

# Aging Society: Experience of Japan, Lessons for Bangladesh

Md. Shiplu Zaman

A JDS Fellow at Graduates School of Economics,  
Yamaguchi University, Yamaguchi, Japan

## *Abstract*

Aging is unavoidable like death. The demography of Bangladesh is changing and marching toward aging society. The reasons for rapid aging are reduced Total Fertility Rate, declining mortality rate, increasing life expectancy, developed medical system and so on. Bangladesh has taken many measures for the benefits of elderly persons of the country. Even they need some guideline or example that entails the future problems of aging and possible solutions of those problems. In this context, Japan can be a burning example for Bangladesh to deal with the aging issue. At this backdrop, this paper strives to compare and contrast the demography of Japan and Bangladesh; analyzes the nature of problems; tries to evaluate the actions taken to counter the aging problem. Finally, it recommends some lessons for Bangladesh.

**Keywords: Aging, Problems, Japan, Bangladesh, Measures, Lessons**

## **1. Introduction:**

Aging is not new; it is a phase of every human life. It is the by-product of demographic transition (Islam & Nath, 2012). Population aging is the increase of elderly people (Rahman, nd). Old people are the senior citizen of a country. Their experience and guidelines can help track the young generation in the right direction. Aging society is not a concern for many countries while developed country like Japan is already facing the problem. Whereas, developing country like Bangladesh has started feeling the heat of aging and aging will be a great concern of policy issue in near future. With the changing population structure, the needs and requirements of the elderly people also change. Their living style, food habit, health-care and many more issues a

government must take into account while policy-making. Especially, in Bangladesh where the population is enormous with scarce resources, aging issues should be handled carefully. Otherwise, the critical economic problem may arise, and its consequence may harm the country's overall development and growth. That is why, both government and private organization need to have a farsighted view and long-term plan to deal the aging crisis efficiently.

Aging is an essential and unavoidable stage of human life. However, the whole world is not facing the aging problem simultaneously. To change the age structure of a country, it takes a long time. Therefore, the world was not so much concerned about this issue before 1948 when the United Nation (UN) first debated on it at Argentina's initiative and the by Malta in 1969. After that, the UN in 1982 organized an assembly on aging in Vienna, and the "International Plan of Action on Aging" was endorsed by the UN General Assembly. The UN also declared 1st October as "International Day of the Older Person" and year 1999 -the "International Year of the Older Person" (Hossain, 2005). Undoubtedly, the observance of a day every year and a whole year for the elderly helped a lot in creating awareness of the aging issues around the globe. The Second World Assembly on Aging took place in 2002 as "Madrid International Plan of Action on Aging" was adopted with the challenges of "building a society for all ages" (Amerana, 2007). Accordingly, Bangladesh is also observing the day with the due manner and taking various steps necessary for the senior section of the country.

Although, the aging issues are getting serious for Bangladesh, very few research and write-up is coming forward with their recommendations. In this context, this manuscript tries to analyze the present situation of aging in Japan and Bangladesh. The paper strives to compare and contrast the social security system especially for the aged people of the two countries. The data obtained from the secondary sources of Japan and Bangladesh. At first, the document attempts to evaluate the demographic pattern of both countries and then tries to make a comparison of their social security system. The lesson learned from the Japanese experiences will be the way forward for Bangladesh in managing the issues of aging.

## **2. Demographic Trends:**

### **2.1 Japan:**

Japan is one of the prosperous countries in the world. The total population of Japan as of July 2014 is 126,999,808 (estimated) that is 1.75% of the total world population. Japan stands in 10th rank in the lists of the global population with a median age of 46.2 years (worldometers). However, the population is shrinking day by day; in 1920, the size of the population was 56 million and continued to increase until around 2010 when it reached 128 million. Then the downward trend started and it is projected that in 2060, the population would be about 86 million (National Institute of Population and Social Security Research, 2014). The size of the population is decreasing mainly due to fertility declining and reduced marriage rate in Japan. However, the critical point is that the number of people aged over 60 is increasing rapidly because of low mortality. Consequently, work-force size is shrinking whereas dependent people are escalating. The aging rate doubled in Japan from 7% in 1970 to 14% in 1994 only by 24 years. Compare to some European countries where aging is fast like Finland or Germany which takes 40 years for doubling the aging, Japan is very swift (International Longevity Center - Japan). The custom, tradition, beliefs, financial insecurity and so on affect the marital behavior and childbearing of the Japanese people and improved medical system and lifestyle contributing the increase in life expectancy. As a result, the median age of Japan is going up. As per Central Intelligence Agency – CIA the median age of Japan in 2014 is estimated at 46.1 years (total), male 44.8 years and female 47.5 years. Japan is in the second rank with this median age after Monaco with 51.10 years (Central Intelligence Agency - CIA).

