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Comparison of health care services between public and private old homes in Bangladesh

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Abstract
Aging is a natural, multidimensional process of human life. Old age is the closing period of the life of an individual. A person's activities, attitudes towards life, relationships to the family and work, biological capacities and physical fitness are all confined by the position in the age structure of the particular society in where she/he lives. The aim of the present study was to evaluate the health care services in old homes and aging people preferences for the place of end-of-life care and their need for receiving health care services in Bangladesh. About 51% male, 49% were female and mean age of the respondents was (65.43±5.239) years. Most of them (98%) were Muslim, 94.1% married and 35.29% were in master degree holder. Mean income of the respondents was (Tk. 19600±17530.92), family member (2.96±1.26) person and average living years in old homes was (mean = 2.94±2.58 Years). About 68.63% came by their self-activities, 11.76% respondents were bought by their sons. About 52.9% came in old homes for their family problem, 74.29% came in old homes by conflict with their sons. Monthly expense of the respondents were (tk. 9053.57±2310.76) in public old homes while in private old homes is total free of cost. About 28.6% essential services, 32.1% regular service, 53.6% health related services, 51.9% doctors services and only 10.7% gained medicines in public old homes while 87.0% essential services, 73.9% regular service, 95.7% health related services, 69.6% doctors services and 87.0% gained medicines in private old homes. Both public and private old homes had no ambulance services for male and female separately and in both old homes give food three times daily. About 28.6% are agreeable and 28.6% are satisfied in public old homes while 87.0% are agreeable and 87.0% are satisfied in private old homes. The present findings may help the planners and policymakers to develop an effective old homes care system in Bangladesh considering Bangladeshi people's need for health care services.

Keywords: Old homes, Health care services, aging people

1. Introduction
Aging is generally defined as a process of deterioration in the functional capacity of an individual that results from structural changes with the advancement of age (Sultana, 2011) [13]. At a global level, especially in the developed world, population of the people older than 65 years is growing at a faster rate compared to other classes of people below 65. The responsible factor is more connected with increase in life expectancy and decline in number of children being given birth to in a year (Plank *et al*., 2009) [12]. Reliable data shows that the elderly has the fastest growing population in the world, especially in the developed world where good standards of living and medical advancement is the order of the day (Toner *et al*., 2003) [15]. Meanwhile, as people age, they experience some kind of changes or decline in health status which means that as age-related changes set in, the elderly become challenged health-wise and coping will become the only tool to move on with life (Birkeland & Natvig, 2009) [3]. In 2005, 6 percent of the total population (8.3 million) were aged 60 or above which increased to 7.39 percent (10 million) in 2010 (HIES, 2010). The Government of Bangladesh provides an old age allowance to 2.475 million elderly people, costing 8.91 billion taka (GoB, 2012) [5]. Due to the growing problem of poverty among the elderly, the government of Bangladesh started the elderly allowance scheme in 1998. It focused on the following eligibility criteria: 1) People aged 65 or over who are physically challenged and unable to work will be given preference; 2) Physically sick, mentally challenged, physically and mentally disabled and have limited ability to work will be given preference; 3)

The people who spend most of their income on food (yearly income is less than 3,000 taka) will be given preference (Kabir and Rana, 2013) [7]. Population ageing in Bangladesh is viewed as natural outcome of demographic transition from high fertility and mortality to low fertility and mortality. It represents the years of successful family planning and public health programs that have changed the population growth of the country (Strong, 1992) [14]. Bangladesh in 1911, 1951, 1981 and 1991 were 1.37, 1.86, 4.90 and 6.05 million respectively and the projected figures for 2000, 2015 and 2025 are 7.25, 12.05 and 17.62 million. The number of elderly persons in Bangladesh was protected to double from 7.8 million in 2011 to 16.2 million by 2025. This change in population characteristics will have serious consequences on society as well as on the overall socio-economic development of the country (Flora, 2011) [4].

