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Rights and Care for Elderly People: Bangladesh Perspective

Md. Ahsan Kabir*

Abstract:

The majority of elderly persons in Bangladesh are living in absolute misery. Elderly persons suffer the cumulative effects of a lifetime of deprivation; entering old age in a poor state of health, and without savings or material assets. They are left out of the development process in Bangladesh and consistently lack the means to fulfill their most basic needs such as food, clothes, proper housing and health care, and also lack of access to resources and income generating opportunities. This Article highlights elderly people's needs, how they survive and the contributions they make to the family. It also proposes concrete suggestions and recommendations about how government and non-governmental agencies can provide support to Elderly person. Recommendations were developed in collaboration with elderly person and other stakeholders such as NGO staff, community leaders and local government leaders and the results will be widely disseminated to relevant NGOs, donors and government agencies in various national workshop. It is my hope that this Article will contribute to an increased awareness about elderly people, leading to more inclusion and involvement of elderly person in programmes and projects and policies benefiting elderly people. This Article should be viewed as a step in increasing awareness about elderly people's lives in Bangladesh.

1. Introduction:

Bangladesh does not have any special legislation for the elderly persons, and in absence of any such law exploitation and abuse of elderly persons in the society are rampant. Examples of deprivation of elderly people from their wealth and property and their forced labour in their own house are not rare in our society. The State alone is not responsible party for such ignorance of the rights of the elderly persons in the society. The family members, the society and the victims themselves are responsible for this state of affairs. As a matter of fact what is to be regretted is that elderly who are physically weak, who are easily vulnerable and who have least access to justice without the help of others are the sufferers in the affairs.

The present Article is concerned with the proposed law and legal protections for the elderly persons in Bangladesh. This law shall enable the class of elderly persons to establish their right to health-care, recreation and living facilities through court.

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* *Assistant Professor, Department of Law & Justice, University of Rajshahi, Rajshahi-6205*

The situation in Bangladesh is in total contrast when confronted with issues like poverty, valuation, disease, illiteracy, inadequate housing, and unemployment and over population along with political disputes and rivalries. This problem of rights to care for the elderly people seems oblivious.

At present some homes for the care for elderly people are established in the capital city of Dhaka and Gazipur district and some are scattered in the Divisional cities and virtually non-existent in rural areas. Voluntary effort pioneering services for caring these people started in Bangladesh since early twenty years. During that period some home were established by voluntary organizations and supported by the NGO's. Most of the organizations are provided by kind, benevolent people. Most of the facilities lack financial and professional resources and are based on trial and error or hit or miss methods. In the absence of National structure and policy, voluntary organizations have evolved their own individual styles of service provisions.

Now the facilities offered by the government are mere token benefits and lip services to the seminars and symposiums. In the absence of any legislation and policy, services to the elderly people remains at its lowest level. At best charity and personal arrangements are the only means of support. And for those who are not so fortunate to receive these kindly measures are left neglected.

With the following objectives the present article has been taken up—

1. To awaken and sustain public intent in the understanding of the rights and care of the elderly people.
2. To promote the welfare of the elderly person.
3. To promote close co-operation and understanding between spouse and others responsible for extending rights and cares to the elderly persons.
4. To render such services which, appear from time to time to be appropriate for the betterment of the elderly people.

2. Problems of Elders:

The term 'ageing' refers simply to the process of growing older. Ageing can be described, rather than defined, as the aggregate result of the detrimental process, as cellular, sub-cellular, or organ level, that are associated with the passage of time. It is neither predictable nor inevitable. It is dependent to some extent on genetic factors. The ageing process is of course a biological reality, which despite medical interventions has its own dynamic, largely beyond human control. However, it is also subject to the

constructions by which each society makes sense of old age."[1] Ageing, a normal biological phenomenon, is slow invisible, progressive degenerative process advancing with chronological age, leading to increased functional deterioration, vulnerability and ultimately culminating to extinction of life. It is not possible to determine the exact time of beginning of degenerative process in any individual. The degenerative process is the end result of wear and tear on one hand and repair on the other and when the process of repair fails to cope with the wear and tear, the ageing process starts.[2]

The elderly population is the fastest growing portion of society in all over the world. Developed and developing countries concentrate on the issues of the ageing population in different ways. In developed countries, for example, a social security apparatus bears the strain of caring for the elderly. But on the other hand, in developing countries, families traditionally care for the elder. In the developing countries, the lack of social security machinery and the weakening of the family unit present obstacles to the provision of care for elderly family members.