Japan's population density is 336 people per kilometer (worldometers). The population concentration is in urban and big city areas mainly because of internal migration of young people. Therefore, the degree of aging varies among the towns and prefectures of Japan. The highest rate of aging in Japan is in Akira prefecture at 28.1% and lowest at Saitama prefecture at 16.9% as of October 2005 (International Longevity Center - Japan). The society was agrarian in the 19th century, and family structure was significant but after the Second World War changed to the nuclear family. Gradually, with the establishment of equal rights of working of female individualization of

the family started. In 2010, the average number of household with a family in Japan was decreased to 2.46 from 4.99 in 1920 (NIPSSR, 2014). The age dependency ratio is also very high for Japan and projected to rise further. The estimated age dependency ratio in 2060 for Japan is 0.784 whereas; it would be 0.643 and 0.518 for Korea and China respectively (Harada, 2012).

If we analyze the population pyramid<sup>i</sup> of Japan, we can see in the year 1920 the shape was like a triangle or pyramid. It means the population was young, people of age 1 to 59 years were greater than that of age 60 years and above. However, in the year 2015, we can see the upper portion is getting wider than the lower part. It explains that the fertility is declining, and elderly people are growing fast with high life expectancy. On the other side, in the year 2060, it almost looks like an inverse pyramid, which means fertility will decline further, and people aged 60+ will rise excessively.

## 2.2 Bangladesh:

A small territory - Bangladesh where 149.8 million People with 1.374% annual growth rate lives in a 147,570 square kilometer land area ( NIPORT, 2013). Despite decreasing growth rate, however, according to Website of Worldometer, as of July 2014, the total population of Bangladesh is 158.5 million and estimated to be around 202 million in 2050. Bangladesh is in the eighth position in the world by the size of the population, and it has 2.19% of the total world population. Concentration of population is 1,101 people per Km<sup>2</sup>, and the median age is 25.4 years (Worldometer population, 2015). According to the CIA reports the median age of Bangladesh is total 24.3 years, male-23.8 years and female 24.8 years (Central Intelligence Agency - CIA).

The present age structure<sup>ii</sup> of the population of Bangladesh looks like a pyramid shape. The base is wider than the top of the pyramid. It means a high fertility is gradually stabilizing. According to Bangladesh Demographic and Health Survey (BDHS) 2011, 35.3% populations are below 15 years compare to 43.2% in the year 1989. In the same year 56.5%, people were within the age of 15-59 years whereas the rate was 50.9% in the year 1989. Most importantly, 8.2% people are over 60 years compare to 5.9% in 1989 ( NIPORT, 2013). However, the population pyramid would be changing

as time progress due to changing demographic trends. In 2060, population pyramid of Bangladesh would look like a tower – the base is getting thinner while the top is getting fat. Slowly but steadily the portion of elderly people is increasing in Bangladesh. If we analyze the trends of the total population compare to the elderly population, we can get the fact. The Table 1 depicts that the total population is increasing though the growth rate is decreasing. However, alarmingly, the number of aged people is increasing continuously. During 1951 to 2010, the absolute number of aged people increase is 7.72 million. If this trend goes on, the number may reach 12.05 million and 17.62 million in the year 2015 and 2025 respectively (Hossain, Demography of Aging and Related Problems in Bangladesh, 2006).

**Table 1: Trends of Elderly Population in Bangladesh**

Year	Total Population		Elderly Population (60+ years)		
	Number (million)	Growth rate	Number (million)	Increase/decrease	Percentage
1951	44.17	0.50	1.94	----	4.4
1961	55.22	2.26	2.89	0.95 million	5.2
1981	89.91	2.35	4.95	2.05 million	5.5
1991	111.46	2.17	6.02	1.07 million	5.4
2001	130.52	1.59	8.10	2.08 million	6.2
2010	148.6	1.36	9.66	1.56 million	6.5

Source: (Khan, 2009) and (BBS, October 2011)

The population of Bangladesh is still young; 56.5% (NIPORT, 2013) of her total people are within age 15-59 years. People of this group are considered as the working force. They take the burden of rest 43.5% children and old people. At present Bangladesh has the advantage of the demographic dividend. However, she needs to cash the demographic dividend into the economic dividend. As the dependency ratio is escalating fast, the country needs to think long and hard about the future age structure and its consequences. Old age dependency ratio, the index of aging and the median age is crucial indicators of aging (Khan, 2009).

**Table 2: Trends in Dependency in Bangladesh**

Year	Dependency Ratio <sup>iii</sup>		Aging Index <sup>iv</sup> (AI)	Median Age <sup>v</sup> (MA)
	Total (TDR)	Elderly (EDR <sup>vi</sup> )		
1951	87	8.2	10.45	19.3
1961	105	10.7	11.30	17.6
1981	109	11.6	12.08	17.0
1991	102	11.0	11.96	18.0
2001	83	11.2	15.90	20.69
2011	63.35	10.45	19.74	24
2051	61	27.96	84.68	36

Source: (Khan, 2009) and (Islam & Nath, 2012)

If we analyze the Table 2, we can see the TDR in its fall, and rise path is decreasing to 60s. However, the EDR is increasing. The AI and MA are also rising high. In 1951, the EDR, AI, and MA was 8.2, 10.45 and 19.3 respectively and estimated to increase to 27.96 (EDR), 84.68 (AI) and 36 (MA). All these factors are crucial for aging issues. These ratios and indices are pointing the future problems and demanding more concern about the aging issues. Similarly, the declining birth and death rate has also contributed to the aging phenomenon. Birth and death rate decreased tremendously; from 1951 to 2001, birth rate reduced from 51.3 to 18.9 while death rate came down to 4.8 in 2001 from 29.7 in 1951 (Khan, 2009). The Total Fertility Rate (TFR) has declined considerably. The TFR came down to 2.3 in 2011 from 6.3 in 1975 (NIPORT, 2013).