Bangladesh is a very small country. But her population is high. Due to statistics date, age is expected to accelerate and by 2050 the number of persons aged 60+ are projected to be approximately 40.5 million (United Nations, 2005). Supporting person of the aged people will be reduced. By 2050 the TFR is expected to as lower as 1.85 births per woman (Khan and Raeside, 2005) [8]. May be two earned person will give support every one aged people. It will be difficult and also be a challenge for not only globally but also in Bangladesh. So, it is the best time for thinking about aged person for their residence and also how they will maintain their life style. Globally old homes are available and most of the countries are giving support to their aging people. In Bangladesh government published an act "National Policy on Older Persons, 2013" but there is only one geriatric hospital in Argagoan. According to publish of Bangladesh Association for Aged & Institute of geriatric Medicine, in globally 19% aged people will be available among the total population of the world. In Bangladesh, 4.98% was geriatric person among the total population of country (1990). In 2010, it had been 30.5% (National Geriatric rules, 2013) [11]. In 2050, it will be approximately 50%. The purpose of the study is to compare the health care services between public and private old homes. The study will help to make policy and unwanted need for geriatric person.

2. Materials and methods

A descriptive cross sectional study was done for Comparison of Health Care Services between Public and Private Old Homes. Study place were Bangladesh geriatric hospital, Agargoan, Dhaka, Geriatric rehabilitation Centre, Gazipur, Khaleda Zia old homes, Savar and Institute for autistic children and blind, old homes and T N mother child hospital, Savar. The study period was started from January 2016 and ended in August 2016. Study populations were all the residence of old homes who agreed to participate in interview. Inclusion criteria were residence of old homes who were available to answer the question and residence of old homes who gave consent and participated to fill the questionnaire. Total respondents were 51; at public old homes sample size was 28 and at private old homes sample size was 23. In Bangladesh old homes are not available. At first, Dhaka division was selected randomly for data collection. In Dhaka four old homes were found. And take decision for sampling in all old homes for the study. A semi structure questionnaire was used for data collection tool. Data collection was done by face to face interview with the residence of old homes. Two male interviewers, one female interviewer and researcher himself were involved in collecting data. The interviewers were trained up before the beginning of data collection. Data was analyzed by using the software SPSS 16.0 version. And data are presented in tables, graphs, charts and bars.

3. Results

This cross sectional study was conducted by face to face interview in the four old homes. A total number of 66 residences were found and only 51 respondents (77.3%) were interviewed. The mean age of the respondents was (65.43±5.239) years. Among the respondents, 51% were male and 49% were female. 98% were Muslim in contest of that only 2% were Hindu. About 94.1% respondents were married while 3.9% were unmarried and 2% were divorced.

Table 1: Distribution of the respondents by age, sex, religion and marital status (n=51)

Variables	Number	Percentage
Age		
60-65 Years	32	62.8
66-71 Years	13	25.5
72-77 Years	6	11.8
Mean age (65.43±5.239) years Sex		
Male	26	51
Female	25	49
Religion		
Islam	50	98
Hinduism	1	2
Marital status		
Married	48	94.1
Unmarried	2	3.9
Divorced	1	2

Regarding educational status, majority 35.29% of respondents are in master's degree holder in contest of that only 3.92% of them completed higher secondary school certificate. About 17.65% respondents were illiterate while 13.73% of them completed primary level and 23.53% completed bachelor degree and 5.88% completed secondary school certificate course (Figure 1).

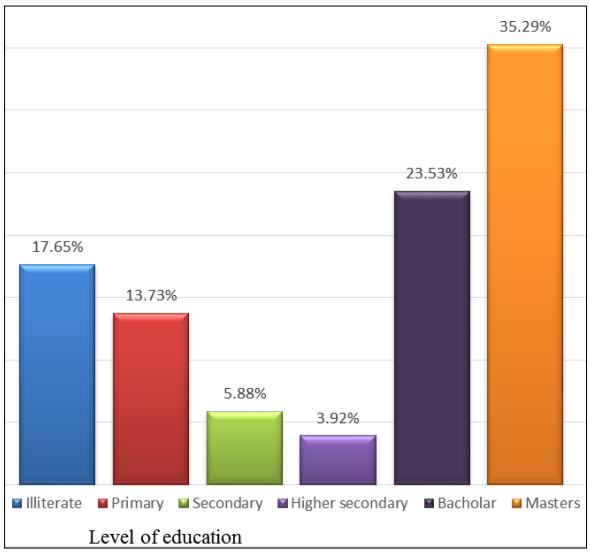

Fig 1: Distribution of the respondents according to education

The study investigated the monthly income of the respondents. Mean income of the respondents were (Tk. 19600±17530.92). Mean family member of the respondents is (2.96±1.26) person. Respondent's average living years in the old homes is (mean = 2.94±2.58 Years) (Table 2).

