

Culture of neglect and abuse at child development centres

Authorities must ensure that children are rehabilitated, not punished

An investigative report by *The Daily Star*, printed on Wednesday, disclosed that poor living conditions and rampant abusive behaviour are part and parcel of the overcrowded rehabilitation centres that host child offenders in Tongi, Jashore and Konabari.

Not only are the children punished severely for the slightest mistake, there is almost little to no health or psychosocial care being provided. One 13-year-old testified to around 20 boys sleeping on the floor together and being frequently afflicted by various illnesses, without getting any medical assistance. In fact, despite suffering from diarrhoea, he was still forced to clean toilets as “punishment” from senior inmates, who are allowed to abuse younger inmates with zero interference from the authorities in charge of the centres. How is this treatment meant to “rehabilitate” a child sentenced for the minor offence of stealing?

The Daily Star correspondents also found that in the Tongi centre, there was only one psychiatric case worker and one social case worker to provide counselling to 545 children. None of the centres had any registered doctors or child psychologists, and no extra attention was being given to especially vulnerable children who needed special care. This is despite the fact that there are at least eight girls with special needs at the girls’ centre at Konabari. On top of that, although these centres are meant to give these children a new direction in life, only around 13 percent of male offenders and 27 percent of female offenders were enrolled in technical courses to learn new skills.

What is worse than the abysmal conditions at these centres is the complete lack of responsibility being taken by the authorities in charge. While the superintendents of the centres denied all allegations of abuse, the relevant district social services authorities only spoke of “closely monitoring” the centres; no mention was made of holding any of the centre staff to account for their abusive and irresponsible behaviour. Despite the minors at the centres speaking of a horrific culture of bullying and torture, from senior inmates as well as centre staff, these accusations were routinely denied. How can those in charge provide solutions if they refuse to acknowledge that a problem exists?

The authorities must display their commitment to protecting our children—even (and especially) if they are child offenders—and helping them to make better choices in life through rehabilitation, not punishment. There needs to be a complete overhaul of the management system of these centres, and officials of the social services department need to be trained in the operations of such sensitive facilities with complete transparency. Without getting the adequate support and care at an early age, these disturbed minors will only be further pushed towards a life of crime.

Supply of fake masks to hospitals risks lives of staffers

Exemplary action must be taken against corrupt officials

A shocking report published recently reveals the greed and audacity of several health officials who purchased more than 20,000 counterfeit N95 masks and supplied them across 10 hospitals to staffers treating Covid-19 patients. Questioning the standard of the masks, some doctors refused to use them, and that is when the scam came under scrutiny. The investigation further highlights that officials of the state-run Central Medical Stores Depot (CMSD) did not bother to follow any of the procedures to check the quality or specifications of the products, or to fix their prices. The Anti-Corruption Commission (ACC) filed a graft case against Abdur Razzaq, chairman of medical equipment supplier JMI Hospital Requisite MFG Ltd, and six health officials, including Dr Md Jakir Hossain Khan, the then CMSD deputy director.

It is deplorable, to say the least, that our health officials would stoop so low as to risk the health and well-being of hospital staff who are providing life-saving treatment to the public. But it begs the question: what checks and balances were in place to ensure that proper procedures were followed in the procurement of such a vital protective gear? When a survey committee is supposed to receive products after examining their authenticity, why was no such monitoring carried out in this case?

It is somewhat reassuring that the perpetrators came under ACC’s spotlight in their first attempt to supply locally manufactured respirators and N95 masks, but the authorities as well as law enforcement officials must ensure that such practices come to an end altogether and that all involved, including higher-ups benefiting from corruption, are identified and brought to book. Several other hospitals and doctors across the country have voiced concerns over the authenticity of the masks—a crucial medical equipment in our fight against Covid-19—being provided to them, and it is imperative to investigate whether similar corruption took place in other cases as well. We have already lost many doctors and nurses to the virus and we simply cannot afford to lose any more—that too, to officials’ greed.

INTERNATIONAL DAY OF OLDER PERSONS

The increasing ‘burden’ of the elderly in Bangladesh

How we can change the narrative



ATIQUR RAHMAN

THE world’s population is ageing, and so is Bangladesh’s. Today, nearly 720 million people in the world are of age 65 and above; by 2050, their number will be 1.5 billion. Bangladesh has about 15 million people aged 60 and above; by 2050, their number will increase to 36 million (22 percent of the total population).

The country, now entering the intermediate stage of ageing, will reach the advanced stage (with 25 percent of its population at or above 65 years of age) in another 30-35 years. The “dependency” of older people on the economically active population will increase significantly.

This is both good and bad news. It is good that the country will have a relatively stable population with a very low population growth rate; but it is not so good as then, the country will stop reaping its demographic dividend—which comes from a rapidly growing, economically active population. And it is certainly bad if the country remains ill-prepared to deal with its growing “burden” of the elderly population, who are seen as “unproductive”, as “people of poor health” who need intensive and often continuing support.

