

An Analysis of the Impact of Old Age Allowance Program: A Study on the Rural Aged People in Chapai Nawabganj District in Bangladesh

Most. Ummay Hani Kulsum

Abstract

The study aims to examine the impact of the old age allowance (OAA) program among the rural-aged people who are its beneficiaries. In Bangladesh, aged people are more vulnerable in rural areas than in cities. Lack of proper financial support makes some aged people feel insecure in their daily lives. Bangladesh's government launched the old age allowance program in the 1997-1998 fiscal year under the social safety net program. This study uses a quantitative approach, and a questionnaire survey is conducted for data collection. This study tries to determine the present situation of aged people after receiving the OAA. This allowance contributed a lot to the economic as well as social status. OAA contributes to the food intake pattern and improves the aged people's position in the family. After getting the allowance, the majority of the respondents are not considered a burden in their families; their position also changed among family members. After getting allowance majority aged people indicate their satisfaction. By getting OAA majority aged people can easily buy their medicine and clothes as well as do treatment rather depending on others. However, with this OAA program, some problems are faced by the aged persons, including the withdrawal of allowance and some of the beneficiaries are not satisfied with the amount of OAA. So, this study will help the policymakers and policy implementers concerned with social safety net programs, especially those related to old age allowance programs, to make more effective activities for the rural aged in Bangladesh.



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1. Introduction

A human being passes through different physical stages in life, and the old stage of life is a very sensitive period for every person. Because, in this time, both physical and mental health become more vulnerable due to health issues, economic insecurity, dependency on family members, mental problems, and much more. At a certain period, most aged people have no job or are less involved in financial work. For this reason, many aged people become dependable on their family members and are sometimes considered a burden to the family, and rural older adults are much more vulnerable than in the city area in Bangladesh. The ageing population is essential in Bangladesh because aged people are more vulnerable than others. In the ageing stages, they face health-related problems, income insecurity, and dependency on family members. Due to the degradation of values and customs, many families considered older adults a burden. In addition, nuclear family is increasing rapidly and aged people becoming more vulnerable (Barikdar, Ahmed, & Lasker, 2016).

Bangladesh's aged population ratio is much higher than any other developing nation worldwide. It is projected that by the year 2025, the country, alongside other countries in the South Asian zone, will record approximately half of the total aged population in the world (Mahmood, Tamim, & JoDurham, 2019). It is thus a social problem for a country. So, it is crucial to take the necessary initiatives for the betterment of the aged people. From social, economic and political viewpoints, the elderly population is now growing rapidly, which is a big concern for Bangladesh and a majority of the people over 60 years living in rural areas where there is a lack of proper health care services, financial services, job opportunities, Etc. The government takes initiatives for older people, but it is not enough to cover the whole elderly population in Bangladesh (Barikdar, Ahmed, & Lasker, 2016). Bangladesh government launched the old age allowance program under the social safety net program for the socio-economic security of aged people from 1997 to 1998 fiscal year. The old age stage of human life is more sensitive and vulnerable than the other stages because health and mental situations are delicate at that stage of life. The number of older people is increasing; by 2050, it will be almost 20% of the total population (Handayani, Babken, & Babajanian, 2012). It indicates the positive and negative challenges for the government of Bangladesh; a significant portion of the population will retire from their job, and some who are not job holders are unable to physically work due to their health condition, making them part of the vulnerable group. Bangladesh government has taken a social safety net scheme for old age people. It gives socio-economic support to older people (Sendhai, 2019-2021). The government has increased the cash taka of the old age allowance program. This study tried to assess the impacts of the old age allowance program. From this perspective, this study may add new knowledge to the policymakers and policy implementers. The general objective of the study is to assess the impact of the old age allowance program among the beneficiaries in the study area. To attain the main objective, the researcher goes through the following specific objectives:

1. To study the effectiveness of the old age allowance program in the study area.
2. To identify the challenges of providing and receiving the old age allowance in the study area.

2. Literature Review

Review of relevant literature is necessary to identify the knowledge gap in the research field. So, it is very important stage of research. Some books, journals, research studies were reviewed related to this study. Social safety net program is vital for securing disadvantage groups and among different types of safety net old age allowance is very useful for aged people. It was revealed in a study that majority aged people can easily spend the OAA money without any interfere of others in the family as well as most respondents denoted their satisfactory level for

getting this money. It was based on descriptive research and explanatory research design. Key informant interview and questionnaire survey were carried out to collect necessary data (Parajuli, 2023). An article entitled 'The Situation of Elderly in Bangladesh' revealed the vulnerabilities of elder population and used systematic review approach to analyze the data from 1974 to 2015. The study focused on root causes of elder people's vulnerabilities, the health issues as well as the attitudes through the aged people in the modern nuclear families in Bangladesh (Barikdar, Ahmed, & Lasker, 2016).

