

ELDERLY PEOPLE’S HEALTH PROBLEMS AND POLICY: A BANGLADESH PERSPECTIVE

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ABSTRACT

In Bangladesh, many older individuals experience age-related illnesses due to multiple socio-economic factors. Accessibility to affordable health care for the elderly remains a significant concern despite progress in several healthcare outcomes over the past few years in Bangladesh. The objective of this study is to outline older people’s health challenges and how health policy critically evaluates this ongoing health challenges based on the current evidence. This research paper followed a systematic approach based on eighteen peers reviewed scholar articles results. Consequently, this short communication combined all the selected papers findings and assessed that chronic diseases including arthritis, heart disease, dementia, diabetes, lung infection, nutritional misbalance and inadequate health service made older adults helpless in Bangladesh. In addition, 8 papers showed poor health, poverty, social issue, and high cost of medical care influenced elder people to avoid seeing a doctor. In conclusion, this article recommended a one-stop care model and an integrated care model at the sub-district level that may promote healthy lifestyles, primarily prevent geriatric illness, improve primary health education regarding and strengthen healthcare systems among the elderly in Bangladesh.

Keywords: Elderly; health problems; health policy; Bangladesh

INTRODUCTION

Older people’s prime health demands include accessible healthcare facilities, distribution of old age benefits, delivering inexpensive drugs and providing free ambulance service (Hamiduzzaman et al. 2018). Defining the geriatric population, the age-group demographics as a whole has changed significantly in several nations over the past few years; particularly, the proportion of people who are 60 years old and beyond has been regarded as older populations (Sarker et al. 2023). Following this, a group of people who require complicated multiple medications in order to cope with their long-term medical circumstances yet who also run a chance of experiencing age-related psychological, effective, and cognitive alterations that raise the possibility of negative medication side effects are considered as older patients (Singh and Bajorek 2014b). Older patients account for 6.9 per cent of all admitted patients and 5.7 per cent of all outpatient consultations in Bangladesh (Hossain et al. 2019). The most critical causes of hospitalisation among the ageing population are cerebral-vascular disease, prostate enlargement, heart failure, various cancers, peptic ulcers, pneumonia, joint pain, and tuberculosis (Karim 2021). Furthermore, senior health service users in Bangladesh experience

health-related crises because of costly treatments, lengthy hospitalisation, and financially burdensome long-term care (Karim 2021). In contrast to the general population, nearly 4% of geriatric individuals may seek doctor consultations, and older adults are 1.2 times more likely to seek medical attention. Gender statistics indicate that older women are 1.5 times more likely than men to seek medical assistance (Moniruzzaman & Day 2020). Gender equity and nutritional requirements have a different relationship with this prevalence. A study evaluated 456 people aged over 60 years old living in rural areas of Bangladesh, and data collection through interviews and laboratory tests. Metabolic syndrome was present in 19.5 per cent of the total population (Moniruzzaman & Day 2020). Overall, it was independently correlated with equity and metabolic status by 20.8 per cent, on average, of women and 18.0% of males (Khanam et al. 2011).

Study showed that the older population of developing countries including Bangladesh suffer more from cardiovascular disease than high-income countries (USA, France, China, Brazil) and stand first position (Prince et al. 2015). Bangladesh has a significant frequency of cardiovascular disease risk factors, especially in metropolitan areas (Fatema et al. 2016). Rapid urbanisation appears to be impacting, possibly because of changes in dietary and exercise habits. However, demographic changes could also be a factor (Fatema et al. 2016). Cancer has taken second place. Moreover, cancer mortality rates (nearly 38%) have recently been rising considerably each day in least-developed nations including Bangladesh, making it a serious health concern. Pulmonary, mouth, intestinal, stomach, pancreatic, uterine, and skin problems are the most common types of cancer among people in less developed nations, especially Bangladesh. The leading causes of cancer development in the older population are smoking, using tobacco, fungal or weakened immune systems, familial problems, dietary adulterations, and climatic influences (Rahman, Opo & Asiri 2022).

However, a cross-sectional survey among 400 people over 65 analysed that 55.5 per cent of respondents reported experiencing depressive symptoms where 23.0% having mild, 19.0% having moderate, and 13.5% having severe symptoms. The main risk factors for experiencing psychological distress included significantly older age, gender, place of residence, family status, co-morbidities, past falls, isolation, and anxiety about falling (Rahman et al. 2020). Weakness, backache, rheumatic pain, stiffness in joint, prolonged cough, asthma, palpitation, dementia, high blood pressure and nutritional imbalance, also need long term psychosocial treatment, nursing care and hospitalization (Barikdar, Ahmed and Lasker 2016). Therefore, public health initiatives might be implemented throughout Bangladesh to lessen the burden of diseases in older people.

