

The Felt Need of Home-based Geriatric Care in Bangladesh

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Rec Date: September 01, 2018; Acc Date: September 29, 2018; Pub Date: October 18, 2018

Citation: Nayak HS (2018) The Felt Need of Home-based Geriatric Care in Bangladesh. J Nurs Health Stud Vol.3 No.2:7.

Abstract

Aging is an emerging issue in Bangladesh, yet adequate infrastructures, policies, programs and services are not there to cater to the needs of the growing number of elderly persons in the country. Although aging is a personal concern in many ways, but coping with this demographic shift does not come down to individual effort only. Rather, it calls for a comprehensive approach—on the part of state, communities, institutions and organizations. As an institutional government welfare approach to geriatric nursing and care for this large population remains a costly proposition, and family is the first and foremost arena for addressing different issues of elderly persons, an education and training curriculum-facilitated community/family/home-based geriatric care system is recommended which may be more affordable, cost-saving, cost-effective, interactive, humane and inclusive. We have to prepare ourselves, to handle this emerging inevitable stage of the population, which we all, someday, will be a part of.

Keywords: Aging; Geriatric; Elderly; Bangladesh; Gerontology; Nursing care

Introduction

Although aging is an emerging issue in Bangladesh, adequate programs and policies do not seem to have been formulated to cater to the needs of the growing number of elderly persons in the country.

If we look at the geriatric scenario of Bangladesh, we come across the following statistics and aspects:

- Population aged 55-65 years and above, stands at 13% of total 160 million, the absolute number being about 21 million with a Male:Female ratio to be 20:21 [1].
- Elderly dependency ratio: 7.7% [1].
- Life expectancy at birth is 71.3 yrs for male while 75.6 yrs for female (2017 est.) [1]. Increased life expectancy has brought with it much higher rates of chronic diseases. Many people carry non-life-threatening chronic conditions such as arthritis, hearing and vision loss, mental illness, cardiovascular diseases that include hypertension, stroke,

angina and myocardial infarction or heart attack; diabetes mellitus and its complications, cataract, cancers, arthritis, osteoporosis or skeletal fragility, obesity, enlargement of prostate in male, sleep disorder, change in behaviour, dementia, etc. with them into final years. Thus these conditions significantly affect a person's well-being and health care need [2].

- Arthritis is probably the number one condition affecting 50% of the people aged over 65 years and can lead to pain and lower quality of life for some of them. Heart diseases affect about 35% of men and 25% of women over 65 years of age. As age advances, high blood pressure and high cholesterol and diabetes mellitus increase the chances of stroke and coronary heart diseases. About 25% of people over 65 years of age are living with diabetes mellitus, which is epidemic throughout the globe. Diabetes is a risk for developing hypertension, stroke, coronary heart disease, kidney disease, eye problem and nerve problems. About 25% of people over 65 years of age may suffer and die from cancer e.g. Cancer of prostate, lungs, stomach, colon, breast and uterine cervix. Osteoporosis is another health problem of the elderly which can make them less mobile and potentially disabled following fall—a common occurrence among older people. Obesity is a risk factor for diabetes, hypertension, stroke, coronary heart disease and some cancers. Bladder control and incontinence are common with aging, which may be due to enlargement of prostate gland in male. Constipation is also common among them. Many elderly people do not have all natural teeth. This may hinder easy eating. They are also very much prone to flu and pneumonia [2].
- In the fiscal year 2017-18, number of government pensioners or pension beneficiary's stands at about 626,000 based on the government retirement age of 59 years [3].

Objectives

- To remind the young generation that everyone has to pass five stages in one's lifespan—infancy, childhood, adolescence, adulthood and old age and aging is a natural process.
- To raise awareness.
- To think ahead for a preparedness through advanced planning.

- To share concepts and ideas.

Literature Review

Geriatric needs and issues

Emerging geriatric needs and issues are observed, which are not limited to, as the following:

Physical or Physiological

- Regulated Lifestyle.
- Maintenance drugs for e.g. Hypertension, Diabetes, Prostate, Osteoporosis.
- Physical disability requiring inclusive, accessible and enabling environment along with assistive devices.

Mental/Psychological

- Loneliness, particularly for widow/widower/divorced/separated/confirmed bachelor.
- Depression due to inability to take part in Social Happening.
- Depression due to loss of leadership, authority and decision making power, thus loss of importance.

Social

Maladjustment with changing norms/pace of younger generation.

