

AGING IN BANGLADESH AND LOCAL TRADITIONAL CULTURE

Hossen Sh., Mokicheva N.A.

Federal State Budgetary Educational Institution of Higher Education "Yaroslavl State Medical University" of the Ministry of Healthcare of the Russian Federation

The article analyzes the state of geriatric care in Bangladesh in the context of the rapid demographic aging of the population. The author examines the contradiction between the deeply rooted tradition of family care for the elderly and the systemic limitations of the formal health and social protection system. Based on the analysis of existing government programs, infrastructural deficits and the role of the non-governmental sector, the need for a comprehensive government policy combining the strengthening of family care with the development of specialized medical and social services is substantiated.

Keywords: geriatric care, population aging, social protection, long-term care, public policy, demographic transition.

СТАРЕНИЕ В БАНГЛАДЕШ И МЕСТНАЯ ТРАДИЦИОННАЯ КУЛЬТУРА

Хоссен Ш., Мокичева Н.А.

Федеральное государственное бюджетное высшее учебное заведение «Ярославский государственный медицинский университет» Министерства здравоохранения Российской Федерации

В статье анализируется состояние гериатрической помощи в Бангладеш в контексте стремительного демографического старения населения. Исследуется противоречие между глубоко укорененной традицией семейного ухода за пожилыми людьми и системными ограничениями формальной системы здравоохранения и социальной защиты. На основе анализа существующих государственных программ, инфраструктурных дефицитов и роли неправительственного сектора обосновывается необходимость комплексной государственной политики, совмещающей укрепление семейного ухода с развитием специализированных медицинских и социальных услуг.

Ключевые слова: гериатрическая помощь, старение населения, социальная защита, долговременный уход, государственная политика, демографический переход.

Introduction. Bangladesh is experiencing an unprecedentedly rapid demographic transition, characterized by a significant increase in the proportion of the population aged over 60. This "silver tsunami" creates complex challenges for the national healthcare system, social welfare, and traditional family care structures. Historically, caring for elderly family members in Bangladesh was an inviolable moral, cultural, and religious duty, fulfilled within the framework of the extended family. However, processes of urbanization, internal and external youth migration, and the spread of the nuclear family model are eroding this centuries-old way of life. As a result, a growing number of elderly people, especially in rural areas, are finding themselves in situations of social isolation and vulnerability. The purpose of this study is a comprehensive analysis of the current state of geriatric care in the country, identifying key

systemic gaps, and substantiating pathways for the formation of a sustainable model that integrates traditional values with modern institutional support mechanisms.

Challenges to the traditional model and the need for state intervention. The cultural imperative of family care for elderly parents, while still strong, faces objective limitations in the context of socio-economic transformation. Urbanization and migration sever intergenerational ties, leaving the elderly in villages without daily support, while in cities, dense housing and the employment of younger family members limit opportunities for comprehensive care. This creates an imperative for the state to establish and strengthen formal support systems designed not to replace but to complement and reinforce family care. State policy should be aimed at mitigating the consequences of social changes and ensuring safety, dignity, and social inclusion for all elderly citizens.

Medical care. Specialized geriatric medical care in Bangladesh is in its infancy. The country suffers from an acute shortage of geriatricians, gerontologists, and nursing staff with specialized training in working with elderly patients. Routine screening for geriatric syndromes such as frailty, fall risk, cognitive impairment, and incontinence is virtually absent from the primary healthcare system. Palliative care, focused on improving the quality of life for the terminally ill, is poorly developed and accessible primarily in major cities. As initial positive steps, the establishment of so-called "Elderly Corners" in some government hospitals can be noted, where elderly patients can receive basic consultation. Furthermore, a number of non-governmental organizations (e.g., with support from the Palli Karma-Sahayak Foundation - PKSF) implement physiotherapy and primary healthcare programs in communities. Nevertheless, these initiatives are fragmented and cannot compensate for the systemic unpreparedness of the healthcare system for the needs of an aging population.