The reasons for this decline in both birth and death rate were improved medical facilities, well-structured family planning program, proper sanitation, increase in education and awareness level of mass people, active role of government and Non-Government Organization (NGO) and so on. Consequently, the life expectancy of people increased significantly. It was only 48.1 years in 1961, then increased to 66.6 years in 2007 (Khan, 2009) and 67.7 years in 2010 (BBS, October 2011) and expected to go up further. Obviously, demographic indicators reflect the positive scenario of attainment of Bangladesh. Nevertheless, the enlargement of elderly people is emerging as a future threat that requires proper attention. In Bangladesh, population aged 60 years and above was 1.86 million in 1951 and reached 7.2 million in 2000. The number is

estimated to be 17.62 million in 2025 (Hossain, Demography of Aging and Related Problems in Bangladesh, 2006). These senior citizens suffer from various diseases; malnutrition; poverty; hunger; ability to work and insecurity. Elderly people in Bangladesh are mostly dependent on their children, especially sons. However, the process of urbanization, industrialization, effects of western culture, weakening of family bond, creation of nuclear family, individualism and so forth make them more vulnerable and insecure (Hossain, Demography of Aging and Related Problems in Bangladesh, 2006), (Islam & Nath, 2012). To manage and make suitable policy for such a big number of destitute, poverty-stricken people for a developing country like Bangladesh is difficult. That is why; the aging issue needs special attention of all concerned authority and citizen of Bangladesh.

### **3. The problems:**

#### **3.1 Japan:**

Japan is economically strong and technologically very sound. They believe in total quality and perfect management. Whatever the problem, they try to solve it flawlessly. Nowadays, Japan's main problem is depopulation and aging. However, they are trying hard to overcome and manage this issue. Traditionally, Japanese are hard working; job and career are their passion. They marry late, even sometimes do not marry, the point of taking children comes later. Consequently, the population is decreasing, and the number of people aged over 60 is escalating very fast. These aged people need more medical facilities and nursing. They need family and social support. Nevertheless, Japan is doing the best for them as social security, medical support, and technological advancement as an intelligent toilet, intelligent car, robot pet, robot nurse, and motorized wheelchair and so on.

Japan has money and technology but not people. Who will take care of these growing elderly people? More than 25% people of Japan is aged over 65 years and supposed to increase to 40% by 2055 (Mariko Oi, 2015). Therefore, Japan needs more nurses and caring people. However, Japan is ethnically homogeneous country, and they do not allow foreigners entry into Japan for a long time. They believe open Japan for immigration will cause social conflict due to multiple cultural ideologies. Japan has used

the science for taking care of aged people like robot nurse, but the empathy and love a relative for caring is missing from the robot. At the later stage of life, a person wants human love and affection. Due to individualism and mono family structure, grandparents cannot get the company of their grandchildren. Hence, they remain aloof and isolated. As a result, they accept a pet as their time passing element. However, pets also need care and proper food.

Japan's aging problem also put pressure on their economy. Japan started their social security system since 1961 and the main beneficiaries are the people aged 65 and above who have to pay nothing after 65 years. Thus, as aging is increasing, Japan needs more finance to pay them as a pension. It creates more financial pressure on their economy. Hiroshi Yoshikawa (2012) reported in the East Asia Forum, that the total social security benefits in 2011 was more than 100 trillion yen (US\$ 1.27 trillion) which is 20% of country's total GDP. Again, in 2012, 31.1% of the national budget of total 90 trillion yen (US\$ 1.14 trillion) was allocated for the social security system (Hiroshi Yoshikawa, 2012). Some parts of the benefits are also coming from the taxes cutting the pockets of citizens. In 2014, the consumption tax was increased to 8% from 5%.

On the other parts, working people aged 20 to 64 years are taking the burden of paying a contribution to the social security system. Due to a decrease in marriage and birth rate, young population is also decreasing. It is assumed that by 2050, the ratio of age and working people will be one to one. Therefore, aging is making revenues down and payments up simultaneously (Hiroshi Yoshikawa, 2012). Moreover, medical cost and geriatric health service is also climbing. All the problems discussed above are a matter of great concern in Japan.

### **3.2 Bangladesh:**

Bangladesh is not as developed as Japan. She has the human resource but not enough finance. Aging is emerging issue that requires proper attention. Bangladesh is quite an open country where western culture and traditions are entering easily. Consequently, the ways of living and family composition in Bangladesh especially in an



urban area are changing rapidly. The single nuclear family is replacing the traditional joint family. Even in rural areas, family structure is transforming due to poverty, quarrel, self-interest and mal-adjustment (Rahman, nd). As a result, elderly people are becoming isolated and living a hard life - alone or with a spouse. Their separation makes them weak mentally and emotionally. They do not want to be unwanted or abandoned by the society. Naturally, people of Bangladesh are very simple, friendly, social and amiable. They do not have much expectation rather want to be loved by their kin and kith.

