Population Aging and Everyday Challenges for Older Adults in Bangladesh

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Abstract

Population aging is an emerging demographic issue in Bangladesh as the number and proportion of older adults are increasing faster than other segments of population. The continued growth of older population will challenge the existing health care services, social and economic security, family structures, and public policies. Moreover, the current COVID-19 pandemic has also profoundly influenced the socioeconomic status, public health services, and subsequently well-being of older adults. This chapter used a range of data sources such as Census data (2011), in-depth interviews with older adults ($N = 30$), and an online survey on implications of COVID-19 on older adults ($N = 221$). This chapter aims to highlight the challenges of population aging in Bangladesh. Older adults in Bangladesh tend to face greater challenges in terms of income support, health services, access to public transport, and mobility. Traditionally, the older adults in Bangladesh were being taken care of by the family members but the changing sociodemographic and family structure is likely to influence their living arrangements, social interactions, and mental health. To address the challenges, it is essential to understand the complexities of socioeconomic characteristics, law of property inherence, health, family structure, and cultural perspectives toward older adults for framing better policy that would lead to improved quality of life of older adults.

Keywords

Ageing · Older adults · Challenges · Health care · COVID-19 · Social support

1 Introduction

Globally population is aging as an evitable process of demographic transition in which both fertility and mortality decline from high level to low levels (Bloom et al., 2010). United Nations (2007) estimated that the twenty-first century will experience more rapid population aging than the previous century, particularly in developing societies. According to Bangladesh Bureau of Statistics (2011), the total number of older adults in Bangladesh was 6.5% of the total population and it was estimated that it would increase to 8.2% in 2021 and 17% in 2050. The issues of older adults were not the topics of discussion in developing countries 50 years back. But now the increasing proportion and number of older adults particularly in South Asian countries such as Afghanistan, Pakistan, India, Bangladesh, Nepal, and Sri Lanka have become a matter of concern for demographers and planners as these countries started experiencing socioeconomic, political, and cultural challenges (Bloom et al., 2015; Khan & Raeside, 2005; Kinsella & Phillips, 2005; Knodel & Debavalya, 1997). It has been estimated that by 2050 nearly 1.2 billion older adults, accounting 78%, will be living in the less developed countries (United Nations, 2007) and only 22% of the world's older people will live in developed countries (Kinsella & Phillips, 2005).

Population aging in Bangladesh is viewed as a recent phenomenon as result of decades-long efforts to improve various socioeconomic and public health programs (Khan & Raeside, 2005). There has been a declining trend of both fertility and mortality rates over the last three decades in Bangladesh. Bangladesh demographic and health survey (2017–2018) reported that the total fertility rate (TFR) for 2015–2017 is 2.3 births/woman compared to 3.0 in 2004 (BDHS, 2020). As mentioned in the above section, the growth of older population in Bangladesh will continue and will emerge several age-related issues such as social status and roles, health, social and economic support, care, living arrangement, and overall well-being. A study by Khan and Leeson (2006) argued that the increasing older adults has far-reaching consequences such as increase in fiscal demands on the government, particularly for income support and health care services.

In traditional Bangladesh society, older adults lived within multigenerational extended families including one or more adult children, grandchildren, and other kin. The family is considered to be strong, well knitted, resilient, and persistent. The older people enjoyed great respect in society and had unparalleled decision-making responsibilities in the economic, political, and social activities of the family. The older adults are being cared by their family members and respecting the older people was one of the significant virtues of the society. It is the age-old cultural norm that married sons would to be the main source of social and economic support to their older parents. Even the older adults also perceived that it is the duty or obligation of the eldest or youngest son to take care of them when they become aged. But due to structural change in social, economic, and political situations, the older adults are encountering the emerging challenges of social reverence, dignity, and care. The changing social and familial structure due to the influence of Western culture, changing values, and economic and work pattern for modern life dwindle the traditional extended family and community care system in Bangladesh. Currently, the older adults in Bangladesh are facing some basic human problems, such as poor financial support, low health care facilities, and social support insecurity (Islam & Nath, 2012). Besides, the growing number of older adults also face emerging challenges such as employment, (im)mobility, disability, deprivation, exclusion, negligence, and well-being. In addition, the current COVID-19 pandemic has also amplified the grievances of the older adults in Bangladesh as COVID-19 is especially precarious for vulnerable group particularly for older adults.

