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Dynamics of Sustainable Ageing in Rural Bangladesh

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Dynamics of Sustainable Ageing in Rural Bangladesh

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Outline

- Introduction
- Methods
- Results
- Conclusion

Background Statement

- Bangladesh, a densely populated country in South Asia, has been experiencing demographic changes over the past few decades which poses huge challenges in a developing country like Bangladesh (Ahmed & Khan, 2016).
- Bangladesh has witnessed a gradual increase in its elderly population. As of 2022, approximately 7% of the total population in Bangladesh was aged 60 and above (World Bank, 2022).
- A significant portion of the elderly population in Bangladesh faces economic hardships. Many rely on pensions, savings, or support from family members, while others continue to work in informal sectors due to financial constraints (Rahman et al., 2021).

- Access to healthcare services remains a concern for the elderly. Limited healthcare facilities, especially in rural areas, and inadequate geriatric care training for healthcare professionals pose challenges (Khanam et al., 2019).
- Social isolation among the elderly is prevalent, particularly among those living in rural areas. Lack of mobility, limited social activities, and changing family structures contribute to this issue (Hossain & Iqbal, 2020).
- While Bangladesh has policies in place to support the elderly, implementation remains a challenge. Infrastructure, including age-friendly public spaces and transportation, is often lacking (Islam et al., 2021).

Rationale of the Study

- Bangladesh is undergoing a demographic transition characterized by an increasing ageing population. Analyzing the current situation of the elderly population in rural areas can provide insights into the demographic shifts and their implications for society, the economy, and healthcare systems.
- Understanding the current situation of the elderly population is crucial for policymakers to develop effective policies, programmes, and services tailored to their needs (Islam et al., 2021). This can contribute to enhancing the quality of life, healthcare access, and social inclusion for the elderly in the selected union.
- Conducting a situation analysis helps identify gaps in existing research and knowledge, guiding future research endeavors and academic discussions on the elderly population in Bangladesh (Hasan & Ahmed, 2022).

Research gap

- While economic challenges and healthcare access have been studied, there is a lack of comprehensive research focusing on the quality of life of the elderly population in rural areas (Haque & Akhter, 2022).
- There is limited research on the impact of cultural norms, traditions, and social structures on the well-being and social integration of the elderly (Rahman et al., 2023).
- Studies focusing on mental health issues, psychosocial support systems, and coping mechanisms among the elderly population in rural settings are scarce (Kabir & Rahman, 2022).
- Understanding the dynamics and quality of inter-generational relationships and support systems between the elderly and their families require further exploration (Hasan & Akhtar, 2020).

Activity for elderly people in Bangladesh

YPSA is a voluntary, nonprofit and an organization for sustainable development. YPSA has been working on elderly issue in the rural areas of Bangladesh since 1985.

To continue the rigorous work plan on elderly issue in Bangladesh, YPSA received financial support from different national and international organization like Palli Karma-Sahayak Foundation (PKSF) one of them. Hence, under the financial support of PKSF, YPSA has been implemented different activities for elderly issue in the rural Bangladesh. Such as

- Establishing social centres (Age–Friendly Spaces) for the elderly people.
- Providing old age allowances and assistive materials (walking sticks, commodes, blankets warm cloths, wheelchairs, umbrellas etc).
- Provision of Special Savings and Pension Fund.
- Recognising the contribution for the society made by the elderly persons.
- Awarding children for looking after their parents.
- Providing appropriate credit to the poor elderly people.
- Offering physiotherapy services & geriatric nursing to the elderly by organizing training for the Physiotherapy Aide.
- Rehabilitation of poor and distress elderly in community.