Aging is a natural process and in Bangladesh different types of plan and policies have been taken to ensure health facilities, dignity, poverty-free for the aged people. Using a cross-sectional research design, one research was carried out through questionnaire survey on 500 respondents in Narsingdi and Narayanganj district. That study mainly focused on the health care perception and needs of the older adults considering the demand side, while the supply side could not be assessed (Hossain & Alam, 2024). With the aim of examining the impact of OAA on socio-economic wellbeing of elderly people one research was carried out by using both descriptive as well as inferential statistics. It revealed that OAA helps to increase the status as well as ensure the fulfilment of basic needs of the aged people. It reported that the OAA plays a vital role to improve the social, economic and health access of the aged people. But could not assessed the satisfaction level towards the amount of OAA (Ranabhat, 2022). A cross sectional quantitative study was conducted for evaluating the impact of old age allowance program and it presented a comparison between rural and urban aged people situation who were the beneficiaries of OAA program. It is noticed that rural aged people were more satisfied than in the urban area with the amount of OAA and also to get the OAA (Sendhai, 2019-2021).

The old age population is a global phenomenon, and in Bangladesh, the ageing population is rising because of increasing life expectancy. In Bangladesh, life expectancy is currently 72.6 years and is expected to rise soon (Gupta, 2020). Over 13 million people living in Bangladesh are aged over 60. In the next 30 years, one in every five Bangladeshi citizens will be a senior citizen (Gupta, 2020). In 2050, there will be 40.5 million older people in Bangladesh, about 17% of the total population (Khan & Leeson, 2006). In the old stage of human life, nutritional and medical support is needed for the health condition, for which economic solvency is needed. In this context, social safety net programs can be vital to the old population. There is a social safety net program for the ageing population in Bangladesh. For the betterment of the citizens, the Bangladesh government has provided an amount of money every year in its national budget (Mahmud & Habibullah, 2020). Under this social safety net program, an old age allowance program is provided for the purpose of socio-economical support for the ageing population. The old age allowance program (OAAP) has a positive impact on reducing poverty among rural poor elderly people. It is recommended to ensure more transparency during the enlisting stage of beneficiaries as well as increase the amount to ensure the effective impact of OAAP (Mamun, 2019). OAA program has increased the status and psychological well-being but, basic needs are not fulfilled totally. There are some challenges and systematic problems of distributing old age allowance (Ara & Tanni, 2019). It has a positive impact on the health issues of the elderly persons, and this money contributed to the economic position of the beneficiaries (Rana & Ahmed, 2008). Among social safety net programs, the old age allowance was first introduced in the 1997-98 fiscal year to reduce vulnerabilities and economic insecurities. At first, it was given to five older men and five older women who were very poor in every ward in a union, and its amount was one hundred takas per month (Directorate of Social Welfare). However, this amount has increased for the betterment of older people, and now it is six hundred takas per month. The allowance is provided through cash transfer. Beneficiaries can collect cash from the old age allowance by opening a bank account for ten takas only.

The year-wise statistics of the distribution of the Old Age Allowance since inception are given below

Table 1: Directorate of Social Welfare

Fiscal Year	Fund (million BDT)	Monthly Allocation per person (BDT)	Number of Beneficiaries (in million)
1997-1998	125.00	100	0.40
1998-1999	485.00	100	0.40
1999-2000	500.00	100	0.41
2000-2001	500.00	100	0.41
2001-2002	500.00	100	0.41
2002-2003	750.00	125	0.50
2003-2004	1800.00	150	1.00
2004-2005	2603.70	165	1.31
2005-2006	3240.00	180	1.50
2006-2007	3840.00	200	1.60
2007-2008	4485.00	220	1.70
2008-2009	6000.00	250	2.00
2009-2010	8100.00	300	2.25
2010-2011	8910.00	300	2.475
2011-2012	8910.00	300	2.475
2012-2013	8910.00	300	2.475
2013-2014	9801.00	300	2.725
2014-2015	13068.00	400	2.725
2015-2016	14400.00	400	3.000
2016-2017	18900.00	500	3.150
2017-2018	21000.00	500	3.500
2018-2019	24000.00	500	4.000
2019-2020	26400.00	500	4.400
2020-2021	29400.00	500	4.900
2021-2022	34445.40	500	5.701
2022-2023	34445.40	500	5.701
2023-2024	42059.60	600	5.801

This old age allowance has some goals and objectives: 1) to develop socio-economic conditions and social security for the old population, 2) to uplift their family and social status, 3) to strengthen the aged people's mental condition through providing cash, 4) to ensure health and nutritional support through this allowance (Directorate of Social Welfare). The above table shows that the old age allowance program was first introduced in the fiscal year 1997 to 1998, and at that time, this allowance was 100 taka per month. The beneficiaries were a total of .40 million. The fund was a total of 125 million takas. However, in the fiscal year 2022-2023 the allocated fund is 34445.40 million takas for the 5.701 million beneficiaries and the amount was 500 taka per month. But at present in 2023-2024 fiscal year the amount is 600 takas.