Social Protection. A key element of state social protection for the elderly in Bangladesh is the "Old Age Allowance" program, which provides a monthly cash payment to eligible citizens over a certain age based on means-testing. The program demonstrates impressive coverage, extending to over 5.7 million people, reflecting the priority of the issue in the social agenda. Significantly, about 40% of the funds in the proposed social security sector budget for the 2025-26 fiscal year are allocated to programs for the elderly. However, the central problem remains the extremely low amount of the allowance itself, approximately 500 taka (about 4.5 US dollars) per month. This sum is clearly insufficient to provide an elderly person with adequate nutrition, purchase necessary medications, and pay for medical services. Thus, while the program is an important symbolic gesture and a tool for social inclusion, it does

not ensure the material conditions for a dignified life, necessitating its revision and a substantial increase in payment amounts, taking into account the actual cost of living.

Long-Term Care Infrastructure. The infrastructure for institutional long-term care in Bangladesh is extremely limited. For the entire country, there are only six state-owned old-age homes, which is completely inadequate given the scale of need. A strong cultural taboo, according to which placing a parent in such an institution is viewed as "abandonment" and a violation of filial duty, long hindered the development of this sector. However, the changing social reality—the growing number of lonely elderly people without close relatives—makes such institutions an objective necessity. An innovative model is the public-private partnership (PPP) project "Oboshor," conceived as an integrated center combining medical services, a temporary residence hotel, and a specialized unit for patients with Alzheimer's disease. The non-governmental and private sectors play a significant role in filling the gaps: institutions such as the private nursing home "Probin Nibash BD" in Dhaka for affluent city dwellers, or the charitable old-age home "Ameena Basar" in Noapara for the underprivileged, provide vital humanitarian assistance. Nevertheless, their numbers are small, services are often expensive, and the institutions themselves bear the burden of social stigma.

Key gaps and directions for comprehensive policy. In summary, four systemic gaps in the field of geriatric care in Bangladesh can be identified. First, the personnel-medical gap: the absence of specialized geriatric departments and qualified specialists. Second, the financial gap: the insufficient size of the state old-age allowance to ensure a decent standard of living. Third, the infrastructural gap: a critical shortage of long-term care facilities, hospices, and day centers. Fourth, the knowledge gap: the lack of systematic training for both professional caregivers and social workers, as well as for family members providing home care.

Conclusion. The current system of geriatric care in Bangladesh does not meet the scale and complexity of the challenges posed by demographic aging. The response must be a combined strategy based on three pillars: strengthening government programs, expanding partnerships with NGOs and the private sector, and targeted support for families providing care. This requires strategic investment in the development of medical infrastructure and large-scale personnel training, increasing the volume and quality of financial support for the elderly, and creating a network of long-term care facilities free from stigma and integrated into local communities. Only such a comprehensive approach, respecting cultural traditions while acknowledging the realities of modernity, can ensure safe, dignified, and socially inclusive old age for millions of citizens of Bangladesh.

References:

1. Bangladesh bureau of statistics (BBS). Population and housing census 2022: Preliminary Report. Dhaka: BBS, 2022. URL: <http://www.bbs.gov.bd>
2. Ministry of social welfare. "Social security sector programme (SSSP). Operational plan and budget 2025-26 (proposed)". Dhaka: Government of the people's republic of Bangladesh, 2025. URL: <http://www.mosw.gov.bd>
3. Old age allowance program. Implementation guidelines. Dhaka: Department of social services, ministry of social welfare, 2023. URL: <http://www.dss.gov.bd>
4. Rahman, M.H., & Hossain, S. The state of geriatric care in bangladesh: a scoping review // Journal of health, population and nutrition. 2023. Vol. 42, № 1. P. 15. DOI: 10.1186/s41043-023-00356-8.
5. World bank. Live long and prosper: aging in east Asia and pacific. Washington, D.C. : World bank, 2022. URL: <https://openknowledge.worldbank.org/handle/10986/36970>.