

Community, care, and connection: innovative models for elderly empowerment in Bangladesh

Abstract

Bangladesh's population is ageing: adults 60+ now comprise ~9.28% of the population (~15.76 million people), reflecting rapid gains in survival and healthcare, but exposing gaps in income security, health, and social inclusion. Community-based models—particularly ESDO's Probeen Committees and Probeen Samajik Kendra—aim to restore dignity, participation, and access to services. Drawing on national statistics, policy reviews, and ESDO's field experience, this paper (i) Situates ageing within current national trends and social protection architecture, (ii) Documents ESDO/PSKF interventions, (iii) Proposes a rigorous mixed-methods evaluation design, and (iv) Presents program results to date and an equity-focused coverage analysis. We conclude with policy directions to institutionalize community associations and recreation services as a core pillar of elder care in Bangladesh.

Keywords: ageing, public services, care, old age allowance, Bangladesh

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Introduction

Bangladesh is experiencing a demographic shift from a youthful to a more aged population. Ensuring not only longevity but also secure, dignified, and productive lives for older persons is becoming central to social policy. Traditional joint family support has weakened due to urbanization and migration, increasing risks of loneliness, financial insecurity, and health neglect.¹

The present situation in Bangladesh

Demographic trends

The 2022 Population and Housing Census shows that people aged 60+ represent 9.28% of the population. With the census total at ~169.83 million, this equates to ~15.76 million older persons. Projections indicate further rapid ageing through 2050.²

Life expectancy and healthy ageing

Life expectancy and healthy life expectancy have risen over the last two decades, underscoring successes in public health but also extending the period during which social protection and care supports are required.³

Social protection architecture

Bangladesh's National Social Security Strategy (NSSS) frames inclusive social protection, complemented by the Parent's (Maintenance) Act, 2013 mandating adult children to provide for parents' basic needs. The Old Age Allowance (OAA) is the principal transfer for older persons and has expanded in recent budgets.^{4,5}

Government programs: current status and coverage

The Old Age Allowance (OAA) in FY2023 covered ~2.5 million beneficiaries at Tk 550 per month. Given ~15.76 million older persons, this equates to ~15.9% coverage. Proposals in FY2024/25 budget discussions suggest an increase to Tk 650 per month. The Parent's (Maintenance) Act, 2013 requires adult children to support parents, though enforcement remains uneven.⁵

PKSF-ESDO Initiative: community associations & recreation

PKSF's national program—Uplifting the Quality of the Lives of the Elderly People—supports social centers, special savings and pension

options, recognition awards, geriatric nursing/para-physiotherapy, and age-friendly social inclusion. ESDO has localized this model via Probeen Committees (village/ward/union) and Probeen Samajik Kendra (day centers), integrating health camps, assistive devices, counseling, and referral linkages.⁶

Methodology

This study proposes a convergent mixed-methods evaluation design, combining quasi-experimental quantitative analysis with qualitative thematic inquiry. Quantitative data will be collected from ~800 older persons across 12 intervention and 12 comparison sites, with outcomes including wellbeing, social participation, and access to services. Qualitative methods include focus group discussions, key informant interviews, and participant observation, analyzed using thematic coding. Data will be triangulated and integrated into a comprehensive analysis of program outcomes.

Results

National context

As of 2022, ~15.76 million people (9.28% of the population) are aged 60+. OAA coverage reaches only 15.9%, leaving the majority of older persons outside formal income support.⁷

Program outputs

ESDO has established 22 Probeen Committees involving ~210 elders in leadership roles. Recreation centers provide games, peer discussions, and intergenerational exchanges. Health camps, cataract referrals, assistive devices, and counseling services are delivered routinely.

Qualitative outcomes

Testimonies highlight reduced loneliness, enhanced dignity, and stronger intergenerational bonds. Older persons report greater community respect, restored family relationships, and improved confidence.⁸

Discussion

Bangladesh's ageing is accelerating, while social protection remains thinly spread. The ESDO/PSKF community-association

model directly addresses social isolation, information gaps, and care navigation, while strengthening solidarity. The model is low-cost, volunteer-driven, and links effectively with public services. Scaling will require expansion of OAA, institutionalization of Probeen Committees, and sustained monitoring of wellbeing outcomes.

The intended goal of this innovation is not merely to provide recreational spaces, but to restore dignity, strengthen social capital, and ensure access to care and protection for older persons who are often marginalized in policy and practice. By positioning elders as active participants through Probeen Committees, rather than passive recipients, the model advances empowerment and agency.

This approach aligns closely with existing government strategies and policy priorities:

- I. The National Social Security Strategy (NSSS) emphasizes inclusive social protection for vulnerable groups, including the elderly. Probeen Committees and Kendras operationalize this vision by embedding community-based structures that complement national transfers such as the Old Age Allowance.
- II. The Parent's (Maintenance) Act (2013) enshrines family responsibility, yet enforcement gaps persist. Community advocacy through Probeen Committees provides a social accountability mechanism that reinforces legal mandates.
- III. The model contributes to the Eighth Five Year Plan (2021–2025) which highlights healthy ageing, social protection, and dignity for senior citizens.
- IV. Internationally, it reflects Bangladesh's commitments under the Madrid International Plan of Action on Ageing (MIPAA) and the Sustainable Development Goals (notably SDG 1 on ending poverty, SDG 3 on good health and wellbeing, and SDG 10 on reducing inequalities).

By bridging community action with government frameworks, the innovation demonstrates a scalable pathway to integrate grassroots elder associations into formal social protection systems. In doing so, it provides an evidence-based model that can inform policy recommendations for expanding coverage, improving service delivery, and ensuring older persons' voices are systematically included in development planning.⁹

Policy recommendations

- a) Expand OAA coverage and adequacy.
- b) Institutionalize Probeen Committees/Kendras in government programs.
- c) Integrate primary care and rehabilitation with community centers.
- d) Train caregivers and promote mediation under the Parent's Act.
- e) Pilot micro-pensions and health insurance for elderly persons.
- f) Incorporate wellbeing and participation indicators into M&E dashboards.

Voices from the grassroots: case studies

Madhab Chondra (80), Matigara Village, Auliapur Union, Thakurgaon

"I never saw such types of initiatives within my whole life. It's really amazing and I am always waiting for joining Probeen Samajik Kendra. I pray to God for organizers for creating this opportunity."

Nittanandao Roy (73), Kachubari Village, Auliapur Union, Thakurgaon

"Kendra is our life line. I feel respected and wanted. Earlier my son-in-law neglected me, but through the Kendra and committees' advocacy my son-in-law now cares for me."

Faguni Rani (71), Dangapara Village, Auliapur Union, Thakurgaon

"I feel very much happy but at the same time I miss my late husband. He did not have the chance to experience this great opportunity."

Jamir Uddin (72), Shasla Pyala Village, Auliapur Union, Thakurgaon

"I feel this is my home. I am really feeling more comfort in Kendra compared to my own home. I pray to

Allah for organizers for providing this opportunity."

Mazeda Bewa (68), Dhonipara Village, Auliapur Union, Thakurgaon

"I lost my husband more than 08 years ago. I was lonely and frustrated but through the Kendra all of us old people get together. Now I feel better. Kendra is a little far from my home, if possible please establish more Kendras."

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Conflicts of interest

The authors declare there is no conflict of interest.

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