3. Research Method

Research methodology refers to the procedure of solving the research problem systematically. It may be understood as a science of studying how research is done scientifically (Kothari, 2004). The methodological aspects of the present study have been discussed below.

3.1. Selection of a Method:

The present study is descriptive in nature. Descriptive type of research includes fact-finding enquiries of different kinds. The major purpose of descriptive research is a description of the state of affairs as it exists at present (Kothari, 2004). The study follows quantitative approach.

3.2. Selection of the Study Area

The present study is carried out in Chapai Nawabganj district under Rajshahi Division. There are five upazilas in this district (Chapai Nawabganj Sadar, Shibganj, Gomostapur, Nachole and

Vholahat), and from those, Shibganj Upazila is selected randomly. There are 15 unions in this upazila. From this, two unions have been selected using the lottery method, named Ghorapakhiya and Satrajitpur, as the study area.

3.3. Study Population/Universe and Unit of Analysis

All the aged people who are beneficiaries of old age allowance, both men who are 65 and above and women who are 62 and above years of the study area, are considered as the population of the study, and each respondent is considered as the unit of analysis.

3.4. Sample Size and Sampling Procedure

The present study employs purposive sampling to select its study population, focusing specifically on beneficiaries of old age allowance (OAA) within the Chapai Nawabganj district. Purposive sampling allows researchers to target a specific group of interest, ensuring that the selected participants are relevant to the research objectives. In this case, two unions, namely Ghorapakhiya and Satrajitpur, were randomly chosen from Shibganj Upazila. From each of these unions, 100 respondents were purposively selected based on their inclusion in the register book of the social services office, ensuring representation from the targeted demographic.

3.5. Data Collection

The data collection process in this study encompasses both primary and secondary sources. Primary data is gathered through field-based research, employing a questionnaire survey administered via face-to-face interviews. The questionnaire is meticulously designed, incorporating both structured and semi-structured questions in both close-ended and open-ended formats. These questions cover a range of indicators pertinent to the study objectives, such as food intake patterns, healthcare expenditures, and decision-making dynamics before and after receiving OAA. Additionally, secondary data is collected from various sources including books, journal articles, official government records, and internet websites, enriching the study with existing knowledge and context. The dependent variable of the study is OAA and independent variable is to examine its impacts on rural aged people.

3.6. Data Analysis and Interpretation of Data

Following data collection, the collected data undergoes rigorous scrutiny, including checks for accuracy and cleanliness, before being subjected to statistical analysis. The analysis is conducted utilizing modern statistical tools, with IBM SPSS version 22.0 being the chosen software for this purpose. Key statistical techniques such as frequency distribution is employed to examine patterns and trends within the data. Furthermore, the findings are effectively communicated through the use of graphs, charts, and other visual aids, facilitating a comprehensive interpretation of the results. This meticulous approach to data analysis ensures that the research outcomes are robust and reliable, contributing meaningfully to the understanding of the study's subject matter.

3.7 Ethical Consideration

Ethical issues are considered carefully. Consent is taken from each respondent before arranging the interview session. Before conducting the interview, the respondents are informed in detail about the kind of information sought from them. Only when the respondent gives verbal consent then they are interviewed.

4. Results and Discussion

4.1 Age of the Respondents

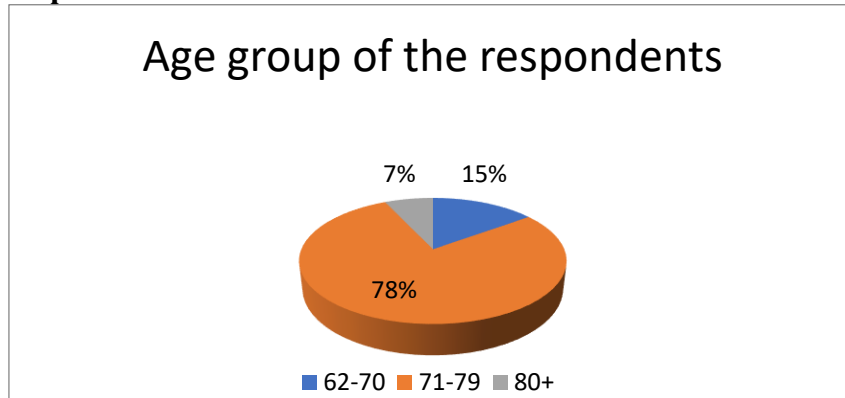


Figure 1: chart: Age group of the respondents

Age is a significant factor in selecting the beneficiaries of OAA. Age eligibility is 62 or above for female and 65 or above for male beneficiaries of OAA. Three age groups are created to show the age of the respondents, ranging from 62-70 years, 71-79 years, and 80+ years. It reveals that the majority (78%) of the beneficiaries in the study area of OAA belong to the age group of 71 to 79 years. 15% of the respondents are between 62 and 70 years old, and another 7% are in the 80+ age group. So, it shows that most of the respondents in the study area are 71 to 79 years old.

