

RESEARCH ARTICLE

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Social Safety Net Programs (SSNPs) in Improving Quality of Life of Older Poor People in Rural Bangladesh: Old-Aged Allowances (OAA) Program Context

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Abstract

This study examines the effects of the ‘old age allowance program’ as a social safety net initiative aimed at enhancing the quality of life for vulnerable elderly individuals in rural Bangladesh, focusing on their basic needs (e.g., food, health, and clothing) and self-esteem and dignity. It is a mixed-methods research, which has assimilated the primary and secondary data, and endeavoured to draw a picture of the program beneficiaries in a union. Data were derived from program beneficiaries, non-beneficiaries who want to benefit from the program, key important persons related to the program, and the masses of the union. Data has been collected through surveys, key informant interviews, and focus group discussions (FGD) with the respondents by using questionnaires and FGD schedules. The findings show that the OAA program allowances have a positive effect on fulfilling the basic needs (e.g., food, clothes, medicine) of the ‘elderly beneficiaries’ of the program, and as a result, their status in the family and society has been enhanced. However, irregularities and weaknesses, e.g., corruption, nepotism, voting politics, and irregularities in enrolment, are creating obstacles to implementing the program and enhancing the quality of life of poor elderly people in rural areas. The findings encourage to depiction of some recommendations which will give support to individuals related to this field.

Keywords: *Social safety net, Old age allowance program, Quality of life, Rural Bangladesh*

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1. INTRODUCTION

In the historical context, the source of the social safety net is rooted in the activities of ancient Egyptians and Roman emperors, who introduced a form of protective approach to the benefit of the underprivileged people, whose modern form is the social safety net ([Devereux et al, 2008](#)). However, this issue came to the attention highly through the ILO conferences of Philadelphia in 1944, section 67 of this convention, which requires income security activities to ensure the income earnings or insurance or social assistance for those who are unable to earn due to old age, are unemployed, or the main earners are dead ([Islam, 2015:150](#)). Later, the World Bank and IMF took various social safety net programs in third-world countries between 1970 and the 1990s; for instance, the ‘structural adjustment program (SAP)’ ([Islam, 2010:10](#)). In this context, the concept of social safety net program was developed as a basic formula of social protection in development discourse ([Giannozzi and Khan, 2011](#)). In this regard, the main objective of social safety net programs in third-world countries is to reduce poverty, providing various supports to the benefit of disadvantaged people and creating social protection ([Vivin, 1994](#); [Lindert, 2005](#)). For this reason, different programs have been introduced in the world as social safety nets, where the older age supportive program is one of the pivotal ones for improving the quality of life of poor older people. Bangladesh is no exception; social safety nets in Bangladesh, like elsewhere in the world, have two basic objectives: protecting individuals from falling into poverty beyond a certain level through proper redistribution and correcting market failures ([Uddin, 2013](#)). Indeed, since its independence in 1971, Bangladesh has introduced different social security programs to uplift 70 percent of poor people from poverty and calamities management ([Morshed, 2009](#)). In the 1990s, Bangladesh launched an ‘old age allowance’ program for the elderly poor people.

It is an alarming issue that all over the world, the elderly population is increasing day by day. In this criterion, the growth rate of old age people is comparatively higher than the general population growth rate. According to the report of the United Nations (UN), the old age population of the world increased from 360 million to 600 million from 1975 to 2000 (25 years). That is, the rate of increase in the old age population is 2.68% ([GoB, 2014](#)). The population in Bangladesh is predominantly rural, with almost 80 percent of people living in rural areas ([World Bank, 2013](#)). According to the HIES report, the oldest age group (65 years and over) of the population shows an increasing trend in rural areas; however, a declining trend is observed in urban areas. In rural areas, the ratio was 5.16% in 2010 and increased to 5.44% in 2016. In urban areas, on the other hand, the proportion was 3.81% in 2010 and declined to 3.61% in 2016 ([BBS, 2017](#)). Namely, the ratio of the oldest people in rural society is increasing day by day.

Old age is a highly vulnerable situation in a natural process of life, in what stage people experience decreased physical strength and deteriorating health conditions due to age-related diseases ([Barikdar et al, 2016: 27](#)). Nowadays Bangladesh is going through a changing pattern of life in a society where kinship bonds are weakening and family composition is undergoing a rapid transformation. In the patrilineal joint family, sons are expected to care for and provide assistance to parents in old age but the traditional joint family structure in rural Bangladesh (where the majority of our elderly are living) has been breaking down over the last few decades due to poverty, attitudes of self-interest, quarrels, maladjustment and so on and is gradually being replaced by nuclear families ([GoB, 2014](#)). Under these conditions, the elderly people are becoming isolated from their kindred or family, and as a result, the elderly population is left to live alone and face socio-economic, health and emotional problems ([Rahman, 2010](#)). According to a study by Help Age International, in countries, 50 to 80 percent of old age people are victims of mental and physical oppression, and about 90 percent are victims of economic deprivation ([HAI, 2017](#)). Hence, most of the old people in the country live at a security risk, whereas the poor older people are more insecure living ([Barikdar, 2016](#)).

The basic rights and social protection of the citizens have been recognized in Article 15 (a) and (d) of the Constitution of Bangladesh, where Section 15 (a) says that the state’s fundamental responsibility is to arrangement of the necessities of life, including food, clothing, shelter, education and medical care. Also, section 15 (d) says that the state’s responsibility is to ensure the rights to social security (GoB, 2010). Besides, one of the main goals of the SDGs is to eliminate all kinds of poverty and hunger from the world. Bangladesh, as a committed country of the SDGs, is essential to reduce old people’s poverty and improve their quality. For these reasons, the government has emphasized SSNPs as an important component of anti-poverty strategy and pillar of the PRSP (Uddin, 2013), as well as by the year 2030, the goal has been fixed for ending all poverty everywhere (GoB, 2017). But this development is not possible without avoiding the old age people, a major portion of the population. For the relevant reason, the main objective of this study is to examine the impacts of the Old Age Allowance Program (OAA) as a social safety net program for improving older people in rural Bangladesh.