Table 2: Distribution of the respondents by monthly income, family member and duration of staying at old homes (n=51)

Variables	Number	Percentage
Monthly income		
Tk. 3000- 10000	8	32
11000-20000	10	40
Tk. 20000+	7	28
Mean =Tk. 19600, SD= Tk. 17530.925		
Family member		
2-3 person	17	73.9
4-5 person	5	21.7
6-7 person	1	4.3
Mean = 2.96 person, SD= 1.26 person		
Duration of staying at old homes		
1-4 years	41	80.4
5-8 years	6	11.8
9-12 years	4	7.8
Mean = 2.94 years, SD= 2.58 years		

Most of the respondents were came (68.63%) in old homes by their self-activities where 11.76% respondents were bought by their sons. In contest of that 3.92% respondents were bought by their elder brother. About 11.76% respondents were bought by their nephew while 3.92% respondents were bought by their daughter (Figure 2).

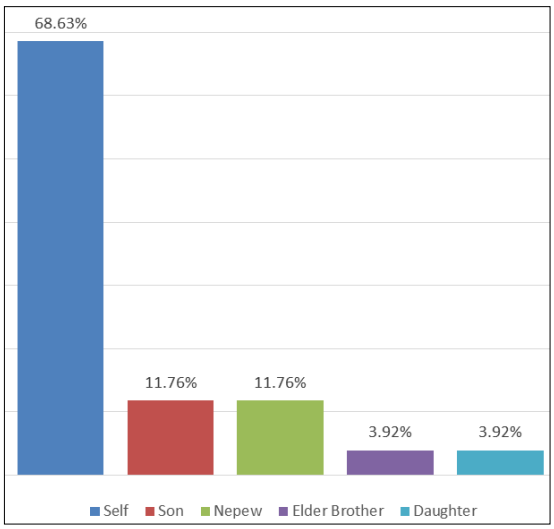

Fig 2: Distribution of the respondents by adviser to reside at old homes

More than fifty percent respondents (52.9%) came in old homes for their family problem and 41.0% of them came for their curiosity. In contest of that 2% came for financial problem and 3.9% came for alone (Figure 3).

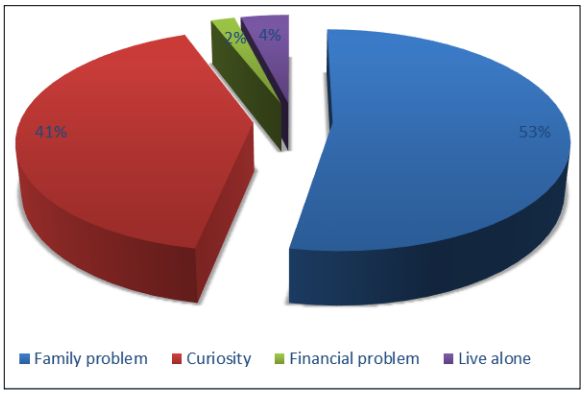

Fig 3: Distribution of the respondents by ground to reside in old homes

Most of the respondents were came (74.29%) in old homes by conflict with sons where only 2.86% were conflicted with daughter in law (son's wife). About 17.14% respondents were conflicting with him. In contest of that, 2.86% came for their financial problem. About 2.86% respondents told that nobody is responsible for his coming in old homes (Figure 4).