YPSA Works with Elderly People



Awareness-on-Diabetes-control



Eye-Camp-Registration-Male



Glass-distributed-to-OP



Disability friendly device distribution



Recreation-Female



Recognition of Elderly people

Project Activities



Monthly meeting of the old village committee



Leadership and communication training of senior leaders



Rally of International Day of the Year 2012



Deliverable aids to the elderly

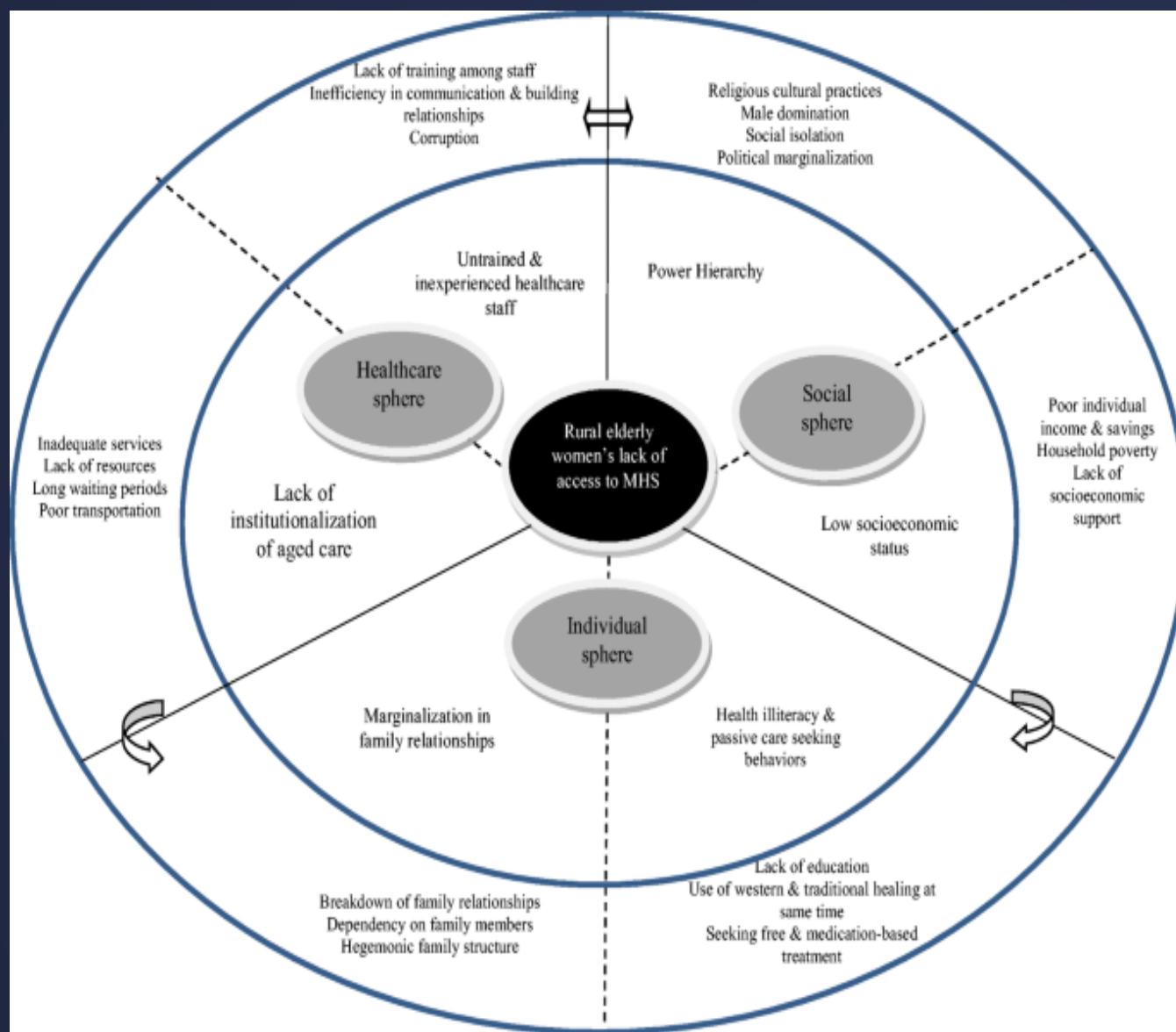
Project Activities



Professor Hafiz T.A. Khan has distributed warm blankets, and elderly people allowance to poor elderly people