There is no hard and fast rule about the age beyond which a person should be considered elderly or old. In the developed societies chronological age plays a paramount role. The age of 65 roughly equivalent to retirement ages in most developed countries is said to be the inauguration of old age. But in the developing countries, chronological age has little significance in the meaning of old age. It is seen to begin at the point when active contribution is no longer possible. In this direction the opinion of experts is that 60 years of age is a realistic statistical definition for the ageing in Asia and Pacific region, particularly taking into account average retirement age, health conditions and so on.[3] Actually 60 is generally the age at which governments and agencies start defining 'old age', but life expectancies are different in different places and there are many things which affect a person's ageing process. Some people may be old at the age of 35; others are living full and productive lives after the age of 70. In many places people do not define their age in terms of how many years they have lived, but in terms of what they can do.

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[1] Mark, Gorman, "Development and the Rights of Elderly person, the Ageing and Development report: Poverty, Independence and the World's Elderly person", London, Earthscan Publications Ltd, (1999).

[2] Rahman, Atiqur, " Access, Population Ageing In Bangladesh", *BANGLADESH JOURNAL OF GETIATRICS* Vol 37, No. 1&2 Nov 1999

[3] United Nations, Report of the technical meeting on Ageing for the Asian and Pacific Region, Bangkok, ESCAP, 1999

Very often elderly persons face the difficulties of being limited in self-sufficiency. The majority of them may not have the chance to establish relationships with younger people other than their immediate family members. Consequently the level of social support is low, in such circumstances institutionalization or seeking help from professional may be final option. Efforts should be made to develop and implement community programs to create networking and access to existing services, and a stronger emphasis should be placed on quality of life in overall program evaluation.

The word 'equality' proves to be untrue in our society especially when a retired elderly employee roams from place to place for realization of his retirement benefits. In such situation the presumption of equality in law enables human rights to degenerate into little more than the rights to oppression and exploitation.

According to the ILO information "Today, some 450 million human beings on this planet - more than the entire population of Africa or that of the United States and the U.S.S.R. combined are aged person (above the age of 60 years)."[4] The aging problem as it exists in Bangladesh is also serious. Of the approximate 450 million of them live in this part of the Globe. Now a days we find that increasingly a large number of people are becoming older.

According to the information of UNICEF, "By the year 2020 there will be at least 600 million elderly people in the World. Of this number, about 150 million will be under 65 years of age living in developing countries, including some 15 million in Bangladesh."[5] So it is high time for us to think about these unfortunate segments of the society. The older persons are also quite able persons for their prospective life as well as for the society and the country. Realizing that society cannot afford to lose or neglect these valuable human resources, the United Nations has declared "1999 - The International Year of Older Persons" with its theme "FULL PARTICIPATION AND EQUALITY". (i) FULL PARTICIPATION" of the elder persons in the social life and development of the society in which they live, and (ii) "EQUALITY" understood as the living conditions (of the elder) equal to those of others and equal share in the improvement of living conditions resulting from social and economic development. In most situations, these two goals cannot be achieved unless the older get the opportunity to become self-supporting and to participate in active economic life. These basic rights of them have been proclaimed by the United Nations in the "Universal Declaration of the older

[4] United Nations (1995), Population and Development, Volume I, New York
[5] United Nations (2002), World Population Ageing 1950-2050, New York

Persons, 1998". According to this declaration the older persons have the same basic human rights as their young counter-parts - such as:

(1) Older persons have the inherent rights to claim respect for their human dignity. Older persons whatever the origin, nature and living have the same fundamental rights as their fellow citizens, which imply first and foremost the right to enjoy a decent life, as normal and full as possible.

(2) Elderly persons have the same civil and political rights as other human beings.

(3) They have the rights to medical, psychological and functional treatment including prostheric and ortheric appliances, to medical and social rehabilitation, aid, counseling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the process of their social integration or reintegration.

(4) They are entitled to the measures designed to enable them to become as self reliant as possible.