In this context, the chapter aims to highlight the emerging challenges of work/economic opportunities, health and health care facilities, and engaging in social activities of the older adults in Bangladesh. The present study also brings out the neighborhood context of challenges to access public transport on which the older adults rely for their mobility. Here mobility has been included because it is fundamental to access basic services such as work, health care, and social interactions, and is intrinsically associated with well-being. Besides, the issues of risk and safety around the use of public transport for mobility during the pandemic has also been taken into consideration. In addition, the study focuses on the impact of pandemic lockdown on the mental health and well-being of the older adults in Bangladesh.

The study employed both the primary and secondary data. The secondary data on demography and health were drawn from Bangladesh Bureau of Statistics (2011) for the background information to understand the current situation of the older adults in the country. For primary data, we employed different qualitative research methods such as visual surveys, in-depth interviews, and field diary. In addition, we also used an online survey data that was conducted during the pandemic lockdown to explore the changes in mobility pattern, mental health, and well-being of the older adults.

In this study, three visual surveys were conducted in some purposively selected streets and junctions that connect two different neighborhoods, namely Lal Bagh in Old Dhaka and Rayer Bazar in the periphery of new Dhaka. The visual surveys were conducted at Yatimkhana and Azimpur bus stands from Lal Bagh neighborhood and Shankar bus stands from Rayer Bazar area. The surveys were conducted during the peak hours for accessing buses (from 9 am to 11 am and from 5 pm to 7 pm). The surveys focused on capturing different modes of transport plying on the roads, activities of people, and physical barriers of older adults accessing transport such as getting in and off the crowded buses. The observations were noted down in the field notes and explained later at the time of developing thick descriptions.

For this study 30 in-depth interviews (IDI) were conducted with the older adults, aged 60 years and above, who used different modes of transport for their everyday mobility to access workplaces, health facilities, and maintain social interactions. The participants were recruited from two socioeconomically different neighborhoods, i.e., Old Dhaka, which is a more affluent area, and Rayer bazar, which is a more impoverished area. Many of the participants included in the study were engaged in a wide range of occupations, had different health issues, and had varied travel requirements (see Table 1). Out of 30 participants 16 were from Old Dhaka and 14 were from Rayer Bazar neighborhood.

Given the pandemic lockdown, an online survey was conducted across cities in Bangladesh. The country implemented a nationwide lockdown on 23 March 2020 and the responses were collected between 2nd July and 31st July 2020. A total of 221 participants aged 50 years and above responded to the survey, in both English (52%) and Bangla (48%) language, from all over Bangladesh (see Table 2). Social media platforms such as WhatsApp and Viber, and electronic mails were circulated using personal and professional networks to recruit participants. Hence, the target population for the survey was Bangladesh's urban population with access to Internet and a smartphone. Seventy-two percent of the participants were older men while only 28% were older women.

Approval from Institutional Ethics Committee, Science-Geosciences Ethics Review Board (SG ERB) Geo L-19294, was obtained prior to the commencement of data collection. The participant information sheet was given to the participants and a verbal consent was taken prior to conducting of the in-depth interviews. All the names mentioned in this paper are anonymized.

The recorded interviews were transcribed verbatim into Bengali and then translated into English for textual analysis. The interviews were analyzed with the help of Atlas.ti8, a qualitative software. With the help of this software deductive and inductive codes were simultaneously developed. Deductive codes were developed

Table 1 Demographic characteristics of participants ($N = 30$) with travel requirements

