%.	.001
		66-70 years	14.29%.	
		71-75 years	6.23%.	
		76-80 years	4.42%.	
		81-85 years	1.30%.	
		86-90 years	1.56%.	
	No (40.51%)	60-65 year	18.34%.	
		66-70 years	10.39%.	
		71-75 years	7.27%.	
		76-80 years	7.01%.	
		81-85 years	3.64%.	
		86-90 years	2.86%.	
Income	Previous monthly income	No income	19 (4.9%)	0.000
		5,000 - 10,000	26 (6.8%)	
		20,000-30,000	89 (23.1%)	

		30,000 to 40,000	79 (20.5%)
		41,000 to 60000	52 (13.5%)
		>60,000	83 (21.6%)
		>1,00,000	37 (9.6%)
	Current monthly income	No income	53 (13.8%)
		5,000 - 10,000	47 (12.2%)
		20,000 to 30,000	111 (28.8%)
		30,000 to 40,000	67 (17.4%)
		41,000 to 60,000	50 (13.0%)
		>60,000	39 (10.1%)
		>1,00,000	18(4.7%)

****P value Asymptotic* Significance (2-sided)

3.4. The financial status of the older population and its relation to the family

The older population is a vulnerable community, even in modern society. The poor physical state prevents them from working for a living. They suffer from several ailments in addition to other mental and physical disorders. They gradually engage in a dependent group at this stage throughout the rest of their lives [14]. In our study, the current income of the elderly significantly reduced for each group ($p<0.000$) (Table 1).

3.5. Abusive relationship

Following this, a previous study in 2022 conducted in Bangladesh observed that abusive relationships towards dependent older people have emerged as a consequence of parental culture differentiation, including the dissociation of the family system, the deterioration of ethical values, the disrespect for the helpless and elderly, the prevalent use of dowry, increased rates of divorce, the rise in growing requirements on family members, the development of a self-centered attitude, and an increase in conflict in both marital and family life [15]. Moreover, the results from the current study show that almost 30% 60-65 aged population experience no abusive behavior due to health-related spending as they are more active and productive than other age groups (Figure 3).

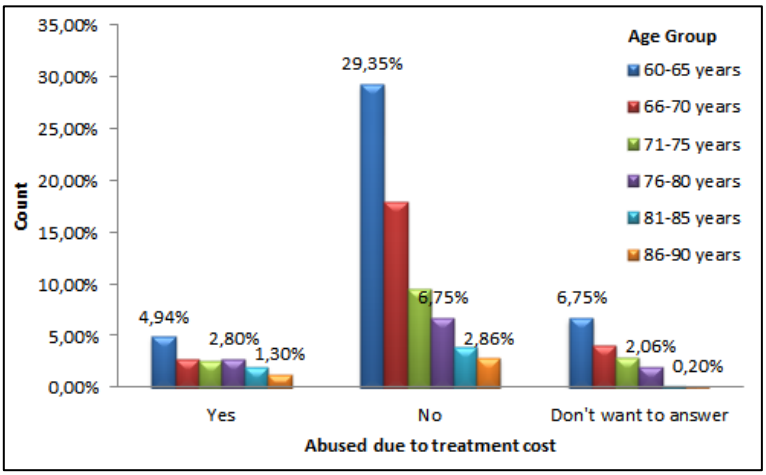

Figure 3. The bar diagram shows the elderly abused due to treatment cost

Figure 4 (bar chart) indicates that only 5% of the 60-65 aged population suffer from abusive relationships due to health-seeking behavior, whereas 12% population was reluctant to respond. Considering the age group of the bar chart, it shows that the very least numbers (3%) of abuse have been observed among 66-70, 71-75, 76-80, 81-85- and 86-90-year-old populations. On the other hand, the participants in the same aged group responded "no" about abuse and treatment costs.

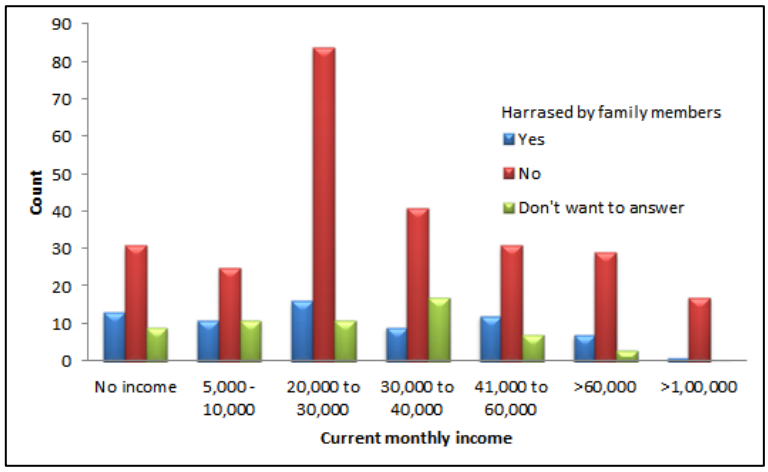

Figure 4. The bar diagram shows the relation between the income of the older population and harassment that occurred by family members.