2. LITERATURE REVIEW

2.1. Social Safety Nets and Old Age Allowance Program: Conceptual Analysis

A social safety net system is broadly defined as a set of services- including healthcare, unemployment benefits, and disability insurance- provided by the state to protect impoverished and vulnerable members of society (Runde, 2018). Indeed, social safety nets are non-contributory measures designed to provide regular and predictable support to low-income and vulnerable individuals. They are also referred to as safety nets, social assistance, or social transfers, and are a component of larger social protection systems (World Bank, 2015). In addition, it is a form of social activity that enables the provision of a minimum income to people in economically disadvantaged conditions before they become completely landless (Grosh, 2008). Many opined that it is an instrument for mitigating possible adverse effects on the poor (Chu and Gupta, 1998), which is designed to assist the most vulnerable individuals, households, and communities to meet a subsistence floor and improve living standards (Howell, 2001). Social safety nets seek to ensure a minimum level of well-being and nutrition and reduce poverty through cash or in-kind transfer programs (FAO, 2003). Hence, the social safety net is the basic necessity-based support or service activities for managing the income sources, reducing family risk, and improving the living standards of the poor, underprivileged, and low-income.

Different types of social safety net programs worldwide, where conditional and unconditional cash or kind transfers, public work or training, relief works, insurance, etc., programs (World Bank, 2006). In Bangladesh, as per the sixth five-year plan, social safety net programs are broadly categorized into four categories (Table 1).

Table 1: Major types of Social Safety Net Programs in Bangladesh

Types	Programs
Unconditional cash transfer	Old Age Allowance Widowed and Distressed Women Allowance Disabled Allowance
Conditional cash transfers	Primary Education Stipend Program (PESP) Stipends for Female Secondary Students
Public works or training based cash or in kind transfer	Rural Maintenance Program Food-for-Work Vulnerable Group Development (VGD) Employment Generation Program (EGP)
Emergency or Seasonal Relief	Vulnerable Group Feeding (VGF) Gratuitous Relief (GR)

	Test Relief (TR) Open Market Sale (OMS)
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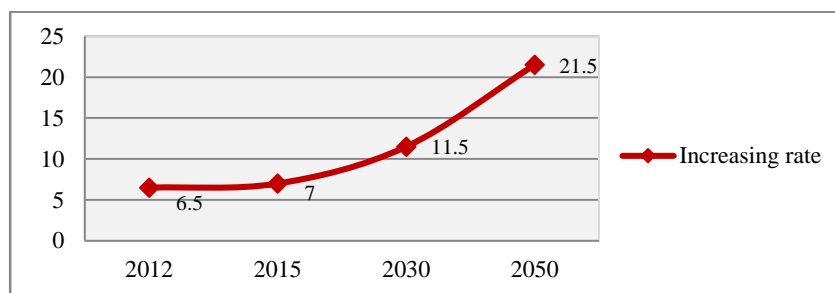
Source 1: GoB, Sixth five years plan 2011-2015, General Economic division, Planning Commission, Dhaka: Planning Ministry, 2010, p.166

Noteworthy that various social safety net programs in Bangladesh exist for poverty reduction, social welfare, and protection of the poor. Notably, the SDGs main focus is on quality of life through poverty reduction and sustainable development; for this reason, the state plans have emphasized SSN programs (GoB, 2017). In this regard, an unconditional cash transfer program is important, because this type of program assists poor, miserable, detached people in society. Farrington and Slater reveal that the old-age allowance program is one of the unconditional cash transfer programs under the social protection program, through which economic assistance is provided to families of isolated, helpless, destitute, old-age poor people in society (Farrington and Slater, 2006).

Whose are old age people, or which age group can be called ‘Old age’? As per the Encyclopedia Britannica, ‘Old age’ is called senescence; in human beings, the final stage of the normal life span is ‘old age’ (Encyclopedia Britannica, 2018). However, the age at which old age begins cannot be universally defined, as it differs according to the context. In the developed world, chronological time plays a paramount role. The age of 60 or 65 years, roughly equivalent to the retirement age in most developed countries, is considered the beginning of old age (Gorman, 1999). However, it does not adapt well to the situation in developing countries. The UN General Assembly resolution 35/129 defines the chronological age of 60 years and older as ‘old age people’ (WHO, 2001). The WHO recognized that the developing world often defines old age, not by years, but by new roles, loss of previous roles, or inability to make active contributions to society (WHO, 2001). ‘National Old Age Policy 2013’ of Bangladesh, 60 or above is defined as old age people. In this criterion, the senior citizen is categorized into three sections: (a) 60-70 years old are young old age; (b) 70-80 years old individuals are middle old age, and (c) 80 and above years old are old age (GoB, 2014). Those individuals sixty and above are recognized as ‘old age’. In reality, people in this country become older earlier because of poverty, and the conditions related to hard labor, malnutrition, illness, and their geographical location. Hence, according to the chronological aging level, the sixty and above, who are poor, destitute, and family-less, isolated, and insolvent people, are eligible for the old age allowance program of the social safety net.