Sl. no.	Fictional name	Age	Neighborhood	Occupation	Travel requirements
1	Abdul Hamid	65	Laal Bagh	Small business	Social interactions and health facilities
2	Abdul Razzak	75	Laal Bagh	Retired bus diver	Social interactions and health facilities
3	Abdur Rahman	72	Laal Bagh	Medical shop owner	Marketing for shop
4	Abdus Salam	76	Laal Bagh	Laundryman	Meeting relatives and health services
5	Abdus Samad	63	Laal Bagh	Petty shop keeper	Work and social relations
6	Amjad Hussain	60	Laal Bagh	Medical shop owner	Work and religious functions
7	Amir Hossain	66	Laal Bagh	Businessman	Marketing and meeting with clients
8	Habibur Rehman	63	Laal Bagh	Ink whole seller	Marketing, meeting with suppliers, and social relations
9	Hasan Sheikh	65	Laal Bagh	Work in Health Ministry	Work and social relations
10	Aminul Haque	65	Laal Bagh	Imam of a mosque	Health services and social relations
11	Mahabub Alam	62	Laal Bagh	Businessman	Work and meeting with clients
12	Mohammad Ali	62	Laal Bagh	AC mechanic	Work, meeting with clients, and dropping niece to college
13	Mohammad Irfan	68	Laal Bagh	Gateman	Work and health services
14	Mujibur Rahman	65	Laal Bagh	Businessman	Working place and social relation
15	Noor Islam	63	Laal Bagh	Tailor shop owner	Marketing for shop and health services
16	Selim Hossain	66	Laal Bagh	Businessman	Meeting with clients and health services
17	Abdul Ahad	66	Rayer Bazar	Construction worker	Work and health services
18	Abdul Gofur	64	Rayer Bazar	Construction worker	Work and health services
19	Anwara	66	Rayer Bazar	Domestic worker	Work and buying grocery
20	Asma	63	Rayer Bazar	Working in pharmaceuticals	Work, health services, and buying grocery
21	Azizul Islam	64	Rayer Bazar	Electronic shop owner	Social relation, marketing, and health services
22	Kanchan Mia	62	Rayer Bazar	Construction worker	Work and buying house stuffs

(continued)

Table 1 (continued)

Sl. no.	Fictional name	Age	Neighborhood	Occupation	Travel requirements
23	Korful Shekh	65	Rayer Bazar	Working in garment factory	Work and health services
24	Mahmuda	62	Rayer Bazar	Nurse in LabAid Hospital	Work and buying house stuffs
25	Manik Shekh	61	Rayer Bazar	Daily wage labourer	Work
26	Rafiqul Islam	60	Rayer Bazar	Worked in transport sector	Social relations and religious activities
27	Rokon Ahmad	60	Rayer Bazar	Construction worker	Health services and work
28	Rowshon Ara	63	Rayer Bazar	Domestic worker	Work and health services
29	Sadek Ali	65	Rayer Bazar	Construction worker	Work and health services
30	Sahara	68	Rayer Bazar	Works in a shop	Work and buying house stuffs

Note: All names are pseudonyms

from the data based on the conceptual framework and objectives of the study, whereas inductive codes were developed directly from the texts themselves. These codes are the key themes to explain the challenges of accessing public transport in Dhaka. In the second stage, codes were categorized and merged to develop code groups or code families for further analysis. In addition, descriptive statistics such as cross-tabulation and frequencies were used for the online data to show the relationships among sociodemographic characteristics, risk perception, use of public transport, and mental health. Simple arithmetic calculations were done to show the differences in transport utility pre- and post-lockdown. The online data were analyzed with SPSS 20.0 version.

2 Demographic Changes and Emerging Challenges

The increasing number of older adults ensued increase in dependency ratio and the aging index (ratio of population 60+ divided by the population under 15 years). The aging profile of Bangladesh displays that the aging index and the old-age dependency ratio are 22.5% and 8%, respectively (Bangladesh Bureau of Statistics, 2015). These indices reflect that more older adults would be depended on the working population in future. In addition, higher proportion of population aging would also lead to low support ratio (defined as the population aged 15–59 divided by the population aged 60 and above) for older adults. It has been estimated that while older adults will increase from 7% in 2011 to over 20% by 2050 (see Fig. 1), the support index will decrease from 9 persons/100 older adults in 2001 to only 3 persons/100

Table 2 Background characteristics of the participants ($N = 221$)

Background characteristics	Participants (%)
Gender	
Men	72
Women	28
Age group (years)	
50–59	60.6
60–69	25.3
70–79	11.8
80 and above	2.3
Currently working	
Working	56.1
Not working	26.7
Retired	17.2
Marital status	
Married	84.2
Widowed	12.7
Separated	5
Single	2.7
Living arrangements	
With wife/husband and children	78.7
With wife/husband only	6.8
Alone	14.5
Education level	
Up to fifth standard	6.8
Sixth to tenth standard	9.5
Attended college	10.9
Degree holder	21.7
Master's degree and above	51.1

older adults in 2050 (Bangladesh Bureau of Statistics, 2015). This will result into fewer care providers for the older adults in future. Hence, it is clear that the changing age structure, due to transition in demography, would increase the cost burden for long-term care. Though majority of the older adults are being taken care by the family members but the dwindling joint family system will increase care givers from outside family.

