

## **The impact of COVID-19 on older persons in Bangladesh 2020 in review**

### **Highlights**

- As of November, 11.6 per cent of confirmed cases of COVID-19 in Bangladesh are aged 60 and above. For the overall population, COVID-19 cases are higher among men than women.<sup>1</sup> Men account for 72 per cent of overall confirmed cases and women for 28 per cent of overall cases.<sup>2</sup>
- Deaths are higher among persons aged 60 and above. As of 30 November, 61.3 per cent of all deaths are among people aged 60 and above.<sup>3</sup> The death rate due to COVID-19 is also higher among men (77 per cent) than women (23 per cent).<sup>4</sup>
- COVID-19 is aggravating the health care situation of older persons, who already are living in poor socio-economic conditions and with inadequate access to health care services in Bangladesh. COVID-19 is enlarging the disparity of older persons and resulting in higher mortality and morbidity among them.<sup>5</sup>
- With a view to providing social and financial protection for older people amidst the pandemic, the Government of Bangladesh (GoB) has made efforts to bring the poor under social safety net programs.<sup>6</sup> The Old Age Allowance, being a social protection scheme for older persons, also has been expanded during coronavirus crisis. Stimulus packages for older persons have also been introduced to tackle the economic challenges older persons are facing in the current context.<sup>7</sup> However, cash assistance initiatives (aside from the Old Age Allowance) face challenges because of mismanagement and the lack of a proper database.
- Media, academia and non-academia sources have not yet given proper attention to older people and their vulnerabilities. This shift of attention away from older persons in later phases of the pandemic is disrupting situation assessments and thus delaying specific responses towards the vulnerabilities.

### **Changes in general context**

- Due to the rise in coronavirus case, Bangladesh went to total shutdown which was started in 26<sup>th</sup> March and it ended on 31<sup>st</sup> May. Different national level initiatives from the Government of Bangladesh were introduced to tackle the rise of the infection rate such as compulsory quarantine for travellers, travel bans, declaration of nationwide public holiday, introducing social distancing protocols, etc.<sup>8</sup>
- In spite of the early initiatives, the number of infected cases kept rising within this period. It touched the peak on 30 June 2020 with 4014 COVID positive cases, the highest number in a day for the period through November.<sup>9</sup> Many of the official restrictions such as restrictions on outdoor movement, closure of shops, limited working hours, and transportation running below seat capacity were lifted from 1 September 2020.<sup>10</sup>
- The Rohingya displaced population (Forcefully Displaced Myanmar Nationals) remains a concern for GoB amidst this coronavirus crisis. The congested living conditions of Rohingya people is exposing them to the high risks of being infected by coronavirus. The older members of this group are the most at-risk population and need immediate attention.<sup>11</sup>

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### Changes in national COVID-19 situation

- In Bangladesh, 464,932 cases tested positive among 2,772,701 tests by 30 November 2020.<sup>12</sup> Bangladesh is the 24th country in the world in confirmed COVID-19 cases and accounts for 0.8% of the COVID-19 disease burden in the world.<sup>13</sup> The number of deaths due to COVID-19 is 6487 (case fatality ratio: 1.43 per cent).
- As of 30 November, 26.6 per cent of cases were confirmed in people between 31 and 40 years old, 19.6 per cent in the age group of 21-30, and 19.2 per cent in the 41-50 year old group. The highest death rate (31.7 per cent) was reported in the age group of 61-70 years old, and the next highest (29.6 per cent) was reported in the older age group of 71 and above.<sup>14</sup>
- Among the people who died from coronavirus, 60.9 per cent had died before the 14<sup>th</sup> day of being diagnosed with the infection. And most of them (61 per cent) were aged 60 and above.<sup>15</sup>

## The situation of older persons

The older population is now growing rapidly in Bangladesh. Of the country's population, 8.2 per cent are aged 60 years and above, and 5.2 per cent are 65+ years old.<sup>16</sup> The Population growth rate is 1.3 per cent in Bangladesh while the growth rate of elderly population is over 4 per cent. The projection of population by Bangladesh Bureau of Statistics in 2015 shows that the share of elderly population will increase to 22 per cent by 2050 and 25 per cent by 2061.

