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AN INCLUSIVE APPROACH TO CARE OF THE ELDERLY IN BANGLADESH

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ACRONYMS

BDHS	Bangladesh Demographic and Health Survey
BBS	Bangladesh Bureau of Statistics
NGO	Non-government Organisation
HIES	Household Income and Expenditure Survey
NSSS	National Social Security Strategy
GDP	Gross Domestic Product
BDT	Bangladeshi Taka
WHO	World Health Organisation
UN	United Nations
UK	United Kingdom
US	United States

FOREWORD

The old age population of Bangladesh is rising quickly in the face of increasing life-expectancy and better health services. In the absence of universal pensions, a largely informal labour market and the rapid dissolution of the traditional, joint-family structure, this segment of society has emerged as a particularly vulnerable group. While traditional norms and institutions with regard to elderly care are breaking down, new norms or institutions have not emerged, resulting in uncertainty, agony and helplessness experienced by the elderly community.

This study is an initiative of the Bangladesh Institute of Development Studies (BIDS) intended to take stock of the situation of the elderly in terms of their needs, medical status, lives and livelihoods, and how these are being addressed by the government and the community at large.

The study points to glaring problems and policy gaps that require urgent attention. On the one hand, institutional facilities for the elderly are few and far between, and at the same time, there is lack of sensitivity to the problems of the elderly in existing health-care facilities. Therefore, much work needs to be done to address this growing problem including creating institutions for elderly care, strengthening safety nets and generating awareness and sensitivity in the broader community so that the traditional love and respect that we have always shown to our elderly people remains undiluted.

It is hoped that the study will be useful for all those who work with the elderly or are concerned for their welfare. It was funded under the BIDS Research Endowment Fund which is used to finance innovative research proposals from within BIDS. It is hoped that this highly relevant research will contribute to the policy debate in the area. I congratulate the authors for undertaking the study.

December 2019

K. A. S. Murshid
Director General

EXECUTIVE SUMMARY

The examination of elderly people's care is relatively recent idea in Bangladesh from the perspective of societal and medical care systems. In addition, Bangladesh's socioeconomic and cultural set-up limit it to care for the public sector retirees, rudimentary healthcare support via public health care system, and few private sector initiated "old age homes." Bangladesh, despite the prognosis of a demographic dividend, which some calculate to be optimally effective until 2032 and the longer-term projection being around 2038, is poised to face the growing elderly population:21 per cent by 2025 and 40 per cent by the middle of this century. Aging is inevitable and its effect will be of epic proportions upon the income, economy, lifestyle of the active population and the dependent populace.

This study basically aimed at assessing the gap between needs and 'current provisions in the country,' underscoring the need for more studies on elder care. The basic objective was to take steps in the right direction in the coming months and years to develop a policy framework for an inclusive approach to care of the elderly. A survey of 136 respondents has been done as a preliminary assessment, including a sizeable qualitative component from a cross-section of people who are interested, and involved in strategic positions, to benefit this society's aging population. The quantitative survey respondents' group was proportionately drawn from elderly male-female, also rural-urban areas and reflected the broad income-groups. It has empirically validated and informed the study on the target beneficiaries who comprise the elderly. And the qualitative opinion assessment has thrown light on the overarching issues and way forward.

The qualitative sample comprised a comprehensive collation of 22 Key Informant Interviews and an Opinion Survey (30 qualitative responses) from a cross-section of society. The interviewees included lawyers, private entrepreneurs, community workers, recipients of services, service providers, social welfare officers, youth leaders, health care workers, Fire-Brigade Personnel, etc.

The recent Parent Care Act of 2013 is unique, as also the National Plans on the Elderly (2006 and 2014). These purport to cater to parent's sustenance, but remain limited in scope, as discussed in the report. Policies and Act remain, effectively inactive. The other programmes such as micro-credit, health, nutrition, population sector programme, community empowerment, etc. are yet to come into focus with regard to the elderly.

Findings from the survey reveal that most respondents were in 60-65 age range with some in their early 90s. Most males and females are married. Those males who were widowers often remarried (higher number of males remarried but few, almost none of the widowed women were remarried). The age gap between male spouse and female spouse was found to be high and thus, more women were widowed and alone. Majority of the respondents were illiterate. A third of the respondents earn an income, where males predominate and are residing overwhelmingly in the cities; They suffer from an income

deficit ranging from Tk. 500 to Tk. 10,000 every month and this increases to Tk. 12,000 in the urban families that experience income deficit. Most who have the resources have transferred their money and property to their children, thus increasing their vulnerability.

Health problems include eyesight, gout, diabetes, depression, dental and psychological ailments. Their mental strain emanates from their inability to seek finance for their medi-care and aggravated financial constraints lead to psychological depression; also suffer from lack of care and service, but elders prefer family care. However, increasing small families pose lack of time and care. Elderly lack government health care programme and insurance. Situation is worse for the urban residents; elderly females live with relatives and they often suffer immobility and they are abused on account of food, money and inability to do household chores.

Policy recommendations include the need to keep a provision of adequate budget for the development of elders. There is also a strong call for review (to gauge effectiveness) of the government policies for a more enabling condition to assess the efficacy of existing programmes and whether they are headed in the right direction, particularly in the light of the National Social Security Strategy (NSSS). The NSSS 2015 has furnished guidelines on Social Security for People with Disabilities. Besides the two groups targeted for "Child Disability Benefit" (all children with a disability, up to 18 years of age), and "A Disability Benefit" for all adults with severe disabilities, aged 19-59 years, there is no provision for disabled old people. It lays down that at 60 years, people with severe disabilities will transition to the Old Age Allowance.

Thus, despite the projected schemes, there remain important challenges to the implementation of the Strategy. Several studies point out that there are sizeable inclusion and exclusion errors, lack of gender targeting, thin dispersal of resources, and programme weakness in the current structures of the SSN programmes, which require attention prior to closure: a fact that must be considered by the NSSS and implementing agencies.

Study has provided information on the newly emerging needs and condition of the aged and youths. Attitudes and perceptions are changing, but needs of the poorer sections are becoming more acute, especially with regard to health care. A four-tier N*etwork of Elderly People* has been proposed. It will consist of merging of linkages from government, non-government and community, up to individual and families, to support elderly people.

Government should increase outdoor service units in government hospitals and special "Senior Citizens' Card" could be made available. Need to ensure home-based and institute-based health care centers, free help provisions for the elderly in government hospitals as well as other established health care centres. Moreover, the elderly themselves should be educated in self-care. Creating and increasing new space to accommodate scope of work for the elderly, who are willing and capable, is now needed. A "National Network of Elderly Persons," to facilitate interaction among the elderly and also their caregivers, including community members, and involvement of industrialists and philanthropists, etc.

CHAPTER 1
INTRODUCTION

1.1 Setting the Scene

Traditionally, in Bangladesh, the son (s) takes responsibility to provide food and shelter to their parents and takes care of other elderly members of their family. However, due to their pecuniary economic condition, they are not able to meet basic needs of the family. Hence, sometimes, older people get involved in begging to meet their own requirements as well as needs of their family (Rahman 2000). Majority of the people over 60 live in the rural areas where there is lack of proper health care services, economic services and limited job opportunities. The situation of the elderly is dismal where more than 50 per cent of the elderly are widowed or single, 9.6 per cent are jobless and 14-15 per cent are engaged in agricultural work and daily labour (Barikdar, Ahmed and Lasker 2016).

In Bangladesh customarily, gender roles are clearly defined and accepted. It is usually the men who are the main bread winners, while women maintain the households. In this male dominated culture, it is often the older men, who are still involved in economic activities (Abedin 1999). Even today, in Bangladesh, some elderly people are still respected and valued in the society. They have a special position in the family, and they are often asked for advice, especially during major events like marriage, name giving ceremonies, etc. In many joint families and households, they not only continue receiving care and support from the family members but also provide care to the family members such as financial help and love and care to grandchildren. The scenario is inimical for the very poor where competing needs of large families prevail. Thus, this situation often leaves the elderly abandoned to fend for themselves.

1.2 Dynamics of Population Aging in Bangladesh

Bangladesh has been experiencing a shift in the age structure of its population (Fleischer 2010, Hossain, 2016). The percentage of elderly people – those aged 60 years and over – will grow substantially within this century (Hossain, 2016). Population ageing is inevitable within demographic transition, and the concluding phase of demographic transition manifests in fewer births and deaths (Rajan 2011, Kabir *et al.* 2016). The corollary to this is the imperative to provide adequate care to the aged. This might become a major challenge for Bangladesh, if sufficient measures are not adopted. This could be mainly due to inadequate resources being allocated for the services to the elderly and inadequate planning or strategic interventions for providing holistic care to them. The Constitution of the Bangladesh mentioned the rights of elderly people. The Constitution, Part II Section 15, entitled “Provision of Basic Necessities,” describes particular social security of the elderly people as the “provision of the basic necessities of life, including food, clothing, shelter, education and medical care; the right to reasonable rest, recreation

and leisure; and the right to social security, that is to say, to public assistance in cases of undeserved want arising from unemployment, illness or disablement, or suffered by widows or orphans or in old age, or in other such cases mentioned in the 15 (a) (c) and (d) clause respectively," (Barikdar *et al.* 2016).

The growth rate of the elderly population is 2.2 percent per annum, whereas the working-age population growth rate is only 0.5 per cent per annum (Streatfield 2008). The elderly population will therefore be increasingly prominent in Bangladesh's overall age structure. The rapid growth of this older age group is linked to steep declines in total fertility rates in the 1970s and the 1990s, as well as to improved medical practice, resulting in increased life expectancy (Shrestha 2000).

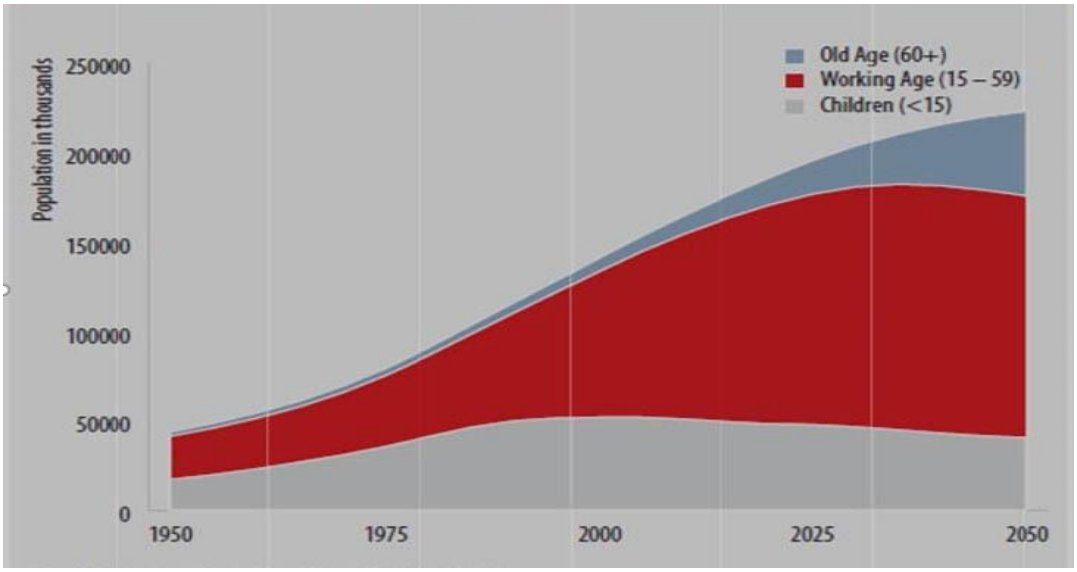
Life expectancy at birth is currently 64 years for women and 62 years for men, which is high compared to other South Asian countries (BDHS 2007). The consequence of a simultaneous decline in mortality and increase in life expectancy is that a higher proportion of the large cohorts reaches an older age. Hence, the number of elderly people is rapidly increasing in Bangladesh. The ratio of elderly people to working-age people (the old-age dependency ratio) is increasing substantially in Bangladesh. The number of people aged 60 and over will increase sixfold by 2050, while the number of people of working age will not even double (Streatfield 2008). The shift in this ratio has significant economic, social and health consequences, for example, the demand for social pensions, care homes and health care is certain to increase.

1.3 Size and Trend of the Aging Population

Currently there are about 7 million elderly people in Bangladesh and this number will increase up to 65 million by 2100 (26 per cent of the whole population in Bangladesh). The percentage of elderly people as a part of the total population will rise to 26 per cent from its current share of three percent. This represents a radical change in the demographic pyramid and poses numerous challenges for, amongst other things, the health system, the labour force and the social security system (Fleischer 2010).

Previously, the society of Bangladesh took care of the elderly but now the situation is changing due to change of social, psychological and economic perspective. Dynamics of social, economic and political issues bring the elderly population into focus. According to the National census, between 1974 and 2011, the growth of elderly people is gradually increasing. In 1974, the populations between 60 and 64 years were 16,82,629 and in 2011 the numbers were 32,18,974. In the same way, aged between 65 and 69 years populations were 735,255 and 199,8760 in 1974 and 2011, respectively. In the same period of time, populations of the elderly over 70 years were 16,39,056 to 19,98,760. Report shows that percentage of the elderly people aged between 60-64, 65-69, 70-75 and over 70 years were 37 per cent, 21 per cent, 20 per cent and 22 per cent respectively (Barikdar *et al.* 2016). According to the report of the UN Population Division (2009), subsequently cited by Bangladesh Bureau of Statistics (2003), the trends of elderly population increase gradually. Figure 1.1 shows the gradually increasing percentage of elderly in Bangladesh.

Figure 1.1: Population Trends for Bangladesh by Age Group



Source: Data from UN Population Division 2009.

1.4 Rationale

A civilised society must have a proper care system for its elderly with proper institutions, supportive moral, social and psychological cohesion and bondage. It is also just not an issue of government responsibility, or only community responsibility; it is also an issue of corporate social responsibility. It can be also built on the good will and profit motive of the private sector, working together with the community and the government. In short, care for the elderly is something that builds a civilized society with due respect and care for its elderly. There is thus an imperative need to assess the gap between requirements and "current provisions in the country" for the care of the elderly.

It is understood at the very beginning that a country like Bangladesh, with a high population base and momentum, can deal with majority of the issues; however, the government may not have all the resources that may be needed. It is also understood (and as mentioned above) that the problem solving is not only the responsibility of the government; it has been in the realm of families in the past and remains so, but as it emerges as a problem, which is happening now, the government needs to give the leadership by developing appropriate policies and guidelines to tackle this very important issue. There is, therefore, a need to understand the initiatives taken by communities, families, the private sector, the civil society and the education sector. It is important to find low-cost solution that allows care for the elderly, which the country can afford.

