

Protecting Elderly People in Bangladesh: An Overview

NAHID FERDOUSI

ABSTRACT

The elderly rights have tended to become an issue throughout the world. Old age is the closing period of life span. During this period of age, most people cannot do anything by their own efforts. They need materialistic and non-materialistic support from others. For this, reason age is considered as a social problem. Equally, they are neglected and abused from family and society. Protecting the rights of elderly people is a newly introduced phenomenon in Bangladesh. The developed countries have paid more attention on social support system and welfare based legal framework. In Bangladesh, the elderly problem is usually ignored as there is no comprehensive legal framework with relation to respecting, promoting and protecting the rights of older people. The first law has been enacted in 2013 (the Maintenance of Parents Act) to ensure the parents' maintenance by their children. Nevertheless, there is no separate welfare policy existing for the elderly in the country yet. It is a challenge to deliver the essential health care service, social security facilities through national laws. The purpose of the study is to overview the existing legal framework of elderly rights and to discuss the major challenges of older people under the existing social security programme in Bangladesh.

Keywords: Elderly; protection; laws; rights; justice

INTRODUCTION

Bangladesh is a South Asian country with largest number of elderly population.¹ The latest population census of Bangladesh (2011) showed that 7.4% was elderly people of the country. It was predicted that it would be 8.0% in 2020, 11.9% in 2035 and 17.0% in 2050.² A person aged 60 years and above is declared as elderly in the country. According to the United Nations Population Division (2013), the pattern of increase in ageing population, the question on whether ageing has really emerged as a demographic issue in developing countries.³

In 2002 at the Second World Assembly, Governments agreed to adopt the Madrid International Plan of Action on Ageing (MIPAA). Thereafter, in the Asia Pacific region 21 countries have developed national policies on older persons and 11 countries have established national legislation to protect the rights of older persons. But there is insufficient legislation and inadequate implementation in Bangladesh. Subsequently, exploitation and abuse, both physical and mental and neglect and abandonment of older people exist and pose a threat to the health, dignity and security of the older persons. Moreover, there is inadequate social protection, health care, and welfare plans for elderly in the country today. Thus, significant numbers of older people face neglect and abuse in the family and society.

Recently, an issue of protection of the elderly people is mushrooming in Bangladesh. There is social, cultural and religious tradition for caring older members in family environment.⁴ Due to various socio-economic reasons the tradition and customs are not maintained properly. In practice, changing socio-economic scenario, industrialization, rapid urbanization, higher aspirations

among the youth and the increasing participation of women in the workforce, roots of traditional joint family system has been breaking very fast. In such changing situations, elderly care and support within family may not take place as smoothly.⁵ Elderly people do not say that they are abused or neglected because of the fear of re-exposure to violence, breaking family ties being separated from the family and sent to a social institution and legal procedures. Sometimes, they are moving to Old Home to get better caring, service and welfare rather than family.⁶ But the institutions are facing financial challenges and limitation to set up the system as required.⁷ There are very little social security and health care services being provided by the government or non-government organisations in Bangladesh.

The constitution of Bangladesh in its article 15 (D), declares introduction of social security programme for the elderly population. Thereafter, Bangladesh has not taken wide-ranged social security programmes that have strong coverage for the protection and care of the older population. The government took possibly a few initiatives for the older people, e.g. pension system, retirement benefits and some other initiatives under Social Safety Net (SSN) programmes, such as Old Age Allowance, Allowance for the freedom fighters, Allowance for Widow and Husband Deserted Women, VGF and so on. A vast number of older population remains outside from these programme. Policy for the elderly people have been limited to pension scheme for government servants and various retirement benefits for employees of Public Sector Corporation. But these programmes are not available to the vast segment of the older population all over the country, mainly to those who were engaged in agriculture and industrial sectors.

In 1997, for the first time, the government of Bangladesh started old age allowance programme to help the elderly in the family settings. Before introducing this programme institutional service were provided since 1960 through Old Home (Probin Nibash) at Dhaka.⁸ Furthermore, the government of Bangladesh launched some kinds of elderly social security and welfare programmes such as pension for older persons, allowance for the widows, and shelter home for the abandoned and disabled women. But there is no separate health policy existing for the elderly in Bangladesh. Geriatric problem are usually ignored⁹ as there are no comprehensive policy and monitoring system in the institutions i.e. old age homes, geriatric hospitals, clinic for both public and private in every district.¹⁰ Thus, protecting rights of elderly people is not adequate in Bangladesh, in spite of several initiatives taken by the government.