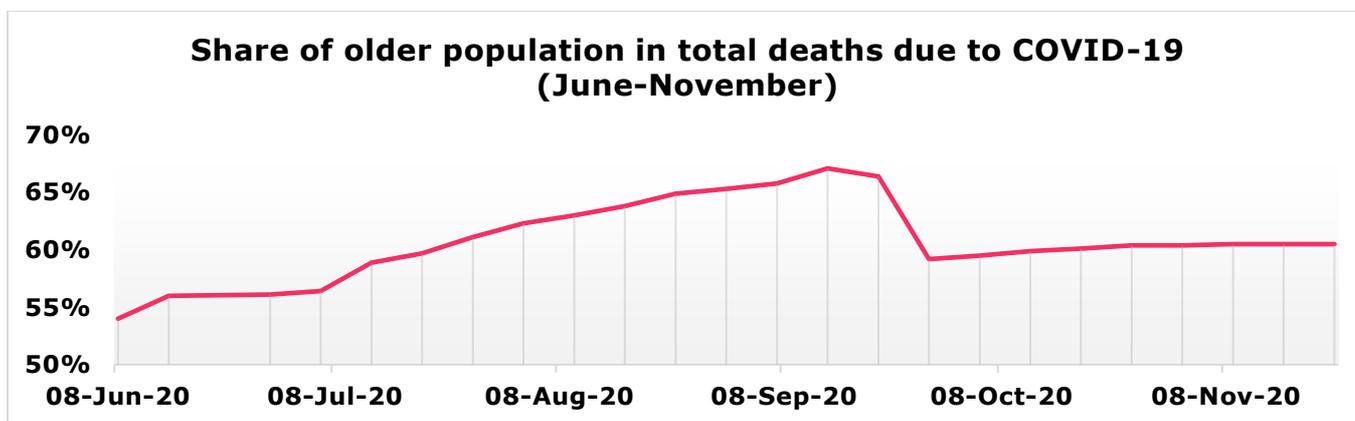
Bangladesh is now entering into the intermediate stage of population ageing. This is good in a sense that the population growth will be under control within this period, but at the same time, it is a matter of concern because the country will stop reaping its demographic dividend. In this context, the preparation of dealing with such a large share of older population is very much crucial. The older people in Bangladesh are a mixed bag where some need full support for living while others have some sort of 'resources' can 'capacities' which enable them to live in the society in a decent way.<sup>17</sup> In Bangladesh, the majority of older persons live in rural areas where there is a lack of proper health care services, economic support, and employment opportunities. The main causes of vulnerability of the older population are medical, economic, emotional, and social issues, which are concerns not only for the individual or family but also for the community. The socio-economic changes, industrialisation, urbanisation, higher aspiration among youth and larger workforce participation among women are gradually breaking the traditional joint family structure. The scenario of support for elderly within family is thus changing with the change of the context.<sup>18</sup>

An increase in medical costs and health care, pressure on social security and unemployment, a growing trend towards nuclear families, and children of older parents living in cities for education or abroad for work are critical challenges. Especially in this pandemic situation, lack of knowledge regarding the symptoms, mode of transmission, protective behaviours are prominent among older persons which may have a profound impact on their overall health outcome in the present context.<sup>19</sup> Besides, a rise in women's experience of emotional and physical violence since the lockdown in Bangladesh indicates a concern about the likelihood of violence against older women too in the present context.<sup>20</sup>



### Health and care

In the context of Bangladesh, the majority of the older persons live in the rural areas. They have limited access to health care services, employment opportunities and economic services.<sup>21</sup> Both in rural and urban context, the majority of older persons in Bangladesh are suffering from one or more chronic diseases such as cardio-vascular and respiratory diseases, diabetes or other conditions.<sup>22</sup>



Source: COVID-19 Bangladesh Situation Reports, WHO<sup>23</sup>

Older persons are one of the most vulnerable groups to COVID-19 in Bangladesh. They encounter difficulties during referrals to health centers because of physical and administrative barriers, or fear of social stigma, among other challenges.<sup>24</sup> The Health Services Division under the Ministry of Health and Family Welfare directed the authorities to test older persons at their residence, following a decision made on 16 July 2020 by the National Technical Advisory Committee. The committee earlier suggested introducing specialised testing facilities for older persons who face problems in identifying the testing locations, long queues, and no separate arrangements for older persons. Older persons in Bangladesh already experience a high burden of non-communicable diseases.<sup>25</sup> That is why they are more likely to be affected by severe symptoms of coronavirus. In Bangladesh, as the health structure lacks any sort of home-based care for older persons, seeking institutional care is the only option for them. The infection risks associated with COVID-19, transportation problems (especially at the earlier phase of nationwide lockdown), and lack of support is greatly hampering health care access in this COVID era.<sup>26</sup> The current situation may also hinder and delay regular visits for patients with mental disorders, cancer, stroke, and diabetes who need routine outpatient visits, and this in turn may intensify the severity of their diseases or lead to severe disabilities.<sup>27</sup> A recent study conducted by the Bangladesh Institute of Development Studies (BIDS) shows that 93 per cent of the cost of health care of older persons is borne by their family members through out-of-pocket payment in Bangladesh.<sup>28</sup>