The context for arguing the case for adopting a study of this type is delineated below; it emerges as a growing social concern, like in many other developing countries, due to the following reasons:

a. Lack of social security

b. Large population

c. Patriarchal society and subservience

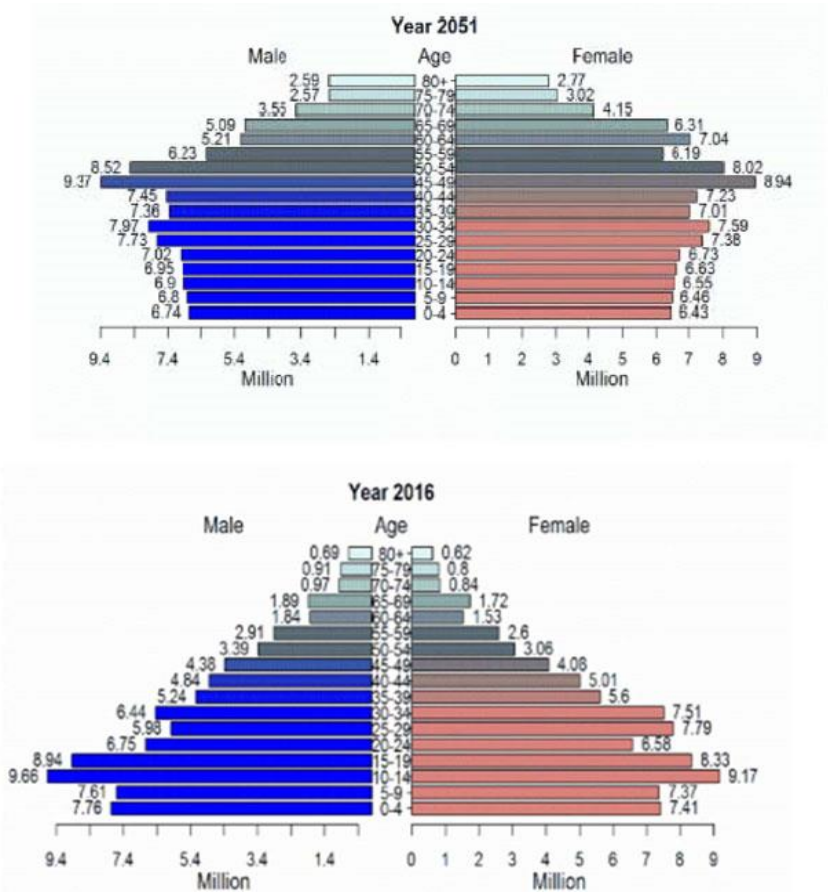
d. Lack of resources

e. Poverty

f. Insufficient healthcare facilities

g. Urgent need of studies on the growing elderly population in Bangladesh, as evident from the graphs below.

Figure 1.2: Population Pyramids of Bangladesh in 2016 and 2051



Source: UN Census, 2015.

The population pyramid of Bangladesh, shown above, indicates the changing dynamics where proportion of the middle-aged people and elderly will be higher. That

change in the upcoming years points towards an epic change in the workforce, lifestyle and economy.

In addition, the population pyramid of Bangladesh delineates the higher share of older people in the country's total population in the near future, compared to the younger generation, which underscores the importance of the issue of "Care for the Elderly in Bangladesh."

In a culturally enthused country like Bangladesh, the "Care System" has always been an integral part of the "Family System." In this country, the family care system work and is responsible for the members' well-being. Societal bonding and the feeling of cultural belonging of the people controls the way people behave. Now with the much vaunted but over-whelming changes in the society like urbanisation, migration, break-down of extended families to nuclear ones, women empowerment and increasing job opportunities for women, etc., the traditional family care system is breaking down. So, the care of the elderly who were initially looked after by the family members has now become an issue of great concern. Whereas the care of elderly has been an important matter globally since the time of the great depression, it is a much newer concept for Bangladesh. So it is appropriate to say that Bangladesh is not at all equipped to handle this most inevitable and anticipated situation.

We know that with age comes wisdom, but it also brings many physical, psychological and socio-economic changes in people. Everybody wants to live longer but nobody wants to be old as being 'old' means being invalid or inept due to the physical and economic constraints in that age. Especially in a country like Bangladesh, after retirement or a certain age (basically after 65 years), people are expected to retire from life too as they have nothing to do in particular other than passing their time in praying or relaxing, i.e. visiting family and friends, watching TV, reading newspapers, etc. or in some cases being a guardian of the grandchildren or supervising the household chores.

Sometimes, they are regarded as burden and are not properly cared for. The elderly in the family who can move without any assistance or in case of the female elderly who can cook and clean, are considered to be somewhat useful. But, where the elderly are unable to work and earn, have no saving or wealth or cannot be of any use to anybody in physical sense, they are considered to be useless or an encumbrance and they are in fact the most vulnerable ones.

The fact that most of the parents in our country spend their hard earned money or assets for the betterment of their children, they have to rely on their children during their retirement period. In some cases, elderly abuse, be it in the form of physical, emotional or verbal, the sufferings of the elderly are limitless. As there will be fewer younger people to take care of more physically or economically vulnerable elderly, given the rising dependency ratio of the elderly in future, there needs to be adequate and efficient institutions, systems or care providers to do the job for them.

1.5 Objective

This study aims to assess the gap between needs and "current provisions in the country," for care of the elderly. The objective is to take stock of the situation, decipher some steps in the right direction to develop a policy framework for an inclusive approach to care of the elderly.

CHAPTER 2
LITERATURE REVIEW

2.1 Literature Review

The review of literature for this study mainly emanated from the concerns that were in the forefront for building the case for "An Inclusive Approach to Care of the Elderly," in the context of a developing, income constrained country like Bangladesh. The first of these questions was whether it was worthwhile for Bangladesh to focus on this issue. The above 60 years' age group is destined to gain in proportion to 18 million by 2025, according to projections. Given that the country is human resource abundant, whether it would be possible to make the elderly productive and useful to society, reduce cost for intervention, and inform policy makers in this regard. In that situation, what alternatives emerge under the rubric of public and private sharing of responsibilities and, more specifically, the manner in which the aged are being treated (where there is abuse)? This question gains ground in recent decades: increasingly, there are chances of abuse in the form of isolation, threat, reduction of personal freedom, theft of money and property, hazardous living condition, withholding food and even threats, which induce fear among the elderly in our society (Akhter *et al.* 2006).

The need arose, how we can improve their condition through a coalescing of moral, social, psychological cohesion and bondage? The overall thrust for review and policy is to analyse the situation that prevails and generate information to strengthen the social fabric through inclusion of the elderly in our society, for improved social care and services. It appeared that there was a gap in the need and provision of care for the elderly.

The elderly are socially and politically active. Moreover, they are instrumental in building the nation, in all aspects. When the country's economic and political system fail to take care of young, parents take care of their children and try to transfer resources to them, leading to their own difficult economic situation towards the end of their life. Possibly, there is an increasing transfer of resources from the elderly to the young, due to the syndrome of failed state. Since many (most, among the impoverished) of the elderly are in poverty, poverty reduction requires taking care of them too, to bring them above the poverty line.

Considering the increasing old age population and the lack of enabling conditions for them, there is an urgent need for proper policies and steps in the right direction. Though not much research has been done on this topic, the ones that have been conducted certainly give us some insights regarding this matter. With the increasing old age phenomena throughout the world, developing and over populated country like Bangladesh also face issues of facilitating the elderly. Rahman and Ali (2008) conducted a survey in their study to find the secular changes of the family affecting the old age scenario in Bangladesh. Considering the positive responses from the participants of the

survey, they give support to the idea of building more old age homes for the elderly with proper facilities and efficient and helpful support staff. As the adequate facilitation of the elderly is a burning demand of time, this study tries to delve deeper into the matter at hand by evaluating all the existing policies of the Government of Bangladesh and takes a further step into the understanding of the need of the elderly, keeping caring for them in mind.

Conversely, Uddin *et al.* (2013) tried to utilise different indices to measure the pace of aging of Bangladesh's population and compare the conventional indices i. e. proportion of old persons, aging index and median age index to KII index. They prove that the traditional indices provide us with an exaggerated degree of population aging. Though the index is claimed to be a better measure showing a smooth increasing trend, it does not negate the possibility of a growing aged population.

Most studies referred to in this review, including Hossain (2005) who focuses on the increasing median age pattern of Bangladesh. Thus, he describes the phenomena of the growing number of the elderly in Bangladeshi society. He deftly shows the increasing trend in aged population through commonly used aging index and improved index in some countries like India, China, Indonesia and Japan and the proportion of male and female in the total number. Marking the older population as a vulnerable group in Bangladesh, who have very little support provided to them, he puts emphasis on adoption of policy initiatives by public and private agencies to make the aged people economically self-dependent, healthy and sufficiently nourished and secure.

Hossain *et al.* (2006) gave a theoretical perspective on the social aging problem where they relate social disorganisation perspective (where modernisation leads to urbanisation causing the breakdown of joint families into nuclear ones and the lack of care for the elderly in those families), conflict perspective (where the differences in the generation and views of the younger people and the old age people cause care problem for the elderly), labeling perspective (where the powerful younger generation makes the rules causing the elderly to simply abide by those rules) and deviant behaviour perspective (where the younger people are not conscious of their responsibilities towards the older generation) to the increasing aging problems in the society. While indicating some problems like elderly abuse, social disorganisation, co-residency and vulnerability of the elderly, the study also refers to some of the existing policies of the Government and NGOs and also the shortcomings of their successful implementation. Suggestions to teach the younger people on the importance of taking proper care of the elderly, facilitating the elderly with 'Paid-home assistance' and providing them with comprehensive medical care, ensuring the prevalence of social security services to the old like old age home and old age allowance, increasing community care services and introducing micro and macro level counseling for the elderly were made.

In "Ageing: A Growing Challenge," Flora (2011) documents basic needs of the elderly in Bangladesh, including food, living arrangements, medical assistance, etc.

Keeping in mind the scarcity of resources in the country, she puts emphasis on the indispensible need of all elderly-ill health. Her assertion is that the elderly need to be cared for by all agents of the society including government, as they are not merely vulnerable members of the society but are in fact the valuably experienced and caring ones. Flora also discusses the social and economic implications of aging in Bangladesh, which include malnourishment, dependency, illness, economic destitution of the elderly, etc. and points out the differences in the care of male and female elderly in terms of dependency, support, health care issues, etc. "Age Friendly" primary Health Care is suggested to be a better health care tool for the elderly where the care providers are more aware of their responsibilities and the needs of the elderly, and physical access is made easier for the elders, who suffer from problems of eyesight, hearing or movement related disabilities.

Barkat *et al.* (2003) describe the old age phenomena in terms of the marital status, literacy rate, overall poverty, disability and morbidity, old age widowhood, social and economic activity and household chores, health issues, etc. The lacunae in addressing gaps is shown through the work of 1,200 NGOs having devoted their attention elsewhere, even though some of their attention should be focused on elderly care. This is because the older generation is often denied supportive provisions like micro credit and low interest loans, mainly due to explicit age barriers, lack of training, skills or confidence. The paper emphasizes the need for a countrywide comprehensive study and a proper estimation of the elderly in disintegrated form, keeping in mind the high rate of dependency of the elderly.

Khandkar *et al.* (2013) discuss the demographic scenario of old age in Bangladesh, using the 2010 HIES data and try to look at the poverty level of the elderly. The study describes the existing old age security programmes and the possibility of reforms in the schemes. The study also tries to decipher the possible outcomes of improved targeting and a universal old age allowance while comparing both. For financing, the adaptation of any programme would require a new budget, and so this is also mentioned in the study. The need for upgrading the present old age allowance to a universal one is suggested with a scale up policy in every 10 years, and a minimum income threshold is to be set up for releasing more people from the grasp of acute poverty.

Majumder and Begum (2008) delineate the old age allowance programme in detail, including the profile of the beneficiaries and non-beneficiaries of the program and their health status while mentioning the selection of beneficiaries, allowance payment method, providing with the field level information and contribution of the program to socio-economic and health security. The perception of the community and the opinion of the beneficiaries suggest that to upgrade this program is a good one. While some of the beneficiaries request that the number of beneficiaries has to be upgraded, others suggest that if the allowance is given in terms of quality food, cloth and health care assistance, it could be of more use to them.

According to Hossain (2005) in "Aging in Bangladesh and its Population Projections", the future population projection would indicate a very high amount of elderly population in the decades ahead. Stating aging as an eminent issue of Bangladesh, this paper analyses the prospective demographic change of some selected Asian countries and Bangladesh and emphasizes on the need for preparedness of the policymakers and officials. This paper also indicates increasing trend of aging among male and female population using commonly used aging index and improved index and also a sex differential aging pattern which renders the elderly population as a vulnerable group in the society. Other studies outlined below attempt to understand vulnerability of the elderly.

Using high quality longitudinal data from Matlab surveillance area in rural Bangladesh, Rahman (1999) shows that the presence of kin availability, their proximity and marital status effects the life of the elderly. The results - from discrete time hazard models- suggest that the presence of a spouse, sons, and brothers substantially improves survivorship, but with differing effects depending upon the sex of the elderly and the number of sons and brothers. This study offers little support for establishing that kin affect the survival of the elderly. Changes in the economic status of the elderly has been proxied by land holdings; improved access to instrumental support has been proxied by the marital status of sons; decreases in social isolation has been proxied by proximity of kin.

Cain (1991) divides the activities of a rural household in Bangladesh into two broad categories where chores related to the overall up keeping of the household including cooking, cleaning and animal husbandry fall in the first category and income earning works falls in the second one. His finding was that family members within 13-59 age range have the tendency and means to work more than the 60 up members. Moreover, older people who are 65 up do not have the ability or capacity to work and earn and they don't engage in household chores too. At the very end, in fact, when the elderly are "too old" to work, they become vulnerable and their future becomes uncertain.

Kabir *et al.* (2016) find that the elderly often suffer from non-communicable diseases such as weakness, dementia, loneliness, tiredness, tooth problem, hearing problem, vision problem, body ache, lower backache, rheumatic pain and stiffness in joint, prolonged cough, breathlessness, bronchial, asthma, shortness of breath and high blood pressure and chest pain. Moreover, some common old-age problems like cardiovascular disease including heart attack and stroke, chronic respiratory diseases including chronic obstructed pulmonary disease and asthma, renal disease cancers diabetes as well as other chronic diseases prevail. Besides, hernia, disability, allergy and social isolation are also problems of the elderly population. Health problems at old ages are universal (Kabir *et al.* 2013).