Old people are more susceptible to diseases and disabilities than young due to deteriorating of the physiological condition. Consequently, working ability of elder people reduced and they do not get a suitable job. Their participation in the labor force is decreasing from 62.5% in 1950 to 46.6% in 2010 and estimated to decrease further to 42.9% by the year 2010 (Rahman, nd). Therefore, they have poor or no income and are far below the poverty line. The senior citizens cannot afford to have good food, medicine or necessities for their own. Bangladesh lacks standard and easily available medical facilities for aged people. The elderly people neither have enough money for private treatment nor can move to a distant to get the government health services.

Like Japan, Bangladesh does not have any social pension system for aged people. However, they get the old age allowance from the government started since 1997-1998. The amount of monthly allowance is minuscule that an old person cannot run even for a week. Nevertheless, the allowance is fully government funded; no contribution from any age group is taken for this purpose. Bangladesh has a scarcity of resources and almost every year it suffers from natural disasters. Therefore, it is difficult to manage all the issues of aging at once. The government is taking many social safety net programs, and many NGOs are working on this subject as well. The next section will discuss the various measures that Japan and Bangladesh are implementing for the elderly people.

#### **4. Measures for elderly people:**

##### **4.1 In Japan:**

The history of Social Security in Japan (SSJ) has its origin in the Pre-Modern Era (before 1868). Then SSJ was based on charity ethics of Confucianism and Buddhism, and beneficiaries were limited. Mutual aid was the main principle and acted as social capital. Up to Edo period, from Chinese continent medicine was imported and after Edo time, from the Netherlands. However, in the Meiji Era (1868-1912), despite modernization, poverty created social instability in Japan. With Meiji in the Taisho Era (1912-1926), poor health and working condition was the main problems. Therefore, many Acts like Health Insurance Act (1927), National Health Insurance Act (1938) and so on were enacted. In addition, Ministry of Health and Welfare (1938) and the several charitable organizations were established in this period. The Meiji government also initiated the western medicine. The SSJ developed a lot after the World War II. The foundation of an SSJ lies on the Article 25 of the Constitution of Japan. In 1961, Japan saw the rapid economic growth, then the health insurance, and scope of pension expanded and promulgated the "Universal Coverage in Public Pension and Health Insurance." In 1963, "The Act on Social Welfare Service for Elderly" started to act (NIPSSR, 2014). Nevertheless, the present system of social security in Japan is well developed and better than that of any other time.

A social security system targets to support all those destitute people suffering from poverty, illness, disability, aging and unemployment. The SSJ aims to do the same too. However, this paper will only discuss the programs related to aging issues. The SSJ has many types of schemes as shown in the table below,

**Table 3: Various Schemes in the Social Security System of Japan**

Sl. No	Scheme	Finance	Benefits		Main type of function (ILO Standard)
			In-kind	Cash	
1	Public Pension	Social Insurance		*	Old age, Survivors, Invalidity Benefits
2	Health Insurance	Social Insurance	*		Sickness and Health
3	Public Health	Tax	*		Sickness and Health
4	Long-term care insurance	Social Insurance	*		Old age
5	Services for the elderly (except for long term care insurance)	Tax	*		Old age
6	Family Policy	Tax	*	*	Family Benefits
7	Policy for Person with Disability	Tax	*	*	Invalidity Benefits
8	Public Assistance	Tax	*	*	Social Assistance and others
9	Employment Insurance	Social Insurance		*	Unemployment Family Benefits
10	Work-related Accident Insurance	Social Insurance	*	*	Employment Injury

Source: (NIPSSR, 2014)

In Table 3, serial no. 1, 2, 4, 9 and 10 are social insurance. The serial no. 1 and 2 cover the entire citizen. Whereas, serial no. 4 covers the citizens aged 40 years and over. The employees working are under the schemes no. 9 and 10. The social insurance is financed by the premiums of all insured and tax revenue as a subsidy (NIPSSR, 2014).

The SSJ was established at the time of Japan's high-growth when aging was not a big problem. The multi-tiered SSJ is very generous for the aged person. However, with this aging rate the system would not be so sustainable in the future, as it was in its origin (Harada, 2012).

#### **Social Security:**

In the General Budget for FY 2014, social security covers 31.8% of entire 95.9 trillion

yen however in FY 1990 it was only 17.5% of the total budget of that year. Out of a total of 115.2 trillion yen social security in 2014, the only pension equals 56 trillion yens (Ministry of Finance, 2014). We can see a comparison of two fiscal years that how the allocation is increasing for social security due to demographic changes. In FY 2012, the total allocation in social security was 109.5 trillion yen – 22.8% of GDP that year. However, it is estimated that the cost will rise to 148.9 trillion yen – 24.4% of GDP in FY 2025 (Ministry of Finance, 2014).