The Department of Social Service (DSS) under the Ministry of Social Affairs is responsible to implement such social security programme for disadvantaged people. In 2013, the Maintenance of Parents Act has been enacted to ensure the parents maintenance by their children. Therefore, the people aged 60 years or above are stated as senior citizen in 2014.¹¹ Nevertheless, there is no welfare service caring strategies for the elderly in existing laws and policies yet.¹² In this perspective, it is needed to revise the existing policies and action plan relating to rights of the elderly and rethink about the exiting welfare services.¹³ Furthermore, the challenges of present elderly services need to identify and should establish protection and prevention measures. In fact, elderly people has the right to be treated with dignity and respect for the personal integrity of the individual, without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment.

The situation now demands to analyze the need for taking preventive and protective measures against the problem challenges in old age. This article reviews of the current situation and discussion of the various issues involved in the formulation and implementation of laws and policies regarding the rights and welfare of older person in Bangladesh.

PROTECTION OF RIGHTS OF ELDERLY PEOPLE

RIGHTS OF THE ELDERLY

In general, the rights stipulated for the older persons in international instruments stem from the principles of dignity and nondiscrimination. The rights of older persons can be divided into three main categories:

1. Protection: It refers to securing the physical, psychological and emotional safety of older persons with regard to their unique vulnerability to abuse and ill treatment;

2. Participation: It refers to the need to establish a greater and more active role for older persons in society; and
3. Image: It refers to the need to define a more positive, less degrading and discriminatory idea of who older persons are and what they are capable of doing.¹⁴

INTERNATIONAL INSTRUMENTS

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world (UN 1948), the rights of older people are human rights and are absolute and inviolable. This has been accepted by the United Nations in 1948 (UN Declaration of Human Rights 1948) in a general way and more specifically and firmly since 1982 (UN Assembly on Ageing 1982).

As per the UN Charters every state has the moral and legal obligations to elderly. The United Nations Declaration on Human Rights 1948 states that “all human beings are born free and equal in dignity and rights.” This equality does not change with age. Article 2 states that ‘Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, irth or other status’. In addition, Article 25 states that ‘Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.’

The 1982 Vienna International Plan of Action on Ageing is the first international document on ageing, created by the first World Assembly on Ageing. It aimed to strengthen the capacities of governments and civil society to deal effectively with the ageing of the populations and to address the developmental potential and dependency needs of older persons. The Plan was to be considered in relation to agreed standards and strategies in specific areas including human rights and the advancement of women. Hence, it is developmental in focus, outlining principles and recommendations on areas such as the family, social welfare, health and income security. General references are made to human rights via reaffirmation of the applicability of the principles and objectives of the Universal Declaration of Human Rights to older people.

Furthermore, in 2002 the Madrid International Plan of Action on Ageing (MIPAA) was endorsed by the United Nations (resolution 57/167). A central theme running through the Plan is ‘the full realization of all human rights and fundamental freedoms of all older persons.’ It contains three priority themes: development; health and

well-being; and enabling environments. Eliminating age-based discrimination and promoting the human rights of older people are issues that do emerge in this non-binding document. However, as the report of the United Nations High Commissioner for Human Rights to the Economic and Social Council noted in July 2012, implementation of the Plan of Action “does not systematically consider linkages to the obligations of the State parties under international human rights instruments.”

Though the regional action plans have been created by the MIPAA but monitoring of implementation of this plan has been weak. The limited and sometimes non-existent awareness of MIPAA and its limited implementation was recognised by the UN General Assembly in 2011 in resolution 65/182. Additionally, there is a challenge for implementation of the MIPAA because it is not a human rights treaty. Governments have no legal obligation to implement any of the recommendations within MIPAA, and there is no independent monitoring mechanism. Moreover, it does not constitute a comprehensive human rights framework and important human rights issues for older people, such as equality before the law, non-discrimination, access to effective remedies, and freedom from torture or other cruel, inhuman or degrading treatment or punishment, are not included.

Thereafter, the necessity for a convention on the rights of older persons was acknowledged by the United Nations in May 2009 in the Report of the Expert Group Meeting on “Rights of Older Persons” of the United Nations Department of Economic and Social Affairs (UN DESA), Division of Social Policy and Development.¹⁵ There have been wide ranging discussions and debates advocating for new human right instruments and covenants for the protection of the rights of older persons starting with the Congo Committee on Ageing in October 2008, the Organization of American States (OAS) 2010 and Organisation for Economic Co-operation and Development (OECD) in Europe 2010 at the regional level, Argentina, Australia, Canada and Malaysia at a country level and the International Federation on Ageing (IFA), HelpAge International and AARP at the NGO level.