METHODS

A systematic literature review using Google scholar, PubMed, CINAHL, and Medline to outline this manuscript. Eighteen papers have been found through Google Scholar, PubMed, CINAHL and Medline. Six papers discussed the background information about the older population's health challenges, statistics and causes of the pattern of health challenges. A further six papers focused on current literature about the geriatric population health scenario in Bangladesh perspective, and another five papers outlined a critical evaluation of the health policy gap regarding senior citizen's health challenges. A key word search being developed by the authors in line with the PICO format. An established tool in nursing EBP pedagogy is the mnemonic "PIO (Schiavenato & Chu, 2021).

Table 1. Key words search using PICO format

Population	Intervention	Outcome
Old	Health Policy	Health Problem
Elderly	Health service	Diseases
Old Age	Treatment policy	Disease
Aged	Health law	Sickness

Online Public Access Catalogues (OPACs), one of the several information retrieval systems available in digital libraries, are the most commonly used in academic and traditional libraries. OPACs are mostly used for full-text content searches, not item-level searches for bibliographic entries (Dinet, Favart & Passerault, 2004). We used Boolean operator to conduct our search.

Study Selection: Research that used both quantitative and qualitative methods to assess health issues and policies related to the elderly population in Bangladesh was taken into consideration for this study. The included research was published in English between January 2013 and March 2023. For this review, only peer-reviewed publications were taken into account. The technique employed to carry out the surveys, including the sampling process, distribution, data collection, analysis, and the country in which the data was collected, was not subject to any restrictions.

Data Extraction and Data Synthesis: In order to gather information from the aforementioned research, authors SHC and TM created a data extraction form that SM and TB reviewed and approved. The data was extracted independently by SHC and TM, and then entered into an Excel file. At last, TB and SM reviewed the data extraction sheet. Article type, study goal, study design (qualitative, quantitative, and mixed), survey length, population-related data (number of participants, gender, education level, language, religion, location, and occupation), reasons for acceptance and rejection, and important study findings were extracted from the included studies. A narrative technique will be employed to combine the collected data.

Critical Appraisal of Individual Sources of Evidence: The critical assessment approach established by Raby and MacNaughten (2021) was utilised to assess the extracted articles. The PRISMA framework is used to show the article selection and exclusion process (Figure 1). The purpose of the PRISMA guidelines is to enhance the quality of systematic review (SR) reporting. There are now additional reporting criteria and methods available for evaluating the methodological quality of SRs (Fleming, Koletsi & Pandis 2014).

RESULTS AND DISCUSSION

Features of included research: Of the eighteen published articles for review, one was published in 2004 (5.55%), one in 2006 (5.55%), and one in 2006 (5.55%). Two (11.11%) from 2016 and one (5.55%) from 2011 comprise the one from 2013. In 2018, one (5.55%) was from 2019, four (22.22%) were from 2021, three (16.66%) from 2022, and one (5.55%) from 2023. Two (11.11%) were from 2020.