The stigma of “burden” is associated with the elderly almost everywhere. Such profiling invariably leads to cruelty against them through denial, isolation, and verbal, mental and even physical abuse. Data on such behaviours are difficult to obtain but studies and news reports do document such cruelty to older people in both the developed and developing countries.

However, it is morally and economically wrong to view all old people, without exception, as “burdens”. Many perhaps are, due to their poverty and physical disabilities, and many are forced to be “burdens” because of continuing social deconstruction (like dissolution of joint family system) and reconstruction (advent of modernity like changes in transport and communication systems, online life style, changes in financial systems, use of new generations of machinery and gadgets, etc.).

But many, certainly in developed countries but also in developing ones, are not. They may have enough savings, assets, skills and knowledge to sustain themselves economically. Increasing prosperity has

given them the ability to save and acquire assets, but unfortunately, it has not necessarily created the institutions to care for the elderly. Financially, this group of older people with savings and assets are not “burdens”, but they lack necessary support systems and their disabilities may land them in vulnerable situations.

The older people in Bangladesh, as elsewhere, are thus a mixed bag: some need full support for their living, while others have “resources” and different levels of capacities which can be used to provide them with decent living, with a minimal cost to the society. And, the dependency requirements vary for male and female elderlies.

The stigma of “burden” was, and still is, so deeply rooted in the social psyche

Old Age Allowance Programme), with Tk 100 per person every month. Over time, the amount increased to 500 per person to help the elderly in their family settings. This was in addition to a number of other programmes such as pension for retired public servants, allowances for widows, shelter home for the abandoned, etc. And much later, in 2013, the government passed the Maintenance of Parents Act, making it an offence for income-earning sons to ignore their parents’ upkeep if the former’s income was not below a certain threshold level.

These and many other programmes initiated by the government since then were praiseworthy, socially and politically correct, and reflected a desire to help the elderly. But there were gaps—the law made

much-hyped monthly elderly allowance covered less than a fifth of the elderly people; the total disbursement under the programme increased from 0.02 percent of GDP to only 0.13 percent of GDP with increase in the monthly allowance from Tk 100 to 300, and later to Tk 500 (or USD 6). In the 2020-21 budget, the allocation has been raised to a total of Tk 30 thousand crores (USD 347 million). Still, it is only about 0.53 percent of the total budget, and covers 2.25 million elderly people.

But judging effectiveness by the money allocated only is not the right approach. One has to consider the strategy and institutional structures where the energies of all potential actors such as the youth, groups of younger elderlies, voluntary groups, and social-sector institutions could be harnessed to provide services to the elderly though weekly visits, linking them to care givers, engaging them in social and inspirational activities, group therapies, and the like. These activities could be complemented by NGOs, INGOs, and the private sector. The media could be involved to highlight both the plights and successes of older people, and thus create broader local and national awareness. The resources used would be more effective when proper institutional mechanisms are developed and effectively engaged.

In the context of crises like Covid-19, care for the elderly assumes even further importance. They are the most vulnerable group, with the highest fatality rate among all age groups. Keeping them safe from the scourge of Covid-19 would require special attention to them. Each society will have to decide how much additional resources could be allocated for ensuring the safety of the elderly population. As said earlier, it is not an issue of resources only, but what additional care can be extended to keep them safe. Certainly, they would need to be assisted with proper shelter, geriatric care, distribution of food if needed, and support to procure other daily necessities.

And this is where involving local institutions, voluntary groups and youths come handy. No society can depend on the public services only to ensure the safety and welfare of the elderly—there has to be community action. The government has to take the lead and inspire the community and local institutions to engage effectively. This is lacking in Bangladesh. The older people have raised the current generation; the current generation now owe them the care they deserve.



PHOTO: COLLECTED

that it was difficult to overcome this and go for win-win solutions to the problem of care for the elderly. Actions were needed at all levels to break out of this deeply entrenched psyche.

In a landmark decision in December 1990, the United Nations declared October 1 as the International Day of Older Persons, and later in 2002, adopted the Madrid International Plan of Action on Ageing (MIPAA).

Those were timely actions. They proposed to promote an inclusive agenda of change in attitudes, policies and practices at all levels (global, national, local and family), and to give priority to older persons in advancing health and well-being and fulfilling the enormous potential of ageing for the 21st century.

The declaration and MIPAA provided the necessary boost to Bangladesh to do more for the elderly.

In 1997, the government of Bangladesh instituted, for the first time, a means-tested cash support for the elderly (the

family responsible for maintaining the elderly. This was difficult to monitor and enforce, and as expected, the policies were not properly implemented.

The programmes taken by the government were considered by independent researchers as piecemeal, lacking in strategic direction. It was argued that they failed in fully realising the human rights and fundamental freedom of all older persons. One of the key problems was that the programmes did not systematically consider linkages to the obligations of state parties under the international human rights instruments. Studies also revealed poor geriatric care services, as well as poor standards of old age homes.