(5) They have the rights to economic and social security and to a decent level of living. They have the rights according to their capabilities to secure and retain employment or to engage in a useful, productive and remunerative occupation and to join organizations.

(6) Elderly persons have the right to live with their families or with foster children and to participate in all social, creative or recreational activities.

(7) Older persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or disgracing nature.

(8) Older persons shall be able to avail themselves of qualified legal aid when such aid proves indispensable for the protection of their persons and property.

Though the rights of older persons were proclaimed in the declaration of United Nations, the older persons in Bangladesh have been deprived of their basic rights. In this Article I have tried to explore how much the older persons are enjoying their basic rights.

Most of the aged people in our country are living in acute poverty. During their youth they spend their lives working hard for livelihood. At the end of their life they lose their health and having no savings for the future become destitute.

Elderly person in Bangladesh do not have access to any services and support without fortune self help. Poverty and neglect are the greatest

threats to the well-being of the elderly person. These positions are very acute in the case of older women.

In joint family system older men and women provide essential services for the well being of the family by taking responsibilities of the household activities and child caring permitting the young family members to perform their jobs outside. Now the extinction of joint family ignoring the contribution of the elderly person family suffers from both ways. Elderly person become helpless and the younger people are to find services like childcare, domestic helps, etc which creates sometimes major crimes within the family. Elderly person are not burden to family and they are not helpless.

Bangladesh is a country with a population of 123.6 million people living in an area of 143998 square miles.[6] Decrease in fertility rates and improvements in life expectancy have led to rapid increase in the number of elderly person in Bangladesh, with 80,000 new elderly added to the over 60 age group each year.[7] Today people of 60 years and older make up .6 percent of the population of Bangladesh and the majority of elderly people in Bangladesh belong to the 60-69 age cohorts (young-old) in both rural and urban areas.

Poverty strike elderly person. Nationwide poverty is exacerbated by problems of landlessness, unemployment, low education, high population growth, unequal land distribution, and yearly natural disasters such as floods, cyclones and drought that displace large numbers of people. These problems hit elderly people especially hard, as they are already in a vulnerable position due to their age. So poverty is more widespread among the elderly people in Bangladesh.

In Bangladesh family culture and tradition makes provisions for aged people as they are protected and looked after by sons. Daughters are not expected to directly support their old parents and older parents live with their sons within the same house. But with the extinction of joint family, tradition is also deteriorating. Poverty is the single biggest factor that is wreaking the traditional norm of caring old parents in the family. Majority of older women in Bangladesh are widowed. The issue of widowed is significant because of women's marital status is of primary significance to her survival and well-being. Once a woman is widowed, she is often denied access to resources as a husband's resources may be distributed among other family members. As a result, widows have no security, and they are completely

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[6] Bangladesh year book, 1999
[7] ESCAP population Data sheet, 1999

dependent on sons or other family members and this process makes the position of widows the most vulnerable in the society.

Above 80 percent of the population in Bangladesh live in rural areas.[8] Aged people living in poor families in rural areas are neglected and denied of their right to survive. In 1998, government introduced a new pension scheme for 10 poor elderly people from each ward (180 taka per month). But this scheme only reaches a fraction of poor elder people in Bangladesh.

Majority of the elderly person in Bangladesh cannot meet their basic needs like, food, health care, clothing, shelter and access to complement opportunity. Lacks of thus basic needs are the result of many factors like illiteracy, landless ness, poverty and poor health. The needs of poor elderly people of Bangladesh should be addressed through combination of elder people into existing and future community development and poverty alleviation missions.

Traditionally Bangladeshi people look after the elderly people and the families and are expected to care for them. But rapid socio-economic change and acute poverty, western culture influence has caused fragmentation of joint family, which was the basis for caring elderly members. Most of the elderly people in Bangladesh suffer from problems like absolute poverty, diseases, health care and medical facilities, negligence, and deprivation. 80 percent of the elderly person live in the rural area of Bangladesh, their sufferings are more acute that can not be described in language.[9]