**Table 4: Increase in social security in Japan from FY 2012 to FY2025**

Fiscal Year	2012 (trillion yens)	2025 (trillion yens)	Increases
Total GDP	479.6	610.6	1.27 times
Total benefits	109.5	148.9	1.36 times
a. Pension	53.8	60.4	1.12 times
b. Medical care	35.1	54.0	1.54 times
c. Long-term care	8.4	19.8	2.34 times
d. Support for child and childcare	4.8	5.6	1.67 times
e. Others	7.4	9.0	1.22 times

Source: Author prepared from Japanese Public Finance Fact Sheet, Ministry of Finance, 2014.

From the Table 4 we can see that pension, medical care and long-term care, which are related to aged people, will increase in 2025. In 2025, the first baby boomers generation who born in between 1947 -1949 will turn 75 years old and more (Ministry of Finance, 2014). At that time, they will require more care and more financial support.

#### **Medical care:**

Japan spends a big amount of money for the medical care of its population. However, the big part of the medical care goes for elderly citizens of the country. The national medical care is financed through insurance contribution - 50%, tax - 40%, and patient charges - 10%. As the OECD Health Data 2013 reports, the national health care expenditure was 43 trillion yen of which public fund - 26%, insurance contribution - 48.6% and patient charges - 13%. Compare to other OECD countries Japan has the highest average length of stay at the hospital as 32 days and the number of bed per thousand people as 13.4 (Ministry of Finance, 2014). Therefore still, there is scope to improve the medical care system, and Japan is concentrating on that. Japan has

different rate of copayment<sup>vi</sup> or patient charges based on age as, before school age means age 6 – 20%, up to 70 years – 30%, from 70 – 75 years - 20% and above 75 years – 10% only. Medical care expenditure per capita also varies with the ages like, aged below or equal to 64 years – 175,000 yen, for aged 65 to 74 years – 553,000 yen and for aged 75 years and over – 892,000 yen. The cost of medical care increases with the increase of the number of a hospital bed that differs from prefecture to the prefecture in Japan (Ministry of Finance, 2014).

#### **Long-term Care:**

It is another aspect of the SSJ. From the inception of the long-term care system in 2000, its cost is going high. In 2010, the cost was 3.6 trillion yen and increased to 10 trillion yen in 2014. Out of the 10 trillion yen, the public fund is 52.1%, insurance fee 40.6% and user charges covers only 7.3% costs (Ministry of Finance, 2014). With the increased in aging the demand for long-term care is also increasing. Especially the welfare facilities for the elderly people like special elderly nursing home. As a result, long-term care providers have a good business.

#### **NGOs and volunteer organizations' role:**

As per the reports of the Japan National Council of Social Welfare, as of 2005 there were 124,000 volunteer organizations in Japan (TJF). These organizations are engaged in various activities and social services including aging issues. For example, International Longevity Center (ILC) Japan organizes various seminars and round table meeting; JICA conducts research, and Japan Aging Research Center (JARC) arranges International Expert Conferences regularly on aging. From 1980, aging gets the awareness momentum and then nursing, support of elderly and disable person, organizing social events, the supply of meals become widespread (TJF).

#### **Others:**

Japan observes some days particularly for marking and creating awareness for the elderly people. Japan celebrates the second Monday of January each year as “The Coming of Age Day” and every year the third Monday in September is celebrating as the “Respect for the Aged Day”. However, Japanese people are very submissive

and respectful to their seniors and aged people. The policy office on the Aging of Society Management and Coordination Agency under the Prime Minister's Office acts as the national coordinating body on aging in Japan. All ministries are the members of this committee; however, MOFA is the liaison office for the international affairs. The committee's major functions are to coordinate policies and reports relating to older people and to conduct research and educate mass people about the aging. Overall, Japan, and its people are very much concern about the aging issues.

#### **4.2 In Bangladesh:**

Bangladesh is striving to become a middle-income country. It has a scarcity of resources but a large population. In Bangladesh, there is no structured social security system or pension system for any public or groups like Japan. However, Bangladesh always cares for and is concerned for the elderly portion of the population. The government of Bangladesh has already taken many initiatives for the betterment of the aged people. This section will discuss the responses to the aging problems in Bangladesh.

#### **Responses of the State and Government:**

Article 15(d) of the Part-II of the Constitution of Bangladesh, ensures the right of elderly people. It mentions that the fundamental responsibility of the Government is to ensure the social security of widows, orphans or elderly people from unemployment, illness or disablement (Ministry of Law, Bangladesh). The constitution also mentions about the rights of necessities of the entire citizen like food, clothing, shelter, education and medical care.

Nonetheless, Bangladesh was present from the very beginning in the World Assembly on Aging held in Vienna in 1982. The government of Bangladesh constituted the National Committee on Aging, and it was the first move to address the aging issue from the government level After the VIPAA in 1982. The Minister and the Secretary of the Ministry of Social Welfare were the President and Vice President of the Committee respectively. While representatives from the different ministry and related organization were members of the committee (Khan, 2009).

However, after the Vienna International Plan of Action (VIPAA) 1982, Bangladesh started the 'Old Age Allowance' scheme in 1998 for the first time. Bangladesh is also a part of Madrid International Plan of Action (MIPAA) adopted in 2002 in the Second World Assembly on Aging with a view to "building a society for all ages." MIPAA played a crucial role in motivating government, non-government and other organizations concerned with aging issues.