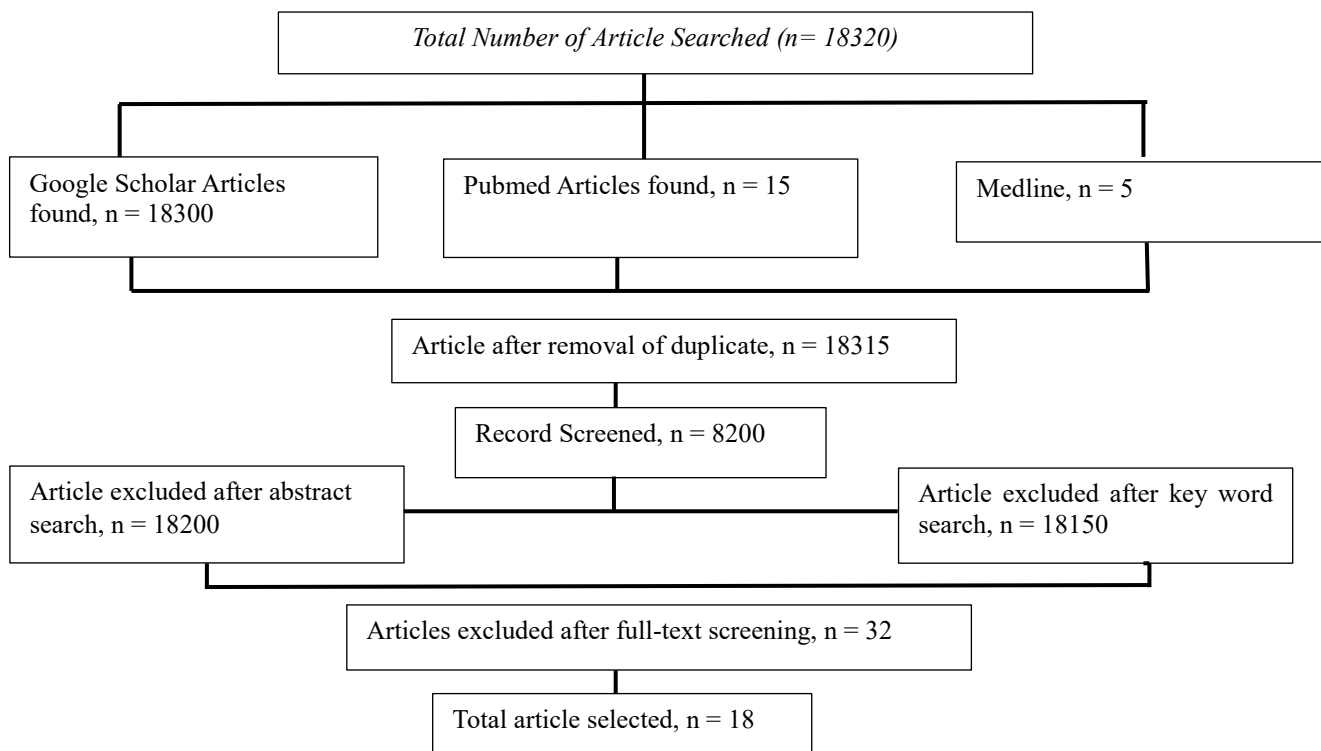


Figure 1. Prisma framework

Study synopsis of the selected papers: A tabular presentation of the nine papers selected for evaluation is provided.

Table 2. Study synopsis

Sl. Number	Author	Title	Method
1.	Barikdar, A., Ahmed, T., and Lasker	The Situation of the Elderly in Bangladesh	Cross-sectional study
2.	Biswas, P., Nahar, K. Z., Nilsson, J., and Zaman	Dynamics of health care seeking behaviour of elderly people in rural Bangladesh	Cross-sectional study
3	El Arifeen, S., Christou, A., Reichenbach, L., Osman, F. A., Azad, K., Islam, K. S., Ahmed, F., Perry, H. B., & Peters, D. H	Community-based approaches and partnerships: innovations in health-service delivery in Bangladesh	Cross-sectional study
4	Fatema, K., Zwar, N. A., Milton, A. H., Ali, L., & Rahman	Prevalence of Risk Factors for Cardiovascular Diseases in Bangladesh	Cross-sectional study
5	Hamiduzzaman, M., de Bellis, A., Abigail, W., & Kalaitzidis, E	Elderly Women in Rural Bangladesh: Healthcare Access and Ageing Trends.	Cross-sectional study

6	Hossain, M. Z., Haque, A. K. M. M., & Ullah, S. M. A.	Right to Social Security of the Older People in Bangladesh: A Focus on Human Rights Violation	Cross-sectional study
7	Hossain, S. J., Ferdousi, M. J., Siddique, M. A. B., Tipu, S. M. M. U., Qayyum, M. A., & Laskar, M. S.	Self-reported health problems, health care seeking behaviour and cost coping mechanism of older people: Implication for primary health care delivery in rural Bangladesh	Cross-sectional study
8	Hurt, L. S., Ronsmans, C., & Saha, S.	Effects of education and other socioeconomic factors on middle age mortality in rural Bangladesh	Cross-sectional study
9	Karim, M.R.	Protection of Elderly Parents in Bangladesh: An Evaluation of Relevant Guidelines	Qualitative Study
10	Khan, H.T.A	<i>Elderly Care Model in Rural Bangladesh</i>	Mix method Study
11	Khanam, M. A., Qiu, C., Lindeboom, W., Streatfield, P. K., Kabir, Z.N., Wahlin	The metabolic syndrome: prevalence, associated factors, and impact on survival among older persons in rural Bangladesh	Cross-sectional study
12	Mamun, M., and Chowdhury, T	The Legal Aspects of Social Safety of Senior Citizens in Bangladesh	Cross-sectional study
13.	Moniruzzaman, Md., and Day, R	Gendered energy poverty and energy justice in rural Bangladesh	Qualitative Study
14.	Rahman, M.M., Opo, F.A.D.M.; Asiri, A.M	Comprehensive Studies of Different Cancer Diseases among Less-Developed Countries	Quantitative Secondary Data analysis
15	Rahman, M. S., Rahman, M. A., Ali, M., Rahman, M. S., Maniruzzaman, M., Yeasmin, M. A., Ahmed, N. A. M. F., Abedin, M. M., & Islam, S. M. S	Determinants of depressive symptoms among older people in Bangladesh. <i>Journal of affective disorders</i>	Cross-sectional Survey
16	Sarker, A. R.	Health-related quality of life among older citizens in Bangladesh	Population Based Cross-sectional Survey
17	Sarker, A.R., Zabeen, I., Khanam, M., Akter, R. and Ali, N	Healthcare-seeking Experiences of Older Citizens in Bangladesh: a Qualitative Study	Qualitative Study
18	Tarannum, D., and Peyari G	Old Age Allowance Program in Bangladesh: Policy Issues and Implementation Challenges	Cross-sectional Survey