Moreover, research shows that children of older parents cannot attend to them as, they often live in cities for education, employment, etc. While the older people feel

comfortable to live in the rural settings (Rahman 1999), another study finds that with regard to accommodation and living arrangements, more than 44 percent of elderly people live in poverty, reside in slums, and in order to maintain their living expenses as well as family needs they get involved in begging (Rahman 2000). However, older women especially widows and those who are without sons are facing economic vulnerability and consequence of health problem (Kabir, Haque and Chaklader 2005). Modern society has failed to keep the dignity and honour of the elders. This may be attributed to various reasons like individualistic attitudes, instability of family structures, devaluation of dignity, differences in incomes, and other social problems (Roy 2002).

Khan (2008) divides his study into two parts: in the first part he portraits the demographic scenario of Bangladesh showing increasing trends in elderly support ratio, ageing index and median age. The second part is more focused on different policies and initiatives taken by Government, private companies and other welfare organisations. The policies and programmes taken and suggested at various time periods, after the independence of Bangladesh, are touched upon, and it includes population policy, health, nutrition and population sector program, national policy on ageing, national social welfare policy and social safety net programs of the Government, Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM), Old and Child Rehabilitation Center (BOSHIPUK), Resource Integration Centre, Bangladesh Women's Health Coalition (BWHC), Service Center for Elderly People (SCEP), Elderly Initiatives for Development (EID), Defense Personal Welfare Trust, Bangladesh Retired Police Officer's Welfare Association, Bangladesh Association of Gerontology, Ragib-Rabeya Foundation, etc.

With a view to 'building a society for all ages' in "Age Demands Action in Bangladesh", Amerana (2007) focuses on the implementation of Madrid International Plan of Action on Ageing (MIPAA) and discusses the progress made in Bangladesh. In the paper, she tries to show the existing support systems for the elderly and need for taking care of them in Bangladesh and with the help of two case studies on two women, Kadvan and Monica, she makes some recommendations for the health security, emergency security and financial security of the old. Further, Amerana, Penny (2007), notes the following features in her study: in 2002, the Second World Assembly on Ageing adopted the Madrid International Plan of Action on Ageing (MIPAA). This focuses on reducing poverty, addressing healthcare issues and introducing antidiscriminatory legislation for older people. This agreement commits the governments morally and politically to include ageing in all social and economic development policies, including poverty reduction strategies.

It aims to ensure that people everywhere can age with security and dignity and can continue to participate in their society as citizens with full rights and emphasizes the right and potential of older people to participate actively in economic and social development.

Penny's report shows the progress made by Bangladesh, after the MIPAA agreement:

- Forty per cent of older people live below the national poverty line;
- Older people live in rural areas with limited access to health, water and sanitation and other services;
- Fifty per cent of older people in rural Bangladesh suffered chronic energy deficiency and 62 per cent were at risk of malnutrition;
- The proportion of people over the age of 60 in the labour force is currently 66 per cent for men and 18 per cent for women;

Poverty reduction among the elderly people was the main objective of this project, but the results reveal that success was limited due to several reasons. The OAA scheme of the government covers 1.7 million people (20 per cent of the elderly), leaving the majority, out of reach and many of those within the targeted 1.7 million, excluded. The OAA doesn't cover many older people due to favoritism or lack of knowledge about them. The government health care centers are distant and don't provide proper assistance to them. Female elderly suffer more problems than the male, as most of the time they were confined to their houses and don't know people who can help or assist them. Interest on micro-credit given to the elderly is also a critical issue.

David Bloom (2016) in "Demographic Upheaval," finds that the most prominent changes in world population are the rapid population growth in some developing economies and shifting shares of adolescents and young adults in others, increasing longevity and population aging throughout the world, and urbanisation and international migration. All pose formidable challenges—threatening economic growth, fiscal stability, environmental quality, and human security and welfare. However, he asserts that, none are insurmountable. They will be best dealt with if public and private policymakers act decisively, collaboratively, and soon. That includes reform of retirement policy, development of global immigration policy, provision of contraception to many millions of women, and further improvements in child survival and treatment of chronic disease. The paper focuses on the global demographic change over the years (from 1980 to 2015 to 2050) and its resulting effects on world economy.

A paper on "Demographic Perspective of Economic Growth" examines the links between demographics, labour force and GDP growth and uses a version of growth accounting to construct GDP scenarios for selected countries. Different academic research had highlighted the decomposition of GDP growth into (i) working age population growth (ii) labour productivity growth and (iii) labour utilisation growth. Historical analysis of the three GDP growth components for selected countries (US, Japan, France, UK, Korea and Turkey) over long periods shows that working age population growth and labour productivity growth have been the important drivers of GDP growth. The US-Japan comparative case-study over 1951-2008 illustrates the varied dynamics of the growth components. While working age population growth along with labour productivity growth has been important drivers behind US real GDP growth,

labour productivity growth has been the most dominant factor underlying Japanese GDP growth (particularly post-1973). The experiences of Turkey and Korea, 1970-2008, support the belief that emerging market economies will benefit from greater growth potential owing to both higher working age population growth and higher labour productivity growth than developed economies. It was also found that growth rates rather than levels of labour productivity and working age population are important for potential GDP growth. Historical analysis of growth components for six countries guided in constructing scenario-based projections over 2009-2018. The favoured scenario, conditional on increased working lives through labour reform, yielded the following 2009-2013 GDP annualized growth rates: France 1.8 per cent, Japan 1.1 per cent, South Korea 5.1 per cent, Turkey 3.8 per cent, UK 2.4 per cent and US 2.5 per cent.

Sri Lanka is experiencing a rapid increase of its elderly population (Ministries of Social Services and Health 2012). Report documents that in Sri Lanka, it is expected that the elderly population will double between 2001 and 2031, from 9.2 per cent to 20.7 per cent. The percentage of the young (less than 15 years) will decline over the same period from 26.3 to 16.1. And it is also expected that with the increase in the longevity of women, the percentage of female elderly will increase more than male elders. The age dependency ratio is expected to increase from 14.3 per cent in 2001 to 32.8 per cent in 2051. Among developing countries, Sri Lanka has earned good reputation for providing universal health and education for its population. The Ministry of Social Services has taken several measures including enactment of legislations to protect the rights of elders, establishment of a separate secretariat for elders for implementing numerous programmes to enhance the living conditions of elders in the country.

Protection of the Rights of Elders Act No 9 of 2000 is a breakthrough legislation for improving the service for elders in Sri Lanka. Until the enactment of this Act, there was no specific legislation to provide for the general, special and financial security of older persons. It provided for the establishment of a National Council for Elders, a National Secretariat for Elders, National Fund for Elders, and a Maintenance Board for Elders. National Charter and National Policy were adopted in 2006, which grouped strategies in three priority areas (according to the decision of Second World Assembly on Ageing (Madrid International Plan of Action on Ageing 2002). The priority areas include elders and development, advancing health and well-being, ensuring, enabling and supporting environment, and National Plan of Action on Ageing (2012-2021).

The Plan was developed in collaboration with WHO, and the plan was developed in line with the priority areas and strategies of National Policy. Activities, timeframe and responsible partners were identified in line with the priority areas and strategies. It is to be funded by government allocation.

For the “Establishment of Elders’ Committee at village, division and district levels,” suggested functions include empowering elders to protect their rights and promote welfare and raise awareness.

Some schemes for future policies were made that include Day Centers, Pre-retirement seminars for a healthy and active life, Counseling, Promoting sponsorship schemes, Home Care service, ensuring standards for homes for the aged. Identity card for elders, Home Gardening in homes for the aged, Dignified citizens – economic and social development, Issue of eye lenses and assistive devices, Registration of homes for the aged, Commemoration of International Day for the Aged (1 October), Creation of Age Friendly cities, Mobile Programmes, Pension Schemes, Public assistance monthly scheme and Training of medical personnel on medicine for the elderly.

Prasad (2011) finds that population ageing is profound, having major consequences and implications for all facets of human life. In the economic area, population ageing will have an impact on economic growth, savings, investment and consumption, labour markets, pensions, taxation and intergenerational transfers. In the social sphere, population ageing affects health and healthcare, family composition, living arrangements, housing and migration. In this paper he tries to document different aspects of human deprivation in the old age other than the measurement of income poverty. Prasad (2011) mainly takes up on aspects of economic, health and social aspects of deprivation and how it varies across space (sector and state) and gender and attempt to map how much it varies in relative terms. He further looks up on correlates and determines of old age deprivation in India.

Wencke and Alfonso (2010) use data from the German Socio-Economic Panel and the Survey on Health, Ageing and Retirement in Europe, to assess the effect of ageing and health on the life satisfaction of the oldest old (defined as 75 and older). They observe a U-shaped relationship between age and levels of life satisfaction for individuals aged between 16 and 65. Thereafter, life satisfaction declines rapidly and the lowest absolute levels of life satisfaction are recorded for the oldest old. This decline is primarily attributable to low levels of perceived health. Once cohort effects are also controlled for, life satisfaction remains relatively constant across the lifespan.

Bengtsson and Scott (2011) see that population ageing and the consequent demographic change will bring about a major change in Swedish economy which will not be visible until 2040. The Swedish population pyramid will become increasingly rectangular and possibly even have a shrinking base. This will lead to heightened challenges in terms of financing pensions, social care, and health care, as well as supplying the economy with labour. Given this change in age structure, the welfare state will face increasing challenges to financing benefits at their current levels. Reduction in the level of public services provided will be difficult, especially in the area of health care. Given the political opposition to reduction or elimination of public services, they see the most likely solution to population aging to be an increase in the tax base rather than a decrease in welfare provision. One route lies in mobilising the potential workforce so that a greater share of those of working age actually work, while another can be found in productivity growth. Yet another route is raising the retirement age in response to longer and healthier life expectancy.

The challenge of funding the pension system appears particularly daunting, with an increasing share of the population spending a longer period of time in retirement. Pensions could be kept at the same level as today by increasing the age at retirement. Another approach is to keep the share of the retired population stable despite population aging. The age of retirement would then have to increase to about 70.5 years in 2050. Taking age-specific consumption and labour income patterns could be helpful. The age of retirement would have to increase gradually to about 70 years by 2050 to keep the ratio of consumption and labour income stable. It is unlikely, however, that Sweden will rely entirely on economic and tax solutions to the aging problem, the main reason being the assumption that workers will not be satisfied keeping consumption at the same levels as today but will expect living standards to increase as productivity rises. More likely, an increase in retirement age and in the number of working hours will be seen in the future policies of Sweden.

Mujahid and Siddhisena (2009) find that during the 1950s and 1960s, most less developed countries were characterised by high fertility levels. Recognising this as an impediment to socio-economic development, governments undertook sustained measures to promote family planning and provide increasing access to quality health services. As a result, in many countries there was a decline in fertility levels as well as an improvement in life expectancy during the last quarter of the 20th century. Since the turn of the century, the age structure in many less developed countries has been shifting more and more towards the higher age cohorts. In South Asia (comprising Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) too, population ageing, defined as an increase in the proportion of older persons (those aged 60 years and over), has emerged as a dominant demographic trend.

This study discusses the various issues raised by population ageing worldwide and discusses about the policies and reforms taken by the government. Three distinct features characterise population ageing and those are the increasing population of the “oldest old” (elderly of 80+ years), feminization of the elderly and the increasing proportion of rural elderly. Vulnerability among the female elderly is higher due to being single, less opportunities for work and higher disability rate among them.

There are considerable variations across the eight South Asian countries in the current situation of population ageing as well as the projected trends. The elderly need health services, long-term care, living arrangements, income and social security, protection against abuse, and need for special attention in emergencies which were traditionally provided by their families. The reduced family size, nuclear form of families, increasing incidence of paid employment among women and migration have weakened the capability of the family to provide care for older parents/relatives.

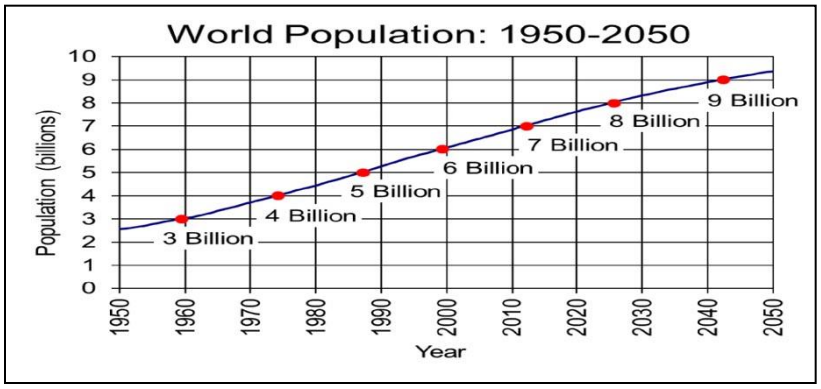
After the Second World Assembly on Ageing held in Madrid, Spain, in April 2002, all countries with the exception of Afghanistan have designated an agency to be responsible for ageing-related issues and the welfare of the elderly including elderly

policies, legislation, tax benefits, discounts and social protection and welfare measures. In most of the countries, these remain limited to older persons without families, having disabilities or having no assured means of income. Mainstreaming of the elderly issues in the policies, laws and reforms should be done to attain greater coverage.

2.1 Historical Background of the Global Scenario and Present Imperatives for Addressing the Issue of the Elderly

In the early 19th century world, population was estimated to be one billion, which turned out to be two billion in the 1920s. From there, the amount rose to be three billion in 1960 and then seven billion in 2011 (Bloom 2016). According to the estimates of UNPD, world population would be over eight billion in 2024, nine billion in 2038 and 10 billion in 2056. This increasing trend in the world population would be followed by all the continents with having Africa in the lead and Asia in the second lead. Only 18 countries named to be the "Demographic Outliers" would experience decline in their population (mostly eastern European countries and Russia), India would be the country with the largest population by 2022 and 30 countries would have twice their present population (mostly in sub-Saharan Africa) (Bloom 2016).

Figure 2.1: World Population over the Years with Future Predictions



Source: U.S. Census Bureau, International Data Base, August 2016 Update.

The phenomenon of the global population transition is followed by some major changes in the socio-economic condition of the world, often referred to as the "Demographic Transition."