Moreover, older people are a significant part of the country’s growing population. In Bangladesh, one-third of total families have lived 60 years old or above (Swapan, 2017). According to the ‘Global Age Watch Index 2015’ of Help International global network, the number of old age people in 2012 was 10 million (6.5% of total population), which is now 14 million (7.5% of total population), 2030 will be 20 million (11.5% of total population), 2050 will be 40 million (21.5% of total population); (Figure-1). That is, at the time in every five people will be elderly age people. Hence, it is apparent that old age people are increasing day by day in Bangladesh (HAI, 2017).

Figure 1: Increasing trends of old age people in Bangladesh



Source 2: Help Age International (2017), “Global Age Watch Index 2015: Insight report, Bangladesh”, Dhaka: Help Age International

Besides, we see that the index of old age people in Bangladesh is not in a very good position according to 'The Global Age Watch Index 2015'. According to this index, the position of Bangladesh is 67th (from the lowest level) in 96 countries ([HAI, 2017](#)). As per a research report, 54.5% of older people are physically and 88% are mentally abused by family members in Dhaka city; and 54.4% are deprived of economic resources in our country ([Swapan, 2017](#)). So it seems that older people are facing social security risks every day.

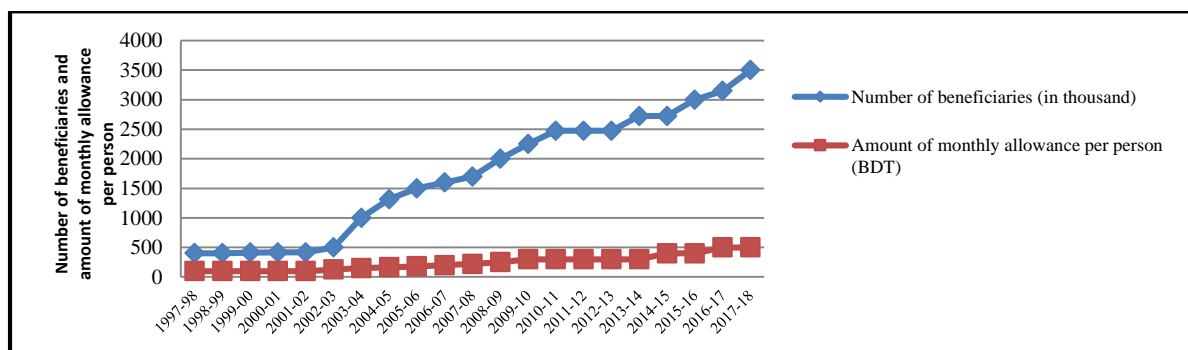
2.2 Scope and Nature of OAA Program

In Bangladesh, due to constitutional obligation and MDG goals, the government launched the 'old age allowances' program in 1998 for the elderly poor people, which is a program run by the Ministry of Social Welfare. It is an unconditional cash transfer program focused on safety nets. This program is to provide cash unconditionally for life-long facility care, protection, and leading a normal life for 'old-age people' ([Uddin, 2013](#)). In this case, specific objectives of the program are: (i) to improve the socio-economic status and protect the social security of the elderly persons; (ii) to increase their status in the family as well as society; (iii) to strengthen the mental force of the aged persons through financial assistance; and (iv) to provide financial assistance for ensuring medical facilities and nutritious food ([GoB, 2011](#)). Indeed, the OAA program aims to bring welfare and improvement to the elderly poor, disadvantaged and vulnerable people of the country.

Based on this objective, with the assistance of social welfare department officers, local administration and local representatives make a list of helpless, destitute, old poor people and the allowances are given on a priority basis according to the allocation of the program. In this case, the candidates of this program are selected based on the criteria that are: (i) the Candidate must be a permanent citizen of Bangladesh; (ii) Priority must have high old age people (the minimum age of male is 65 and female is 62); (iii) Priority will be given for destitute, houseless and landless people chronologically in the base on economy and on the other hand, based on social criteria, priority will be given to widows, divorcee, childless and isolated from family's person chronologically; (iv) Priority will be given landless people who are not ownership 0.5 acres' land without Homestead. Also, the candidate must be a permanent citizen of a related local area, must have a national identification card, income must not be more than ten thousand taka per annum, and must be selected by the related selection committee ([GoB, 2011](#)). Based on this objective, with the assistance of social welfare department officers, local administration and local representatives make a list of helpless, destitute, old poor people and the allowances are given on a priority basis according to the allocation of the program. In this case, the candidates of this program are selected based on the criteria that are: (i) the Candidate must be a permanent citizen of Bangladesh; (ii) Priority must have high old age people (the minimum age of male is 65 and female is 62); (iii) Priority will be given for destitute, houseless and landless people chronologically in the base on economy and on the other hand, based on social criteria, priority will be given to widows, divorcee, childless and isolated from family's person chronologically; (iv) Priority will be given landless people who are not ownership 0.5 acres' land without Homestead. Also, the candidate must be a permanent citizen of a related local area, must have a national identification card, income must not be more than ten thousand taka per annum, and must be selected by the related selection committee ([GoB, 2011](#)). According to these criteria, an old person can apply to the upazila social services officer for allowance under the program. In this factor, the related union committee selects the candidates and makes a list for allowance, and the upazila committee makes the final selection and approves the list ([GoB, 2011](#)). In addition, each selected person will get an allowance of 500 taka per month. In this case, a 'Pass Book' is provided to each recipient for the take-up of allowance. Each recipient can get the allowance through Sonali/Janata/Agrani/Bangladesh Krishi/Rajshahi Krishi Unnayan Bank on three three-monthly or annual bases. If any recipient dies, the appropriate nominee of the recipient will get up to 3 months' allowances by submitting a death

certificate (Ibid). At the starting time of this program, the allowance rate was 100 taka per beneficiary; however, over time, the number of allowances and benefits has increased (Figure 2). However, the rate at which beneficiary numbers have increased, the allowance has not increased in that way. The monthly allowance is only 500 taka, which is very low for meeting the daily needs of an elderly person at the current market price. Besides, the elder people’s enrollment rates are not so high in the program. It was possible to cover only 2.7 million old people till 2015, when 60% of the older people were staying outside the program (GoB, 2018). But at the local level of Bangladesh, the old age allowance program is the only program with an unconditional cash-provided focus that can play an effective role in improving the quality of life of old age people.