4.2 Gender Frequency of the Respondents

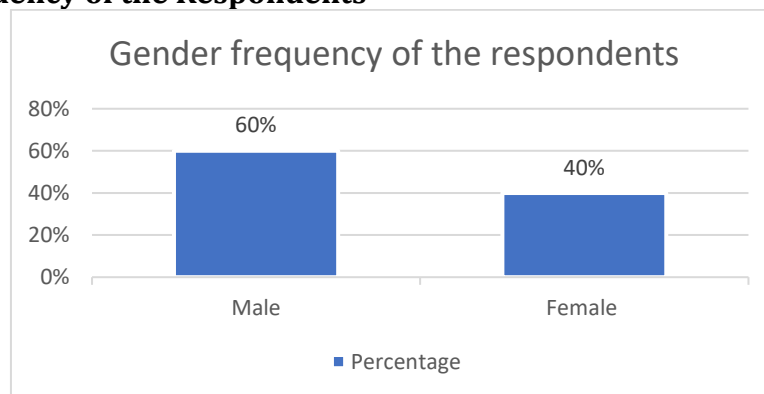


Figure 2: chart: Gender frequency of the respondents

Gender is a concerning issue for the old age allowance program because OAA is given for both males and females but with the consideration of age limit. Females 62 years or above are eligible for OAA, besides other criteria. Like, the male beneficiaries of OAA must be in the age of 65 years or above. Figure 2 reveals that 60% of the respondents are male, whereas 40% are female in the study area. It is shown in the study area that the male OAA receiver is higher than the female OAA receiver.

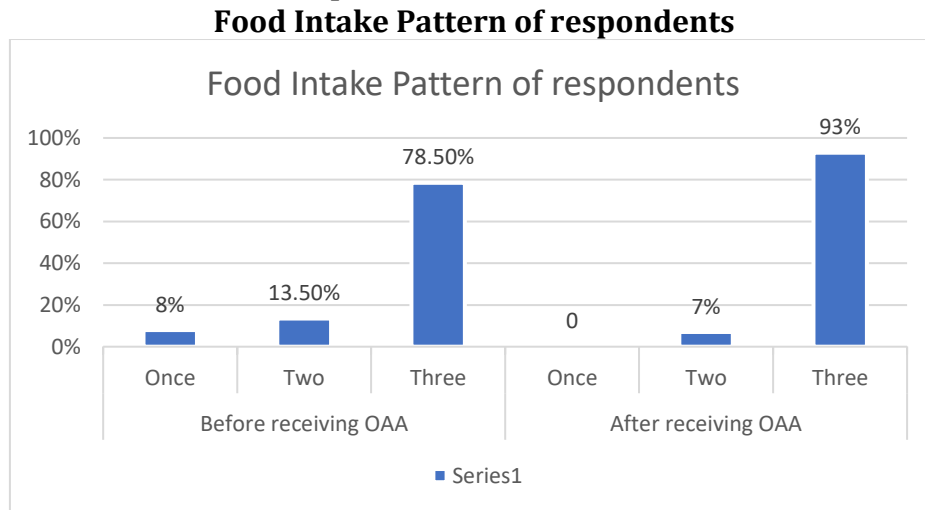
4.3 Occupation of the Respondents

Table 2: Occupation of the respondents

Occupation	Percentage	
	Male	Female
Day Lab our	19%	5%
Farmer	20%	0
Unemployed	56%	45%
Beggar	5%	6%
Home Maker	0	44%

Occupation is a valuable criterion closely related to any person’s economic solvency. The data shows that 19% of male and 5% of female beneficiaries of the OAA of the study area are involved in day laborer work. 20% of the male respondents are engaged in agriculture, but female respondents are not involved in this work. There are also some beneficiaries whose occupation is a beggar in the study area. It is noticed from the study that the majority of the beneficiaries of OAA in the study area are unemployed, both male (56%) and female (45%), which indicates that economic insolvency is common for these respondents because they have no earning sources regarding occupational context. Among the female respondents, 44% are involved in household chores.

4.5 Food Intake Pattern of the Respondents



Food is one of the basic needs of human life. Food, especially nutritional food, is essential for body fitness and physical strength, and these are more needed at the older stage of life to stay healthy. The study reveals that OAA plays a role in food intake pattern-money from the OAA effects on food intake patterns of the beneficiaries. It seems that before getting OAA, the majority of the respondents could not afford to take food three times daily. The graph shows that, before getting OAA, 8% of the respondents could afford to take one times meal daily, and 13.5% of the respondents had two times daily. However, after getting OAA, the scenario has become reversed. 93% of the respondents have taken three meals daily, whereas 78.50% have taken three meals before receiving OAA. It indicates the effectiveness of OAA in the study area.