Conceptual framework on elderly rural care

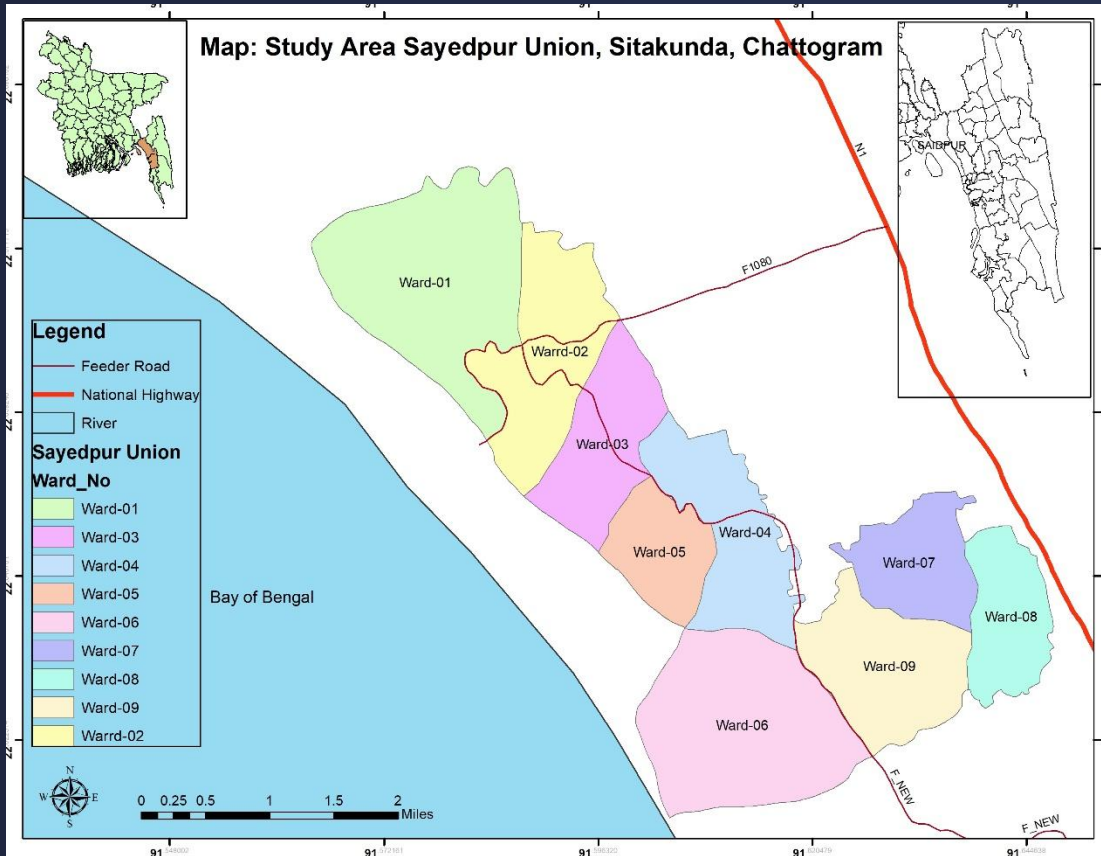


Source: [Hamiduzzaman et al 2021](#) (The World Is Not Mine – Barriers to Healthcare Access for Bangladeshi Rural Elderly Women)

GIS mapping showing healthcare services for elderly in Sitakunda

A Union consists of nine wards.

A registered physician visits three times in healthcare center. It is a joint partnership (private and public) approach initiative at the local level. This healthcare center provides healthcare to all including elderly people.



Name of Ward	No. Elderly People	No of total population	Total percentage
Ward no -1	173	7843	2.2
Ward no-2	158	5500	2.9
Ward no-3	162	4510	3.6
Ward no-4	132	5500	2.4
Ward no-5	156	4900	3.2
Ward no-6	250	10000	2.5
Ward no-7	131	4980	2.6
Ward no-8	129	3870	3.3
Ward no-9	177	4379	4.0
Total Nine Words	1468	51482	2.9

This map presented the study area along with the statistics of the total population and elderly population. Also proposed the potential place of a health care center in a union.