Economic

Around 6.4 million or 4 percent people of the country get poorer every year due to excessive costs of healthcare. About 50 million people are poor. They cannot pay for healthcare available in the private sector, while public healthcare facilities are inadequate [4].

Following costs are implied for old-age people: Cost of food, medicine, clothing, doctors' fee, diagnostic tests, hospitalization, surgery, accommodation with utilities, attendant's pay, transportation, recreation, communication (Telephone, internet, etc).

Financial assistance provided by the government: Some have pensions, Provident Fund on retirement, which does not seem enough for independent subsistence.

According to newly introduced old age allowance the Government of Bangladesh (Old age allowance, Ministry of Social Welfare web page) took an initiative for paying a subsidy to the poor and vulnerable older persons by establishing Old-age Allowance Program (Boyoshko Bhata Karmashuchi) from the revenue budget in 1998. Beneficiary of the Old Age Allowances must have the age of 65 and above. Age limit is relaxable for the women recipients. A woman recipient is having the right to get the same allowance when they are 62 years old. In the financial year 2011-2012 the Bangladesh Government assigned 891 crore Taka. The overall legatee of

this is 2.475 million. Beneficiaries are getting Tk. 400/- monthly per head (From January 2015) which is receivable in every 3 months. Old age allowance was 980.10 crore BDT for the fiscal year 2013-14 which was 10 percent additional than 2012-13 fiscal year. There were 24,75,000 beneficiaries among which 1202448 were female. The old age allowance strategy is enforced in the rural areas of all Upazila at union level and for all wards of the municipalities of the 64 districts of the country. The Ministry of Social Welfare of the government shoulders the authority of the strategy. A study conveys information that almost half of the beneficiaries of the government-sponsored Old Age Allowance consume their full receipt in buying medicines [5].

Asset-related/Legal

- Right to ownership of land and other tangible assets is there but right to possession easily denied by vested-interest quarters and sometimes even by own offspring.
- Loss of loan-worthiness due to loss of property.
- Loss of bank account signatory capacity because of trembling hands thus mismatching signature.
- However, the recently formulated Parent Care Act 2013 of Bangladesh tries to ensure that the children have to take necessary steps to look after their parents for three years and provide them with maintenance. But it is not fully functional yet [5].

Special

None of the old homes in the country, whether run by the government or NGOs, offers places for disabled or invalid old citizens.

Geriatric Nursing and Healthcare

Institutional education and training

Considering the population, the knowledge provision in relation to aging population, is less than inadequate:

- Masters in Gerontology, only in Dhaka University, the oldest and the largest university of the country.
- A 100 mark course on geriatric nursing in the BSc and Diploma in Nursing at the Nursing Colleges and Institutes.

Scope of work/profession at facilities and otherwise

- Usually long term, similar to palliative care of the terminally ill cancer patients.
- Govt. and Social recognition: As there is no Govt. administered or affiliated certificate or diploma course on geriatric nursing/caregiving/healthcare, it has not emerged as a profession. Socially also, there is no clear recognition for such work or profession.
- Old Home in the Vogue/Need: Although it has its root in western lifestyle, there have been a number of old homes to cater the needs, as there has not been any defined

socio-economically and culturally viable way of taking care of the aged people.