3. Health conditions of the elderly persons & their health service condition in Bangladesh:

Health problem is considered the major problem of the elderly population. Decline in Psychological effectiveness is closely associated with age. However, many diseases are also related with ageing. Health problems include normal loss of hearing, eyesight, memory and the increased likelihood of chronic diseases arises with age. Deafness is a common accompaniment of ageing. The gradual deterioration in hearing ability associated with ageing is known as *presbyacusis*, and results from wear and tear of the cells in the inner ear, which responds to sound waves. Perhaps one-third of the population over 65 years suffers from a hearing impairment which can have unfavourable social consequences. Eyesight is closely related with age. By the age of about 50, the lens of human eye becomes less elastic and focusing become difficult, vision for distant objects usually

[8] 1999 UNDP Human Development Report
[9] WHO report 1999

remains intact, but close vision becomes blurred. The most obvious changes occur in skin, the familiar wrinkling-due to degeneration of the elastic tissues. With ageing, skin tends to lose its pigment, as does the hair and degenerate the muscle cells. Bones become 'thinner' from the middle age onwards, this bone loss being more marked in women after the menopause. The function of kidney, bladders, heart, lungs, brain, nervous system etc. deteriorates with age. Their health problems will not be cured absolutely though the overall health status is superior to that of previous generations. The elderly person also suffers from tension and anxiety due to some psycho-social causes. Some elderly also suffer from dementia (a condition in which cells of the brain die more quickly than in normal ageing, and gradually leads to decline in a person's ability).[10] To cope with these physical and mental problems we need to set up specialized medical college and hospital where Geriatrics (a branch of medicine dealing with the diseases and care of elderly people) will be taught and elderly patients be admitted for treatment.

The International Conference on Primary Health Care at Alma-Ata, which laid the cornerstone of the strategy for achieving the goal of ***'Health for All'*** by the year 2000, provided adequate emphasis on comprehensive health care for all the population of a country, irrespective of age, sex and religion. Bangladesh being a signatory to Alma-Ata Declaration is committed to provide special services needed for elderly people. Special programmes exist for all vulnerable groups, such as children, mothers, and youths but not for aged. In this direction Ministry of Health and Ministry of Social Welfare consider and implement necessary programmes aimed at ameliorating the sufferings of the elderly.

This is one aspect where in last 35 years the country has made considerable strides. Over two thirds of the total Thana Health Complex (THC) are equipped with specialized services such as medical specialist, gynecologist, child specialist and surgeon. Each is also supplied with essential drugs and vaccine. Pharmaceutical health personnel are also posted to each union to provide adequate care to elderly person.

Cataract and Blind Control:

Visual impairment and vision loss increases with age. More than 3 million of ageing people in Bangladesh suffer from blindness[11]. It is estimated that 60 percent of all blindness in Bangladesh is caused by

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[10] M. Ibrahim, "Health of the Elderly: A Survey on Health and Socio Economic Problems of the Aged in Bangladesh", Dhaka, Bangladesh Association for Aged and Geriatric Medicine, 1988

[11] Bangladesh Bureau of Statistics (BBS): 1990

cataracts. The government is enhancing its National Programme for the Control of Blindness (NPCB). Special attention is paid to elderly person. In order to maximize the coverage in this health care sector, hospital based services is to be upgraded and provision for services in camps set up to reach rural population. Services will be strengthened with the recruitment and training surgeons, staff nurses and assistants and camp coordinators. Bangladesh government works with NGO's and private ophthalmologists who will deliver a large share of total surgeons and follow up care. The World Bank will provide credit grants to the selected bodies capable of expanding the health services in urban and rural areas. This programme represents a collaborative effort to control cataracts and blindness in Bangladesh among Government, International Organizations i.e., WHO, UNDP, UNFPA, World Bank etc., NGO's and private sectors. Beside this programme, Rotary International and Lions use to undertake initiative programmes for operating cataracts by establishing mobile camps throughout the country.[12]

Although it is circulated through seminars, symposiums that various national and international organizations and their efforts are growing to a better shape, they still need more support to be developed and enhanced, to be able to serve all aged people in the country. A social solidarity that is still alive in Bangladesh community will have much advantage in stimulating various movements on the services for the older person. Awareness campaign of older problem for the community should be improved continuously for giving more understanding, so the hidden potentiality of the older community can be positively mobilized, for supporting the implementation of the programme of the enhancement of the social welfare of the older person.