The Current Health Situation of the Older Population

Despite chronic diseases, most older adults in Bangladesh have inadequate health service assistance. Sarker (2021) determined that older adults are affected most by anxiety or depression affected (81.6%), followed by pain or discomfort (81.4%), and male elderly persons have a much better health-related quality of life than female older citizens do. Moreover, he recommended that the rehabilitation of senior citizens' health situations needs specific consideration, for example, comprehensive social insurance programmes like the global old age pension and the universal old age allowance (Tarannum & Peyari 2022). However, this study did not show evidence of assessment of the respondent's situation at the interview, which might not accurately represent older populations' overall health status. Another recent study has claimed that ageing and poverty lead to health issues such as arthritis, heart disease, dementia, diabetes, and lung infections and render older adults vulnerable. Adding to this point,

Haque and Ullah note that older individuals frequently remain undiagnosed with severe illnesses due to inadequate family care and societal medical support (Bastia, Lulle & King 2022). Further, a study showed older males are more susceptible to bad health and a poor quality of life as they often have poor health literacy and health-seeking behaviour. Barikdar, Ahmed and Lasker (2016) proposed that the root causes of vulnerability of elderly are medical, economical, emotional, and social issues (Barikdar, Ahmed & Lasker 2016). There is a significant gap in the health services and social supports that are accessible to them (Mamun & Chowdhury 2021). However, according to the research, the biopsychosocial approach to healthcare does not consider the ethnic and social circumstances and the unequal distribution of resources for the elderly population (El Arifeen et al. 2013).

Critical Evaluation in Health Policy Gap

Dramatic drops have followed significant improvements in the number of health services covered in Bangladesh in reproduction and maternity, new-born, and infant death rates. Despite these improvements, including absolute poverty, political chaos, and frequent natural catastrophes, the older population's health crisis must carefully examine Bangladesh's strategy for providing health services during the past 40 years (Prince et al. 2015). Moreover, Bangladesh faces difficulties ensuring older adults access the essential health service to their highest capacity. The self-reported health issues (for example, fever, physical pain), affordable healthcare-seeking behaviour, and expense coping strategies of elderly individuals in developing nations are poorly studied. The primary factor underlying the illness impact among the elderly would be demographic ageing, which has become incredibly prominent in low- and middle-income countries. These are also the diseases (dementia, stroke, chronic obstructive pulmonary disease, and diabetes) whose cost is significantly increased by prolonged disabilities (Biswas et al. 2006). Following this, age discrimination, severe multi morbidity, lack of availability to age-appropriate care, health service fees, insufficient income stability, and social welfare make the health policy difficult to assist effectively with elderly adults. The evaluation and treatment processes must be comprehensive, integrated, and person centred. Home-based communication and a holistic analysis of inadequacies could assist in lessening the older population's negative impacts of illness and dependence. Most of the conducted studies in Bangladesh regarding senior citizens' health issues cannot address all vulnerable older populations in Bangladesh due to time constraints and lack of budget in this field. Economic, societal, and affordable healthcare liabilities and burdens of the elderly population have attempted to analyse the national policy and legal framework for preserving and maintaining the fundamental rights of Bangladesh's senior population as well (Hossain, Haque & Ullah 2021).