The mental health status of older persons in Bangladesh is also being impacted during the COVID-19 period because of the uncertainty of the situation and associated issues such as social isolation.<sup>29</sup> Older people with psychiatric disorders are in a more risk of difficulties in dealing with the COVID-19 situation.<sup>30</sup>



## Income security

Income security remains a major concern for the old age population in Bangladesh. In the Global Age Watch Index, 2015, Bangladesh was ranked 67<sup>th</sup> out of 96 countries. This index covers four domains: Income security, health status, capability and environment. The worst thing is that Bangladesh is one of the lowest ranked countries in income security, sixth from the bottom.<sup>31</sup> According to a study (2019) conducted by Brac Institute of Governance and Development (BIGD), BRAC University, among 13 poorest districts in northern Bangladesh, the share of older persons among the extreme poor is 7 per cent.<sup>32</sup>

COVID-19 has worsened the financial condition of poor older people in Bangladesh. Until the end of May 2020, the country was under general holidays and total lockdown. Factories, work places, and transportation were closed with a view to containing the rate of infection. Unsurprisingly, that negatively affected the income level of ordinary people, which now threatens national achievements in poverty alleviation and social security. Of the 61 million employed people in the labor force, nearly 35 per cent of them are paid on a daily basis. This group, which includes older people, faces big challenges in the economic crisis due to the lockdown.<sup>33</sup> More than 3 million people live below the poverty line. COVID-19 has caused a devastating effect on the incomes of the poor.<sup>34</sup>

The Government has initiated various Social Safety Net Programs (SSNPs) in response to COVID-19. About one-fourth of the families in the country are now under the SSNP. The Government has announced that it will double the number of SSNP beneficiaries by 2023. Those Social Safety Net Programs are in the form cash or in-kind transfers. SSNPs include two components, which are Social Protection and Social Empowerment. Social protection is implemented through a Cash Transfer and Food Security Program. Cash transfers under social protection include the Old Age Allowance Program; Allowances Program for Widowed, Distressed and Destitute Women; Allowance for the Financially

Insolvent Disabled, Maternity Allowance Program for the Poor Lactating Mothers, Honorarium Program for Insolvent Freedom Fighters, etc. Social Empowerment includes cash transfers, a micro-credit program, and miscellaneous funds.<sup>35</sup>

The Government informed media that additional allocations would be made for the Old Age Allowance, Widow Allowance, and interest-free microcredit distribution by the social welfare department for poverty alleviation. The Government says that 76,45,000 (7.6 million) people are receiving the Old Age Allowance, Widow Allowance or Disability Allowance, and a total 16.25 lakh (1.6 million) new beneficiaries will be added in the next financial year. However, the monthly benefit amount will remain unchanged. Even though the Old Age Allowance helps older people in terms of social and economic aspects within their community, the current amount of the allowance has been frequently considered as insufficient by older persons.<sup>36</sup>

The government has recently brought 112 Upazilla/sub-districts (those highly poverty-stricken out of a total of 492 Upazilla) under full coverage of these financial allowances, meaning everyone eligible by poverty criteria in those areas will receive it. As a result, more than 8 lakh (800,000) additional poor people have been covered by the SSNPs. Among those beneficiaries are older people, widows and women who faced violence. This expansion includes an increase of 5 lakh (0.5 million) in older beneficiaries (aged above 60).<sup>37</sup>

Initiatives are underway to provide the Old Age Allowance through G2P (Government to Person) processes.<sup>38</sup> Recently a mobile banking service named 'SureCash' has been introduced by a leading government bank 'Rupali Bank' under the government plan to ensure the proper online disbursement of the allowance to the beneficiaries. A pilot phase has started in eight unions of eight divisions of the country at the initiative of the Department of Social Services under the social welfare ministry. Local agents have been made more active, including area-based public announcements using mikes, posters and call centre support to raise awareness among beneficiaries.<sup>39,40</sup>

Older people may also benefit from cash assistance to poor households. Although the Government initially made an allocation for cash assistance to about 50 lakh (5 million) poor families impacted by the COVID-19 crisis, only 35 lakh (3.5 million) poor families actually received the cash assistance of BDT 2500 each (USD 30). The remaining 14 lakh (1.4 million) families were dropped from the initial list due to observed irregularities and suspected corruption of authorities. The failure in maintaining a proper database and dearth of digitalisation are generating mismanagement amidst this pandemic situation. Older persons living in poor families yet to receive the allocation are falling victim to such mismanagement, and this is increasing their financial vulnerability.