Thus, there are several Articles on Older Persons in existing Treaties and Protocols which are ratified by the majority of the member states; however in general there is a fragmentation between the documents resulting in few applications. There is a universal lack of clarity and awareness about what older persons’ rights are by themselves (rights holders) by the community in which they live and by the duty bearers who have responsibility to protect these rights. It is needed for a unified human rights instrument that would protect the rights of older persons in precise and defined terms within an explicit legal framework. This is to support States to ensure that the rights of older people are fully realised in the increasingly ageing societies.

DOMESTIC LEGISLATIONS

The rights of the elderly are mentioned in the Constitution of the People’s Republic of Bangladesh. The rights to social security through public assistance in cases of unsaved want arising from ‘old age’ along with unemployment, illness or disablement, or suffered by widows or orphans or in other such cases are mentioned in the section 15 (d). The provision of basic necessities for all citizens such as food, clothing, shelter, education and medical care; the right to work and employment at a reasonable wage and right to reasonable rest, recreation and leisure are mentioned in the 15 (a), 15 (b), 15 (c) clause respectively in section 15 of the constitution.

In the National Population Policy 2011, few provisions are directly related to the elderly well-being *i.e.* health and medical protection, shelter, social security, food and nutrition for the elderly disadvantages group.¹⁶ However, there were no elder welfare national policies from the government level until 2013 in the country. Similarly, until 2012 there were no laws about elderly rights as well as rights-based activities.

Five Year Plans Elderly people welfare plan was first start in the Third Five Year Plan (1985-1990) in Bangladesh. The issue of elderly services in the Vienna International Plan of Action on Ageing in 1982 was highlighted in the plan as well. Hence, as per the Vienna International Plan there was constituted a ‘National Committee on Ageing’ in the country. Consequently, some basic initiatives were taken for the welfare of the elderly people in the next Fourth Five Year Plan (1990-1995). The ‘National Committee on Ageing’ was constituted for the first time after the Vienna International Plan of Action on Ageing in 1982. It was one of the first moves from the government level to address the ageing issues from a formal point of view. The committee played some role to allocate some fund for the Bangladesh Association for the Aged and Institute for Geriatric Medicine (BAAIGM). Consequently, institutions for older persons with basic services incorporated in the Fifth Five Year Plan (1997-2002). Old Age Allowance Programme is the most fundamental and innovative policy for the poor elder people which was formulated in this plan.¹⁷

National Health Policy 2008 As per the policy, old age people are entitled to get service from all national healthcare center and access in the local hospitals. In reality the lack of implementation and accessibility poor elderly cannot get state health services properly.¹⁸ The rule 12 of the policy described regarding health care and nutrition for older persons. According to the rule the subject of “Geriatric care and medicine” has introduced in the MBBS course and curriculum geriatric health problem also included in the subject of “Epidemiology of Communicable and No communicable diseases.” Furthermore, the health ministry is working to establish geriatric medicine department in different public medical colleges. In this regard, the ministry has planned

to setup the separate counters and customer services on priority basis for the elderly female in different public hospitals.¹⁹

National Policy on Older Persons 2013 The National Policy on Older Persons 2013 has been adopted based on the Madrid International Plan of Action on Ageing. The main objectives of this policy are: a) to ensure the dignity of the elderly people in the society, b) to identify the problems of the elderly people, c) to change the attitude of the mass people towards the elderly people, and d) to take new programmes to address the needs of the elderly people. To execute the policy a plan of action on health, transportation and accommodation was also accepted. Concern Ministries are working to execute the plan of action. There are five broad objectives of the policy for the elderly: dignity, participation, self-dependence, self-attainment and services. The policy also suggested the working strategy for ensuring older rights. As per the rule 8(1) of the policy, it has been declared that citizens above 60 years are senior citizen in Bangladesh.²⁰

The Maintenance of Parents Act, 2013 Recently government of Bangladesh has enacted the Parents Maintenance Act, 2013 (*Pita Matar Voron Poshon Ain 2013*) regarding protection of parents which is related with the issue of ageing. Prior to enacting this Act, there was no specific legislation to bring any legal action for maintenance by the parents against their children. Hence, formerly they could initiate a lawsuit only under section 5(d) of the Family Courts Ordinance (1985) for maintenance. But the filing of lawsuits by the parents for maintenance under this Ordinance against their issues has not been noticed in wide practice as the provision has not been categorically engrafted therein.