2.1 Impact on Health Care and Economy

The increasing older adults will also enormously impact on health care system as the older people face noncommunicable diseases which may need long-term treatment. Hence, the adequate health care of the older adults will be a major challenge particularly for economic vulnerable people who cannot afford the treatment cost. A study by Kabir et al. (2013) reported that 81% of the older adults in Bangladesh

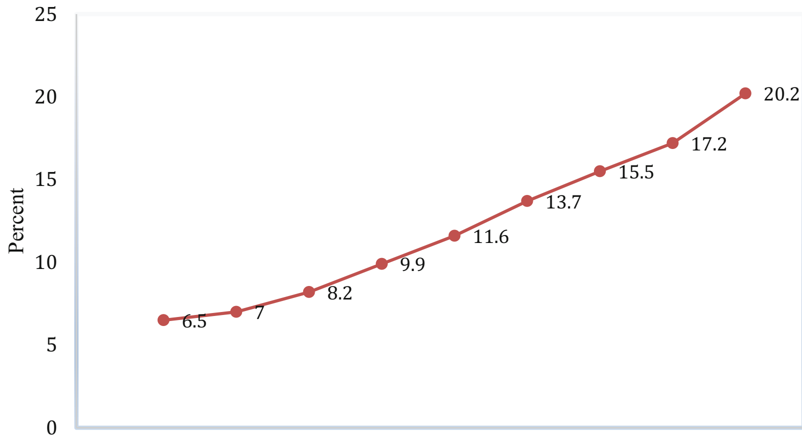

Fig. 1 Trends in population aging in Bangladesh (2011–2051)

will suffer from four diseases at any point in time. The multimorbidity of the older adults will again have economic pressure on the working age group because majority of the older adults are dependent on the family members for their social and economic support. Given the fact that majority of the older adults (68%) are not engaged in any income generating activities, the health expenditure will be more as social security schemes will have to accommodate more older adults in future. Bangladesh Bureau of Statistics (2015) estimated that about 1456.69 million BDT is will be required in 2025 for old-age pension. Besides, it is well documented that increasing older population has significant negative effect on the growth rate of real GDP per capita in both the developed (Lindh & Malmberg, 2009) and developing countries (Kabir et al., 2013). The demographers such as (Bloom et al., 2010) argue that the increasing aging population is associated with decreasing labor supply that contribute to the declining economic growth. Lee and Mason (2007) also found that older adults have adverse effect on the family income because of higher out-of-pocket expenditure for aged people.

3 Living Arrangements and Social Support

The aging-related social issues such as living arrangements and intergenerational relations are also going to be affected by the changing age structure in Bangladesh. Since the traditional joint family system is breaking down, the social norms and values such as respect to older adults in the family and the community are also gradually diminishing. The declining social norms increases the vulnerability of the older adults in terms of their food, living arrangements, intergenerational relation gaps, and social attitudes. Barikdar et al. (2016) mentioned that older adults are

sometimes abused by community and also by the family members. Regarding living arrangements, the study stated that about 9% older adults' living households are occupied with older adults only. Besides older adults are living in corner of the house not only due to lack of space in nuclear family particularly in urban areas but also due to neglect. The older adults now often live in isolation and feel lonely. Jahangir et al. (2018) also mentioned that the older adults are being frequently abused mostly by the family members and within domestic settings in India. The issue of elder abuse has also been observed in other Asian cultures and is being considered as private family matter (Dong et al., 2007; Yan & Tang, 2001). Chang and Moon (1997) revealed that Korean older adults consider lack of respect, increasing intergenerational relation gap, and inappropriate care by the family members as major forms of elder abuse. Tam and Neysmith (2006) argued that disrespect is considered as the main form of abuse among Chinese older adult care recipients. Similarly, HelpAge India (2012) reported that lack of respect and dignified living arrangements are the major form of elder abuse in Indian context. In addition, the changing intergenerational relations also aggravate the vulnerability of the older adults as the present adult children are in dilemma on how to negotiate with the modern changes in family and social structures and increasing challenges of caring for older adults. However, the absence of strong social security system, adequate health facilities, and lack of law implementation are the root causes of vulnerability (Barikdar et al., 2016).