4.6 Medicine cost of Respondents

Table 3: Medicine cost of the respondents

Medicine cost	Own	Family Member	Relatives	Seek assistance from villagers
Before Receiving OAA	25%	40%	15.5%	19.5%
After receiving OAA	78.5%	15.5%	3.5%	2.5%

The old stage is considered a vulnerable period of human life. The aged population faces different types of health problems because health conditions become very weak at this time. That is why, in many cases, older persons need medicine when they face health difficulties. The above table shows that before getting the OAA, the majority of the respondents depended on other persons (family members, 40%, on relatives of the respondents, 15.5% and 19.5% cost comes from seeking assistance from villagers) to get the money for medicine cost. It demonstrates that almost 75% of the cost of medicine came from other persons before getting OAA. However, after getting this allowance, the respondents can easily buy their medicine

instead of depending on others. 78.5% of the medical cost comes from the own money of the respondents.

4.7 Cloth expenditure of the Respondents

Table 4: Cloth expenditure of respondents

Cloth expenditure	Own	Family Member	Relatives	Seek assistance from villagers
Before Receiving OAA	35%	30%	16.5%	18.5%
After receiving OAA	83.5%	12%	4.5%	0%

Cloth is a basic need of every man and woman. However, whereas food intake seems like a burden for poor people, expenditure on new clothes is considered luxurious. The table shows that before getting OAA, 65% of the respondents got money from various ways, including family members, relatives and assistance from villagers, whereas only 35% could use their own money. However, after getting OAA, 83.5% of the respondents buy clothes with their own money from OAA.

4.8 Source of Money to Purchase Medicine or Cloths

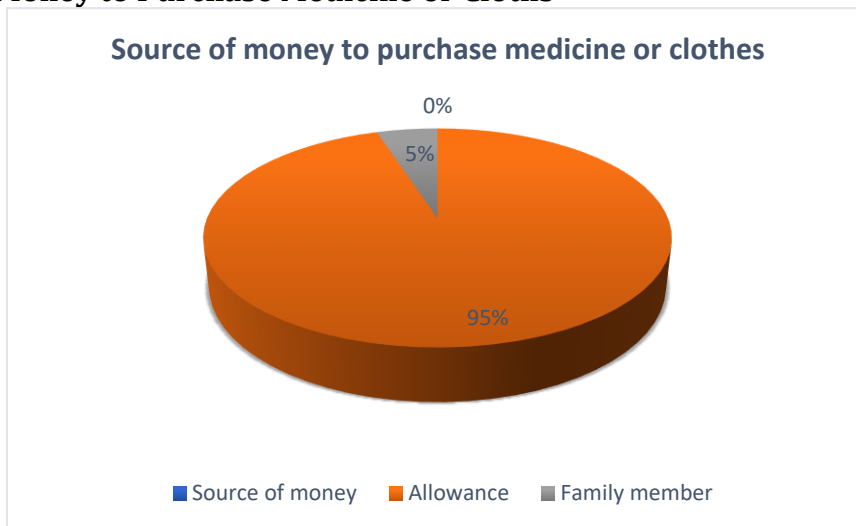


Figure 8: Chart: Source of money to purchase medicine or clothes

In the study area, most respondents use money from OAA to buy medicine and clothes. From Figure 8, 95% of the respondents mention that their expenditure sources are cash from OAA.

4.9 Consider OAA as a financial Security after receiving OAA of the respondents

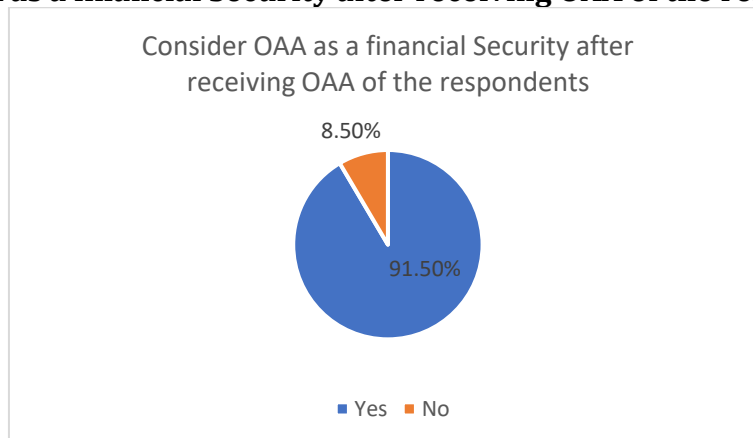


Figure 9: Chart: Consider OAA as a financial Security after receiving OAA of the respondents

Most respondents in the study area mention that they consider OAA a financial security for them. Because before receiving these allowances, the respondents have no earning sources, but after getting the money from OAA, they can easily spend it. The figure 9 demonstrates that 91.50% of the respondents think the OAA is financial security in their lives, while 8.50% of the respondents do not think so.