One Stop Care

Considering the above factors, we propose a one-stop care unit for elderly care established at the sub-district (Upozila) level. The one-stop care centre will provide social, legal, and especially health support to the educationally deprived geriatric population, based on the 'Geriatric Outreach and Training with Care (GOT care) Inter-professional Practice Model' was established by Malcolm (Khan 2022).

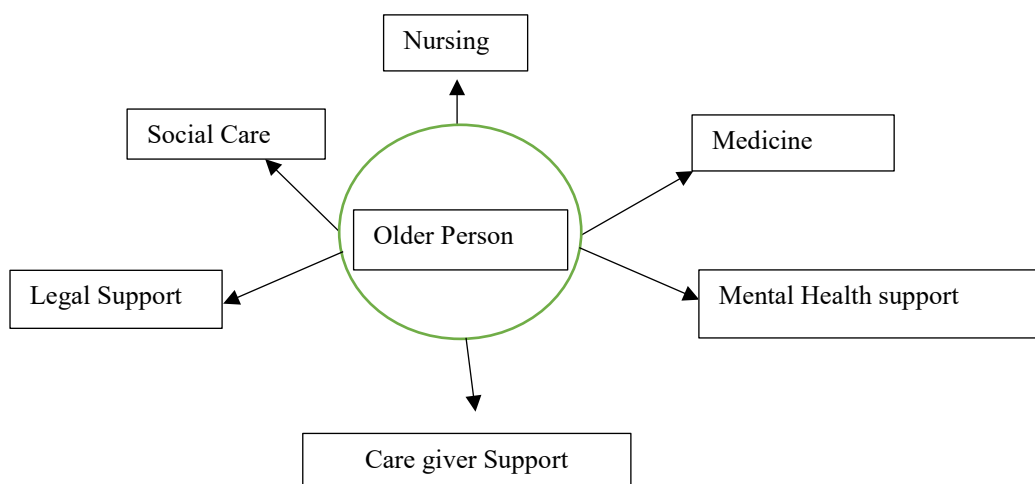


Figure 2. One stop care model for elderly

According to research, old age and poor health intertwine due to the high cost of medical care, and people avoid seeing a doctor who has received professional training (Malcom & French 2014). On the other hand, education level and poverty were the two main factors influencing health-seeking behaviour (Woodin 2006). Both studies did not comment on the other social and legal needs of older people, which may contribute to health-seeking behaviour.

Table 3. Variable with references

Influencing variables	References
Nursing	Malcom and French,2014
Medicine	Khan 2022
Social care	Woodin 2006, Bazzoli et al. 1997
Legal Support	Malcom and French,2014
Care giver support	Khan 2022, Hurt, Ronsmans, and Saha 2004
Mental health support	Khan 2022

The centre will initially complete a comprehensive geriatric assessment to determine the older adult’s social, physical, and legal needs, followed by a care plan to provide support [Figure 2]. The complex and hotly contested process of commissioning and contracting, commonly known as purchasing or procurement, is present in many modern healthcare systems (Hurt, Ronsmans, & Saha 2004). The proposed one-stop care will be commissioned through need assessment, reviewing service gap analysis, deciding priorities, strategic planning, service provider and stakeholder selection, recruitment, and training. Financing any project remains a big question for the government, and Bangladesh faces the same challenge. For the proposed service, the authors propose a public-private partnership (Hurt, Ronsmans & Saha 2004). Bazzoli et al. (1997) notes the advantages of private-public partnerships by stating that public-private

partnerships have a tremendous promise to enhance local health service coordination and efficiency while also enhancing community health (Bazzoli et al. 1997).

CONCLUSION

Nowadays, estimates of health expenditure of the ageing population are from an economic standpoint despite overall health in older years resulting from all individual experiences. Even though several health indices have improved over the past several decades, supplying older citizens in Bangladesh with the opportunity to receive high-quality, reasonably priced healthcare still presents a significant problem. The purpose of this study was to better understand people's experiences with medical seeking, medical expenses, availability, and ways of dealing in order to promote acceptable strategies that will improve the standard of life for Bangladesh's elderly population. Because of their advanced age, older people frequently cannot fulfil their fundamental and human rights. Considering these, the following recommendations are:

1. To prevent prejudice and promote equality, the community should step forward and work to end this tradition.
2. One stop care might restrict of all types of discrimination and create facilities to prevent the mistreatment of older people.

Therefore, workforce development and evidence-based social action research are mandate goals for strengthening older people's health policy in Bangladesh.

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