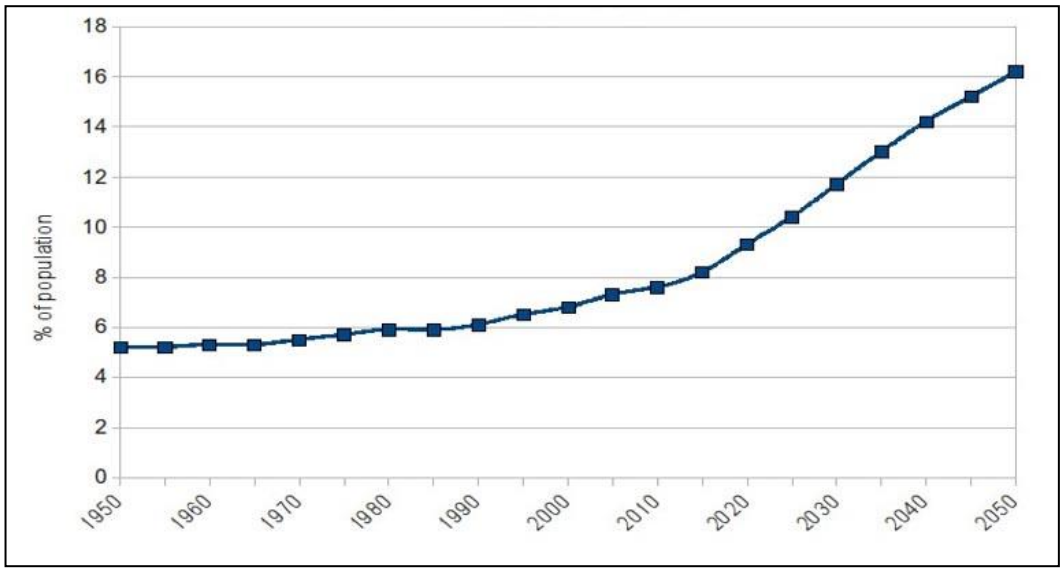
Mortality rate has declined from 19.2 in 1950-55 to 7.8 in 2015, Life Expectancy has increased from 47 years in 1950-55 to 71 years in 2015 and fertility rate has decreased from having five children in 1950 to having 2.5 children in 2015. These factors along with higher morbidity rate play an important role in changing the dynamics of global demography.

With the lower mortality rate, lower fertility rate and higher life expectancy, there tends to be more working age people and fewer dependent children in the picture and that

ensues a higher rate of elderly population (population above 60 years) than that of the younger generation and this rate would keep on increasing, indicating an increasing share of elderly in the global population pyramid.

The evidence is also prominent in the future projections made by the United Nations Population Prospect, 2008. This projection shows the percentage of population over 65 from 1950 to 2050.

Figure 2.2: Percentage of World Population over 65, 1950-2050



Source: UN World Population Prospect, 2008.

Whereas these phenomenon increase the chance of having a large amount of demographic dividend (a higher share of working age population who can contribute to the growth of economy), there is also a chance of having less growth rate in the economy because the larger the number of the elderly, the higher the chance of working less and the higher the chance of withdrawing money for handling the expenses, thus upsetting the saving and investment scenario.

Bangladesh is in the 8th position among the most populous countries of the world, and has a total of 163 million people now and in 2050 the country's projected position in the ranking is 9th and the projected population is 202 million.

Table 2.1

Most Populous Country Ranking and Projection

Country, 2016	Population (Millions)		Country, 2050	Population (Millions)
China	1378	Most Populous Countries	India	1708
India	1329		China	1344
United States	324		United States	398
Indonesia	259		Nigeria	398
Brazil	206		Indonesia	360
Pakistan	203		Pakistan	344
Nigeria	187		Brazil	226
Bangladesh	163		Congo, Dem. Rep.	214
Russia	144		Bangladesh	202
Mexico	129		Egypt	169

Source: 2016, World Population Data Sheet.

The scenario of Bangladesh is quite similar to the world situation. The total population of Bangladesh is increasing and the population growth rate of Bangladesh is gradually decreasing in recent years.

Table 2.2

Population of Bangladesh

Development Indicator	Year 1960	Year 1970	Year 1980	Year 1990	Year 2000	Year 2010	Year 2015
Population growth (annual %)	2.8	2.5	2.8	2.5	1.9	1.1	1.2
Population, total	48200702	65048701	81364176	105983136	131280739	151616777	160995642

Source: *World Development Indicators*, WB, 2017.

In 1950, the mortality rate in Bangladesh was 264.3, which became 37.6 in 2015, life expectancy that was 45.83 years in 1960 became 71.62 years in 2015 and fertility rate came down to 2.19 in 2015 from 7 in 1960 (WB 2017). Moreover, rural population growth rate is higher than the urban population growth rate and the latter is supposed to surpass the former by 2040.

2.2.1 Society and Prevailing Context of Care for the Elderly

The society of Bangladesh is not at all prepared for the most apparent upcoming demographic change. The elderly in this country are usually cared for by their family members. There are no institutions, systems or service providers for the care of the elderly. But with the increase of percentage of the elderly in the population, women workforce, urbanisation, internal and international migration and breakdown of extended families to nuclear ones, the elderly care issue has become a pressing matter. If the country doesn't prepare itself for the eminent future, there will be an upheaval in the economy of Bangladesh. Evidence shows, the more the elderly, the less the working-age population and hence, the less economic growth. In fact, in Japan, due to the rise of the country's elderly population, the working-age population has shrunk considerably and

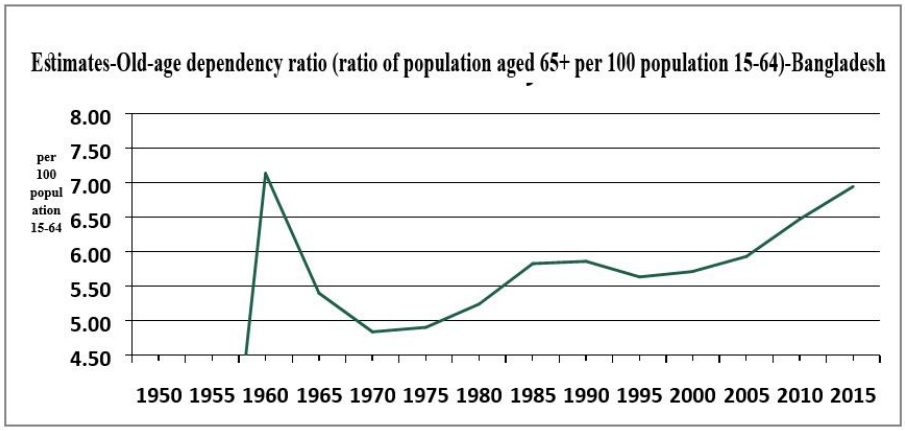
during the year 2000 to 2013, the country's growth rate has reduced to 0.6 % on an average (Roy and Aggarwal 2009).

The elderly situation is a global concern now and many countries, especially the developed ones, have become quite alert of this issue. Evident suggests that world 65+ populations are increasing more rapidly in the newly industrialised countries or in the developing ones. In 2011, the share of the highest 60+ population was higher in the developed countries, but by 2050 this scenario will change (PGDA WP 71, 2011).

Keeping the facts in mind, the developed countries have started taking initiatives according to their economic condition. For example, "some countries such as Germany and Sweden have successfully solved their pension problems by effectively converting their defined benefit systems into a special form of defined contribution systems, where actual pensions depend on the ratio of workers to retirees, augmented by a compensating funded system. The Swedish system relies explicitly on "national defined contribution" accounts. In Germany, the defined benefit formula was amended by a "sustainability factor" that reduces the annual pension increase in proportion to population aging. Both reforms have been mimicked by other countries. Switzerland has taken the unusual step of allowing the establishment of a pension fund for a child when he or she is born. In addition, changes in the statutory retirement age as well as pension allowance are under way in most developed countries, although they are often highly contested and accompanied by popular protests" (PGDA WP 71, 2011).

In Bangladesh, with the increasing number of population, the old-age ratio is also on the rise. In the late 1990s, specifically in April 1998 when the future projection of the dependency of the elderly came into light, the Government of Bangladesh first introduced 'Monthly Allowance Program' for the elderly. Before that Government elderly facilitation was only limited to its pension programme, which only covered 5 per cent of the then elderly population.

Figure 2.3: Old Age Dependency Ratio in Bangladesh, 1950-2015



Source: World Data Atlas.

Male elderly of 65 years and above and female elderly of 62 years and above were given monthly allowance countrywide. With its substantially expanded coverage, this meager allowance still assists the elderly in meeting their basic needs, gaining their confidence, improving family relationship and their psychological well being. Thus the program has some spillover effects on other family members, even though it is miniscule.

In fact, addressing the future projection of the increasing dependency of the elderly, GoB first introduced an experimental 'Monthly Allowance' in April 1998. Male elderly of 65 years and above and female elderly of 62 years and above were given an allowance of Tk. 100 for three months to assess the effectiveness of the allowance. With its substantially expanded coverage over the years, this meager allowance still assists the elderly in meeting their basic needs, improving their confidence, family relationship and their psychological well-being and providing some positive spillover effects on the lives of their family members, even though it is miniscule. And even this program is inequitable because of various reasons including favoritism on part of the local authority who disburse the money, lack of knowledge of the allowance or limited coverage, etc.

In addition to the old age allowance, government administers a public sector "Pension Scheme" which has undergone some modifications and expansions. Following the UN Declaration of the "International Day of Elder Person," a committee on aging was constituted.

Other programmes like the Widows Allowance Scheme, Honourarium Programme for the Insolvent Freedom Fighters and Allowances for Insolvent Persons with Disabilities Program also support some elderly. These programmes and some new laws concerning the elderly are on the move and hopefully these efforts would be further expanded.

Considering the manifold moral and socio-economical aspects of the pressing issue of elderly, a proper diagnosis is the demand of the time. With no full-scale evaluation done on the schemes for the elderly in Bangladesh, there is an acute need for building a proper support system for the elderly and analysing the existing ones. Hence, the evaluation of the elderly situation has to be done.

Table 2.3

Old Age Allowance Program of Bangladesh at a Glance

Coverage (in million taka)	1997-1998	0.403
	2016-2017	3.15
Total Budget (in million taka)	1997-1998	125
	2016-2017	18900
Monthly Allowance (in Taka)	1997-1998	100 (Experiment: was given to 5 men and 5 women elderly per union)
	2016-2017	500

Source: Department of Social Services, GoB.

Table 2.4

Old Age Allowance Program of Bangladesh: Timeline

	Old Age Allowance over the years		
Fiscal Year	No. of Beneficiaries	Amount of Monthly Allowance (in taka) (in thousands)	Annual Budget (in million taka)
1997-98	403.1	100	485
1998-99	403.1	100	485
1999-2000	413.2	100	500
2000-01	415.2	100	500
2001-02	415.2	100	499.2
2002-03	500.4	125	7505.8
2003-04	999.9	150	1799.9
2004-05	1315	165	2603.7
2005-06	1500	180	3240
2006-07	1600	200	3840
2007-08	1700	220	4488
2008-09	2000	250	6000
2009-10	2250	300	8100
2010-11	2475	300	8910
2011-12	2475	300	8910
2012-13	2475	300	8910
2013-14	2722.5	300	9801
2014-15	2722.5	400	13068
2015-16	3000	400	14400
2016-17	3150	500	18900

Source: Department of Social Services, GoB.

Over the number of beneficiaries, the amount of monthly elderly allowance and amount of annual budget allocated to the elderly allowance have increased, but no other concessions or provisions were made by the Government.

In addition to the old age allowance, the government administers a public sector "Pension Scheme," which has undergone some modifications and expansions. Following the UN Declaration of the "International Day of Elder Person," a committee on aging was constituted. By 2050, 33 per cent of the developed world's population and almost 20 per cent of the less developed world's population will be over 60 years old. With no full-

scale evaluation done on the schemes for the elderly in Bangladesh, there is an acute need for building a proper support system for the elderly and analysing the existing ones.

Thus, elderly situation and its future status along with the needs of the elderly have to be reevaluated and reconsidered to save the country from the probable negative results of demographic change.

CHAPTER 3
METHODOLOGY

3.1 Methodology and Data

Data from various secondary sources have been used for the analysis of the current old age scenario of Bangladesh. Moreover, documented information from India, Pakistan, Sri Lanka and South Asia has been reviewed. Also, secondary literature on Sweden, Germany, USA, Japan, France, UK, Korea and Turkey have been used.

A succinct review and analysis of government policies and programmes of Bangladesh has been conducted to inform of policy regime in Bangladesh.

The study was planned with a quantitative component and another qualitative component as well, to gather more insights, so that important issues, especially at the country–wide level, could be addressed. Individual level situation of elderly respondents has been captured through a quantitative survey.

Thus, for the quantitative survey, a sample survey on the elderly, above 60 years of age, with a structured questionnaire, has been conducted, comprising 136 respondents, to collect in-depth information on the profile of the elderly, their disadvantages and needs.[1] The structured interview of 136 respondents also comprised a section on their "Views" that is shown under *Opinion Survey*. For the qualitative component, old-age homes, other organisations, relevant people, etc. have been visited where key informants have been interviewed. There are a total of 22 key informant interviews with the following: care giving institutions and their personnel; legal advisors (both male and female); administrative heads of organisations and their officers, disabled elder, fire brigade

[1] Initially a methodology was adopted, to divide the elderly population of Bangladesh into income quintiles. Using the source data World Bank indicators, it was found that the national income quintiles were:

Poorest 20% (8.9 per cent), Poor 20% (12.5 per cent), Lower middle-income 20% (16 per cent), Upper middle-income 20% (21.2 per cent) and Richest 20% (41.5 per cent).

In December 2016, latest information of people over 65 years was 8,007,923. Apportioned to 60 per cent rural and 40 per cent urban, and dividing the urban and rural percentages by male and female to determine male and female, gives the result as - Urban male (1,601,585) and female (1,601,584); Rural male (2,402,367) and female (2,402,366). If even a 10 per cent sample was drawn from this number, the exact number of respondents from each category (male and female; rural and urban) would be quite high.

Therefore, out of the total, an indicative and purposive sample of 100 was to form the basis of the quantitative survey and each income quintile was roughly 20 per cent, depending upon the availability. The poorest category (extreme poor) were those with individual income less than Taka 3,000 per month; while the poor category would be earning more than 3,000 Taka but less than 4,800 taka per month. The lower middle-income category would be earning between 4,800 and 60,000 taka, while the upper middle-income would be earning between (more than) 60,000 taka and 83,160 taka. The richest category would be earning more than 83,160 Taka per month.

personnel, elderly men and women as well as middle aged men and women, community leaders (male and female), youth leaders, health centre personnel, etc. In addition, 30 respondents from a cross-section of society have responded to the qualitative section survey. They spoke on their "Opinion," related to the elderly in Bangladesh.