4.10 Respondents Position in the family after receiving OAA

Table 5: Respondents Position in the family after receiving OAA

Position in the Family	Percentage
Improved	60%
Unchanged	31%
don't understand	9%

After getting OAA, the conditions are changed in the study area. It shows that 60% of the respondent’s position is improved, and 31% of the respondents think that their family remains unchanged after getting OAA. 9% of the respondents mention that they cannot understand the position after getting OAA.

4.11 Access to give decision in the family of the respondents

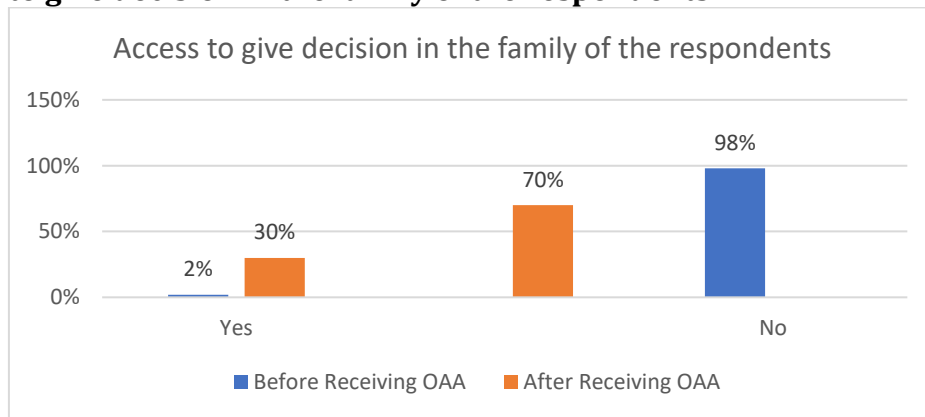


Figure 11: Chart: Access to give decision in the family of the respondents

Decision-making power is considered a significant role in the family. It reveals in the study that before getting OAA, only 2% of the respondents had access decide in Their family, but after getting this allowance, 30% of the respondents can give an opinion on a critical matter in their family.

4.12 Satisfactory Level in the family of the respondents

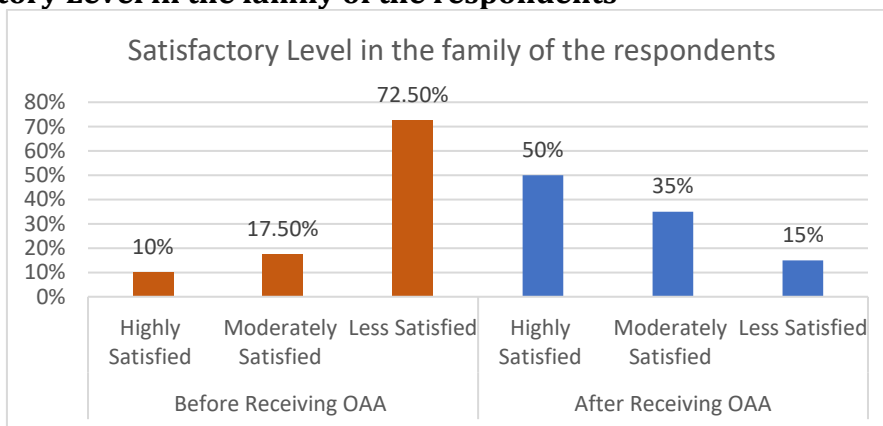


Figure 12: Chart: Satisfactory Level of Position in the family of the respondents

OAA raises the satisfaction level of the respondents in the study area. It shows that 50% of the respondents are in the highly satisfied level in their family, and 35% are moderately satisfied after getting OAA in their family. However, before getting OAA, 72.5% of the respondents were less satisfied in their families.

4.13 Respondents’ opinion about the amount of OAA

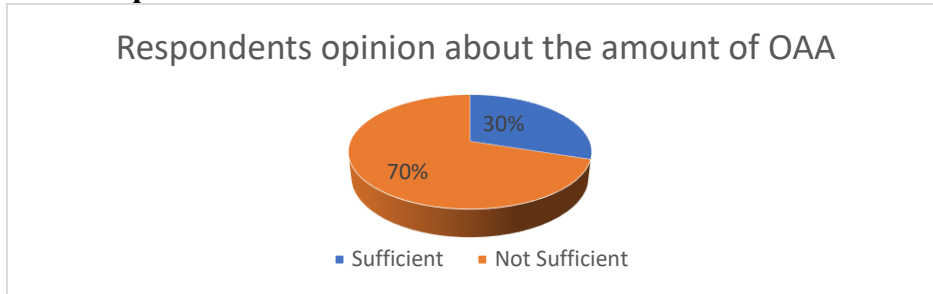


Figure 13: Chart: Respondents opinion about the amount of OAA

It reveals that 70% of the respondents think the amount is Insufficient, but 30% of the respondents mention the money of OAA is sufficient.