To consider the above issues and to ensure a safer life and livelihood, YPSA has decided to research the “Situation analysis of the elderly population in a selected union in Bangladesh.”

Objectives of the Study

The specific objectives of the study are as follows;

- Exploring conditions of elderly people in the study area;
- Investigating the living arrangements in the family;
- Finding out the care and support related information of their family;
- Knowing the physical health condition;
- Studying their engagement in family and in social level;
- Observing the exploitation of elderly people at family and society level;
- Exploring 'Dementia' among elderly people in the study area.

Methods

Study Population

Anyone aged 60 years living in the geographical proximity.

Data was collected cross-sectionally from all aged residence. Organizational staff (those who are well-oriented about the present study) have collected the household data through the door-to-door household survey. A total of 886 respondents were finally interviewed for the study.

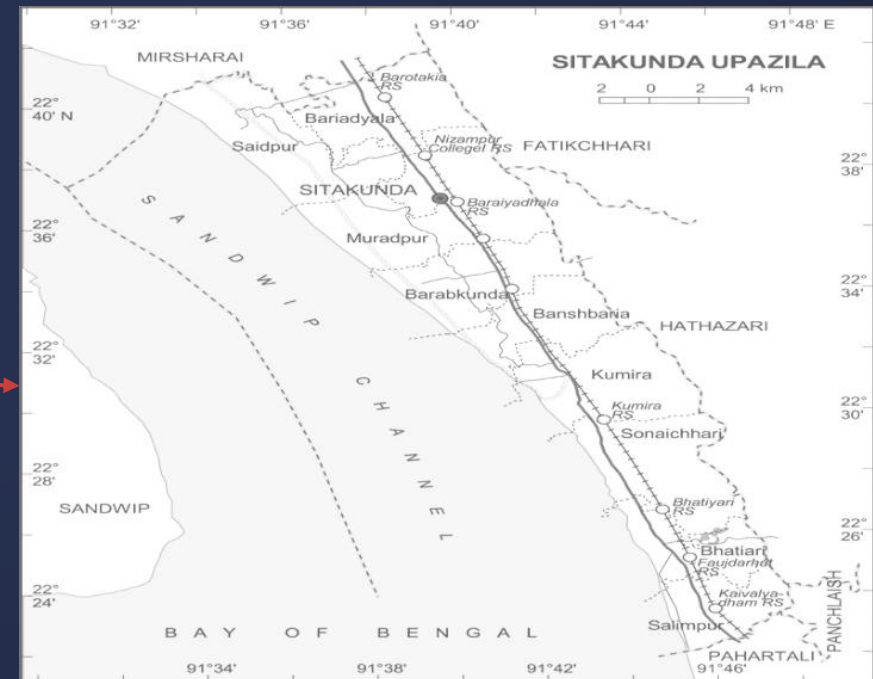
Study Period: January 2020 to April 2024. There was a disruption due to Covid-19.

Factors in study:

The variable of the questionnaire has been arranged based on the study objectives and divided into eleven sections such as demographic conditions, living arrangements, care and support information, physical health condition, mental health condition, family and social engagement, abuse and exploitation, control over life and resources, social safety net, gender perspective, and issues during disasters.

Study Area

The research was conducted at Syedpur Union at Sitakund Upazila in Chattogram district. Geographically, this location bears a big significance as populations are mixed with ethnic identities (some are native Bengali and some portion have indigenous community). The area is selected for heavy industrial hub in this region.



Ethics approval:

The study received ethics approval from 'The Bangladesh Medical Research Council (BMRC)w.

Data Management:

Data coding, entry and management were done by a YPSA research team. SPSS was to analyze the primary data.