3.2 Limitations of the Study

Given the very limited nature of information available on the care for the elderly, it was proposed that this study should be taken up to gather some essential information on the care for the elderly, their needs and level of satisfaction. The information from this study will enable us to assess the situation, the gap in the 'demand and supply of care', the critical shortages, the supply of service of various providers, the policy direction, etc. As there is no disaggregated information on the elderly of Bangladesh, any regional analysis will not be possible. In most cases the elderly - being physically incapacitated or un-willing to share their actual sufferings or abuses and wrongdoings of their families - would hamper the proper analysis process, and so some aspects would have to be deduced about their actual condition through observation.

CHAPTER 4
FINDINGS FROM THE SURVEY

4.1 Quantitative Findings

4.1.1 Background Information of the Elderly

A sample survey of 136 elderly people and some key informant interviews were conducted for understanding the condition of the elderly in Bangladesh. It was a purposive survey, conducted in two cities i.e. Dhaka and Chittagong and adjacent areas, namely, Narayanganj, including Gazipur and Hathazari, respectively. In this study, the areas in Dhaka and Chittagong were considered as "Urban" areas and the outskirts were considered as "Rural" areas: with addresses located at "*union"* level. Of all the respondents, 47.1 per cent respondents were from rural areas and 51.5 per cent were from urban areas and the average age of the respondents was 67.6 years with the maximum age of 98 years and the minimum age of 60 years.

Table: 4.1 shows the age, sex and residence information of the elderly respondents. Mean age of males in the rural and urban areas is 68.9 years and 67.9 years respectively, whereas the mean age of the female elderly in the rural and urban areas is 65.6 years and 67.3 years respectively. Further decomposition of their age shows that, most of the respondents in this study belong to the 60-65 age group.

Table 4.1
Elderly Population Estimation based on their Age, Sex and Residence Information

Location and Sex	No. of Total Respondents	Mean Age	Minimum Age	Maximum Age
Total Observations	136	67.6	60	98
Rural	65			
Rural: Male	36	68.9	60	90
Rural: Female	29	65.6	60	80
Urban	71			
Urban: Male	40	67.9	60	98
Urban: Female	31	67.3	60	91

Number and Percentage of Male Elderly according to their Age					Number and Percentage of Female Elderly according to their Age			
	Rural		Urban		Rural		Urban	
Age	Freq.	Per cent	Freq.	Per cent	Freq.	Per cent	Freq.	Per cent
60-65	16	44.4	23	57.5	19	65.5	18	58.1
66-70	8	22.2	6	15.0	4	13.8	6	19.4
71-75	8	22.2	2	5.0	5	17.2	3	9.7
76-80	1	2.8	5	12.5	1	3.5	1	3.2
81-85	1	2.8	2	5.0	0	0	2	6.5
86-Above	2	5.6	2	5.0	0	0	1	3.2
Total	36		40		29		31	

Source: Calculated from primary data.

Most of the elderly respondents in this survey are married. The survey indicates that among the 65 rural respondents, 66.2 per cent are married, 24.6 per cent are widow/widower, 7.7 per cent are remarried, and 1.5 per cent is divorced with no respondent in the never married category (Table 4.2). Among the 71 urban elderly

respondents, 63.4 per cent are married, 23.9 per cent are widow/widower, 9.9 per cent are remarried, 1.4 per cent is divorced and 1.4 per cent is in the never married category. It is noticeable from the survey that though the percentage of widow is rather high in the rural and urban areas, the percentage of re-married male elderly is higher, whereas very few female respondents remarried. The age gap between the male-female spouses may be considered to be a contributing factor to this status in Bangladesh; most females are married off to males with higher age.

Table 4.2

Elderly and their Marital Status

Location and Sex	No. of Total Respondents	Married %	Remarried %	Widow/Widower %	Divorced %	Never Married %
Rural	65	66.2	7.7	24.6	1.5	0
Rural: Male	36	88.9	8.3	2.8	0	0
Rural: Female	29	37.9	6.9	51.7	3.5	0
Urban	71	63.4	9.9	23.9	1.4	1.4
Urban: Male	40	77.5	17.5	2.5	0	2.5
Urban: Female	31	45.2	0	51.6	3.2	0

Source: Calculated from primary data

Table 4.3 shows that most of the elderly respondents are illiterate (43.1 per cent) in the rural areas, followed by elderly with primary education (12.3 per cent), no formal education and secondary education (10.8 per cent), higher secondary and graduate education (7.7 per cent), post graduate education (6.2 per cent) and college education (1.5 per cent). The number of illiterate elderly and elderly with no formal education are the highest. It is interesting to see that the number of female elderly with primary education is higher than the number of male elderly with the same qualification. It is due to the fact that most of the females were married off after their primary education or were discouraged to study further. In the urban areas, most of the respondents are illiterate (45.1 per cent), followed by elderly with no formal education and graduates (11.3 per cent), elderly with post-graduate degrees (9.9 per cent), elderly with primary and secondary education (7 per cent), elderly with higher secondary education (5.6 per cent) and elderly with college and other degrees (1.4 per cent). Level of education of the female elderly in the urban areas is also less in number than their male counterparts.

Table 4.3

Level of Education of the Elderly

Location and Sex	No. of Total Respondents	Illiterate	No Formal Education	Primary	Secondary	Higher Secondary	College	Graduate	Post Graduate	Others
Rural	65	43.1	10.8	12.3	10.8	7.7	1.5	7.7	6.2	0
Rural: Male	36	38.9	8.3	8.3	11.1	8.3	2.8	11.1	11.1	0
Rural: Female	29	48.3	13.8	17.2	10.3	6.9	0	3.5	0	0
Urban	71	45.1	11.3	7.0	7.0	5.6	1.4	11.3	9.9	1.4
Urban: Male	40	32.5	12.5	10.0	7.5	5.0	2.5	15.0	12.5	2.5
Urban: Female	31	61.3	9.7	3.2	6.5	6.5	0	6.5	6.5	0

Source: Calculated from primary data.

4.2 Economic Condition of the Elderly

The results from the survey data show that 21 of the 65 elderly (32.3 per cent) of the rural elderly have means of stable income from active work, whereas the rest (67.7 per cent) of the rural elderly are not a part of the active labour force, indicating no way of earning a stable income on their own. In the case of the urban survey, 37 out of 68 (54.4 per cent) elderly earn income and the rest (45.6 per cent) do not earn income (Table 4.4). This result shows that there is a more active workforce among the elderly living in the city.

Table 4.4

Estimation of Elderly Income Earning Elderly

Location and Sex	No. of Respondents	No. of Elderly with a Stable Income	Percentage of Respondents with a Stable Income	No. of Elderly without a Stable Income	Percentage of Respondents without any Stable Income
Rural	65	21	32.3	44	67.7
Urban	68	37	54.4	31	45.6
Total	133				

Source: Calculated from primary data.

Estimation also shows that, of the 22 actively earning respondents in the rural area, the male elderly tend to have higher average income (Tk. 39,437 compared to Tk. 5,283) than their female counterparts (Table 4.5). And in the urban areas, among the 41 earning respondents, the male elderly earn much more than the female elderly (Tk. 112,781 compared to Tk. 8,507).

Table 4.5

Income of the Elderly

Location and Sex	No. of Respondents	Average Income (Taka)	Minimum Income (Taka)	Maximum Income (Taka)
Rural: Male	16	39,437	1,000	250,000
Rural: Female	6	5,283	200	20,000
Total	22			
Urban: Male	27	112,781	100	800,000
Urban: Female	14	8,507	1,500	50,000
Total	41			

Source: Calculated from primary data.

From Table 4.6, it is evident that 49.2 per cent of the 65 rural elderly have other sources of earning, whereas 50.8 per cent of the 65 rural elderly do not have any other source of earning money. The scenario is quite reverse in the case of the urban areas where most elderly people, 53.9 per cent, have other sources of income and less than 46.2 per cent do not have any other source of income. Data show that, in both the urban and rural areas, the male elderly tend to have more sources of earning than the female elderly. As males have more access to their inheritance and have more freedom to work compared to the female elderly in our society, this seems to be a valid observation.

Table 4.6
Income of the Elderly from Other Sources

Location and Sex	No. of Respondents	No. of Respondents with Other Income Sources	Percentage of Respondents with Other Income Sources	No. of Respondents without Other Income Sources	Percentage of Respondents without Other Income Sources
Rural	65	32	49.2	33	50.8
Rural: Male	36	20	55.6	16	44.4
Rural: Female	29	12	41.4	17	58.6
Urban	65	35	53.9	30	46.2
Urban: Male	35	24	68.6	11	31.4
Urban: Female	30	11	36.7	19	63.3

Source: Calculated from primary data.

In the rural areas, more elderly seem to have enough income to sustain their own and their family expenses compared to elderly in the urban areas. Also, monthly deficit in family expenditure is more common in case of the elderly living in urban areas. The amount of average deficit is slightly higher in the lives of the elderly living in urban areas. It is also seen that the amount of average monthly deficit is higher for rural male and urban female. The amount of deficit ranges from Tk. 500 to Tk. 12,000 for the rural elderly and Tk. 500 to Tk. 10,000 for the urban elderly (Table 4.7).

Table 4.7
Income Sustainability and Estimation of Monthly Deficit of the Elderly

Location and Sex	No. of Respondents	No. of Respondents with Sustainable Income	Percentage of Respondents with Sustainable Income	No. of Respondents without Sustainable Income	Percentage of Respondents without Sustainable Income	No. of Respondents with Monthly Deficit	Average Deficit (Taka)	Minimum Deficit (Taka)	Maximum Deficit (Taka)
Rural	57	37	64.9	20	35.1	20	3,325	500	12,000
Rural: Male	30	21	70.0	9	30.0	07	4,071	1,500	10,000
Rural: Female	27	16	59.3	11	40.5	13	2,923	500	12,000
Urban	56	27	48.2	29	51.8	36	3,433	500	10,000
Urban: Male	32	17	53.1	15	46.9	20	2,605	500	8,000
Urban: Female	24	10	41.7	14	58.3	16	4,469	500	10,000

Source: Calculated from primary data.

In most cases, the elderly are dependent on their children for financial support. Both in the rural and urban areas, elderly parents' share of money from their children is higher than their nonreceipt of any money. Among the 42 elderly parents extending financial support to their children, 25 live in the urban areas and 17 live in the rural areas (Table 4.8). The average amount of money parents expend for their children is higher in case of the urban elderly parents.

Table 4.8

Dependency of the Elderly on their Children for Financial Support

Location	No. of Elderly getting Financial Support from their Children	Percentage of Elderly getting Financial Support from their Children	No. of Elderly getting no Financial Support from their Children	Percentage of Elderly getting no Financial Support from their Children	No. of Elderly extending Financial Support to their Children	Average amount of Financial Support Extended to their Children (Taka)	Minimum Amount of Financial Support Extended to their Children (Taka)	Maximum Amount of Financial Support Extended to their Children (Taka)
Rural	50	78.13	14	21.88	17	7,853	1,000	25,000
Urban	40	60.61	26	39.39	25	17,884	600	100,000

Source: Calculated from primary data.

4.3 Analysis of the Living Conditions of the Elderly

4.3.1 Condition of Housing

Table 4.9 reports, most of the elderly (73.4 per cent) who are living in rural areas reside in their own house and most of the elderly (50.7 per cent) living in the urban areas reside in rented houses or apartments. If they do not have their own house, elderly people in the rural areas seem to prefer living in rented houses rather than living in the homes of their children or relatives. Though most of the elderly living in urban areas live in rented houses or apartments, many of them (36.6 per cent) also live in their own houses. Some of them (9.9 per cent) choose to live with their children and very few (2.8 per cent) live with other relatives in urban areas.

Table 4.9

Type of Accommodation

Location and Sex	No. of Total Respondents	Own House %	Rented Apartment/House %	House of their Children %	House of their Relative(s) %	Others %
Rural	64	73.4	14.1	4.7	4.7	3.1
Rural: Male	36	72.2	19.4	5.6	2.8	0
Rural: Female	28	75.0	7.1	3.6	7.1	7.1
Urban	71	36.6	50.7	9.8	2.8	0
Urban: Male	40	42.5	52.5	2.5	2.5	0
Urban: Female	31	29.0	48.4	19.4	3.2	0

Source: Calculated from primary data**.**

We can see from Table 4.10, in both the urban and rural areas, elderly people mostly live with their spouses and children (rural 56.9 per cent and urban 47.1 per cent). In the urban areas, this is followed by living with their spouses (21.4 per cent), children and grandchildren (15.7 per cent), only children (10 per cent), alone (4.3 per cent) and relatives (1.4 per cent). In the rural areas, the majority percentage is followed by living with their children and grandchildren (16.9 per cent), spouses (12.3 per cent), alone (7.7 per cent), only children (4.6 per cent) and only grandchildren (1.5 per cent). Mostly widow/widowers fall in the living alone category. The percentage of living with their spouse and children is higher for the male elderly in both the rural and urban areas, whereas the elderly female mostly live with their children and grandchildren. In fact, results show that living with the relatives happens only in case of the female elderly in the urban areas.

Table 4.10

Living Companion

Location and Sex	No. of Total Respondents	Alone (%)	Spouse (%)	Spouse and Children (%)	Only Children (%)	Only Grandchildren (%)	Children and Grandchildren (%)	Relatives (%)
Rural	65	7.7	12.3	56.9	4.6	1.5	16.9	0
Rural: Male	36	0	19.4	77.8	0	0	2.8	0
Rural: Female	29	17.2	3.5	31.0	10.3	3.5	34.5	0
Urban	70	4.3	21.4	47.1	10.0	0	15.7	1.4
Urban: Male	39	5.1	20.5	71.8	0	0	2.6	0
Urban: Female	31	3.2	22.6	16.1	22.6	0	32.3	3.2

Source: Calculated from primary data.

Most of the elderly in this purposive survey have got the proper facilities of their own room and own bed, abccess to electricity and piped water and mobile phone both in the rural and urban areas (Table 4.11). Among the elderly, the percentage of having their own room and own bed in the rural areas is higher than the elderly living in the urban areas, which is quite understandable as rural households are mostly inherited and owned by them. And elderly living in the urban areas reap the benefit of having better access to modern and improved technologies which is seen from the survey results that indicate higher percentage of access to electricity, piped water and mobile phone for the urban elderly than the rural ones.

Table 4.11

Facility of Own Room, Own Bed and Other Household Amenities

Location	No. of Respondents	Facility of Own Room %	No. of Respondents	Facility of Own Bed %	No. of Respondents	Access to Electricity %	No. of Respondents	Access to Piped Water %	No. of Respondents	Access to Mobile Phone %
Rural	63	84.1	63	82.5	65	92.3	64	76. 6	64	68.8
Urban	70	78.6	66	77.3	70	97.1	69	86.9	68	70.6
Total	133		128		135		133		132	

Source: Calculated from primary data.