4.14 Withdrawal Problems of OAA

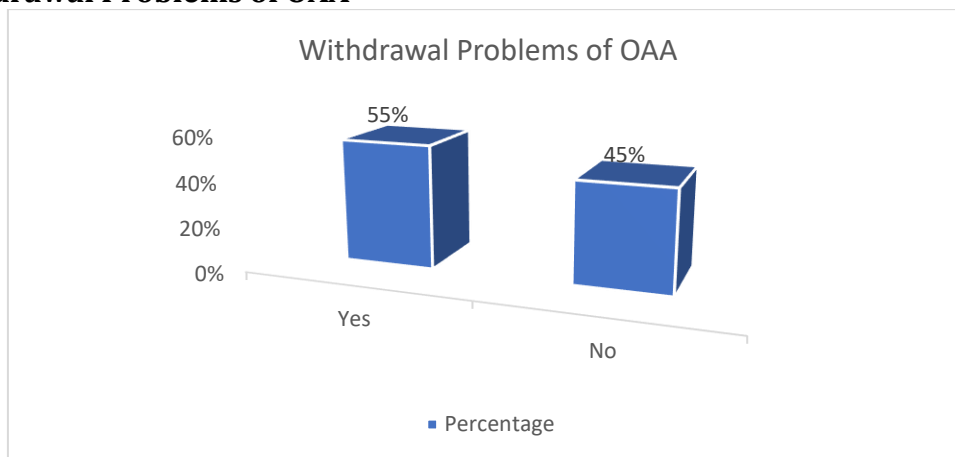


Figure 14: Chart: Withdrawal Problems of OAA

Cash withdrawal is a vital step of OAA. In this stage, 55% of the respondents face difficulties, whereas 45% do not face any trouble withdrawing money from OAA.

4.15 Discussion

The above findings reveal that half of the respondents engage in various types of occupations, including agricultural work, day labour and beggar. Occupation is closely related to earning money, and this money can make a person economically independent in a family. The unemployed situation is mainly caused by dependency on family members on the aspect of economic side. OAA plays an emergent preface for the aged population to remove their reliance on family members. More than half of the respondents in the study area are unemployed. Another study also showed the same picture, unemployed older people are the main beneficiaries of OAA (Yasmin et al, 2018). The money from OAA contributes to the food intake pattern of the beneficiaries. After receiving the OAA, the food intake pattern changed. Before getting the OAA, a portion of the respondents in the study area mentioned that they could not afford the three times meals daily, and if they could manage, they were involved in debt. However, after receiving OAA three times meals daily becomes easier for them. However, another study related to this demonstrated that the OAA program only improved the quality of

life rather than the basic need mitigation; it mentioned that this allowance did not contribute to the food intaking pattern (Ara & Tanni, 2019). Notwithstanding another one related to this study, which gave the same picture provided in the present study, it was opined that the majority of that study respondents used the allowance money for buying food, which gave a signal that before receiving OAA, their position was at a vulnerable situation (Haider & Mahamud, 2017). Apart from these, another study also showed the same result. It showed that OAA significantly impacts in-term access to food, clothes, and medicine (Uddin, 2013). OAA affects the food intake pattern. It can be easily said that old age allowance has a positive impact on the beneficiaries (Ranabhat, 2022). Besides changing the food intake pattern, it also clears from the findings that medicine costs are also considered a burden for the family members before getting OAA. Health is an indicator of human development and fundamental human rights as well. In the life span, there are some stages, including childhood, adolescence period, adulthood, and older stage of life. Among those stages, the older stage is a susceptible and crucial period for a human being. Many aged people lose their life partner and become alone at this stage. Many of them have not received the proper care from their family members. In addition, the aged population is faced with various types of health hazards. It reveals that beneficiaries of OAA received medicine costs from their family members and relatives, and sometimes, they seek assistance buying medicine before getting OAA. At present, they get money from the old age allowance program and can buy medicine without taking assistance from others, which is a good sign of the positive impact of OAA. It also reflects the effectiveness of OAA in the study area. Apart from the medicine cost, the findings also mention that the beneficiaries of OAA used to seek money from others before receiving the OAA, including family members, relatives and villagers, for their clothing expenditure. Besides seeking money further, they took old clothes from others. This scenario changes after receiving OAA. The beneficiaries can buy clothes by using the money from the old age allowance program. Getting OAA also demonstrates that the aged people's position improves prior to getting OAA. This allowance affects the position in the family. Coherent to this study, another one showed that OAA significantly contributed to the position of aged people in their families and society. Before receiving the allowance, their relationship with the family members and their position in the family was not good, but after getting OAA, it greatly changed (Karim & Hossain, 2013). Another related research work revealed that although the amount was low, it played a significant role in the aged people and impacted the relationship pattern among family members, neighbors and members of society (Choudhary, 2013). Besides improving their position, the respondents also think this money is financial security for them. A study on social safety net programs showed that most households benefited from OAA, and their income level was improved, contributing to financial security (Morshed, 2009). This study shows that beneficiaries can easily spend money on their own, instead of seeking permission or seeking help from others. Among the respondents who are unemployed and have no sources of money, they benefit more from the allowance. Decision-making in the family is an excellent sign to reflect the position in the family. After getting allowance money, aged people are empowered to make the decision in their families. It also helps the beneficiaries to exist satisfactorily among the family members. Coherent to this study, another study showed the same picture: after getting an allowance, the beneficiaries got involved in the decision-making process in their family (Mahmud & Habibullah, 2020). However, some beneficiaries are not satisfied with the amount of money in the allowance. They opine to raise the amount to live comfortably with it. In addition, many of them express satisfaction in getting the present amount of the old age allowance. Those who are satisfied with this amount think that the government has done a lot for them, but if the amount is increased slightly, they can feel more economically comfortable. Another study related to this demonstrated that the majority of the respondents were not satisfied with the amount of OAA, and only a few portions of allowance recipients were satisfied with the amount