In addition, Bangladesh has formulated the "National Social Welfare Policy 2005" and "National Policy on Older Persons 2013". Both are in conformity with the Article 15(d) of the Constitution of Bangladesh. In the National Social Welfare Policy, the government committed to provide financial aid to aged people as a part of social security. However, the objectives of the National Policy on Older Persons 2013 are,

- To include aging issue into all other policies and take appropriate work-plan
- Recognizing old people socially, culturally, economically and politically
- Ensuring participation of aged people into development and social initiatives
- Including aging issue into the Health policy with importance to provide better and preferred medical service to aged people. In addition, encouraging personal and social inventiveness in this regard
- To promulgate act for the safety of elderly from increasing urbanization and breaking of combined family
- To update the information of aged people and to do survey on aged people regularly
- To make suitable home for aged people and to ensure necessary physical structure aged friendly
- To ensure the preference of security of the elderly people at the pre and post-disaster time
- To create awareness about aging bring mass media under social and corporate responsibility, and include the aging issue into the course curricula of the education and training
- To eliminate all sorts of discrimination against aged women and aged disabled persons and supply special assistance in this regards

- To make the policy to make the inter-generation communication and unity

The policy will be beneficial if the objectives as mentioned earlier function well. The government needs to be more active and alert of the problems of the elderly people and tries to solve those problems immediately. Nevertheless, the Population Policy of Bangladesh 2013 also addresses the issues of elderly persons and their preference in a social safety net program of the country. It spells to strengthen family support system through advocacy, increase prevailing old age allowances and coverage and so on. On the other hand, the Health Policy of Bangladesh also aims to ensure especial attention to the health problems of destitute people including aged persons (MOH&FW).

#### **Pension system:**

Bangladesh does not have pension or insurance system for all like Japan has. However, for all the retired government employees there is a pension system entirely funded by the government. At present, a public servant retires at the age of 59 from the job. On retirement or death, they can get the pension every month. Therefore, all the public employees at their elderly stage can have some sort of financial strength. A public servant on retirement or death can get 32%, 48%, 64% and 80% of their last basic salary as pension after 10, 15, 20 and 25 years of service respectively (Miah, 2014). Moreover, a system of Gratuity and General Provident Fund (GPF) is also there for the future of public servants. Gratuity is a part of Pension paid at once after the retirement of the employee while the GPF is the service long deposited money for an employee. Every month they have to deposit at least 10% of their basic salary as GPF to government account on which they get interest from the government. After 52 years of their service they can withdraw all the money from GPF, however, they can take the loan from that fund before 52 years of age. These entire schemes give the government employees a kind of security at their old age.

#### **Social Security:**

Bangladesh does not have social insurance or pension system for the mass people. However, the government has the safety net programs for the vulnerable and



destitute groups like an elderly person, disabled and widowed. The allowance amount per month is negligible. However, the process of giving allowance begins to help the needy people of the society.

Old Age Allowance Program (OAAP) started in 1998, and its objective is in conformity with the Millennium Development Goals (MDGs). The main goals of the program are

- to ensure social security and socio-economic development of the elderly people
- to raise their respect and recognition in their family
- to make them mentally strong through financial aid
- to help in increasing medical treatment and nutrition supply

In FY 1998 – 1999, only a total 485 million Taka was allocated for 0.403 million beneficiaries at Taka 100 only per person. However, gradually the allowance increased four times to be Taka 400 per month and the number of recipients is 2.722 million in FY 2014-2015 (MoSW).

Allowance Scheme for Widows and (Husband Deserted) Distressed Women (AS-WDW) is a scheme of Bangladesh Government started in 1998 with almost same objectives of OAAP. Under ASWDW, a widow including the elderly widow and distressed women, is getting Taka 400 per month and in FY 2014 – 2015 the number of the recipients were more than 1 million (MoSW). Another initiative of government started in FY 2005 – 2006, to give monthly allowances to the insolvent persons and persons with disability and elderly and women get the preferences. In FY 2014-2015, 0.4 million beneficiaries receive Taka 500 per month as allowance (MoSW).

Moreover, in 2002 the government has started an allowance program for distressed freedom fighters<sup>viii</sup>. The government is implementing multifarious programs like increase of honorarium, ration and medical service for the welfare and rehabilitation of the freedom fighters. In the Budget Speech of FY 2015-2016, the Finance Minister proposed to increase the allowance for freedom fighters who are aged 65 years or more from BDT 5000 to BDT 10,000 per month (NBR).

Nonetheless, major political parties of Bangladesh are also concerned about the aging issues. During the National Election of 1996, 2001, 2008 all the parties have their commitment for the elderly people in their election manifesto. However, those commitments are implementing slowly (Rahman, nd).

#### **Responses of the NGOs:**

The NGOs play a vital role in the socio-economic development of Bangladesh. Sometimes they act as watchdogs for the government activities while sometimes they are the partner in social activities. Many organizations in Bangladesh are imparting their crucial responsibility in the issue related to aging.

Bangladesh Association for the Aged and Institutes of Geriatric Medicine (BAAIGM) is the oldest and biggest organization established on 10 April 1960 in this regard. BAAIGM's prime aim is to provide physical, social and psychological support to elderly people and to create mass awareness about the aging issue (Khan, 2009). At present BAAIGM, have 60 branches all over the country (BAAIGM, 2015). They take assorted programs for the elderly people and observe the "International Day of Older Person" in assistance with UNFPA, WHO and other government organizations (Khan, 2009).