Figure 2: Increasing trends of the number of beneficiaries and the amount of allowances of OAA program



Source 3: GoB (2018), “Old age allowance program”, Dhaka: Department of Social Welfare

3. METHODOLOGY

This study aims to explore the impacts of the Old Age Allowance Program (OAA) on improving rural older people’s lives in Bangladesh. In this case, three RQs are set in this study: (i) To what extent is the OAA program creating a positive impact in ensuring food, health, and clothing security for poor elderly people? (ii) To what extent is the program improving the self-esteem and dignity of poor elderly people? and (iii) What are the weaknesses of the program in improving the quality of life of poor elderly people in rural society?

As this is a mixed-methods study, hence with qualitative and quantitative data from primary and secondary sources. In this study, the Roumari Union of Kurigram district in Bangladesh has been selected as the research area, because it is a poverty-prone area and where the OAA program is going on. The number of samples in this study is 134, of which 110 are program beneficiaries (Table 2), and they have been selected purposively. For collecting data, three different types of instruments have been used and these are a questionnaire survey, a semi-structured interview schedule, and a focus group discussion (FGD). One set of questionnaires has been used for the beneficiaries of the program and a semi-structured interview schedule has been used for the key informants (KI). Besides, two FGDs have been conducted to get more insight into the data, where one FGD was with 8 reputable persons of the selected Union, who know about the OAA program and another FGD was conducted with 8 poor elderly, who want to be enrolled in this program. The period of primary data collection was from August to December 2018. Data have been represented normatively with some tables and charts. The following table shows the research instruments, respondents, number of samples and sampling procedure at a glance.

Table 2: Sample and Process of Sampling of this Study

Research Instruments	Respondents and their recognitions	Number of Sample	Sampling
Questionnaire Survey	Beneficiaries or members of OAA program	110 elderly persons	Purposive
Key Informant Interviews (KII)	Upazila social service officer (focal person of the OAA program in a Upazila)	1 Person	Purposive
	Teachers (member of the program implementation committee)	2 Persons	
	Local elites and former UP's representatives (member of the program implementation committee)	4 Persons	
	NGO's officer (member of the program implementation committee)	1 Person	
Focus Group Discussion (FGD)	Reputable persons (who are know about OAA program, but no include in the program)	8 (8 persons in a group)	Purposive
	Poor elderly person (who are want to be enrolled in the OAA program)	8 (8 persons in a group)	

Source 4: Creating by Author

3.1. Socio-Economic Condition of OAA Program Beneficiaries and Respondents of this Study

The target people of the program are selected based on the various standards of the implementation manual for the old-age allowance program. In this fact, the need for program assistance for rural elderly people depends on their socioeconomic vulnerable condition. Hence, the different particulars of the respondents, especially age, occupation, land ownership, and social index, express the condition of vulnerability of older people in the family and society (Table 3).

Table 3: Socio-economic condition of old-age people in study area (based on age, occupation, land ownership and social index)

Based on age			
Age	Male	Female	Total (%)
60-70	11	4	15 (13.6)
70-80	41	19	60 (54.5)
80+	19	16	35 (31.8)
Total (%)	71 (64.5)	39 (35.5)	110 (100)
Based on occupation			
Occupation			
House wife	-	05	5 (4.6)
Home servant	10	25	35 (31.9)
Day laborer	26	3	29 (26.3)
Farmer	11	2	13 (11.8)
Rickshaw or Van driver	19	-	19 (17.2)
No work	5	4	9 (8.2)
Total (%)	71 (64.5)	39 (35.5)	110 (100)
Based on various social index			
Social index			
Widow	0	20	20 (18.2)
Divorcee	0	8	8 (7.3)
Childless/Far from children	29	6	35 (31.8)
Family's isolated	18	0	18 (16.4)
Destitute/Homeless	19	1	19 (17.2)
Disable	5	4	9 (8.2)
Total (%)	71 (64.5)	39 (35.5)	110 (100)
Based on land ownership			
Amount of Land			
Landless	38	20	58 (52.7)

1-5 decimals	33	19	52 (47.3)
5-10 decimals	-	-	-
Total (%)	71 (64.5)	39 (35.5)	110 (100)

Source 5: Field Survey, 2018

Noteworthy that of those who have elected for allowance of this program, most of them are 70-80 years old, most of the females are housewives or domestic workers and most of the males are day laborers and farmers. From social indicators, most of the female respondents are widows or divorced, and most of the males are childless or far from children, as well as families isolated and all respondents are landless or land owners of small amounts. Hence, it is apparent that those who are selected for allowance of this program are vulnerable in their family and socially in any way.

4. FINDINGS

Old age has become a social issue, and due to modern medical science and demographic changes, the number of elderly persons is increasing daily (Uddin, 2013). In this reality, the scope of the OAA program is expanding in rural areas of Bangladesh. Hence, in this study, attempts have been made to look at the impact of this program on improving socio-economic life as well as poverty reduction among old-age people in rural areas as per the RQs. In that arena, to what extent the impacts of this program on the basic needs indicators (especially food, clothing, medical, and self-esteem) of poor old age people attempt to be analyzed.