4.3.2 Cooking and Provision of Care for the Elderly

Cooking is an important factor in a society like Bangladesh, where mostly the females of the family cook for the other members. This fact is quite evident from the survey data that is shown in Table 4.12, where in case of the male elderly their spouses prepare food for them (71.4 per cent in the rural areas and 74.4 per cent in the urban areas) and in case of the female elderly it is seen that they mostly prepare food for themselves and their family (71.4 per cent in the rural areas and 70.9 per cent in the urban areas). Overall, female spouses are the main cook for the elderly both in the urban and rural areas. Other than that, the second highest percentage of respondents cook for themselves in their residences. Though in the urban areas there are some evidences of cooking by paid helps or cooks, cooking by their children or grandchildren are very rare in both the urban and rural scenarios.

Table 4.12

Cook for the Elderly

Location and Sex	No. of Total Respondents	Self %	Spouse %	Children %	Grandchildren %	Paid Cook/Help %	Others %
Rural	63	33.3	44.4	3.2	0	1.6	17.5
Rural: Male	35	2.9	71.4	2.9	0	2.9	0
Rural: Female	28	71.4	10.7	3.6	0	0	14.3
Urban	70	37.1	41.4	2.9	1.4	10	7.1
Urban: Male	40	10.3	74.4	5.1	0	7.7	2.6
Urban: Female	31	70.9	0	0	3.2	12.9	12.9

Source: Calculated from primary data.

In those cases where the elderly need care, their children (in rural society) and their spouses (in urban society) mostly take care of that for them. Other than that, most of the elderly in the rural and urban areas are self-sufficient, meaning that they can care for themselves. In the case of the male elderly in the rural areas, 65.2 per cent of them are self-sufficient, 48.6 per cent are cared for by their children and 33.3 per cent are cared for by their grandchildren and for the female elderly, 66.7 per cent are cared for by their grandchildren followed by 51.4 per cent by their children and 34.8 per cent by themselves. The male elderly are mostly cared for by their wives (Table 4.13). In case of the male elderly in the urban areas, 66.7 per cent of them are self-sufficient, 34.6 per cent are cared for by their children, and 40 per cent are cared for by their relatives, and for the female elderly, 80 per cent are cared for by their grandchildren, followed by 65.4 per cent by their children and 60 per cent by their relatives.

Table 4.13

Care Provider for the Elderly

		Care Provider: Rural			
Care Provider	Respondents	Male Respondents	Per cent	Female Respondents	Per cent
Self-sufficient	23	15	65.2	8	34.8
Spouse	25	21	84.0	4	16.0
Children	35	17	48.6	18	51.4
Grandchildren	3	1	33.3	2	66.7
Relatives	2	1	50.0	1	50.0
Others	5	0	0	5	100.0
		Care Provider: Urban			
Care Provider	Respondents	Male Respondents	Per cent	Female Respondents	Per cent
Self-sufficient	21	14	66.7	7	33.3
Spouse	28	22	78.6	6	21.4
Children	26	9	34.6	17	65.4
Grandchildren	5	1	20.0	4	80.0
Relatives	5	2	40.0	3	60.0
Others	4	1	25.0	3	75.0

Source: Calculated from primary data.

4.4 Analysis of the Elderly Health Condition

Health related problems generally increase with the increase of age. It is clinically proven that after the age of 50, the condition of the organs in the human body starts deteriorating and so elderly people who are of age 60 and above experience various health problems. Most common problems of the elderly include poor eye sight, dental problem, gout pain, high blood pressure, insomnia, diabetes, etc. For the elderly living in rural areas, poor eye sight is the most common health problem (Table 4.14). Other than that, rural elderly also suffer from gout pains, high blood pressure, dental problem, and diabetes and insomnia, etc. The elderly living in the urban areas mainly suffer from poor eye sight and gout pains. Then there are high blood pressure, dental problem, and insomnia, diabetes, etc. Among the rural female elderly, the frequency of insomnia, gout pains and diabetes is higher than the male elderly. However, the frequency of insomnia is the only higher one for urban female than urban male. The very rare occurrence of having no health problems at all is also seen in urban female elderly.

Table 4.14

Types of Health Problems of the Elderly

Health Problem:	Total Respondents	Male		Total Respondents	Female	
		No. of Respondents	Percentage		No. of Respondents	Percentage
Rural None	0	0	0	0	0	0
Insomnia	13	5	38.5	13	8	61.5
Poor Eye Sight	47	25	53.2	47	22	46.8
Dental Problem	21	11	52.4	21	10	47.6
Gout Pains/ Body Aches	35	17	48.6	35	18	51.4
High Blood Pressure	23	13	56.5	23	10	43.5
Diabetes	17	7	41.2	17	10	58.8
Others	26	14	53.9	26	12	46.2
Urban None	5	1	20.0	5	4	80.0
Insomnia	17	6	35.3	17	11	64.7
Poor Eye Sight	45	26	57.8	45	19	42.2
Dental Problem	21	12	57.1	21	9	42.9
Gout Pains/ Body Aches	41	22	53.7	41	19	46.3
High Blood Pressure	24	14	58.3	24	10	41.7
Diabetes	9	5	55.6	9	4	44.4
Others	23	12	52.2	23	11	47.8

Source: Data collected from primary survey.

Both in the rural and urban areas, there is adequate treatment: 68.3 per cent in rural areas and 67.2 per cent in urban areas (Table 4.15). Female elderly in both the urban and rural areas are more susceptible to treatment adequacy than the male elderly. This may be

because of fact that women take less care of themselves than men and often ignore their own health care needs. Moreover, as they have to rely on themselves in most cases, they don't pay much attention to their physical problems.

Table 4.15

Adequacy of Medical Assistance

Location and Sex	Treatment Adequacy		Treatment Inadequacy	
	No. of Respondents	% of Respondents	No. of Respondents	% of Respondents
Rural	41	68.3	19	31.7
Urban	45	67.2	22	32.8
Rural: Male	26	78.8	7	21.2
Rural: Female	15	55.6	12	44.4
Urban: Male	28	77.8	8	22.2
Urban: Female	17	54.8	14	45.2

Source: Calculated from primary data.

Table 4.16 reports, 65.6 per cent of the rural elderly frequently get treatments and 49.3 per cent of the urban elderly get irregular treatments for their health problems. About 25 per cent of the rural elderly get treatments irregularly and 9.8 per cent get no treatment at all. About 48 per cent of the urban elderly get regular treatment and 2.9 per cent of them get no treatment at all. Treatment frequency rate is higher for male elderly in both rural and urban areas than the female. Evidence also shows that lack of monetary resources is the main cause of getting higher inadequate or no treatment in the urban areas. Mostly people know where to get treatment though they lack monetary resource.

Table 4.16

Frequency of Receiving Treatment

Location and Sex	No. of Total Respondents	Regular Receipt of Treatment %	Irregular Receipt of Treatment %	Non-Receipt of Treatment %
Rural	61	65.6	24.6	9.8
Urban	69	47.8	49.3	2.9
Rural: Male	33	72.7	24.2	3.0
Rural: Female	28	57.1	25.0	17.9
Urban: Male	38	55.3	42.1	2.6
Urban: Female	31	38.7	58.1	3.2

Source: Calculated from Primary Data.

Both in the rural and urban areas elderly people go to hospitals for treatment. Other than that elderly people prefer private clinics, outdoor clinics of government hospitals and treatment at their respective homes (Table 4.17). This order of preference is the same for urban and rural elderly.

Table 4.17

Source of Getting Medical Service

Place of Treatment: Rural		Male		Female	Per cent
Treatment Place	Total Respondents	No. of Respondents	Per cent	No. of Respondents	
Rural					
At Home	6	3	50.0	3	50.0
At Outdoor Clinics of Govt. Hospitals	13	5	38.5	8	61.5
At Hospitals	32	18	56.3	14	43.8
At Private Clinics	25	16	64.0	9	36.0
Others	5	3	60.0	2	40.0
Urban					
At Home	5	1	20.0	4	80.0
At Outdoor Clinics of Govt. Hospitals	17	9	52.9	8	47.1
At Hospitals	33	18	54.5	15	45.5
At Private Clinics	20	14	70.0	6	30.0
Others	6	4	66.7	2	33.3

Source: Calculated from primary data.

The number of respondents with any kind of insurance policy was next to nonexistent. When asked about being part of any Health Care Program by government or any other non-government organisations, only 6 of the 136 respondents gave positive response, indicating the lack of health care and insurance provisions for the elderly in the country.

4.5 Analysis of the Psychological and Mental Health Condition of the Elderly

4.5.1 Restrictions and Anger toward the Elderly in the Society

From Table 4.18, it is evident that the majority of elderly people in rural and urban Bangladesh appear to be living free from restrictions and also un-hindered by members who react angrily towards them. Out of one fourth respondents in rural and urban areas experiencing anger, women appear to be more affected.

Table 4.18

Prevalence of Restriction and Anger toward Elderly

Location and Sex	Percentage of Respondents with Restrictions	Percentage of Respondents without any Restriction	Percentage of Respondents with Angry Companions	Percentage of Respondents without Angry Companions
Rural	9.2	90.8	18.5	81.5
Rural: Male	8.3	91.7	11.1	88.9
Rural: Female	10.3	89.7	27.6	72.4
Urban	7.4	92.7	23.9	76.1
Urban: Male	5.1	94.9	21.6	78.4
Urban: Female	10.3	89.7	26.7	73.3

Source: Calculated from primary data.

From Table 4.19, it is seen that anger towards the older members of the family is prevalent among 12 of the total rural respondents and 19 of the urban respondents. It is infrequent in majority of the cases. More females experience anger in rural area, the number being 8. In the urban area, the female elderly account for 9 while the male elderly account for 10 persons, who have to face anger from family members, albeit less than very frequently.

Table 4.19

Anger toward Elderly in the Family

Location and Sex	No. of Total Respondents	Very Frequently %	Sometimes %	Infrequently %	Never %
Rural	12	8.3	33.3	58.3	0
Rural: Male	4	0	25.0	75.0	0
Rural: Female	8	12.5	37.5	50.0	0
Urban	19	5.3	57.9	26.3	10.5
Urban: Male	10	0	60.0	30.0	10.0
Urban: Female	9	11.1	55.6	22.2	11.1

Source: Calculated from primary data.

Table 4.20 shows respondents who experience restrictions and are subject to anger from kith and kin. Those who suffer very frequently are 8.3 per cent, while 33.3 per cent encounter such behaviour sometimes and 58.3 per cent suffer anger infrequently. In rural areas, the elderly women seem to be more affected compared to the elderly males.

Table 4.20

Cause of Occurrence of Anger toward Elders

Location and Sex	No. of Total Respondents	Since Becoming Dependent %	Since Becoming Sick and Invalid %	Since the Marriage of their Children %	Since Transferring Assets to Children %	Others %
Rural	12	25.0	16.7	25.0	0	33.3
Rural: Male	4	50.0	0	0	0	50.0
Rural: Female	8	12.5	25.0	37.5	0	25.0
Urban	16	43.8	25.0	6.25	0	25.0
Urban: Male	9	33.3	33.3	0	0	33.3
Urban: Female	7	57.1	14.3	14.3	0	14.3

Source: Calculated from primary data.

From Table 4.20, which shows the occurrence of anger towards parents, some important facts emerge. Dependency upon children increases the incidence of anger as evident shows: 25 per cent elders in rural and 43.8 per cent elders in urban areas who have experienced anger from their families. After becoming sick and invalid, 16.7 per cent elders in rural areas and 25 per cent elders in urban areas suffered anger. Elders faced anger since the marriage of their children: 25 per cent in rural areas and 6.3 per cent in urban areas. Overall, more women have had to face anger compared to men. There are none who have been subjected to anger, after having transferred assets to their children.

4.5.2 Assault of the Elderly in Society

On the question of assault among the elderly respondents, Table 4.21 shows that about 7 per cent of rural elderly respondents affirmed the incidence of being physically ill-treated. The percentage rose to 13 per cent among the urban elderly respondents. The occurrence appears to be more often among women.

Table 4.21

Prevalence of Assault

Location and Sex	No. of Total Respondents	No. of Respondents (Assaulted)	Percentage of Respondents (Assaulted)	No. of Respondents (Never Assaulted)	Percentage of Respondents (Never Assaulted)
Rural	65	5	7.7	60	92.3
Rural: Male	36	0	0	36	100.0
Rural: Female	29	5	17.2	24	82.8
Urban	69	9	13.0	60	86.9
Urban: Male	38	4	10.5	34	89.5
Urban: Female	31	5	16.1	26	83.9

Source: Calculated from primary data.

Frequency of assault among elderly respondents is shown in Table 4.22, where the majority reported that they were sometimes subjected to physical abuse. The numbers who reported physical abuse are too few to draw any conclusions regarding assault (in general) of the elderly.

Table 4.22

Frequency of Assault

Location and Sex	No. of Total Respondents	Very Frequently %	Sometimes %	Infrequently %	Never %
Rural	5	0	80.0	20.0	0
Rural: Male	0	0	0	0	0
Rural: Female	5	0	80.0	20.0	0
Urban	8	0	50.0	37.5	12.5
Urban: Male	3	0	66.7	33.3	0
Urban: Female	5	0	40.0	40.0	20.0

Source: Calculated from primary data.

From Table 4.23, it emerges that the number of respondents who reported incidence of assault among the elderly respondents are not too many, but, nonetheless, it is the cause of concern. More elderly respondents among the urban residents, compared to their rural counterparts, have reported that they have been assaulted. In rural areas, perpetrator is spouse and others, while in urban areas children and other comprise the majority and relatives are also involved in inflicting physical abuse.

Table 4.23
Assaulter to the Elderly

Assaulter	Rural		Urban	
	No. of Respondents	Per cent	No. of Respondents	Per cent
Spouse	1	25.0	0	0
Children	0	0	3	42.9
Grandchildren	0	0	0	0
Relatives with whom they live	0	0	1	14.3
Care providers	0	0	0	0
Others (Specify)	3	75.0	3	42.9
Total	4		7	

Source: Calculated from primary data.

On reason for assault, the total number of responses to this question was 11, with 4 from rural area and 7 from urban area, as evident from Table 4.24. In rural areas, elderly respondents have reported assault for not sharing money with relatives, and also for other reasons.

In urban areas, there are incidents of physical abuse of the elderly related to simple cases of asking for more food, asking for money and for not working in their home.