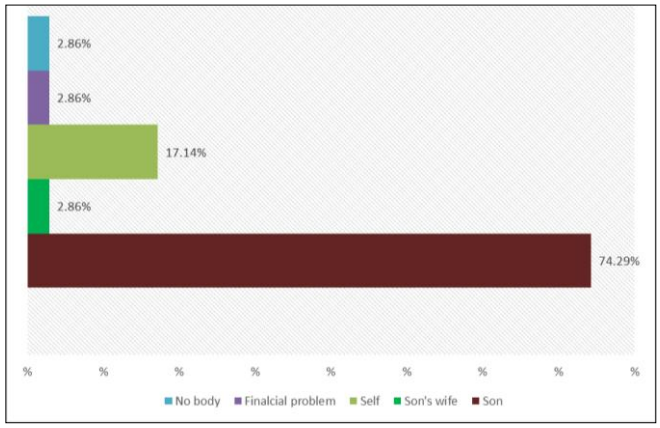

Fig 4: Distribution of the respondents by conflict with individual for coming to old homes

Monthly expense of the respondents were (tk. 9053.57±2310.76) in public old homes while in private old homes is total free of cost.

The study investigated the service facilities of public and private old homes. In both old homes environmental status and environment near old homes are nice. Playground, garden, canteen, security in old homes, light and air in old homes, place for praying, common rooms, paper/magazine and male/female difference places are available in both public and private old homes. While bedsteads of public old homes are made by wood and in private old homes are made by steel. Beds are in both old homes are made by bed stick. Both old homes are made as building, wash rooms, toilets and floors are made by tiles (Table 3).

Table 3: Distribution of the respondents by service facilities available in a public and private old homes (n = 51)

No.	Variables	Public	Private
1	Environmental status	Nice	Nice
2	House	Building	Building
3	Bedstead	Woods	Steel
4	Beds	Bed tick	Bed tick
5	Play ground	Available	Available
6	Garden	Available	Available
7	Canteen	Available	Available
8	Eid/Puza	Happen	Happen
9	Radio/TV	Available	Available
10	Wash room	Tiles	Tiles
11	Toilet	Tiles	Tiles
12	Floor	Tiles	Tiles
13	Security in old homes	Available	Available
14	Environment near old homes	Nice	Nice
15	Light & air in old homes	Available	Available
16	Place for Praying	Available	Available
17	Common room	Available	Available
18	Paper/ Magazine	Available	Available
19	Male/Female different place	Available	Available

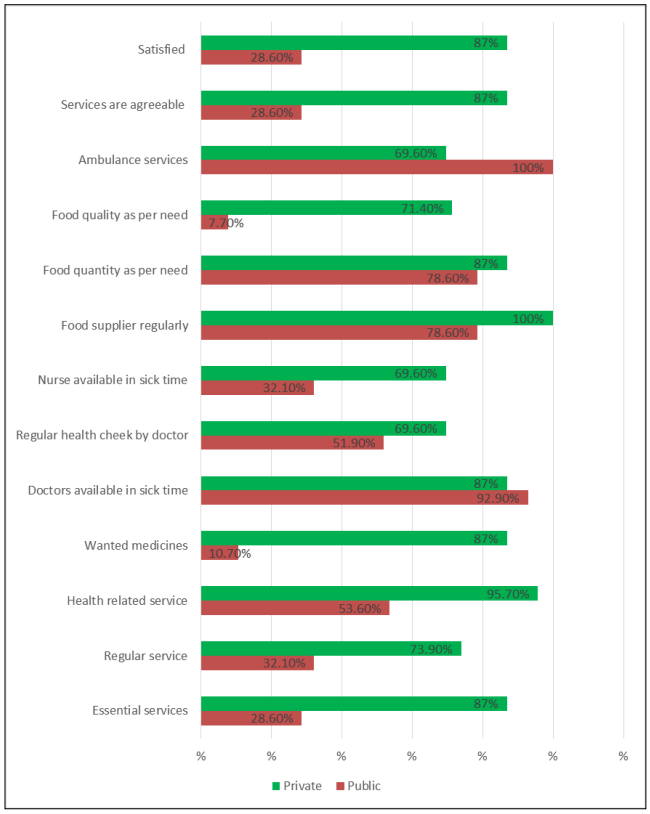

Fig 5: Distribution of the respondents according to service facilities providing by public and private old homes