Old and Child Rehabilitation Center (BASHIPUK) is an excellent example of corporate social responsibility. A businessperson established this organization in Dhaka in 1987 and later shifted to Gazipur district. In its two branches in two districts a total of 1500 aged people, get accommodation, socio-cultural and medical support. BASHIPUK have representatives in every sub-district of the country to collect information and help the poor and elderly people (Khan, 2009).

Resource Integration Centre (RIC) a government approved non-government voluntary organization was established in 1981 with a view to supporting national development. Its especial attention is in rural areas and focuses on the disadvantaged people of the country. RIC has the advocacy and microfinance program to help elderly people generating income in 58 unions of Bangladesh. In this process, HelpAge

International and The European Union are assisting RIC (RIC, 2015). RIC has formed a network of HelpAge International, BRAC, BAAIGM and BWHC named as “Aging Resource Centre – Bangladesh (ARC-B)” (Khan, 2009).

Other organizations like Service Center for Elderly People (SCEP), Elderly Initiatives for Development (EID), Bangladesh Association for Gerontology, Ragib-Rabeya Foundation and so on are actively working for the aging issue in Bangladesh. Many service associations like Bangladesh Retired Government Employees Welfare Association, Defense Personnel Welfare Trust and so forth are also indirectly helping aged people of the country.

#### **5. Lessons and Recommendations for Bangladesh:**

Despite having many differences, after observing the demographic situation in Japan, Bangladesh can learn many things from them. Especially, the issues related to aging and demographic trends can be a field of study and analysis for Bangladesh. However, the learning on the aging may help Bangladesh to be prepared for future to plan and manage the prospective problems that can increase later.

#### **Demographic:**

As mentioned in the earlier section, that Japan population is decreasing day by day mainly because of low birth rate and the decrease of the marriage rate. The population growth of Bangladesh is also going downward. However, the country yet to reach the replacement level Total Fertility Rate (TFR) of 2.1. Bangladesh is a miracle to the world to decrease the TFR at a high speed to 2.3 in 2011 from 6.3 in 1975 (NIPORT, 2013). Nonetheless, Bangladesh needs to be careful enough that this depopulation cannot make the demographic imbalance that would increase the dependency ratio. Therefore, Bangladesh should take such a moderate family planning policy that would maintain the balance of the young and elder population in future.

#### **Economic:**

Japan's social security and insurance system is well formatted and organized; however, their economy is also one of the strongest in the world. Although, Japan is

providing a handsome amount of money to elderly people as social insurance, it has negative economic consequences. With the decrease of working people, the base for social insurance premium payers in Japan is declining. Consequently, they have to increase the tax to cover the increasing benefits payment to aged persons. Japan's public deficit is skyrocketing, and social security system is getting unsustainable (Hiroshi Yoshikawa, 2012).

As Yutaka Harada (2012) mentioned,

“The ratio of social security expenditures to nominal GDP was 23.0% in 2010, but it is estimated to rise to 42.9% in 2060. This is a 19.9% percentage-point jump up in social security expenditures. A 1% hike in the consumption tax produces revenues equivalent to 0.5% of GDP. Financing a 19.9- point jump would thus require an additional 39.8% rise in the consumption tax” (Harada, 2012).

On the contrary, Bangladesh does not have such organized social security system. The government is paying some allowances to the destitute from their fund; no system of premium payment is available. However, the number of elderly people is increasing; it will need more investment in social security. The lesson for Bangladesh here is if they want to establish an insurance policy like Japan's, then that system needs to make sustainable and suitable for country's economy. Bangladesh government also needs to raise the amount of money they pay to the aged persons considering the prevailing socio-economic indicators. Finally, Bangladesh can start a small indirect tax to create a fund for future that can be used for the benefits of the aged persons.

### **Health:**

The health and medical services in Japan is well structured. They have taken many steps for the aged people. Technology brings the medical service to the fingertips of an elderly person. Japan is spending a big amount for treatment purpose of the aged section of the society. Bangladesh on the other side is neither financially sound nor technologically developed as Japan is. However, Bangladesh should provide the minimum health service required for the senior citizens of the country. Hospitals and

medical centers need to set up in every locality so that the aged person can go there easily and at low cost. Bangladesh has no health insurance system, therefore; the government should supply medical facilities and medicines at subsidized price. Government should also look upon the easy communication of aged person to the medical center. Moreover, elder persons must get priority in every medical point. In addition, a separate and especial program should be made for the elderly women, widowed and husband deserted women. Technology and e-service can be used in the medical treatment in Bangladesh. Nonetheless, few mobile companies are already started the telemedicine service in Bangladesh. Finally yet importantly, Bangladesh needs specialized geriatric hospitals for better and timely treatment for the elderly person. For the alone, destitute and vulnerable elder persons government should make an old-age home in every district of the country.