The latest budget also proposed to allocate Tk 1.0 billion (USD 11,763,820) in the next fiscal year (FY2020-2021) for the 'Rural Social Services Program' to keep the rural economy moving and create self-employment opportunities in rural areas.

## Social issues

Various social dimensions of the pandemic have affected the lifestyle of older people in Bangladesh. Financial abuse can be considered a major social side effect of coronavirus for the older population. The notion that 'older people are a burden' is triggering discrimination, which is more prominent in this pandemic period. News of stigmatisation and discrimination towards older persons has been reported in the national electronic and print media. Examples of discrimination include not providing treatment to an older person because of suspicions of coronavirus infection, resulting in his death;<sup>41</sup> an older factory worker being dumped by own family;<sup>42</sup> abandonment of an older mother by her own children;<sup>43</sup> and leaving older patients alone in the hospital, suspecting coronavirus infection.<sup>44</sup>

As coronavirus is a very infectious disease, the protection of older people is a sensitive issue. But social distancing or maintaining isolation protocols to keep them safe is difficult in Bangladesh, especially in urban slum areas where population density is very high. Bangladesh's social structure, where young children usually stay with their old-aged parents, is also increasing the risks of coronavirus infection among older persons because of the increased mobility of youths. The presence of precarious practices such as not wearing masks or maintaining hand hygiene, and the absence of other preventive practices among youths, are increasing older people's exposure to the risk of infection.

Reverse migration, both internal (urban-rural) and international, has resulted in migrants returning to rural areas. It is evident that reverse migration will usher in a crisis in rural areas.<sup>45</sup> The newly

unemployed and a larger group of people may experience a significant reduction in income, which may affect the lives of older people.

Both Government and non-government actors have taken several specific actions to address the situation of particularly vulnerable populations, which include older persons. The Needs Assessment Working Group (NAWG) is the platform for Government and non-government humanitarian agencies under the Humanitarian Coordination Task Team (HCTT). The NAWG developed a 'COVID-19: Bangladesh Multi-Sectoral Anticipatory Impact and Needs Analysis'. This anticipatory needs analysis aims to provide timely evidence with which to plan an effective and coordinated humanitarian response focusing on the most vulnerable communities impacted by COVID-19, including older persons.<sup>46</sup>

The coverage of older persons and their vulnerabilities in Bangladesh amidst this pandemic period, however, still needs to be widened. The shift of attention from the older population is producing a shortfall of evidence and information regarding the dynamics of coronavirus's impact on older persons in Bangladesh in the later stages of the ongoing pandemic. This, in return is resulting into decline in the responsiveness towards the issues of older persons concerning the impacts of coronavirus.

### Case study one

#### How much older do I have to be to get the Old Age Allowance?



According to her National ID Card, Kiran Bala Mandal was born in 1912 and is aged 108 years now. She is living with her poor granddaughter and in financial hardship. But until now, she has not received her Old Age Allowance.

Kiran Bala lives in Sripur Upzaila in Magura District. She said, "I have asked for help from many people. Many told me that they would do something for me. But after the election, they all forget."

In this regard, Upazilla Social Welfare officer Wasim Akram is now taking initiatives to get her covered as soon as possible. He said, "The listing is actually done by local representatives. It is fairly common for some eligible older persons to be left out of this list mistakenly." The office is seriously considering this problem so that eligible older persons can be brought under coverage without mistakes.

Source: Prothom Alo, 20 July 2020<sup>47</sup>

### Case study two

#### The story of a homeless old man

***"If only I had a nice place to lie down before I die!"***



Noman Ali (82) from Trishal, Mymensingh, was expressing his helplessness in using these words. He is currently living with his wife in Sadar Union. In spite of the commitment of the government to build houses for helpless people with pieces of land, Noman Ali did not benefit from any such opportunities even at his age. He along with his wife have been living in a shack for the last 30 years. The shack includes only a bed made of bamboo and some torn cloth to protect

against rain or cold. No representatives from the local government were even aware about the condition of this old man.

In this regard, the Upazilla Nirbahi Officer (UNO) of Trishal Upazila, Mostafizur Rahman, said that "We have come to know about him very recently. We are considering it as an urgent case and he will be provided with a home to live on his land soon." The local chairman Zahid Amin informed that "We have provided an Old Age Allowance card to Noman Ali. When the next home-building project is launched, he will be brought under it at once."

Source: News24 Online Newspaper. 20 November 2020<sup>48</sup>

## Endnotes

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