The clustered bar chart of Figure 4 showed that above 15% aged population suffered from harassment and had no income, whereas almost 61% aged population had not experienced any harassment whose earnings were between 20,000-30,000. Cross-tabulation revealed that harassment decreased as income increased (p=0.013) (Table 2).

Table 2. X^2 Table shows the Current monthly income *Harrased by family members Cross tabulation

Count		Harrased by family members				P
		Yes	No	Don't want to answer	Total	
Current monthly income	No income	13	31	9	53	0.013
	5,000 - 10,000	11	25	11	47	
	20,000 to 30,000	16	84	11	111	
	30,000 to 40,000	9	41	17	67	
	41,000 to 60,000	12	31	7	50	
	>60,000	7	29	3	39	
	>1,00,000	1	17	0	18	
Total		69	258	58	385	

3.6. Social safety net situation for the older population

Table 3 showed that more than half of the elderly (57.4%) participated in socio-cultural and religious activities. The majority (69.9%) cast their Vote. More than a quarter

elderly (38.7%) spend their leisure time doing religious activities. Only 5.5% watched radio/television.

Table 3. The heterogeneous general table shows the social activity of older people (n=385)

Takes part in socio-cultural and religious activity	Yes	221 (57.4%)
	No	164(42.6%)
Casts Vote in the national and local elections regularly	Yes	269 (69.9%)
	No	116 (30.1%)
Activity for passing leisure time	Listening/watching radio/television	21(5.5%)
	Doing religious activities	149(38.7%)
	Gossiping with family members and neighbours	82 (21.3%)
	Doing various social activities	52 (13.5%)
	All of these	81 21.0%)

A key component of healthy aging depends on older individuals' socialization and engagement. Because of modifications in their life cycle stage, including unemployment or age-related losses, and deteriorating physical and expanding movement restrictions, older persons possess narrower social networking sites than their younger individuals [16].

However, another scoping review from Spain indicates that many older individuals are orphaned and unmarried. Furthermore, a growing number of older persons face thoughts of social exclusion and loneliness because of retirement or the death of a partner or friend [17]. In addition, another study from Berlin shows that people with poor economic conditions and poor health frequently experience physical and learning disabilities that may prevent them from engaging in social networking [18]. Therefore, socioeconomic conditions and health status affect the older population’s quality of life.

Ongoing government activities towards the geriatric population: The government of Bangladesh has implemented several services for the elderly, including a pension scheme, social security benefits, and another program under the Social Safety Net (SSN) initiatives, such as the old age compensation, the remuneration for the widow, abandoned and homeless women, and the vulnerable group development [19]. Nevertheless, these establishments do not yet cover a sizable portion of the elderly population. In 1997-1998 the Bangladeshi government began paying seniors BDT 100 ($1) each month under the OAA (Old Age Allowance) program, and at first, 4.03 million elderly individuals were enrolled under this program. It has been raised to BDT 500 ($5) monthly and given to 57.01 million senior citizens [20].

Table 2 depicts that the 2013 Parent's Care Act was unknown to the majority (61.6%) of respondents in our study. Nonetheless, the majority (73.2%) were aware of the Government's Old Age Pension. Nevertheless, most (47.5%) were unaware of groups assisting the elderly. Of 73.2 percent of respondents, they reported not receiving any government benefits. Only 25% of people received the government allowance. The

majority (92.5%) received no non-governmental assistance, whereas 7.5% received non-government assistance. The government of Bangladesh has taken varying degrees of the initiative to improve the quality of life of the elderly population, but that was not publicized well.

Table 4. The heterogeneous general table shows the law and regulations regarding the elderly (n=385)

Knowledge about the parent care act 2013	Yes No	148 (38.4%) 237 (61.6%)
knowledge about old people's allowance	Yes No Don't want to know	282 (73.2%) 102 (26.5%) 1 (0.3)
knowledge about organizations who help elderly people	Yes No Don’t want to know	185 (48..1%) 183 (47.5%) 17 (4.4%)
Ever stayed in an old age home	Yes No Don’t want to answer	52 (13.5%) 323 (83.9%) 10(2.6%)
Cause of staying in old age home	Family forced me Did not want to stay with family Don’t want to answer Not applicable	21 (5.5%) 24 (6.2%) 7 (1.8%) 333 (86.5%)
Condition of care in age old home	Very good Good Average Not applicable	4 (1.0%) 27 (7.0%) 21(5.5%) 333 (86.5%)
Living cost in an old age home is justifiable	Yes No Not applicable	15 (3.9%) 66 (17.1%) 304 (79.0%)
More old age home needs to be established in Bangladesh	Yes No No idea	171 (44.4%) 55 (14.3%) 159 (41.3%)
Government is doing enough for elderly population	Yes No Don’t want to answer	86 (22.3%) 236 (61.3%) 63 (16.4%)
Bangladesh needs geriatric hospital in every district	Yes No Don't know	284 (73.8%) 20 (5.2%) 81(21.0%)

The researcher's interest in the older population has gradually grown because of increasing aging populations across several developing countries, particularly Bangladesh. Older people differ from younger adults in physical and psychophysical qualities as they are more prone to experience health issues, lack of comfort, social connection, and security [21]. More than any other demographic, the number of old and middle-aged persons is rising globally. In 2015, two-thirds of the world's population, or 300 million individuals,

were between 35 and 60, and 900 million were 60 or older. This number is anticipated to reach 2.0 billion by 2050 [22].