Maintenance of Parents Act, 2013 is a milestone in parent maintenance rights arena in the family. It ensures the right of food, cloth, shelter, medical facilities for parents and legally binding upon adult children to provide above support to their elderly parents, grandparents is also responsible in absence of parents. Maintenance as defined in the law includes food, clothing, medication, shelter and accompaniment.²¹

Today, there is a common phenomenon in our society that the offspring leave their aged parents in parents care centre or old home and the parents live there in miserable conditions. To prevent this undesirable practice, provisions have been incorporated in sub-section 3(4), that the children shall never compel their parents to live in parents care or in any other place against their will. Thus, in case of separate living of the parents, the children shall give them a reasonable amount of money from their daily or monthly or yearly income.²²

There is a protective provision that the law strictly prohibits keeping the parents in old care centre and describes the higher degree of punishment in the breach of the provision of this law.²³ The offences are cognizable, bail able and compoundable. In case of obstruction or

non-cooperation from son's wife or daughter's husband or children or any other relatives, such person shall be liable as abettor to the same punishment.²⁴

Though the law has established the parents' legal entitlement to maintenance from child, it has some drawbacks. It does not provide for the maintenance of adoptive or childless parents. Equally, it is silent as to whether they are entitled to bring civil suit for maintenance in the Family Court. Additionally, the law does not mention that by whom and how 'reasonable amount of money to be paid by child is to be determined.'²⁵ Looking at the positive aspects of the law it can be said that, if the law is properly implemented, it will bring welfare to many unfortunate parents of the country.

The above Act relating to the family responsibility towards elderly care thus government takes initiatives for rights and welfare of elder service development. Under this law, children are bound to take care of their parents. The safety, security and all others opportunities of parents will be ensured by the enforcement of the law. But due to lack of Rules, the Act is not implemented yet. For this reason government is re-organizing the National Committee on older person and drafting the Welfare of Older Foundation Act 2018 for elderly development and well being.

The Welfare of Older Foundation Rules 2018 This draft Act has been finalized for the development of older persons through monitoring and executing the decision taken by the government. The government takes initiatives to establish the 'National Foundation for Elderly Development'. For this reason, the government is re-organizing the National Committee on older person and drafting the Welfare of Older Foundation Rules 2018 for elderly development and well being.

INITIATIVES FOR SOCIAL SECURITY

Being a developing country, in spite of several initiatives taken by the government and non-government, supports available for elderly people are not adequate in Bangladesh. It is urgent to ensure that older persons is availing all public utility services such as community health services, age-friendly living facilities, employment platform and monitoring mechanisms in service implementation. In very recent years, the issue of the protection of older people is considered by the government that has minor reflection on its activities. A few members of NGOs are also working alongside this issue.

GOVERNMENT INITIATIVES

The prevailing government initiatives for older people are pension system, retirement benefit, benevolent fund, group insurance, general provident fund. All these are formal initiatives at government level for the older people

in the country. Besides the pension facilities, a public servant may have some benefits that are associated with her/his retirement. But this initiative is not available for all older people rather the little segment of older people are getting these government facilities.²⁶

Help the vulnerable segment of the older population, the government introduced few forms of social security services. Old Age Allowance Programme (OAAP), Vulnerable Group Development (VGD), Vulnerable Group Feeding (VGF), etc. These programmes are related passively to the welfare of older people, especially for those elderly who are in vulnerable positions. These programmes are run by the Department of Social Services (DSS) under the Ministry of Social Welfare (MoSW).

Old Age Allowance Programme In 1998, government started Old Age Allowance Programme for the poor elderly under the Fifth Five Year Plan (1997-2002). The main objective was for ensuring the socio-economic development and social security, treat the senior citizen within family and community.²⁷ The male older of 65 years and female of 62 years are eligible for the old age allowance.²⁸ 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. At present the grant amount per head is 500 taka per month among 3.15 million beneficiaries, so only 23 percent elder people are getting the allowance in this program.²⁹ The allowance programme started in this country before the Madrid Plan of Action but the activities for the older persons were not organized. There are no other schemes for elderly except this allowance programme.