Among the 51 respondents, 28.6% achieve essential services in public old homes in the contest of that 87.0% are achieved essential services in private old homes. About 32.1% are acquired regular service in public old homes while 73.9% of them are acquired regular service in private old homes. About 53.6% persuade health related service in public old homes in contest 95.7% of them persuade health related service in private old homes. In public old homes only 10.7% are gained medicines they need while 87.0% of them are gained medicines in private old homes. About 92.9% told doctors are available in public old homes in contest 98.6% of the respondents view; doctors are available in private old homes. The study investigated, 51.9% of the respondents told that they are cheeked by doctors regularly in public old homes in contest 69.6% of them told that they are cheeked by doctors regularly in private old homes. About 32.1% told that nurses are available in public old homes while 69.6% told that nurses are available in private old homes. About 78.6% respondents are received food by supplier in public old homes while 100% of them are received food by supplier in private old homes. 78.6% of the respondents told that they got food as they need and 7.7% of them told the quality of food is good in public old homes in contest of that 87.0% of the respondents told that they got food as they need and 71.4% of them told the quality of food is good in private old homes. Ambulance services are 100% available in public old homes while only 69.6% told about the ambulance services are available in private old homes. Both public and private old homes had no extra ambulance services for male and female separately and in both public and private old homes give food three times daily. About 28.6% are agreeable about the services and 28.6% are satisfied in public old homes in contest of that 87.0% are agreeable about the services and 87.0% are satisfied in private old homes (Figure 5 represents the data).

About 14.3% diabetes, 25.0% blood pressure, 10.7% asthma, 17.9% gastritis, 28.6% eye diseases, 6.7% kidney diseases and 6.7% arthritis patients are found in public old homes in contest of that 8.7% diabetes, 26.1% blood pressure, 17.4% asthma, 26.1% gastritis, 26.1% eye diseases and 6.7% heart disease patients are found in private old homes (Table 4).

Table 4: Distribution of the respondents according to suffering from diseases in Public and private old homes (n=51)

Sl. No.	Variables	Public (28)		Private (23)	
		Number	Percentage	Number	Percentage
1	Diabetes	4	14.3	2	8.7
2	Blood pressure	7	25.0	6	26.1
3	Asthma	3	10.7	4	17.4
4	Gastritis	5	17.9	6	26.1
5	Eye diseases	8	28.6	6	26.1
6	Kidney diseases	1	6.7	0	0
7	Arthritis diseases	1	6.7	0	0
8	Heart diseases	0	0	1	6.7

Discussion

Elders Rehabilitation Centre, Gazipur, Bangladesh: This organization is registered under the Department of Social Service. The organization has a land of 60 Bighas where there is an arrangement of accommodation for 1000 old people. At present 208 elders (106 male & 102 female) of age 60+ are residing in this center. They are given free accommodation, food, clothing and medi-care facilities. They are being imparted religious & general education. The elders are involved in gardening, farming, pisicultural & other recreational activities. The agency is run by a strong committee of 21 members. A private person who is holding the post of Chairmen (Abdul Zahid Mukul) of a group of industries is giving financial assistance. The sponsor of this organization seeks no government grant (Abedin, 1999) [1].

We all can make their life more comfortable with our little awareness. This don't required government initiative or any huge amount of investment, all it takes awareness, respect towards the elderly. For elderly citizen we can reserve seats in public transportations, arrange special queue while proving any social service giving the elderly extra priority etc. All these small effort will bring huge positive impact on the life of the elderly. The local advertisement agencies can also change the usual stereotyping of the old in their advertisements by not typecasting the ageing as being frail, weak, unproductive and useless.

This cross sectional study was conducted by face to face interview in the four old homes. Among the respondents 77.3% were participated in interview. The mean age of the respondents was (65.43±5.239) years. About 51% were male and 49% were female. About 98% were Muslim and 2% were Hindu. 94.1% respondents were married, 3.9% were unmarried and 2% were divorced. Majority 35.29% are in master's degree holder, 3.92% completed higher secondary

school certificate, 17.65% illiterate while 13.73% completed primary level, 23.53% completed bachelor degree and 5.88% completed secondary school certificate course. Mean income of the respondents were (Tk. 19600±17530.92). Mean family member of the respondents is (2.96±1.26) person and average living years of the respondents in old homes is (mean = 2.94±2.58 Years).