#### **Prioritizing the issue:**

Japan is giving full importance and most priority to the aging issue. They have many programs and policy for the aged parts of their demography. The entire Japan knows and is worried about the aging problem. In response, they are conducting regular publicity programs like the seminar, conference and so on to make the mass people aware about the problem. Bangladesh must consider the aging while making any policy. However, Bangladesh has the population policy and many programs to address the issues. But they need to implement those policies and programs for the benefits of aged people. Role of mass media is paramount for awareness building and involving mass people into the service of elderly people. More seminar, symposium, discussion are needed for this purpose. The government can address the aging in the curricula of the different educational level. The Bangladesh government should work together with the NGOs to solve the miseries of the senior citizen of the country. Environmental disasters are frequent in Bangladesh and elderly, women and children are the most vulnerable to those calamities. Therefore, government should take extra measures to protect them from various natural hazards. More importantly, a group of volunteers needs to create in Bangladesh to help the aged person of the society.

**Social involvement:**

Nowadays, in Bangladesh aged people feel lonely, as they are isolated from the society and family. The family bond is weakening, and a single family is taking the place of a big joint family. As a result, the elderly persons are becoming more frustrated and miserable. The Same situation is also in Japan; people are living individualistic life. Usually, after a child turn adult, they leave their parents and become busy with career building. Nevertheless, in Japan, there are many programs to involve the aged person into various social activities. Many young volunteers are helping the older persons spontaneously. Besides, respect to the aged person by the young is remarkable in Japan.

Bangladesh can learn from Japan that how they support and counsel elder person to overcome loneliness. Moreover, an elder person knows their problems and requirements if they are involved in the policy formulation; they can give the best inputs. Bangladesh should take the experience of aged by involving them into social activities, policymaking, and nation building. The government also needs to take necessary measures to prevent the decay of family bond and make people inform about this.

**6. Conclusion:**

We cannot escape from aging except we die. Aging is certain and irreversible. Therefore, we need to take some actions that we can pass our aging smoothly without having any tribulations. This paper's main aim was to find out the problems of aging in a country, for example, Japan that is already experienced the phenomenon. Then recommend some lessons or learning for Bangladesh, which may face the situation in future. The article analyzed the problems and present status of aging in both Japan and Bangladesh. It attempts to make a comparison between the two countries regarding the facilities and services provided to their elderly section. Finally, it shows the gaps remaining in service delivery of the two countries to aged persons.

The EDR, AI and MA in Bangladesh are gradually increasing. In addition, life expectancy and cost of living is also going high. In these circumstances, the demography of Bangladesh is changing; the portion of workforce will decrease day by day. Consequently, country's economy will face a negative impact. Furthermore, social bond and

family network is also weakening in Bangladesh. All these factors mentioned above are making the lives of elderly people more vulnerable and insecure as days progress. Before, the aging problem starts bothering the economy and socio-cultural system of Bangladesh, we should prevent. Bangladesh as a developing country should take the experience of Japan, that how they manage and trying to solve the problems of aging. Then Bangladesh can formulate and implement the necessary for the benefits of aging society.

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**Notes:**

<sup>i</sup> [www.ipss.go.jp/site-ad/TopPageData/pyrea.html](http://www.ipss.go.jp/site-ad/TopPageData/pyrea.html)

<sup>ii</sup> <http://populationpyramid.net/bangladesh/>

<sup>iii</sup> TDR is the ratio of total number of people of over 60 years plus below 15 to the people aged 15-59 (Islam & Nath, 2012)

<sup>iv</sup> AI is “the ratio of the people aged 60 or over to children under 15 years of the age” (Rahman, nd)

<sup>v</sup> MA “divides the total population into two equal parts- half older and half younger” (Rahman, nd)

<sup>vi</sup> EDR is ratio of people aged 60 or more to the people of working age of 15-59 years (Rahman, nd)

<sup>vii</sup> [www.mhlw.go.jp/bunya/iryuhoken/iryuhoken01/dl/01\\_eng.pdf](http://www.mhlw.go.jp/bunya/iryuhoken/iryuhoken01/dl/01_eng.pdf)

<sup>viii</sup> Freedom fighters are those person who fought for the country in the Liberation War of our country in 1971, majority of those people are now aged 60 years and more.

## 推薦文

本稿は、本学公共管理コースを修了したバングラデシュの官僚Shiplu Zaman氏によるもので、彼の別稿は既に本山口経済雑誌に掲載されることになっており、この論稿も該当委員会で掲載が認められているものである。本稿の元となった修論は、膨大な資料を調べて体系的によく整理した上でアンケートやインタビュー調査を実施しており、本国での事前のプレゼンテーションでも極めて高い評価を得ていたということが本学の担当教授からも報告されている。

本稿は、日本とバングラデシュにおける社会の高齢化に関して比較考察を行なったものであるが、南アジアにおいて合計特殊出生率が人口置換水準である2をあと数年で割り込むことは日本では意外に知られていない。他のアジア諸国以上に、社会保障が整備されていない中で少子高齢化が進捗することが懸念される。学術論文としては改善の余地があるものの、問題提起として意義があり、掲載を推薦するものである。これを契機にバングラデシュ等で日本を参考にした少子高齢化対策が進むことを期待する。

馬田 哲次, 浜島 清史 (文責)