(Alam & Hossain, 2016). Nevertheless, another research mentioned that the amount was low but praiseworthy, and from the cash money of OAA beneficiaries could meet their basic necessities (Barakat, 2013). Some beneficiaries face withdrawal problems. Some of the respondents face to wait a long time in front of the bank during the cash withdrawal time. Furthermore, there is no sitting arrangement. That is why it becomes very difficult for them to wait. Another study also mentioned some problems, including waiting, long distances from home, etc (Dana, 2021).

5. Recommendation and Conclusion

The old age allowance program is among the most important social safety net programs. With this allowance, rural-aged people might ensure their daily economic security and reduce suffering. After getting OAA, the majority of the respondents in the study area mention that they have benefited from this money, including the fulfilment of basic needs. It also has increased their living quality, and they do not consider themselves a burden to the family, but before getting an allowance, they thought so. There are some challenges to withdrawing cash; some respondents consider the amount insufficient, though the majority are satisfied with this. So, policymakers, policy implementers, and concerned organizations should take necessary steps to ensure proper allocation of OAA and strengthen this social safety net program to focus on rural aged people in Bangladesh.

Applications

This study has several applications that can inform policy and practice regarding social safety net programs for the elderly population. Firstly, the findings of this study can guide policymakers in Bangladesh and other countries with similar demographics to prioritize funding and resource allocation for the Old Age Allowance (OAA) program. By demonstrating the positive impact of OAA on rural elderly individuals, policymakers can justify increased funding to expand the program's coverage and enhance financial support for vulnerable populations. Secondly, the insights gained from this study can inform program design and implementation strategies to improve transparency and accessibility. By addressing challenges related to beneficiary selection processes and streamlining application procedures, policymakers can ensure that the OAA program reaches those who need it most effectively. Thirdly, the study underscores the importance of regular program review and evaluation to assess effectiveness and identify areas for improvement. By conducting periodic evaluations, policymakers can make evidence-based decisions to enhance the efficiency and impact of the OAA program over time. Lastly, the study highlights the need to address practical challenges such as cash withdrawal issues faced by beneficiaries. By investing in infrastructure upgrades and providing training to bank staff, policymakers can ensure smooth and efficient disbursement of funds to elderly individuals, enhancing their overall experience with the program.

Limitations and Future Research Directions

While this study provides valuable insights into the impact of the Old Age Allowance (OAA) program on rural elderly individuals in Bangladesh, it is not without limitations. Firstly, the study's reliance on quantitative data may have limited its ability to capture the nuanced experiences and perspectives of OAA beneficiaries. Future research could benefit from incorporating qualitative methods such as interviews or focus groups to gain a deeper understanding of the lived experiences of elderly individuals receiving OAA. Secondly, the study focused exclusively on beneficiaries of the OAA program in rural areas of Bangladesh. Future research could explore the experiences of urban elderly populations or compare the effectiveness of OAA programs across different geographic regions to provide a more

comprehensive understanding of program outcomes. Thirdly, the study did not explore potential unintended consequences or negative outcomes associated with the OAA program. Future research could investigate factors such as dependency on OAA, disincentives for workforce participation, or impacts on intergenerational relationships to provide a more holistic assessment of the program's effects. Lastly, the study's cross-sectional design limits its ability to establish causality or assess changes over time. Future research could employ longitudinal or mixed-methods approaches to track changes in OAA beneficiaries' well-being and socio-economic status over an extended period, allowing for more robust conclusions about the program's long-term impact. Moreover, while this study provides valuable insights into the impact of the OAA program on rural elderly individuals in Bangladesh, further research is needed to address its limitations and expand our understanding of the program's effectiveness and implications for policy and practice.

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