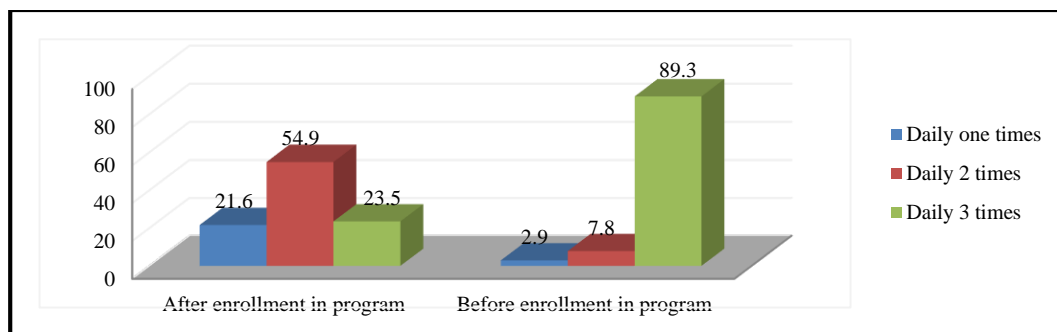
4.1 Ensuring Food Intake of Old Age People

Food intake problems are one of the biggest problems of rural destitute, isolated, underprivileged, poor, and elderly people. Because most of the family members think that older people are a burden on their family. For this result, many old people live in hunger, half hunger, and fasting; especially this rate is higher in poor families in rural areas. In this fact, responding to the question of whether the old age allowance program plays a supporting role in reducing their food shortage, 102 beneficiaries (92.7%) out of 110 beneficiaries answered positively. In this context, the impacts of the OAA program on reducing food shortage, we analyzed, in three categories, which are: the rate of daily food intake, the tendency of food borrowing, and the capability of food expenditure.

4.1.1 Daily Food Intake

One of the main indicators of old people's food security is the standard of daily food intake. Observations show that in a family, the old people become a burden when the other family members have to bear the additional expenditure to meet their food needs. Many elders express that their capable children are denied to give food for parents. For this reason, older parents live in isolated positions from their families. Notably, the daily food intake pattern of beneficiaries has changed significantly after receiving the old-age allowance from the program. Data shows that most of the respondents (89%) intake three times food daily after receiving the allowance, in this factor, the three times food intake daily increased 73.3% and on the other hand, the intake one time food once daily decreased 86.6% (Figure 3). That means, on average, this has changed positively to 76.6%. Hence, it can be said that, under the influence of this program, the food poverty of old-age people has been reduced. Similarly, a study indicated that the pattern of daily food intake of old-age beneficiaries has shifted meaningfully after receiving the program allowances (Uddin, 2013).

Figure 3: Rate of daily food intake (%)

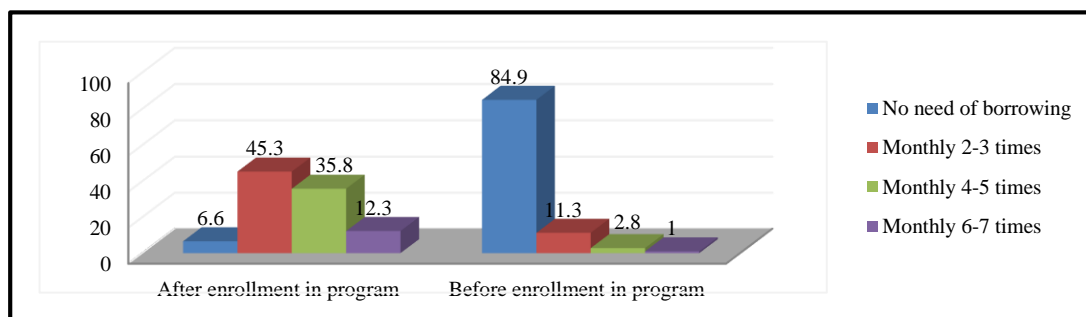


Source 6: Field Survey, 2018

4.1.2 Tendency of Food Borrowing

There is a food borrowing tendency due to food shortage in rural families of Bangladesh. In this factor, the tendency to borrow food is high among older members of the family to reduce food crises in their family or self-care needs. In this case, 99 (90%) of 110 beneficiaries responded that they tended to borrow before they enrolled in the program. The figure shows that before receiving the allowance, only 6.6 percent of the total beneficiaries had ‘no need for food borrowing’, after receiving the allowance, this rate increased by 84.9%. In the same way, the monthly 6-7 times food borrowing tendency is reduced by 99%. It is noteworthy that, on average, this has changed positively to 92.9% (Figure 4). So, it can be said that the food borrowing tendency has been reduced due to getting benefits of the program. Uddin (2013) mentioned that rice borrowing had decreased gently among program beneficiaries after receiving the allowances.

Figure 4: Changing pattern of food borrowing trends (%)



Source 7: Field Survey, 2018

4.1.3 Capability of Food Expenditure

The rate of food intake and food borrowing tendency depend on the expenditure capability of a person. If a person is capable of purchasing food, then they will decide to consume it and check its quality. That means the money enables a person to spend on food. In this case, the figure shows that the capability to spend on food daily is only 4.7% when they do not get the allowance, but after receiving the allowance, the capability becomes 90.6% (Figure 5). That means in this arena, the average positive change rate is 94.8%.