Bangladesh has shown certain development in health programmes in all fields, so an opportunity for the development of health condition of the older person should certainly get chance for an increase and further development. Various efforts for the enhancement and development in various fields of health service of the older women, have secured attention and are being developed by the government through Department of Social Welfare, there are many obstacles, which need efforts to overcome, specially the insufficiency of budget resources, facilities, and essential medical equipments. The mobile rehabilitation services for the older person in the rural areas are very insufficient and unsatisfactory.

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[12] *Health Report By*, Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM), 2002

The limited budget resources of the government cause the main hindrance, which will always exist. So, the raising of funds from other resources is needed, among other by trying to increase the participation of the community in supporting the fund rising for the services and rehabilitation of the aged people. In this way that the potential of fund in the community could be mobilized.

Government has created a Trust for the elderly and the requirement is creating awareness among the community for funding this Trust. Services of this Trust should be decentralized. The donation and aid from more developed countries to support the enhancement of social welfare of these people in Bangladesh, as far as possible, should be used, especially in the form of unconditioned support or aid.

To lead a healthy and sound life, the elderly person need regular health check up, free medical examination and advice, all pathological services, and physiotherapy treatment. These medical facilities should be offered for all classes of ageing people in the society.

Existing Health and Care facilities[13]

1.	Union Health Center	400
2.	Rural Health Center	12
3.	Union Health Sub-Center	1362
4.	Post graduate (including branches)	5
5.	District Hospital	60
6.	T. B. Hospital	4
7.	T.B. Seg. Hospital	8
8.	Infections Diseases Hospital	5
9.	Leprosy Hospital	3
10.	Urban Health Center	35
11.	T. B. Clinic	44
12.	Non-Governmental Clinic (Registered)	312

Free health care facilities are available from the above mentioned centers for the elderly all over the country. Though the facilities are inadequate for 112 million people of the country, yet the government is very keen to exert medical facilities to all throughout the country by launching different programmes, from time to time, such as, immunization, nutrition, cataract and blindness, disabled programmes etc. with limited resources and positive responses from the WHO, UNDP, UNFPA, World Bank, the donor

[13] Ibid, (BAAIGM), 2002

countries and the NGO's. It is hoped that Bangladesh can achieve the goal to extend medical facilities to all by 2010.

4. Actual Condition of Elderly Population in Bangladesh:

Ageing or growing older is a biological, psychological and social process. It should be noted that the aged or older persons are people whereas ageing is a process. In other words, ageing is a psychological, emotional and socio-cultural phenomenon. Ageing takes place within a social context, elderly person's health, mental health, and functioning can be dramatically affected by how they feel about growing old and how they are treated by others.

The majority of elderly person in Bangladesh are living in absolute poverty. In most cases, elderly person suffer the collective effects of a lifetime of deprivation, entering old age in a poor state of health, and without savings or material assets. They are left out of the development process in Bangladesh and consistently lack the means to fulfill their most basic needs such as food, clothes, proper housing and health care, and also access to resources and income generating opportunities.

Elder people in Bangladesh are often systematically excluded from entrance to services and support, justified by the predictable restrictions of older age and a perceived lack of capacity for contributions and self-help. The neglect of elderly person in policy is rationalized by traditional values, which are assumed to safeguard the position and care of elder people in families and communities. However, support for elderly person in families is threatened by pervasive poverty, and social, economic and demographic change. Poverty and exclusion are greatest threats to the well being of elderly person, especially for the older women, who suffer multiple disadvantages resulting from prejudice of gender, widowhood and old age.

The UN General Assembly ***Resolution 37/51*** of December 1982 encourages Government to incorporate into their national programmes some principles concerning care, independence, participation, dignity and self-fulfillment of the elderly people in the family, community and society. In accordance to a United Nations GE Resolution, 1st October is being observed all over the world as the ***International Day for the Elderly***. Since 1991 this Day is also being observed in Bangladesh every year jointly by the Ministry of Social Welfare and the Bangladesh Association for the Aged and Institute of Geriatric Medicine at the national and district levels to create awareness amongst the people, concerned authorities and organizations regarding the problems of the elderly and to identify appropriate strategy to

tackle such problems. The Government of Bangladesh has already taken some steps to provide infrastructure for the purpose, but this is just the beginning.