Socio-demographic characteristics of respondents

		Age group			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	60-64	291	32.8	32.8	32.8
	65-69	235	26.5	26.5	59.4
	70-74	158	17.8	17.8	77.2
	75-79	105	11.9	11.9	89.1
	80-84	64	7.2	7.2	96.3
	85+	33	3.7	3.7	100.0
	Total	886	100.0	100.0	

		Gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	385	43.5	43.5	43.5
	Female	501	56.5	56.5	100.0
	Total	886	100.0	100.0	

		Marital Status			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	739	83.4	83.4	83.4
	Unmarried	2	.2	.2	83.6
	Divorced	9	1.0	1.0	84.7
	Widow/Widower	130	14.7	14.7	99.3
	2nd Marraige	1	.1	.1	99.4
	Not Applicable	5	.6	.6	100.0
	Total	886	100.0	100.0	

Live alone/Nighbours' visit

You always have to live alone

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	23	2.6	2.6	2.6
	No	863	97.4	97.4	100.0
	Total	886	100.0	100.0	

Nighbors come to visit you

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	874	98.6	98.6	98.6
	No	12	1.4	1.4	100.0
	Total	886	100.0	100.0	

Health condition by age and sex

Describe your health condition

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Bad	30	3.4	3.4	3.4
	Bad	89	10.0	10.0	13.4
	Fair	711	80.2	80.2	93.7
	Good	55	6.2	6.2	99.9
	Very good	1	.1	.1	100.0
	Total	886	100.0	100.0	

Age group * Describe your health condition Crosstabulation

		Describe your health condition					Total	
		Very Bad	Bad	Fair	Good	Very good		
Age group	60-64	Count	6	25	240	20	0	291
		% within Age group	2.1%	8.6%	82.5%	6.9%	0.0%	100.0%
	65-69	Count	5	28	192	9	1	235
		% within Age group	2.1%	11.9%	81.7%	3.8%	0.4%	100.0%
	70-74	Count	6	18	120	14	0	158
		% within Age group	3.8%	11.4%	75.9%	8.9%	0.0%	100.0%
	75-79	Count	3	10	84	8	0	105
		% within Age group	2.9%	9.5%	80.0%	7.6%	0.0%	100.0%
	80-84	Count	8	7	47	2	0	64
		% within Age group	12.5%	10.9%	73.4%	3.1%	0.0%	100.0%
	85+	Count	2	1	28	2	0	33
		% within Age group	6.1%	3.0%	84.8%	6.1%	0.0%	100.0%
Total		Count	30	89	711	55	1	886
		% within Age group	3.4%	10.0%	80.2%	6.2%	0.1%	100.0%

Gender * Describe your health condition Crosstabulation

		Describe your health condition					Total	
		Very Bad	Bad	Fair	Good	Very good		
Gender	Male	Count	18	35	299	33	0	385
		% within Gender	4.7%	9.1%	77.7%	8.6%	0.0%	100.0%
	Female	Count	12	54	412	22	1	501
		% within Gender	2.4%	10.8%	82.2%	4.4%	0.2%	100.0%
Total		Count	30	89	711	55	1	886
		% within Gender	3.4%	10.0%	80.2%	6.2%	0.1%	100.0%

Who bearded the expenses last time of your illness

Bear the expenses when you had fallen sick last time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Self-funded	63	7.1	7.1	7.1
	Spouse	20	2.3	2.3	9.4
	Daughter	26	2.9	2.9	12.3
	Son	734	82.8	82.8	95.1
	Daughter in law	22	2.5	2.5	97.6
	Son in law	3	.3	.3	98.0
	Brother/sister	3	.3	.3	98.3
	Grandson/daughter	6	.7	.7	99.0
	Relatives	4	.5	.5	99.4
	Neighbors	1	.1	.1	99.5
	No one	4	.5	.5	100.0
	Total	886	100.0	100.0	

Taking Medication

Taking medication

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	858	96.8	96.8	96.8
	No	28	3.2	3.2	100.0
Total		886	100.0	100.0	