Figure 5: Increasing trends of capability to expense food daily

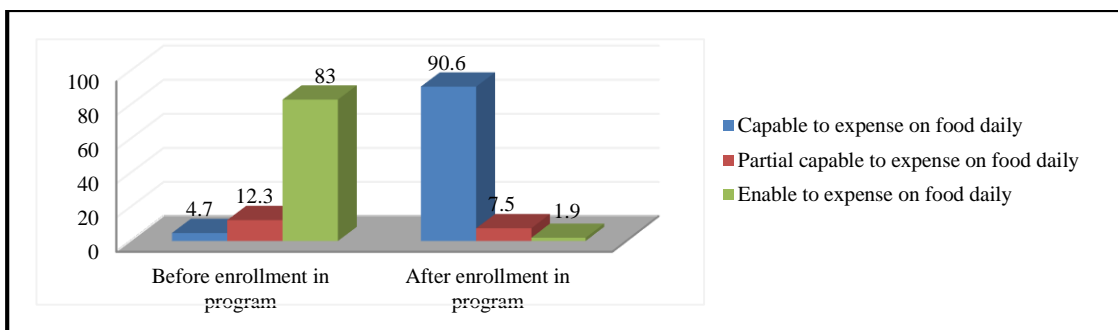
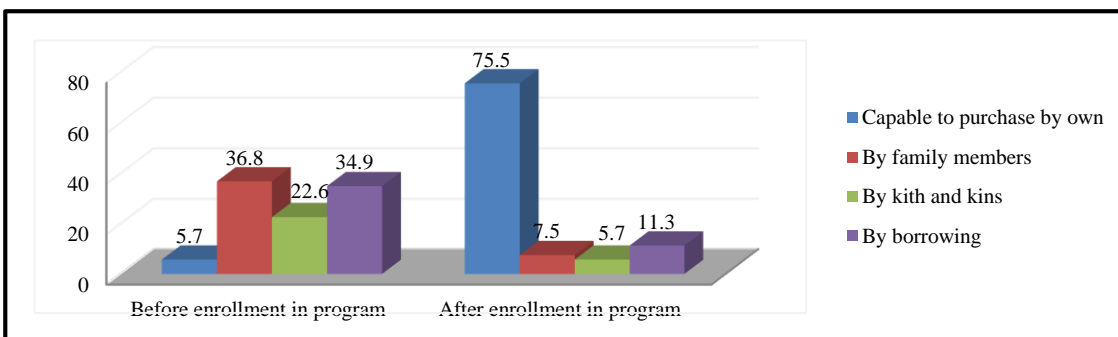


Figure 6: Field Survey, 2018

4.2 Ensuring the Health Facilities for Older People

In rural areas, many poor elderly people cannot treat their health problems. When they lose their capability to earn income, they depend on other members of the family as well as live in sickness, Sadness, and misery. In this condition, the cash transfer of the program plays a vital role in carrying out their medical expenditure. In this fact, in response to the question of whether the old age allowance program helps ensure health facilities, 106 beneficiaries (96.4%) out of 110 beneficiaries answered positively. In this case, figure, before receiving the allowance, most of the older people (94%) met their necessary medicine needs with the help of family members, kith and kin, by borrowing and sometimes by owning those who can purchase medicine. After receiving the allowance, most of the respondents (75.5 percent) purchased their necessary medicine at their own cost (figure 6).

Figure 7: The rate of increase of own capability to purchase medicine for treatment



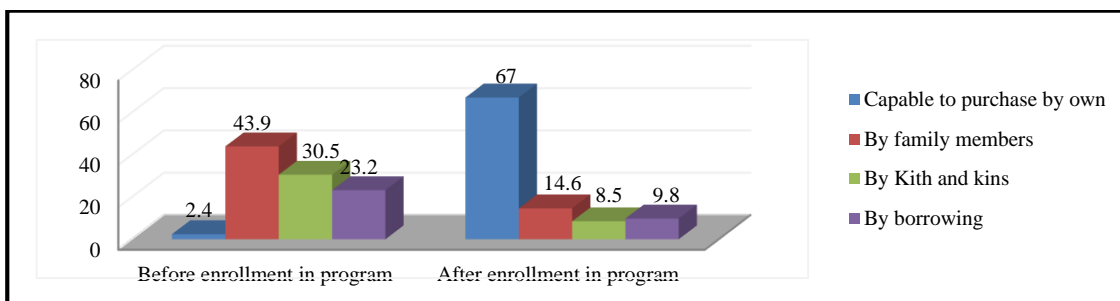
Source 8: Field Survey, 2018

4.3 Ensuring the Affordability of Clothes of Older People

The need for clothes is one of the main basic needs of human beings. However, purchasing clothes on their own cost for the elderly is a burden (Uddin, 2013). Many of the rural elderly people of Bangladesh do not have the ability to take adequate clothing, just as they lack food. Many people have to depend on others for one item of clothing. Such dependence reveals the sadness and poverty of the elderly as well as disrespects the family and society. However, the figure shows that before receiving the allowance, only 2.4 percent of the total beneficiaries were able to purchase clothes through their own income; after receiving the allowance, this rate increased by 67%. In the same way, for purchasing clothes, the family members, kin and kith, and loan dependency have decreased. It is noteworthy that

almost 65% older people are capable of purchasing clothes on their own cost due to the support of the program (Figure 8).