Table 4.24
Reason behind Assault

Reason behind Assault	Rural		Urban	
	No. of Respondents	Per cent	No. of Respondents	Per cent
Asking for food/more food/not liking the food	0	0	1	14.3
Asking for medical care	0	0	0	0
Asking for money to buy things	0	0	2	28.6
Asking for assisted going out for pleasure	0	0	0	0
For sleeping late	0	0	0	0
For not working at home	0	0	1	14.3
For forgetting things	0	0	0	0
For not sharing money with them	1	25.0	0	0
Others (Explain)	3	75.0	3	42.9
Total	4		7	

Source: Calculated from primary data.

4.6 Social Behaviour and Interaction of the Elderly

4.6.1 Amount of Time Spent on Various Activities

A comparison between the two tables, Table 4.25. and Table 4.26, which have been analysed simultaneously, shows the daily activities of rural and urban elderly people. It shows that on average, males in the urban areas spend 41.5 minutes doing paid work,

while males in the rural areas spend 31.8 minutes doing paid work daily. Females in rural and urban areas do not have much difference in the time spent on paid work: 22.6 minutes compared to 24.1 minutes for urban and rural respectively.

Elderly women and men, in rural and urban areas, spend about one-third of their time for sleeping, leisure, watching TV, followed by a considerable amount of time spent with children, friends and relatives.

Elderly men and women in both rural and urban areas spend similar amount of time for praying. However, women in both rural and urban areas spend a considerably greater time (19.8 minutes compared to 10.9 minutes in rural areas and 20.8 minutes compared to 15.9 minutes in urban: latter time is what men spend for house work) for domestic chores.

Table 4.25

Amount of Time Spent on Various Activities: Rural

Activity	Male		Female	
	No. of Respondents	Time (minutes) Average	No. of Respondents	Time (minutes) Average
Sleeping, leisure, watching TV etc.	35	42.8	27	37.3
Spending time with children, friends and relatives	29	19.9	21	15.6
Religious work/praying	34	13.7	23	11.9
Domestic chores	6	10.9	20	19.8
Paid work	10	31.8	7	24.15
Social/Community work	18	15.1	9	9.6
Others	16	23.2	13	19.2

Source: Data collected from primary survey.

Table 4.26

Amount of Time Spent on Various Activities: Urban

Activity	Male			Female
	No. of Respondents	Time (minutes) Average	No. of Respondents	Time (minutes) Average
Sleeping, leisure, watching TV etc.	38	39.6	30	36.1
Spending time with children, friends and relatives	26	15.9	25	21.5
Religious work/praying	38	12.7	28	15.1
Domestic chores	15	15.9	24	20.8
Paid work	17	41.5	7	22.6
Social/Community work	13	11.1	7	9.4
Others	13	25.6	12	20.4

Source: Data collected from primary survey.

Out of a total of 64 rural and 67 urban respondents, the majority (79.7 per cent and 77.6 per cent) participated in local activities, as shown in Table 4.27. In both rural and urban areas, there is greater participation of males (86.1 per cent and 86.5 per cent) in local activities.

Table 4.27

Participation in Local Activities

Location and Sex	Total No. of Respondents	Participation in Local Activities		Non-Participation in Local Activities	
		No. of Respondents	Percentage of Respondents	No. of Respondents	Percentage of Respondents
Rural	64	51	79.7	13	20.3
Rural: Male	36	31	86.1	5	13.9
Rural: Female	28	20	71.4	8	28.6
Urban	67	52	77.6	15	22.4
Urban: Male	37	32	86.5	5	13.5
Urban: Female	30	20	66.7	10	33.3

Source: Calculated from primary data.

The participation of most of the respondents included attending social and cultural gatherings, religious get together (like milad-mahfil, wajj-mahfil, mejban, etc.), wedding ceremonies, and funerals. Some of them also responded to have participated in birthday parties, political processions, educational programmes, visiting local tea stalls and clubs (Appendix Table 4.A).

There were a total of 132 responses to this question, as shown in Table 4.28. Among the rural residents, 87.3 per cent of respondents claimed to have interaction with the other elderly in the society. Seventy-one per cent people from urban areas had responded as having had interaction with the other elderly in the society.

Table 4.28

Interaction with Other Elderly in the Society

Location and Sex	Total No. of Respondents	Interaction with Other Elderly		Non- Interaction with Other Elderly	
		No. of Respondents	Percentage of Respondents	No. of Respondents	Percentage of Respondents
Rural	63	55	87.3	8	12.7
Rural: Male	36	32	88.9	4	11.1
Rural: Female	23	23	85.2	4	14.8
Urban	69	49	71.0	20	28.9
Urban: Male	38	28	73.7	10	26.3
Urban: Female	31	21	67.7	10	32.3

Source: Calculated from Primary Data.

There were a total of 132 responses to the level of assistance they gave to other elderly people in their community. It is shown in Table 4.29. The majority (84.1 per cent) of rural elderly respondents assisted other elderly people in their community. In the urban area, likewise, majority (72.5 per cent) helped other elderly persons. Fewer female elderly respondents (67.7 per cent) in the urban areas helped other elderly people in their community, partly because of the need for security and, to some extent, due to greater inhibition among urban dwellers.

Table 4.29

Level of Assistance Provided to Other Elderly of the Society

Location and Sex	Total No. of Respondents	Assistance to Other Elderly		Non-Assistance to Other Elderly	
		No. of Respondents	Percentage of Respondents	No. of Respondents	Percentage of Respondents
Rural	63	53	84.1	10	15.9
Rural: Male	36	30	83.3	6	16.7
Rural: Female	27	23	85.2	4	14.8
Urban	69	50	72.5	19	27.5
Urban: Male	38	29	76.3	9	23.7
Urban: Female	31	21	67.7	10	32.3

Source: Calculated from primary data.

4.7 Vision of the Elderly (Their Wishes)

According to the available data as shown in Table 4.30, most elderly would prefer to start a business on their own to help with their day to day expenses. Though, in most cases, the business ideas are not clear, many of them would prefer to be involved in poultry or dairy business and even start working as vendors or grocery shop owners. Some envision returning to their village home, buy land and invest in agriculture. Most of the elderly expressed an open mind to help others in need, be it poor people or relatives and neighbours. Most of them would also like to spend in religious activities like going to hajj, 'Tirthajatra', building mosques, financing madrasa education, building madrasa, organising "milad-mahfils," etc. Donation for social welfare in their local communities is also a good option for them. Many of them would like to secure the financial state of family members by giving the money to their sons and daughters. They would also like to spend some money on building new and comfortable houses for their family, and on the education of their children and grandchildren. They help to make their children independent by giving them the money to start their own business. Elderly parents often want to spend money on their children rather than on themselves. However, many of them realise their need for proper healthcare and medicine and would like to spend their money in doing treatment, visiting better health specialists, going to new places and building comfortable residence for themselves. In most cases, especially the need of their children, grandchildren and destitute people of the society, all are given importance in their life, which is well reflected in the survey data (Table 4.B in appendix).

Table 4.30

Vision of the Elderly

	Number of People	Percentage
Total Respondents	136	100.0
Personal	33	24.3
Family	31	22.8
Business	35	25.7
Donation/Help/Social Welfare	36	26.5

Source: Data collected from primary survey.

Results of the "Opinion Survey" have been furnished in the Appendices. The analysis has been incorporated in the text.

Table 4.31 shows that among a total of 36 male respondents in the rural area, 2.8 per cent were highly unsatisfied with their financial condition, while 25 per cent were highly satisfied. On the other hand, 29 of the total female respondents, 20.7 per cent of female were highly unsatisfied, and 13.8 per cent were highly satisfied with their financial condition.

In the urban area, out of a total of 40 male respondents, 15 per cent of them were highly unsatisfied with their financial condition, while 20 per cent were highly satisfied. The percentage of both satisfied and discontented female respondents stood at 19.4 per cent, where the total number of respondents stood at 31.

Table 4.31

Satisfaction with their Financial Condition

Financial Condition:	No. of Respondents	% of Respondents	No. of Total Male Respondents	% of male Respondents	No. of Female Respondents	% of Female Respondents
Rural						
Highly Unsatisfactory	7	10.8	1	2.8	6	20.7
Not OK	11	16.9	4	11.1	7	24.1
Roughly OK	14	21.5	10	27.8	4	13.8
Satisfactory	20	30.8	12	33.3	8	27.6
Highly Satisfactory	13	20.0	9	25.0	4	13.8
Total	65		36		29	
Urban						
Highly Unsatisfactory	12	16.9	6	15.0	6	19.4
Not OK	13	18.3	9	22.5	4	12.9
Roughly OK	17	23.9	6	15.0	11	35.5
Satisfactory	15	21.1	11	27.5	4	12.9
Highly Satisfactory	14	19.7	8	20.0	6	19.4
Total	71		40		31	

Source: Calculated from primary survey.

Table 4.32, shows that of the total 65 respondents, 4.6 per cent of them were discontented with how they are being treated in their old age, while 12.3 per cent were satisfied, in the rural area. The majority, 47.7 per cent were satisfied with their lives during old age. On the one hand, there is clear evidence of males being more satisfied (61.1 per cent and 13.9 per cent) than their female counterparts (31.0 per cent and 10.3 per cent). On the other hand, in the urban areas, there is little difference in satisfaction of life, among males and females, as evident from their responses.

Table 4.32

Satisfaction with the Treatment of Life (Level of Contentment with Life)

Treatment in Life:	No. of Respondents	% of Respondents	No. of Total Male Respondents	% of male Respondents	No. of Female Respondents	% of Female Respondents
Rural						
Highly Unsatisfactory	3	4.6	0	0	3	10.3
Not OK	13	20.0	4	11.1	9	31.0
Roughly OK	10	15.4	5	13.9	5	17.2
Satisfactory	31	47.7	22	61.1	9	31.0
Highly Satisfactory	8	12.3	5	13.9	3	10.3
Total	65		36		29	
Urban						
Highly Unsatisfactory	1	1.4	1	2.5	0	0
Not OK	16	22.5	9	22.5	7	22.6
Roughly OK	18	25.4	11	27.5	7	22.6
Satisfactory	21	29.6	11	27.5	10	32.3
Highly Satisfactory	15	21.1	8	20.0	7	22.5
Total	71		40		31	

Source: Calculated from primary survey.

In Table 4.33, out of a total of 65 rural respondents, 44.4 per cent and 16.7 per cent of the male elderly, and 27.6 per cent and 10.3 per cent of the female elderly, were satisfied with their lives. However, 11.1 per cent of males (2.8 per cent and 8.3 per cent) and 44.9 per cent (6.9 per cent and 37.9 per cent) of the female elderly were dissatisfied.

In the urban areas, respondents numbered 70, out of which more than half of the men and women were satisfied with their lives. About one-fourth of the men and approximately a fourth of the women were not satisfied, while a fifth (17.5 per cent and 23.3 per cent) said that they were alright.

A total of 135 respondents responded as delineated in Table 4.34, of which 65 were rural and 70 urban. Of the rural male respondents, majority (63.9 per cent) said that they were satisfied with their living conditions. However, among rural female elderly persons, satisfaction was among 37.9 per cent (27.6 per cent and 10.3 per cent), and dissatisfaction prevailed for 34.5 per cent (10.3 per cent and 24.1 per cent).

Table 4.33

Satisfaction with Life and Living

Satisfaction with Life & Living	No. of Respondents	% of Respondents	No. of Total Male Respondents	% of male Respondents	No. of Female Respondents	% of Female Respondents
Rural						
Highly Unsatisfactory	3	4.6	1	2.8	2	6.9
Not OK	14	21.5	3	8.3	11	37.9
Roughly OK	15	23.1	10	27.8	5	17.2
Satisfactory	24	36.9	16	44.4	8	27.6
Highly Satisfactory	9	13.6	6	16.7	3	10.3
Total	65		36		29	
Urban						
Highly Unsatisfactory	1	1.4	1	2.5	0	0
Not OK	16	22.9	10	25.0	6	20.0
Roughly OK	14	20.0	7	17.5	7	23.3
Satisfactory	23	32.9	13	32.5	10	33.3
Highly Satisfactory	16	22.9	9	22.5	7	23.3
Total	70		40		30	

Source: Calculated from primary survey.

Table 4.34
Satisfaction with Living Conditions

Satisfaction with Living Condition	No. of Respondents	% of Respondents	No. Of Total Male Respondents	% of male Respondents	No. of Female Respondents	% of Female Respondents
Rural						
Highly Unsatisfactory	4	6.2	1	2.8	3	10.3
Not OK	12	18.5	5	13.9	7	24.1
Roughly OK	15	23.1	7	19.4	8	27.6
Satisfactory	26	40.0	18	50.0	8	27.6
Highly Satisfactory	8	12.3	5	13.9	3	10.3
Total	65		36		29	
Urban						
Highly Unsatisfactory	7	10.0	4	10.3	3	9.7
Not OK	12	17.1	8	20.5	4	12.9
Roughly OK	16	22.9	10	25.6	6	19.4
Satisfactory	20	28.6	8	20.5	12	38.7
Highly Satisfactory	15	21.4	9	23.1	6	19.4
Total	70		39		31	

Source: Calculated from primary survey.

One hundred and thirty-four respondents answered, of which 65 were rural as seen in Table 4.35. The majority of rural males, 38.9 per cent, said that they were not happy about their health condition. About half (47.2 per cent) found their health situation to be roughly okay, while 13.9 per cent (11.1 per cent and 2.8 per cent) of the male elderly in rural area claimed to be satisfied with their health condition. A similar percentage 51.7 per cent (3.5 per cent and 48.3 per cent) of rural elderly women also claimed to be experiencing unsatisfactory health conditions. About one-fifth of rural male (13.9 per cent) and a tenth of rural females (10.3 per cent) were satisfied with their health condition. None from the women in the rural area said that they were highly satisfied.

In the urban area, one-third (32.5 per cent) of males reported that they were satisfied, while a fifth (17.2 per cent) of females said that they were satisfied. However, the majority of females 51.7 per cent (13.8 per cent and 37.9 per cent) in urban area were unhappy about their health condition.

Table 4.35
Satisfaction with Health Condition

Satisfaction with Health	No. of Respondents	% of Respondents	No. of Total Male Respondents	% of male Respondents	No. of Female Respondents	% of Female Respondents
Rural						
Highly Unsatisfactory	1	1.5	0	0	1	3.5
Not OK	28	43.1	14	38.9	14	48.3
Roughly OK	28	43.1	17	47.2	11	37.9
Satisfactory	7	10.8	4	11.1	3	10.3
Highly Satisfactory	1	1.5	1	2.8	0	0
Total	65		36		29	
Urban						
Highly Unsatisfactory	7	10.1	3	7.5	4	13.8
Not OK	19	27.5	8	20.0	11	37.9
Roughly OK	25	36.2	16	40.0	9	31.0
Satisfactory	16	23.2	12	30.0	4	13.8
Highly Satisfactory	2	2.9	1	2.5	1	3.5
Total	69		40		29	

Source: Calculated from primary survey.