Gender * Taking medication Crosstabulation

			Taking medication		Total
			Yes	No	
Gender	Male	Count	376	9	385
		% within Gender	97.7%	2.3%	100.0%
	Female	Count	482	19	501
		% within Gender	96.2%	3.8%	100.0%
Total		Count	858	28	886
		% within Gender	96.8%	3.2%	100.0%

Age group * Taking medication Crosstabulation

			Taking medication		Total
			Yes	No	
Age group	60-64	Count	286	5	291
		% within Age group	98.3%	1.7%	100.0%
	65-69	Count	229	6	235
		% within Age group	97.4%	2.6%	100.0%
	70-74	Count	150	8	158
		% within Age group	94.9%	5.1%	100.0%
	75-79	Count	101	4	105
		% within Age group	96.2%	3.8%	100.0%
	80-84	Count	61	3	64
		% within Age group	95.3%	4.7%	100.0%
	85+	Count	31	2	33
		% within Age group	93.9%	6.1%	100.0%
Total		Count	858	28	886
		% within Age group	96.8%	3.2%	100.0%

Disability

Any type of disability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	201	22.7	22.7	22.7
	No	685	77.3	77.3	100.0
	Total	886	100.0	100.0	

Type	Number	%
Physically disable	51	5.8
Speech disability	16	1.8
Hearing disability	6	0.7
Mental illness	5	0.6
Intellectual disability	1	0.1

Suffering from dementia

Respondent suffering from dementia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	129	14.6	14.6	14.6
	No	757	85.4	85.4	100.0
Total		886	100.0	100.0	

Age group * Respondent suffering from dementia Crosstabulation

			Respondent suffering from dementia		Total
			Yes	No	
Age group	60-64	Count	46	245	291
		% within Age group	15.8%	84.2%	100.0%
	65-69	Count	35	200	235
		% within Age group	14.9%	85.1%	100.0%
	70-74	Count	18	140	158
		% within Age group	11.4%	88.6%	100.0%
	75-79	Count	16	89	105
		% within Age group	15.2%	84.8%	100.0%
	80-84	Count	11	53	64
		% within Age group	17.2%	82.8%	100.0%
	85+	Count	3	30	33
		% within Age group	9.1%	90.9%	100.0%
Total		Count	129	757	886
		% within Age group	14.6%	85.4%	100.0%

Gender * Respondent suffering from dementia Crosstabulation

			Respondent suffering from dementia		Total
			Yes	No	
Gender	Male	Count	46	339	385
		% within Gender	11.9%	88.1%	100.0%
	Female	Count	83	418	501
		% within Gender	16.6%	83.4%	100.0%
Total		Count	129	757	886
		% within Gender	14.6%	85.4%	100.0%

Getting care due to sickness

Receives or received healthcare from the family

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	61	6.9	6.9	6.9
	No	825	93.1	93.1	100.0
	Total	886	100.0	100.0	

Getting care due to sickness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	529	59.7	59.7	59.7
	Sometimes	327	36.9	36.9	96.6
	Never	28	3.2	3.2	99.8
	Not applicable	2	.2	.2	100.0
	Total	886	100.0	100.0	

Getting care due to sickness (Source Code)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Spouse	82	9.3	9.3	9.3
	Daughter	35	4.0	4.0	13.2
	Son	725	81.8	81.8	95.0
	Daughter in law	19	2.1	2.1	97.2
	Son in law	10	1.1	1.1	98.3
	Brother/sister	5	.6	.6	98.9
	Grandson/daughter	3	.3	.3	99.2
	Relatives	2	.2	.2	99.4
	Neighbors	1	.1	.1	99.5
	Do not want t	4	.5	.5	100.0
	Total	886	100.0	100.0	

Conclusion

- The study provides evidence on life of older adults in a rural area of Bangladesh.
- Various daily activities are identified which may be associated with health and wellbeing.
- The health situation is generally declining by age, and it is worsened for women.
- Adult education and activities are associated with better health and wellbeing of older adults.
- The role of stakeholders / NGOs are important to make better life for older adults in rural Bangladesh.

Thanks