Figure 8: The increasing trend in the affordability of clothes:

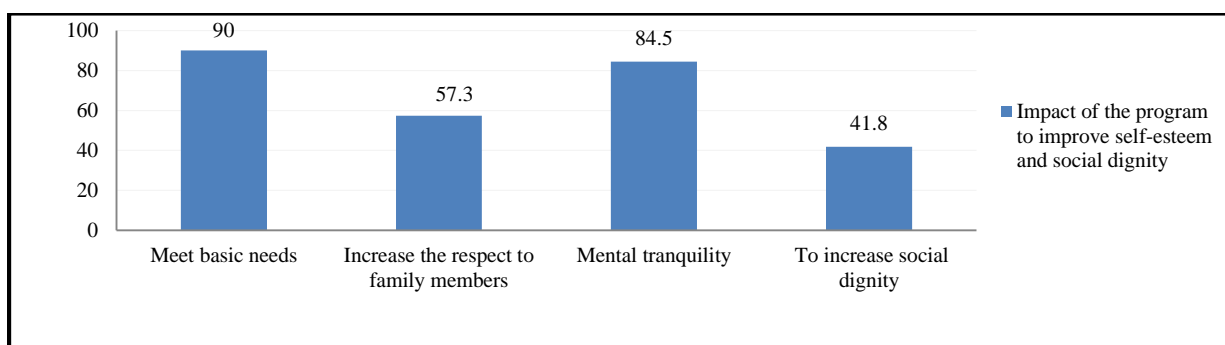


Source 9: Field Survey, 2018

4.4 Improvement of Self-Esteem and Social Dignity of Older People

Poverty and dependency are liable to impair the self-esteem and social dignity of human beings. When poor old people have no money, they depend on others, or somebody is begging, which is an obstacle to improving the self-esteem and social dignity of old age people. Some indicators for improving the self-esteem and social dignity of old age people, such as respect in family and society, the capability to meet basic needs, and getting care from others in the family, are mentionable. If they develop these indices, we will realize that their self-esteem and social dignity have improved. Based on the response given by the beneficiaries, it is shown that due to this program allowance, 90% and 85%, respectively, the beneficiaries have fulfilled their basic needs and have created mental tranquility, which has increased their dignity in family and society (Figure 8). So, we see that the OAA program has a positive impact on the various indicators of the development of self-esteem and social dignity of the elderly.

Figure 9: Impact trends of the old age allowance program to improve self-esteem and social dignity (%)



Source 10: Field Survey, 2018

4.5 Program-Based Irregularities and Weakness

Observations on the study area’s program show that many older male and female people are deprived of the program’s benefits. Although the circumference of this program and the number of elderly people is increasing daily in Bangladesh, the benefits and allowances rate have not increased in the same way. Again, most of the masses (70 percent) opined that, based on the manual of this program, this union has many old age people who are qualified for allowance, but they are deprived of the allowance of this program. In this fact, attempts have been made to highlight the underlying

weaknesses and irregularities of the program through a key informant interview (KII) with the program’s involved important people.

Table 4: Irregularities and weaknesses of the program (As per the views of key informants)

Type of key informants	Focus the opinion on the Irregularities and weakness of the program
Upazila Social Service Officer	<ul style="list-style-type: none"> ▪ All old age people are not enrolled in the program of a Union, although many old age people are poor in the Union; ▪ Political pressure exists to select the member of the program; ▪ The program allowance is humble, which does not meet all the needs of old-age beneficiaries.
Teachers (2)	<ul style="list-style-type: none"> ▪ Problems with the selection of the right people as per the age of the given program’s manual; ▪ To trends the enrollment of relatives or known persons of UP’s representative; ▪ Sometimes the candidates are not selected by the given manual criteria.
Local elites (2)	<ul style="list-style-type: none"> ▪ Sometimes UP’s representatives select the candidates of the program, who are getting votes for them; ▪ Select the members of the program is not based on the opinion of the local honorable person; ▪ The UP representatives made the primary list of the members for the program and the Upazila administration approved it; in this case, equal priority is absent for committee members.
Former Chairman of UP	<ul style="list-style-type: none"> ▪ Allocation is small to need; ▪ Not a proper list of dead people.
Former Member of UP	<ul style="list-style-type: none"> ▪ There are not possible to enroll all rural old age people in the program; ▪ Members’ allocation of this program is lower than the Union area comparatively.
NGO Officer	<ul style="list-style-type: none"> ▪ The focal person of candidates’ selection for the program’s allowance is representatives of UP, (especially UP Chairman and Members), which is the obstacle to making the correct beneficiaries list; ▪ UP and Upazila administration don't have enormous propaganda for this program and making the list of members. ▪ Corruption, nepotism, and bribes occurred for selection as a member of the program.

Source 11: Field Survey, 2018

Various weaknesses and irregularities, as per the KII, have been identified at the implementation level of this program. Noteworthy are enrollment problems by evaluating the poor persons, enrolling a small amount in the program to the ratio of the poor, small amount of allowance, irregularities to make the list based on priority, lack of publicity to make the old age people’s list, lack equal priority in all members of the committee to form the list, to use of the program as voting politics, lack of political will to implements the program, corruption, and nepotism. Mainly, the key problem of this program is members’ enrollment and making the list. In this case, it is needed to explore the reasons for the problems with enrollment in the program. For this purpose, an FGD has been conducted to focus on this topic.

Table 5: Perception about the program’s benefits and obstacles to enrolment in the program of poor elderly people (FGD with interested persons on enrolment in the program)

Options	Focus insights
Perception about program benefits	<ul style="list-style-type: none"> ▪ The allowance amount is small, but helps to meet the food inefficiency and medical costs; ▪ The program’s allowance is supplementary support for a family's financial crisis ▪ It is helpful to reduce dependency; ▪ The program’s allowance and benefits are increasing the dignity of family and society as well as mental tranquility.
Obstacles to enrollment in the program	<ul style="list-style-type: none"> ▪ Lack of commitment to UP’s representatives (especially members of UP); ▪ The severity of poverty is ignored in the selection of members; ▪ To trends the voting commitment for enrollment in the list; ▪ Relationships with UP representatives are not good; ▪ Decreasing allotment of members due to nepotism; ▪ To lack of proper information for members enrollment list.