Social Safety Net Programme There are some social safety net programmes from government agencies but less the elderly are benefited from these programs as not directly support them. *i.e.* (Vulnerable Group Feeding (VGF), Gratuitous Relief Fund, Vulnerable Group Development (VGD), Fund for Housing of Disaster and Widow and Distressed Women Allowance).³⁰

Government Future Plan for Older People Shelter home/old home are an essential element and partial solution for social caring of elderly. But number of old homes is a limitation in our country. In addition, existing old homes are unable to be reached for people who cannot afford to pay even the minimum fees for an outcome of resource limitation. In 1999, government established six 'Happy Homes' (Shanti Nibas) in six divisions, in each homes 100 destitute elderly including 50 male and 50 female elderly were supposed to keep and provide their essentials facilities. Under the Annual Development Programmes (ADP), government has planned to establish seven old homes for elderly of the vulnerable families in seven divisions of the country. The main purpose of this scheme is to provide lifelong facilities for care, protection and leading a normal life of the elderly.³¹

NON-GOVERNMENT INITIATIVES

In Bangladesh, there are many non-governmental organisations (NGOs) are working with various kinds of vulnerable groups of people. Some national and international non-government organisations are working in Bangladesh for elderly population. Among the leading organizations are:

Bangladesh Association of Aged and Institute of Geriatric Medicine (BAAIGM) Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) is the well-known non-government organization for the health care and shelter home of the elder people. This is a voluntary association that has been working with Social Welfare Ministry and Social Service since in 1960 (Past Bangladesh). This association with the government collaboration provides some services (health care, recreational and socio-economic) for outside and inside elderly. Additionally, there are 50 beds available for geriatric with outdoor facilities and pathological services along with recreation and library facility. This association has expanded medical centers in five divisional headquarter at Khulna, Rajshahi, Sylhet, Barisal and Chittagong in the country.³²

Elders Rehabilitation Centre (ERC) Elders Rehabilitation Centre (ERC) which is located at Gazipur are accommodated by 500 old people. They provide free accommodation, food, clothing and medical facilities for only their resident elder people. Elderly are involved in different type of gardening, farming, and other type of religious and social activities.

Resource Integration Center (RIC) From 1989, Resource Integration Center (RIC) provides community-level micro-credit programme to poor and disabled elderly, especially for older women. This organisation also provides preventative and curative services with the support of Help Age International (HAI) for elder people. In this programme, assigned physicians visit older patients homes and develop community about this issue.³³

Service Centre for Elderly People (SCEP) Service Centre for Elderly People (SCEP) is a non-government organization in Rajshahi district which established in 1994 and provides health service, social activities and recreational facilities for older persons. They provide 'health investigation programme' once a week for the registered elderly only. Moreover, indoor games and religious activities for peace building are available for the registered elderly.

Elderly Development Initiatives (EDI) In 1995, Elderly Development Initiatives (EDI) established this organization for elderly in Manikgonj which is basically a community based organization and work for community development. They provide support and service on financial issues, education, health care and psychological support but not for shelter. However, limited number of

NGOs are working for the elderly.³⁴ For this reason to support the vulnerable families,³⁵ the government has initiated Old homes programme (2015-2016) which are run by the Department of Social Services under Ministry of Social Welfare. In this plan, one old home build in each division in the country.³⁵

In practice, the number of old homes is a limitation in our country. Existing old homes are unable to be reached for people who cannot afford to pay even the minimum fees for an outcome of resource limitation. Due to lack of guidelines of concerned agencies in line with international norms, the elderly don't get improved social services from the service providers. And even no old homes for disabled elder in the country whether run by the government or non-government organisations.³⁶

CHALLENGES OF ELDERLY PEOPLE IN BANGLADESH

Elderly people in Bangladesh solely depend on their families for care and support at old age. Most of the older people face particular difficulties in the areas such as family care, physical and mental health, community care, social care, housing, transport, employment, income, education, safety and security, utilities and consumer protection, access to information and decision-making. However, problems that are perceived and faced by older persons in the country vary accordingly to mainly their socio-economic status and residences.³⁷

In rural areas (about 80%) most of the elderly people are poor, illiterate and living in measurable conditions.³⁸ They face some economic problems which include loss of employment, income deficiency and economic insecurity. Most of the time they were deprived from their basic needs (food, shelter, education, clothing and health care).. Like the urban, access to resources and economic support (except old age allowance) is not available for the rural elders. Absence of any social security system, lack of employment opportunities, lack of financial source and inadequate social support programme are the major challenges for elderly care. Consequently, most of the elderly people do not get any economic security and cannot positively involve with other services which ensure their peaceful life.³⁹