Besides, the increasing older population has several other indirect social pressures such as increasing disability, providing mobility infrastructure, as well as issue of mental health and well-being. It is well established that disability is an inevitable part of increasing age and Bangladesh is no exception. Bangladesh Bureau of Statistics (2015) reported that about 7.46% older adults are suffering from different forms of disability. Another important issue of older adults is limited mobility which is fundamental to active aging and is intricately related to quality of life and well-being. Here mobility is broadly defined as the ability to move oneself beyond home or to access essential services including work spaces, health care facilities, and for social interactions (Kemperman et al., 2019; Lattman et al., 2016). Here, we also include the ability to access public transport which facilitates availing goods and services in a specific space (Ceder, 2020; Mavoa et al., 2012). In this study, we will focus on the issues of mobility of older adults through which we will highlight the major challenges of the older adults' experience in Bangladesh.

4 Neighborhood Proximity and Mobility

The visual surveys revealed that the lack of connectivity of neighborhoods with public transport junctions (see Fig. 2) and costlier last-mile connectivity lead to the exclusion of older adults from accessing essential services as they could not access the public transport. Since majority of the older adults are depended on public transport for their everyday mobility, geographical proximity of neighborhoods to the transport junctions play a vital role for social inclusion. The in-depth interviews

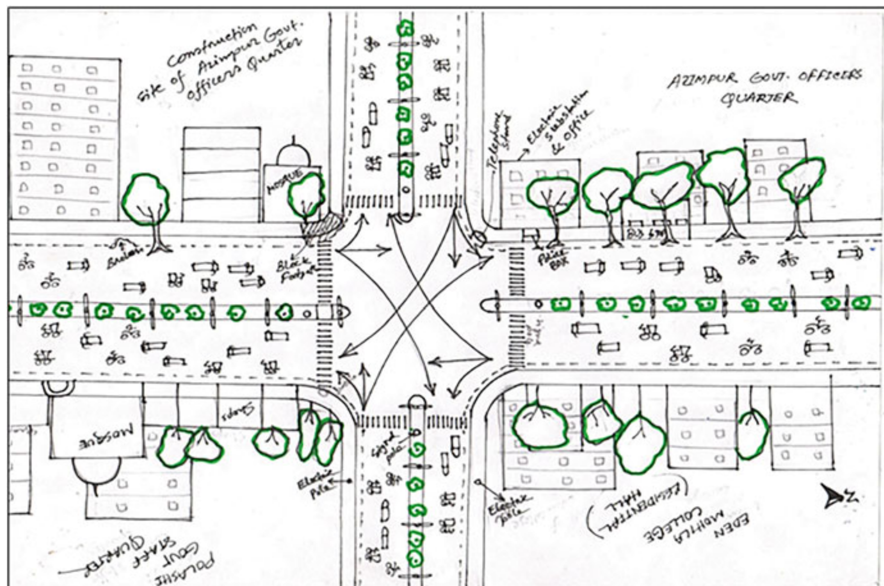

Fig. 2 Azimpur bus stand at Lal Bagh neighborhood, Dhaka

revealed that the older adults either walk or take rickshaws to reach the nearest bus stands. This again increases the travel cost for the older adults.

> I go to Shankar Bus stand from here by rickshaw. The fare is 20 taka (Bangladeshi currency). Then I ride on a bus which drops me in front of LabAid hospital (my workplace). The bus fare is 10 taka. (Mahmuda, 68, working in a Hospital)

Access to essential services and neighborhood resources are important dimensions of social inclusion because these opportunities facilitate older adults to maintain social networks with relatives, friends, and community members (Bissonnette et al., 2012). In addition, deprived social and physical neighborhood characteristics such as proximity, walkability, safety, and transport facilities produce a feeling of higher level of loneliness among older adults (Kemperman et al., 2019). The deprived neighborhoods, in terms of last-mile connectivity and accessing neighborhood resources such as markets, parks for leisure activities, and meeting places for social interactions, particularly in developing countries, limit the mobility of older adults and influence the quality of life and well-being (Levasseur et al., 2015; Kearns et al., 2015).