Source 12: Field-level FGD, 2018

The discussion shows that the program benefits help improve social and economic dignity and mental satisfaction in older people’s lives. On the contrary, the corruption of UP representatives, nepotism, voting politics, lack of commitment and proper information are the main obstacles to the enrolment of qualified old aged people as members of the program.

5. DISCUSSION

The first research question of this study is to what extent the OAA program creates a positive impact in ensuring food, health, and clothing security for poor elderly people. Findings show that, because of receiving the allowance from the program, food intake has changed positively among the older beneficiaries. Before receiving the allowance, there was daily fasting for most of the beneficiaries, but after receiving the program allowances, fasting or one-time intake of food has decreased significantly. Moreover, food borrowing has declined; the capability to incur food costs has increased significantly. After receiving the program’s allowance, food borrowing has decreased by 99% and the capability to expend food costs has increased by 95% on average for beneficiaries. Similarly, due to the cash allowance of the OAA program, the dependency on others for older people’s treatment has decreased and the capability to spend for treatment at their own expense has increased. After receiving the allowance, most of the respondents were able to purchase their necessary medicine and clothes at their own cost. Hence, due to the cash allowance of the OAA program, the dependency on others for their needs for food, medicine, and clothes has decreased and the affordability of spending for needs at their own expense has increased. As the cash transfer program is the OAA program, it is creating positive impacts for ensuring the food security of the program’s beneficiaries ([Uddin, 2013](#)) and it can develop the beneficiaries’ lives positively ([Subbarao, 1997](#)).

The second research question is to what extent the program is improving the self-esteem and dignity of poor elderly people. Findings have shown that the support of the OAA program has improved various indices of the self-esteem and social dignity of old age people. Evidently, after receiving the program allowances, maximum beneficiaries have fulfilled their basic needs and have created mental tranquility, which has enhanced their dignity in family and society. Hence, the OAA program positively impacts the various indicators of the development of self-esteem and social dignity of the elderly. After receiving the allowance program increases the economic solvency of old age people increases, which improves beneficiaries' quality of life significantly ([Uddin, 2013](#)).

The third research question is what are the weaknesses of the program in improving the quality of life of poor elderly people in rural society? In discussions with key informants, it is found that one of the main weaknesses in the program is irregularity in enrollment, lack of political will, as well as corruption and nepotism. That is why, in most cases, the poor old people are being deprived of the allowance for the program. In addition, the FGD's discussion with poor elderly people who want to get the benefits of the program is seen in the fact that the main reason for poor old people are deprivation is the ineffectiveness and irregularity of the Union Parishad. Similarly, in previous study shows that political pressure, voting politics, administrative complexities and non-cooperation, corruption and conflicts among UP representatives, and lack of training and awareness are the major obstacles of UP in implementing various social safety net programs ([Khan, 2010](#)).

6. RECOMMENDATION

As a major program of social safety nets, the old-age allowances program plays an important role in the development of the beneficiaries. Notably, allowance-receiving old-age people are significantly attaining higher scores in society in social and economic dimensions than non-receiving poor old-age people ([Rana & Ahmed, 2008](#)). However, the irregularities and weaknesses- the irregularities of enrollment, the small amount registered in the program, the ratio of the poor, small amount of allowance, corruption, nepotism, and the lack of publicity in making the members list- create obstacles for positive results and development of the lives of poor and helpless people. In this case, various endeavors could be taken in favor of program implementation and improvement of the quality of life of older people.

Increase in allowance amount and health services

Findings show that the beneficiaries are receiving the allowance amount in Tk. 500, which is very few compared to their needs, according to market value. So, it is needed to increase the allowance and the number of beneficiaries' allocation. Besides, the majority of old age people are ill, helpless, destitute, poor, and isolated from family and lots of them are victims of physical and mental abuse in family and society. In that case, older people are living with diseases, sadness, and illness. Hence, different allowance allocations for their health treatment are needed.

Proper selection and enrollment through an effective committee system

The core objective of this program is to protect vulnerable elderly people from insecurity ([GoB, 2011](#)). However, findings show that one of the major weaknesses of this program is the unfair selection of members' enrollment in the program for allowance. In this case, the selection committee of the UP should be effective for proper member selection and enrollment.

Effective Union Parishad and the relevant authority of the program

The FGD report shows that the irregularities of the Union Parishad and the mismanagement of the relevant authority of the program are creating obstacles to making the beneficiary list of the program for poor old-age people. So, it needs to be effective for the Union Parishad and relevant authorities of

programs like Upazila Parishad and administration, etc. Moreover, community engagement in the overall implementation of the program could be ensured for better performance, and a cash allowance disbursement system should be established through mobile or community banking systems to ensure transparency and accountability.

7. CONCLUSION

Literature review and findings show that a large part of rural society in Bangladesh is elderly people, who are vulnerable and poor in a variety of ways. The main goal of the SDGs is to ensure Sustainable Development at all levels, for which social security and living standards are essential. In this context, the ‘old age allowance program’ of social safety nets is running activities in Bangladesh for the safety and improvement of the quality of life of older poor people. It is seen in the context of discussions that this program has been playing a positive role in ensuring food, clothing, and medical care, and improving the family and social dignity of the rural poor. However, the findings also show that there are various irregularities and weaknesses in the program, which inhibit the life and development of the security of the elderly poor. In this context, it is necessary to implement the above-mentioned recommendations for effective implementation of the program as well as for improving the quality of life of the vulnerable-poor elderly. Therefore, it is recommended that in-depth research on those areas is commissioned so that the weaknesses and irregularities of the program are far away and the program is well implemented.

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