- Starting in 1960, Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) popularly known as “Probin Hitoishi Sangha” established an old home in the capital's Agargaon in the early 1990s, which can accommodate 50 retired senior citizens with no bed-ridden people, aged from 60 years to 80 years [6].
- Subarta Trust has two branches. One branch is in Shaymoli (within Dhaka city) and the other is at Joymontop, Singair in Manikganj (about 40 kms from Dhaka city) and about 30 elderly people can get accommodation there [7]. These three setups favor money to provide services.
- Elders Rehabilitation Centre (Boyoshko Punorbashon Kendro), Gazipur, Bangladesh established in 1987, is registered under the Department of Social Service. The elderly people are given free accommodation, food, clothing and medi-care facilities. Poverty-stricken older people (aged 60 years and above) from any religious faith can live in this more or less full-grown old home, which is the biggest in terms of size and probably the first of its kind in the country. This centre currently supplies housing facilities for about 1200 old people. Besides free residence, food, and clothing, they provide free medical care for the elderly people and involve them in the activity of tending and cultivating a garden, growing crops and raising livestock, controlled breeding and rearing of fish and other recreational activities [8].
- There are two government old homes in Faridpur district and Barisal district [8].
- Geriatric Hospital is performing with providing a four storied building with 50 beds where patients are endorsed for treatment. For providing medical care to the patients, Skilled and knowledgeable doctors and support staff are accessible at the hospital being 24 hours on duty [8].
- Dhaka Medical College Hospital (DMCH), opened a special unit for them called ‘geriatric unit’, with 28 beds in 2014 to treat patients aged above 65 years sufferings from multiple chronic diseases [9].
- Bangladesh Women’s Health Coalition (BWHC) has taken an initiative where older women are progressively incorporated in education services for women and children through clinics located in urban and rural areas by taking a “life cycle approach” to health care. BAAIGM is furnishing health care and welfare of the elderly persons regardless of cast in collaboration with the Government of Bangladesh and other national and international organizations. Recently it has started providing services at 34 locations. Its program will moderately be expanded to all the 64 districts [8].
- Mental Health Clinic: Some of the affluent families take the help of mental health clinics, which take care of their family elders against a handsome amount of money.
- Parents' Lounge is a non-profit organization which is a recreational center in Chittagong for senior citizens run by volunteers and donors. Parents' Lounge- a totally free of cost happy pass time lounge for them. All the persons aged over 60 are welcome here. They are taken care of, have

amusement arrangements and enjoy health care service also, totally free of cost, expenses borne by 60 donor members [10].

- Home-based: Most of the time, a person is brought from the home-village of the concerned family to give care to the old man/woman, to give bath and to take care of his/her defecation and urination; whereas ideally geriatric care means many others things, which remain unaddressed and ignored.

Social Response

Marriage

Sometimes nature takes its own course to handle a situation. Likewise, marriage becomes a marriage of convenience to a great extent for both the parties concerned, in case of affluent rural elderly men. For an old man who is somewhat rich and/or widower, a younger woman or a widow or a divorcee is chosen for marriage to the old man which on one hand provides a safe, secure and socially acceptable shelter for the woman who was otherwise a burden for her family, and ensures on the other a round-the-clock caregiving to the old man through a legitimate relationship between the man and the woman.

Lodging-a social barter

Sometimes the age-old traditional way is also used to recruit an attendant against free food and Lodging in the rural areas.

Uneducated or less educated housemaid

Especially for the elderly women in rich rural families, a woman is brought from the neighborhood to spend time with her, to give bath and to take care of her defecation and urination.

Gender issues

Like any other sphere of life, gender issues play important roles here. An elderly male is given more respect, value and importance, thus a better and greater care, supposedly to take care of the inheritance of the properties. Compared to that, as an elderly female does not have a direct command on her husband's and even on her own properties, she gets less attention, care and respect. Moreover, there are instances that elderly widows have been thrown out of their own land.

Possibilities/Recommendations

- Inclusion of training on geriatric care in primary health care systems of the government.
- Inclusion of Prime features of elderly people in the secondary or higher secondary textbook/curriculum.
- Inclusion of Prime features of handling of elderly people in the curriculum of Scouts/Girl Guides, which will be pre-requisite for earning particular badge.

- Certificate Course of 3/6 months to be regarded/recognized as preference/requirement for getting jobs or promotion in jobs particularly for the Govt/Non-govt/Private organizations.
- A course on geriatric care may even be introduced in all public and private universities as a mandatory one, approved by University Grants Commission (UGC).
- Provision of mandatory life insurance along with Provident Fund, Gratuity and other benefits.

Discussion and Conclusion

Elderly people provide us their experience/wisdom- not to reinvent the wheel to save time, money and efforts and not to commit the same mistake again.

They should have a happy and peaceful life as a return on their investment as an active and contributing life before they depart from this world. In many ways, aging is a personal concern, but coping with this demographic shift will not come down to individual effort. Rather, it's going to take a comprehensive approach—on the part of cities, communities, and companies—to make room for a population that still has much to offer, and that we all, someday, will be a part of discussed by Gorman [11].

It is evident that to feed the geriatric care need of the huge old age population we have now and we are going to have in near future in Bangladesh, it is almost impossible to deal with the issues in terms of infrastructure, human resource and systems afresh. Thus, being a developing country we have to work out strategies, which are culturally appropriate or adaptable, socially acceptable, technically achievable and economically viable. It seems time is ripe enough to think

about developing a cadre of family-bound, family-born, family-trained and community-based geriatric nurses/caregivers so that home-based geriatric care can be provided by the members of the family of an old age person cost-effectively.

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