[In practice, urban elderly has little access to get health care facilities but the rural elderly are taken care of only by their family. In rural areas, there are no adequate medical service opportunities and health service like as urban areas. Mostly village doctor, medical assistant or community health workers provide medical service to rural elderly. For this reason elder people suffer from some basic human needs related challenges, for instance proper health care and medical support, health tips and nutrition guidance.⁴⁰

Thus, very little or no support is available through the public programs for elderly people. People who work

at public sectors are eligible for pension and contributory provident fund after retirement. People who work at private sector also have the option of contributory provident fund. But these pensions are often not adjusted correspondingly to cover inflationary effects of the currency. As a result, pensions do not necessarily help elders to meet the needs after retirement. Because of little saving and meager pension earnings, many of these elders continue to work after retirement or depend almost entirely upon family support during their later years.

Moreover, Old Age Allowance is not applicable for all elderly; it is only for the vulnerable elderly in rural areas. There is even no separate geriatrics departments for elderly care in public and private hospitals. There is no separate national health policy and also cells to deal with the elderly population problems under the Health Ministry and the Ministry of Social Welfare. There is no arrangement for low-cost apartments or rental discounts, and reserves ground-floor units for older people in urban areas.

WAY FORWARD

The present condition of elderly protection and welfare services in the country is not age-centered and fails to meet the needs of the elderly. So, it should be protected by taking adequate and sustainable legal measures. The following suggestions can help to establish rights and welfare based protection of elderly people in Bangladesh.

1. Formulate policies and legislations regarding protection of elderly people at national level in line with international instruments;
2. Establish separate department on 'Ageing Affairs' under the Ministry of Social Welfare;
3. Increase shelter homes/old homes along with age-friendly services for elderly in each district;
4. Establish national mechanism for monitoring and care of all social security programme;
5. Develop home care giving facility in societal level of each district
6. Ensure legal financial and social support for elderly;
7. Establish free shelter homes/older rehabilitation home in each district for the destitute, low or no income, disable elderly groups;
8. Provide low cost or free medical service in rural areas hospital and inclusive medical care packages for elder people;
9. Establish Geriatric Medicine Department in all public and private Medical Colleges and Hospitals in the country;
10. Formulate separate regulation for service care providers (in-home, community-based and institutional settings);

11. Make rules or guidelines for hospitals, clinics, old homes and shelter homes how they will provide service to elderly;
12. Ensure community legal aid and health insurance in both rural and urban areas for elder people;
13. Ensure social assistance support (priority service from all sectors i.e. bank, transportation, hospital, etc) for older person;
14. Provide employment opportunity for the elderly according to their physical and mental fitness, educational qualifications, needs and preferences in the society;
15. Create a scheme regarding health, social insurance, pension, personal saving scheme, monthly allowance, social assistance based on needs;⁴¹
16. Make a comprehensive regulation for monitoring system of elderly service relating organization and institution;⁴²
17. Revise and activate the existing policies and committees to provide best services of older persons;⁴³
18. Enact government policy for elderly well-being action plan in national and local level;
19. Establish recreational centre/club for elderly in rural level run by the government and NGOs;

CONCLUSION

Traditionally, elders are thought as the guardians and advisors of the society. They had contributed in family and socio-economic development in different areas in their young age. But at the old age they face a challenge to live peacefully and deprive from family and society due to lack of proper attention, social awareness, codified law and strong monitoring system. They have the right to highest attainable standards of physical and mental health care and protection. In this regard, collective responsibility is an urgent and top priority to protect legal rights of elderly people. Family, society, government and non-government organization can play a vital role to ensure and protect their rights (health and medical facilities, shelter & social security, food and nutrition, clothing, recreation, employment etc) as senior citizens. Moreover, it is the responsibility of the society to give these elderly people priority in getting all civic services, including hospitals, banks, offices and courts. Provision of health care for elderly people at various sites such as hospitals, nursing homes, old age homes and other places of shelter should be within the umbrella of legislative protection of rights and effective legal redress mechanism should be in place to guard against violations of rights. These are our moral duties to develop comprehensive protection and prevention legal standards to prevent suffering of elderly, so that they can enjoy their life peacefully.

NOTES

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- Nahid Ferdousi
Professor of Law,
School of Social Sciences, Humanities and Languages,
Bangladesh Open University.
Email: ferdousi329@gmail.com