Allocation of funds for bodies created by the government for elderly support has been poor. Until 1990s, the primary concern of the government was limited to public-sector employees, who represented 5 percent of the labour force and only 1 percent of the older people. Even the

Why gender equality is the key to healthy ageing



BJÖRN ANDERSSON

IN a relatively short time, Covid-19 has devastated the lives of millions globally. For hundreds of millions more, the toll wrought by the pandemic could have lasting effects for decades.

Perhaps one of the most cunning aspects of this virus is the harm it inflicts on older persons who face multiple and compounding threats, including being physically more vulnerable; at greater peril of the impacts of social isolation; and at significant risk from the grave and likely long-lasting socioeconomic shocks of the pandemic.

Covid-19 has proven to be acutely dangerous for people with underlying health conditions, ranging from diabetes and asthma to cardiac disease and cancer. A disproportionate death rate is seen amongst older persons in most countries. Beyond physical health, the pandemic continues to take a heavy toll on older persons—and women in particular—in terms of psychosocial health and economic wellbeing.

In the Asia-Pacific region, these impacts are particularly acute, adding to the existing challenges of grappling with accelerating population ageing. This region is currently home to over half the world’s population over 60 years of age. Globally, the number of older persons is expected to surpass 2 billion by 2050. By then, nearly two-thirds of the world’s older people—close to 1.3 billion—will be in Asia-Pacific, with one in four people over age 60.

Women, who generally outlive men, currently constitute the majority (some 54 percent) of older persons in Asia-Pacific, but represent an even greater majority (61 percent) of the “oldest old” population of 80 years and over.

Even before the Covid-19 crisis, elderly women in a majority of Asia-Pacific countries were facing significant challenges, exacerbated by the fact that

many societies have been moving from traditional, nuclear family-oriented patterns to far more fluid, fragmented structures.

The result has been that many older women, with a higher tendency to live alone, face poverty and are more likely to lack family and other socioeconomic support. The majority of older people do not have reliable and sustained access to a caregiver. Facing non-existent or only minimal safety nets, many have already

in her 70s in the small village where she was born and raised.

As with so many of her generation, she was made to marry early, with minimum education. She had children early, pregnancies were unplanned, childbirth was risky. Her husband, many years older, died a long while ago, leaving her a widow, unprepared to enter the workforce or properly fend for herself. Her children left the village for the city, adding to her isolation. This is the scenario many older



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PHOTO: UNFPA/NAYMUZZAMAN PRINCE

slid into poverty during the pandemic or are on the cusp of doing so.

The pandemic has brought into acute focus the urgent need for both governments and civil society to address the complex demographic shift of population ageing with strategic solutions and programmes. To do so successfully, we need a life-cycle approach to healthy ageing, with particular emphasis on girls and women, firmly grounded in gender equality and human rights.

A life-cycle approach grounded in gender equality

To unpack this, let us consider a woman

women now face, with the added risks, burdens and effects of Covid-19.

But imagine if, as an adolescent, this woman had been able to take that other branch of the road: completing school and higher education; achieving gainful employment; marrying as an adult and of her own choice; having healthy children and being able to invest in their well-being; and, ultimately, enjoying a secure old age.

If addressed in a holistic way and underpinned by better policies, more resilient social systems and gender equality, the lives of older people, especially women, can be improved significantly. This would also allow

societies to harness the valuable experience and knowledge of older persons as they age—reaping a “longevity dividend” from healthy, active older people who can continue their engagement in family and community.

In fact, the commitment to advance a better world in an ageing society has already been articulated by the 2002 Madrid International Plan of Action on Ageing. This agreement commends the development of evidence-based policies that help create “a society for all ages”. In addition, the landmark Programme of Action of the International Conference on Population on Development (ICPD), as well as the 2030 Agenda and the Sustainable Development Goals (SDGs), underscore the basis of this approach to healthy ageing.

We must collectively now prioritise greater action, funding and implementation.

Within UNFPA, our mandate clearly incorporates the need to enable and strengthen the self-reliance of older persons including women, enabling their participation for the benefit of both society and themselves. The ICPD Programme of Action is our foundation, and our guiding principle.

As the United Nations Population Fund, the UN’s sexual and reproductive health agency, we are increasingly seeing countries turning to us for advice and assistance on issues of population ageing. UNFPA is committed to helping governments in full partnership with civil society and communities.

The year 2020 launches the Decade of Healthy Ageing as well as the Decade of Action to achieve the SDGs. As Asia-Pacific, with the rest of the world, seeks to “build back better” from the devastating effects of the Covid-19 pandemic, let us seize this moment to transform the challenge of population ageing into an opportunity. We must translate gender equality and human rights into practical strategies and approaches that ensure no older woman will ever be left behind.

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