5. Governmental Policies towards Old People:

The retired government employees of all ranks enjoy pensions, gratuity and other benefits. According to Bangladesh Constitution the needy elderly have a right to social security. This is one of the fundamental principles of our state policy[14]. After the ***Vienna Conference*** in 1982, National Committee on Ageing was formed at the government level. The Committee played some role in allocating some financial assistance to the Bangladesh Association for the Aged. When the United Nations declared the International Day of Older Persons the government of People Republic of Bangladesh became more concerned with ageing and society. In 1998, the government has introduced ***Boisko Bhata*** (Elderly allowance). Under this scheme 10 elderly persons (at least 5 of the women) in each Ward are receiving taka one hundred per month. Currently the pension scheme only reaches approximately 44,500 out of an estimated several million elderly people who live in extreme poverty[15]. Although this is a meager amount and the recipients are very few in numbers, yet this is a very good start and a pioneering effort by the government. It is highly appreciated by the people of all corners of the country. The government is furthermore planning to extend its financial support to the distress elderly women. The government has decided to build up ***Boisko Nibas*** (old home) in six divisional towns of the country[16]. It gives the impression that the government is quite aware of the problems of our elderly. There are a number of other government programs targeting the poor and women, for example, Vulnerable Group Development (VGD) and Vulnerable Group Feeding (VGF). Although, both of these programme aim to provide development of food assistance to the very poor but, these programmes do not directly target Elderly person.

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[14] Article 15, the Constitution of People's Republic of Bangladesh

[15] Kabir, Dr. Md. Humayan, "Demographic and Socio-economic Aspects of Ageing in Bangladesh, Ageing of Asian Populations", Asian Population Studies Series No. 131-A, United Nations: New York pp. 52-53, 1994

[16] Rahman, A.S.M. Atiqur and Reza M. Hasan, *"Probinder Kallaney Bangladesher Udjog: Akti Parjalochona."* Dhaka University Patrika (Bangla) Joint edition Oct, 96-June 1997

6. Recommendations:

(1) Some appropriate legal measures should be taken for the protection of elderly human rights & rehabilitation. Support should be targeted to the most distressed and vulnerable elderly persons, such as those who have no family support.

(2) The elderly persons should get timely hospitalization and proper free treatment.

(3) Establishment of centers for the after treatment cares for the older person. A National Health Policy to give emphasis for the promotion of health of the elders.

(4) Establishment of sufficient rehabilitation centers and running of the same at States cost.

(5) Provisions should be made for establishing vocational training centers and free rehabilitation. Some provisions should create for priority to the elderly in having service from the transport, office, hospital etc.

(6) Appointment should be given to the active elderly person in different government and non-government organizations. There should be 3% to 5% job opportunity in all private and Govt. establishments for the older persons according to their capabilities.

(7) Hostel-cum-workshops should be established for the older persons who are unable to find suitable employment.

(8) Proper recreational facilities should be established for the older persons.

(9) At the community level, the elderly should be given due respect in social functions; teachers and socio-religious leaders must remind the young about their obligation to parents and other elderly persons.

(10) To include ageing problems in the syllabus of school and colleges to encourage future generation for the sustenance of joint family.

7. Conclusion:

In conclusion, I would like to add that to assure the basic requirements and rights of these unfortunate elderly people the law enforcing authority of our country should come forward with and to make adequate provisions of law for them. We also feel to ensure and protect the rights of these people who should find a place in the constitution of our country. It is necessary to adopt some governmental actions which is good for aged; declaration of elderly as the senior citizen and to enable them to certain privileges. A comprehensive public awareness campaign that promotes the support, interdependence and mutual care of the traditional family system, highlights the contributions of elderly person to the family and society, and that promotes positive images of elderly person needs to be urgently developed and implemented[17]. The issue of the elderly person is very imperative which deserves immediate attention not just for saying something, but for doing something what is required. In this direction a National Policy for the elderly persons and a National Plan of Action is very much essential at this moment.

[17] Samad, Dr. M. Abdus and Samad Abedin, "Implication of Asia's Population Future and the Elderly: the Case of Bangladesh" ESCAP, 1998.