Most of the respondents were came (68.63%) in old homes by their self-activities where 11.76% respondents were bought by their sons. In contest of that 3.92% respondents were bought by their elder brother. About 11.76% respondents were bought by their nephew while 3.92% respondents were bought by their daughter.

More than fifty percentage respondents (52.9%) came in old homes for their family problem. Most of the respondents were came (74.29%) in old homes by conflict with sons. Monthly expenses of the respondents were (tk. 9053.57±2310.76) in public old homes in contest of that in private old homes are total free of cost.

28.6% achieve essential services in public old homes and 87.0% achieve essential services in private old homes. About 32.1% are acquired regular service in public old homes and 73.9% of them are acquired regular service in private old homes. About 53.6% persuade health related service in public old homes and 95.7% of them persuade health related service in private old homes.

In public old homes only 10.7% are gained medicines they need and 87.0% of them are gained medicines in private old homes. The study investigated, 51.9% of the respondents told that they are cheeked by doctors regularly in public old homes in contest 69.6% of them told that they are cheeked by doctors regularly in private old homes.

Both public and private old homes had no ambulance for male and female separately and in both public and private old homes give food three times daily. About 28.6% are agreeable about the services and 28.6% are satisfied in public old homes while 87.0% are agreeable about the services and 87.0% are satisfied in private old homes.

About 14.3% diabetes, 25.0% blood pressure, 10.7% asthma, 17.9% gastritis, 28.6% eye diseases, 6.7% kidney diseases and 6.7% arthritis patients are in public old homes and 8.7% diabetes, 26.1% blood pressure, 17.4% asthma, 26.1% gastritis, 26.1% eye diseases and 6.7% heart disease patients are found in private old homes.

The potential support ratios, which measure the number of persons in the working ages per every elderly person, will decline in future from about 9 persons per older person to 3 persons per elderly. This demonstrates that there will be fewer persons in future to support elderly population if present demographic transition continues. More or less, similar kinds of results were obtained from Tamil Nadu, India (Audinarayana and Kavitha, 2003) [2].

The study results suggested that the number of elderly who are going to live alone or with spouse may increase because of the wider acceptance of small family size norm and taboo against staying with daughter and these in turn could lead to less family support. Though some studies indicated that the proportions of the elderly living alone in Asian countries are low (Knodel and Debavalya, 1992; Martin and Kinsella, 1994) [9, 10]. The increasing burdens on support and healthcare aggravated by the absolute and proportionate increases in the number of older people are a major concern (World Bank, 1994) [16].

Conclusions

An increasing number of elderly people and the related socio-economic and gerontological aspects are gradually emerging as a population discourse in Bangladesh. Although the percentage of the elderly people is still not very high, the absolute number of the elderly people is absolutely high to get serious attention from the policy levels. The gradually increasing life expectancy, ageing index, median age and elderly support ratio are showing positive trends towards the changing age structure of the population as well as an emerging ageing regime in the country.

Population ageing is emerging as a serious issue in Bangladesh and is becoming a serious concern for the development agendas. But the country seems to be less aware of the consequences of ageing of population- might be, due to reasons that the country is now facing with more pressing issues related to population growth, poverty, malnutrition, unemployment, illiteracy and so on. Public concern with population ageing is even more recent. Government as policy makers and society at large, as advocators probably are not prepared right now, to respond to the newly emerging issues involving in the process of growing old, or to anticipate the different and much more complex problems with which the elderly have to cope.

This study contains a brief scenario health care service in public and private old homes. Whole country coverage would be helpful for better generalization of the findings. Addition of negative questions in the questionnaire would more solidify the perception. This study contains a brief summary of the old homes which will be helpful for policy makers to ensure better services and effectiveness quality of public and private old homes.

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