5 Availability of Public Transport and Challenges

The physical and infrastructural challenges to access public transport induce social isolation and exclusion of the older adults as they limit their mobility fearing fatal accidents. Moreover, timely availability of public transport is a major challenge in

most developing countries. Poor household income, high fare, traffic congestion, and insensitivity of transport personnel create helplessness and loneliness among older adults and adversely impact their mental health and well-being. Consistent to this Lucas (2012) explained that transport disadvantage is caused by high travel cost, time constraints, geographical distance, and transport supply that influence the health and well-being of the older adults. The majority of the older adults perceived that though various modes are available but these modes do not function on time.

> Buses are available, but sometimes we have to wait. Sometimes direct bus for my destination is not available, so I have to break my journey through changing buses. This is the major problem. (Abdur Rahman, 62, Medical shop owner)

Moreover, traffic congestion is one of the major challenges for older adults to access public transport. Uncertain timing of travel and overcrowded buses discourage the older adults to travel in the city. Even the bus stops also get congested in morning when people go for work and in the evening when they come back. Hence the older also find it difficult to access buses in such congested bus stops. In addition, boarding and deboarding from public transports are the most common barriers for older adults in Dhaka city due to unsystematic traffic management and traffic congestion.

> Mostly I have used the busses. Sometimes due to heavy traffic congestion I had to get off from the bus and walk all through the office and home. Apart from that I use CNG but you get stuck in traffic in CNG. This traffic congestion will remain forever, it can't be solved. (Hasan Shekh, 65, Working in Health Ministry department)
>
> I went for the checkup today. I can go there (Shyamoli Bus Stand) using a bus at 20 taka only. I called a CNG using "O Bhai" apps. Though it was expensive, I afforded it. My family was with me so I rented a CNG again at the time of returning home. The poor people are bound to use the cheaper mode though it is painful. (Aminul Haque, 65, Prayer leader of a mosque)

In a developing society like Dhaka in Bangladesh, where very few older people use private cars, more people are dependent on public transport and resulted barriers to get in and off the vehicles are due to inadequate transport services and infrastructure (Madani & Sibai, 2017; Munshi, 2018). The results also demonstrate that buses do not stop properly at the bus stands which compel older adults to walk fast or run to get into the buses. Sometime older adults have to get down from the running buses which caused fatal accidents even (Bezyak et al., 2017; Lubitow et al., 2017; Tillmann et al., 2013).

Older adults not only face challenges to access motorized vehicles but also to nonmotorized vehicles such as rickshaw which are popularly used for its flexibility and affordability particularly in South Asian cities. When they move in very close proximity to each other there is a higher chance of accident. Due to poor road infrastructure the rickshaws get jolted and there is high chance of falling down and getting injured. This finding validated the evidences of many previous researches in developing countries where three-wheeler rickshaws are perceived as unsafe due to their fragile structure, open sides, and vulnerability to road accident (Sindha et al., 2018;

Vadysinghe et al., 2018). Besides the results are also in consistent with previous studies that motorized rickshaws or auto rickshaws are also not safe for older adults as the passengers are exposed to polluted air which coerce them to inhale dust and smoke from other vehicles (Abi-Esber & El-Fadel, 2013; Hsu & Huang, 2009).

6 COVID-19 and Challenges

The COVID-19 pandemic has brought the world to a standstill with a global humanitarian crisis and impacted all walks of our lives. One of the most visible impacts has been the restricted or forced mobility as well as immobility experienced particularly by older adults. The COVID-19 pandemic like previous SARS pandemic (Wang, 2014) along with fear of infection discouraged the people, particularly the older adults, to use public transport. The fear of infection and associated stress adversely influenced the psychological well-being of the older adults. Moreover, the COVID-19 is more vulnerable to older adults due to their low immunity and potential existing ailments associated with age (Tran, 2020). Oxford COVID-19 Evidence Service (2020) has also assessed that older adults are at a higher risk of fatal diseases due to corona virus and its associated morbidities. The online results revealed that there was an overall decrease in private and public transport usage. While public transport usage showed a steeper decline than private transport, NMT usage such as walking showed an increase. The results (Table 3) demonstrate that there is substantial change in people's perceptions and behavior toward using public transport during pandemic. There is heightened fear of risk regarding shared modes of transport which, they perceived, may cause contracting virus while traveling with other passengers. However, the use of NMT has increased across the countries (Abdullah et al., 2020). For instance, walking became the most frequently used in Bangladesh due to fear of coronavirus infection/transmission and restrictions on public transport use. But many studies argue that using public transport does not increase the virus transmission if proper guidelines are followed, rather its people's behavior which causes transmission more (Leung et al., 2020).