In our study, only some (13.5%) people have prior experience staying in an older home. Of 5.5%, they stayed at the old home against their will, while the remaining two-thirds (6.2%) did not wish to be with families. Over two-thirds of cases, they had adequate care in the old home facility. Only 15 (3.9%) senior people felt that the cost of living in an older home was acceptable. Meanwhile, almost 50% believed that Bangladesh would create more old dwellings (Table 4).

Since Bangladesh is a part of the global countryside, it is no longer regarded as a "lesser developed" nation in the classic sense. It is a continuing economic success story in several ways because overall production growth has been over 6%, and presently, its per capita GDP surpasses India's [23], [24]. According to socioeconomic and demographic data, the average life expectancy is 73 years, the global fertility rate is 2.0, and two-thirds of children are enrolled in high school [25]. Bangladesh is among the top 20 nations in the world for the percentage of residents 65 and over, with an overall population of 165 million in 2020 [26]. Family and community caregiving might be expected. However, several interrelated forces are putting this idea under threat. For example, the country's changing demographics leave fewer younger generations available to care for the aging population. Also, new generations are leaving rural areas in more significant numbers [27], [28]. Most older adults in rural areas with little social and healthcare coverage aggravate the lack of age-appropriate social care services [29].

As a result, it is believed that the availability of health care services for the older population is confined, and, for this, it is difficult to assess a service quality focusing on the senior population when there are gaps in the wider public's access to primary social care services [30], [31]. Apart from these limitations, other elements, including female sex, migration, getting divorced or widowed, socioeconomically disadvantaged population, education levels, and poverty stimuli, worsen the current situation of the older population and create a gap in policy-making [32].

4. LIMITATION

The current study did have several drawbacks. The results of this survey, which was based on a questionnaire, depended on only the given responses of the attended respondents. Participants are not reflective of the overall population of Bangladesh because they are only from a public shelter in Dhaka. It is merely an attempt to document the current epidemiological situation, as well as the perceptions and hopes of senior citizens. However, only some of the issues had been thoroughly investigated. Therefore, in the coming years, more research throughout Bangladesh using a more significant number of subjects might be verified to implicate a policy.

5. CONCLUSION

Dependency is substantially worsened by aging ($p < 0.000$). Dependency was a sincere relationship with age and education. Those with lower levels of academic achievement and those in the older age groups were significantly more dependent on

family members (p<0.000 and p<0.001, respectively). Those aged 60 to 65 had substantially higher mobility, creativity, productive activity, and decision-making ability (p <0.000). The current income was reduced considerably(p<0.000). Neglect was substantially correlated with elder revenue and treatment costs (p<0.001). Due to health-related expenses from being more active and productive than other age groups, 30% of the people between the ages of 60 and 65 do not engage in abusive behavior. In addition, 10% notably had terrible relationships with their family members, and those relationships were horrible (p<0.031). In addition, 57.4% of the aged participated in socio-cultural and religious activities. A majority (69.9%) of people submitted ballots. 38.7% of the elderly spend their free time participating in religious pursuits. 5.5% of people viewed television or radio. However, the 2013 Parent's Care Act was unknown to 61.6%. 92.5% of participants got no non-governmental assistance, even though most (73.2%) were aware of the government-funded Old Age Allowance. Nearly half (47.5%) of older people were unaware that certain groups assisted the elderly.

Though the Government of Bangladesh has taken varying degrees of initiative to improve the elder condition, which needed to be publicized better, education and economic condition have long-term relation to the reduction of dependency and harassment and increase self of security, respect, and self-esteem. In recommendation, Government needs to increase the retirement age from 59 to 65 years. Parent's Care Act 2013 should implement Government should include Community Health and Social Service centers for the elderly for quality of life of the elderly.

CONFLICT OF INTEREST

Authors declare any conflict of interest of this writing.

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AUTHORS CONTRIBUTION

First author Shamima Parvin Lasker developed the idea, and research proposal, including research design and literature review, conducted the research, managed the fund, and checked the article and critics. The second author Turna Tribenee Mithila wrote the introduction of the first draft of the research proposal, did the literature review, drafted the article, and checked the article meticulously. Third author Arif Hossain wrote the methodology, reviewed the literature, checked the research proposal and article intensely, and supervised the research team. Fourth author MD Ruhul Amin developed the title and meticulously checked the research proposal and article.

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