Data revealed that men stepped out more frequently than women during the lockdown. The data also showed that older adults aged 50–59 years stepped out

Table 3 Risk perception of older adults for different modes of transport ($N =$ 221)

Modes of transport	Safe	Unsafe	Not sure
Scooter/Bike	51.6	24.9	23.5
Car	67.0	15.8	17.2
Auto rickshaw	26.7	46.2	27.1
Rickshaw	56.1	21.7	16.7
Taxi	33.5	40.7	25.8
Bus	5	83.3	11.8
Suburban train/commuter trains	41.6	26.2	32.1
Walking	86.4	4.1	9.5
Cycling	83.7	6.8	9.5

Table 4 Quality of life during lockdown in Bangladesh ($N = 221$)

Modes considered safe	Bangladesh
Poor	41.2
Good	58.8

Table 5 Association between poor QoL and living arrangements of older adults in Bangladesh ($N = 221$)

Living arrangement	Bangladesh (%)
Living with spouses and children	78
Living with spouses only	6.6
Living alone	9.9
Living with others	5.5

more frequently than those from other age groups. The results showed that the older adults were stepping out mainly for activities such as buying food, medicines, and visiting the bank/ATM. Activities involving social interactions with neighbors or friends were the least reported. The share of older adults using public buses comprised 85% men and 15% women. Older men used public transport modes more frequently than women. The pandemic has also restricted the older adults from stepping out of their houses. The reasons for stepping out during the lockdown show an inclination toward procuring "essentials" such as food and medicines, compared to maintaining social networks via meeting people outside of homes and their own families or attending social gatherings. In fact, the study highlighted that activities including meeting friends and visiting religious places were among the most missed during the lockdown.

Data highlighted that older adults' gender, living arrangements, and employment status influenced their psychological well-being. The PHQ2 scores showed that 30.3% older adults in Bangladesh were likely to suffer from depressive disorder (Table 4). This share comprised 24% women and 76% men. The results also demonstrated that 41% of the older adults reported poor quality of life (see Table 4). Among these about 75% men experienced poor quality of life as compared to women (25%). The results (Table 5) also demonstrated that older adults living with spouses and children reported poorer quality of life (78%) than those older adults who were living only with spouses (6.6%), living alone (9.9%), and with other living arrangements (5.5%). The existing studies have highlighted the impact of changing intergenerational relation and family structure on the depression and psychological well-being of the older adults (Chen & Zhou, 2020). The restricted mobility has adversely impacted the psychological well-being of older adults as they reported suffering from depressive disorder during the lockdown. The social interactions also got reduced due to lockdown and thus increased the depression level of the older adults. A study by Son et al. (2020) have documented that the reduced mobility and social network have a negative impact on psychological well-being of the older adults. In addition, they have also been impacted by increasing incidences of violence and abuse against the older adults during the lockdown (Banerjee et al., 2020).

7 Conclusion

The study highlighted that the increasing older adults, due to decrease in fertility and mortality, would likely to face greater challenges in terms of income support, health services, access to public transport, and mobility. Out-of-pocket expenditure for health care, pressure on social security, and unemployment are main challenges of the older adults in Bangladesh. In addition, population aging in Bangladesh will tend to face the age-related inevitable challenges such as disability, multimorbidity, long-term care, intergenerational relation gap, and dependency on working population. In this conjecture, coming up with new legislation and policies regarding appropriate social and economic supports such as pension system, assisted living facilities, reemployment, and health insurance schemes would be necessary steps for Bangladesh government to address the emerging issues and needs of the older adults. Besides, the government can also adopt more inclusive transport policies for safe and efficient access to public transports for older adults. Hence, adapting WHO's age-friendly cities framework including age-friendly vehicles, reliability and frequency, travel destination, and safety and comfort might be a good step to address the everyday challenges of accessing public transportation. The inclusive policies of social schemes, transportation, and mobility would facilitate the older adults with better social support and will improve the accessibility of workplaces, health care facilities, and social interactions and, thus, will have positive effect on quality of life and well-being.

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