In both rural and urban area, among male and female elderly respondents, the overall dissatisfaction with government's contribution in health care system is evident from Table 4.36. About a quarter of male respondents and a fifth of female respondents in rural area found government's contribution to health care system roughly average. None among the female rural respondents found it to be highly satisfactory. The situation is slightly improved in urban area, with approximately one-third among male and female elderly respondents claiming that government's contribution to health care system is average. However, in the urban area, none among the male and female elderly respondents said that it was highly satisfactory.

Table 4.36

Satisfaction with Government's Contribution in Health Care System

Satisfaction with Govt. Health Care Support	No. of Respondents	% of Respondents	No. Of Total Male Respondents	% of male Respondents	No. of Female Respondents	% of Female Respondents
Rural						
Highly Unsatisfactory	22	34.4	10	27.8	12	42.9
Not OK	15	23.4	10	27.8	5	17.9
Roughly OK	13	20.3	9	25.0	4	14.3
Satisfactory	9	14.1	2	5.6	7	25.0
Highly Satisfactory	5	7.8	5	13.9	0	0
Total	64		36		28	
Urban						
Highly Unsatisfactory	23	33.3	11	28.2	12	40.0
Not OK	17	24.6	10	25.6	7	23.3
Roughly OK	25	36.2	16	41.0	9	30.0
Satisfactory	4	5.8	2	5.1	2	6.7
Highly Satisfactory	0	0	0	0	0	0
Total	69		39		30	

Source: Calculated from primary survey.

Table 4.37 shows that there is a general dissatisfaction among the male and female elderly respondents with regard to government's financial assistance to the elderly. Only one-fifth (14.3 per cent) of rural male respondents and 3.3 per cent of urban female respondents found government's financial assistance highly satisfactory.

Table 4.37

Satisfaction with Government's Financial Assistance

Satisfaction with Govt. Financial Support	No. of Respondents	% of Respondents	No. Of Total Male Respondents	% of male Respondents	No. of Female Respondents	% of Female Respondents
Rural						
Highly Unsatisfactory	21	32.8	12	34.3	9	31.0
Not OK	15	23.4	9	25.7	6	20.7
Roughly OK	11	17.2	5	14.3	6	20.7
Satisfactory	12	18.8	4	11.4	8	27.6
Highly Satisfactory	5	7.8	5	14.3	0	0
Total	64		35		29	
Urban						
Highly Unsatisfactory	30	44.1	15	39.5	15	50.0
Not OK	25	36.8	15	39.5	10	33.3
Roughly OK	10	14.7	6	15.8	4	13.3
Satisfactory	2	2.9	2	5.3	0	0
Highly Satisfactory	1	1.5	0	0	1	3.3
Total	68		38		30	

Source: Calculated from primary survey.

Almost no one in the rural area (with one exception; a female elderly respondent) said that the care of children toward them was highly unsatisfactory (see Table 4.38).

In the urban area, only a few (5.3 per cent and 3.3 per cent) were unhappy with the care of their children. In the rural and urban areas, one-fifth of male elderly respondents (11.4 per cent and 18.4 per cent) and one third of female elderly respondents (35.7 per cent and 23.3 per cent) said that it was roughly acceptable.

Among male elderly respondents in the rural area, 57.1 per cent and 25.7 per cent, found their care to be satisfactory and highly satisfactory, respectively. Among female elderly respondents in the rural area, 21.4 per cent and 28.6 per cent found it satisfactory and highly satisfactory, respectively.

Among male elderly respondents in the urban area, 44.7 per cent and 15.8 per cent found their "care" to be satisfactory and highly satisfactory, respectively. Among female elderly respondents in the urban area, 33.3 per cent and 23.3 per cent found it satisfactory and highly satisfactory, respectively.

Table 4.38

Satisfaction with the Care of Children

Satisfaction with Care of Children	No. of Respondents	% of Respondents	No. Of Total Male Respondents	% of male Respondents	No. of Female Respondents	% of Female Respondents
Rural						
Highly Unsatisfactory	1	1.6	0	0	1	3.6
Not OK	5	7.9	2	5.7	3	10.7
Roughly OK	14	22.2	4	11.4	10	35.7
Satisfactory	26	41.3	20	57.1	6	21.4
Highly Satisfactory	17	26.9	9	25.7	8	28.6
Total	63		35		28	
Urban						
Highly Unsatisfactory	3	4.4	2	5.3	1	3.3
Not OK	11	16.2	6	15.8	5	16.7
Roughly OK	14	20.6	7	18.4	7	23.3
Satisfactory	27	39.7	17	44.7	10	33.3
Highly Satisfactory	13	19.1	6	15.8	7	23.3
Total	68		38		30	

Source: Calculated from primary survey.

In rural area about one-third (34.3 per cent and 28.6 per cent) of male and female elderly respondents, respectively, shown in Table 4.39, found their friends lacking in "care" towards them. About one-fourth (22.9 per cent male and 21.4 per cent female) opined that friends' care was alright. A similar per cent (22.9 per cent male and 32.1 per cent female) found it to be satisfactory and one fifth (17.1 per cent male) and one-tenth (10.7 per cent female) found their friends to be highly caring.

In urban area, a greater per cent of male and female elderly respondents (40 per cent and 42.9 per cent) were roughly okay with the care of their friends.

Table 4.39
Satisfaction with the Care of Friends

Satisfaction with Care of Children	No. of Respondents	% of Respondents	No. Of Total Male Respondents	% of male Respondents	No. of Female Respondents	% of Female Respondents
Rural						
Highly Unsatisfactory	3	4.8	1	2.9	2	7.1
Not OK	20	31.8	12	34.3	8	28.6
Roughly OK	14	22.2	8	22.9	6	21.4
Satisfactory	17	26.9	8	22.9	9	32.1
Highly Satisfactory	9	14.3	6	17.1	3	10.7
Total	63		35		28	
Urban						
Highly Unsatisfactory	9	14.3	3	8.6	6	21.4
Not OK	9	14.3	5	14.3	4	14.3
Roughly OK	26	41.3	14	40.0	12	42.9
Satisfactory	11	17.5	8	22.9	3	10.7
Highly Satisfactory	8	12.7	5	14.3	3	10.7
Total	63		35		28	

Source: Calculated from primary survey.

From Table 4.40, we see that about a tenth (11.4 per cent) of male elderly respondents, and female elderly respondents (10.3 per cent) received almost no support from their community in the rural area. Twenty-eight per cent males and 10.3 per cent female elderly in rural area found it to be "Not Okay." About one-third of female elderly (34.5 per cent) and 20 per cent of male elderly found it to be "Roughly Okay." More women (31.0 per cent) compared to men (20 per cent) found it to be satisfactory. Twenty per cent males and 13.8 per cent females were highly satisfied with the support they received from their community.

In urban area, majority (47.5 per cent male and 34.5 per cent female) among the elderly respondents found support from their community to be roughly acceptable. It is worth noting that one-third of males in urban area were satisfied and another one-third of urban elderly female respondents were dissatisfied with the community support.

Table 4.40
Satisfaction with the Support from Community

Satisfaction with Support from the Community	No. of Respondents	% of Respondents	No. Of Total Male Respondents	% of male Respondents	No. of Female Respondents	% of Female Respondents
Rural						
Highly Unsatisfactory	7	10.9	4	11.4	3	10.3
Not OK	13	20.3	10	28.6	3	10.3
Roughly OK	17	26.6	7	20.0	10	34.5
Satisfactory	16	25.0	7	20.0	9	31.0
Highly Satisfactory	11	17.2	7	20.0	4	13.8
Total	64		35		29	
Urban						
Highly Unsatisfactory	11	15.9	6	15.0	5	17.2
Not OK	11	15.9	3	7.5	8	27.6
Roughly OK	29	42.0	19	47.5	10	34.5
Satisfactory	13	18.8	8	20.0	5	17.2
Highly Satisfactory	5	7.3	4	10.0	1	3.5
Total	69		40		29	

Source: Calculated from primary survey.

Overall, Table 4.41 shows that in both rural and urban areas, confidence level among male elderly respondents seem to be higher. In rural area, 51.4 per cent males felt at ease in their old age, compared to 31.0 per cent females. Similarly, 32.5 per cent urban elderly males opined that they were alright given their old-age situation, compared to only 16.7 per cent of urban elderly females.

In summary, elderly males were more satisfied with their emotional status in old age.

Table 4.41
Feeling of Vulnerability as an Elderly Person

Level of Vulnerability	No. of Respondents	% of Respondents	No. Of Total Male Respondents	% of male Respondents	No. of Female Respondents	% of Female Respondents
Rural						
Highly Unsatisfactory	5	7.8	1	2.9	4	13.8
Not OK	9	14.1	1	2.9	8	27.6
Roughly OK	27	42.2	18	51.4	9	31.0
Satisfactory	14	21.9	8	22.9	6	20.7
Highly Satisfactory	9	14.1	7	20.0	2	6.9
Total	64		35		29	
Urban						
Highly Unsatisfactory	7	10.0	1	2.5	6	20.0
Not OK	14	20.0	5	12.5	9	30.0
Roughly OK	18	25.7	13	32.5	5	16.7
Satisfactory	23	32.9	14	35.0	9	30.0
Highly Satisfactory	8	11.4	7	17.5	1	3.3
Total	70		40		30	

Source: Calculated from primary survey.

With regard to willingness to care for other elderly in society, Table 4.42 shows more males in rural (54.3 per cent and 25.7 per cent add up to 80 per cent) and urban areas (44.7 per cent and 21.1 per cent) add up to 65.8 per cent) are enthusiastic. Female elderly in rural (37.9 per cent and 24.1 per cent, together make up 62.1 per cent), and urban (32.3 per cent and 16.9 per cent total 48.4 per cent) are also enthusiastic, but not overly so. This may be attributed partly to cultural conscriptions on female mobility and partly to age related problems among elderly women.

Table 4.42
Willingness to Care for Other Elderly in the Society

Willingness to Care for other Elderly	No. of Respondents	% of Respondents	No. Of Total Male Respondents	% of male Respondents	No. of Female Respondents	% of Female Respondents
Rural						
Highly Unsatisfactory	1	1.6	0	0	1	3.5
Not OK	5	7.8	4	11.4	1	3.5
Roughly OK	12	18.8	3	8.6	9	31.0
Satisfactory	30	46.9	19	54.3	11	37.9
Highly Satisfactory	16	25.0	9	25.7	7	24.1
Total	64		35		29	
Urban						
Highly Unsatisfactory	3	4.4	1	2.6	2	6.5
Not OK	3	4.4	1	2.6	2	6.5
Roughly OK	23	33.3	11	28.9	12	38.7
Satisfactory	27	39.1	17	44.7	10	32.3
Highly Satisfactory	13	18.8	8	21.1	5	16.1
Total	69		38		31	

Source: Calculated from primary survey.

As shown in Table 4.43, about two-third of elderly male (73.5 per cent, 32.4 per cent and 41.18 per cent) and elderly female (75.9 per cent, 55.2 per cent and 20.7 per cent) in rural area were equally enthusiastic to receive care from other elderly respondents in society. This situation is slightly different in urban area, with 37.5 per cent and 22.5 per cent males and 29.0 per cent and 19.4 per cent females similarly were eager to receive help from other elderly people in their community.

Table 4.43

Willingness to Receive Care from Other Elderly in their Community

Caring by other Elderly	No. of Respondents	% of Respondents	No. Of Total Male Respondents	% of male Respondents	No. of Female Respondents	% of Female Respondents
Rural						
Highly Unsatisfactory	0	0	0	0	0	0
Not OK	2	3.2	0	0	2	6.9
Roughly OK	14	22.2	9	26.5	5	17.2
Satisfactory	27	42.9	11	32.4	16	55.2
Highly Satisfactory	20	31.8	14	41.2	6	20.7
Total	63		34		29	
Urban						
Highly Unsatisfactory	5	7.0	2	5.0	3	9.7
Not OK	5	7.0	3	7.5	2	6.5
Roughly OK	22	30.9	11	27.5	11	35.5
Satisfactory	24	33.8	15	37.5	9	29.0
Highly Satisfactory	15	21.1	9	22.5	6	19.4
Total	71		40		31	

Source: Calculated from primary survey.

4.8 Analysis and Observations

Overall observation from the analysis of the evidence shows that elderly people in Bangladesh live in a somewhat satisfactory condition. The living condition and lifestyle of the elderly suit their family status and obligations. More often than not they still have to care for themselves (including their spouses) as well as other family members. They play an integral role in the upbringing of their grandchildren and also devote themselves to caring for other family members. Their savings and asset income are used mostly for supporting their family. Most of them do not have much to fall back on, in view of their basic needs. There is no mechanism that they could adopt to manage their material assets and specific requirements other than the traditional institutions like family and friends for the elderly.

Though the elderly are involved in other family activities, most of them have no say in major family decisions as well as decisions involving their own life. Despite the introduction of elderly care institutions in Bangladesh, most of the elderly prefer to stay with ‘children and near family’ as the concept of care from ‘outside’ is still frowned upon in our society, according to them. Some still prefer to care for them and their spouses if they are properly provided for. The capable and independent ones also disclose their desire to do some independent business, though many of them are found to seek peace, rest and happiness in the surrounding of their family.

The provisions provided by the government for the care of elderly are deemed to be unsatisfactory and often unacceptable from the elderly point of view. Most think that their family and friends do a lot for them, according to their capacity, but any support or assistance from others including the government and society is far from satisfactory till now. Women in both rural and urban areas are less likely to do social work or mingle at community level. Their scope to do outside work is more quite constrained, as also their income earning opportunity. Much of the responsibility for up-keep of the home still rests upon the elderly women, unless they are ill or incapable. An interesting finding that emerged from this study was the changing traditional attitudes and perceptions with regard to the female child. Many parents agreed that their daughters are their solace and one poor, elderly lady, is fully committed to her female child, having lost her husband and unable to motivate her sons to shelter her. This is an important mind-set improvement in a patriarchal society like Bangladesh. It augurs well for more support and investment towards the girl child. It is also auspicious, as daughters have a tendency to be more sensitive to parents' needs, especially in old age.

4.9 Qualitative Findings from Key Informant Interviews

The findings from qualitative survey mainly comprised individual responses of key informants who hold administrative posts in homes and hospitals catering to elderly, beneficiaries of old Age homes, government officials from Ministry of Social Welfare and also non-government officials of organisations for the elderly. Private entrepreneurs who are in the business of supporting elderly people and their needs were interviewed too. They were queried on the issues pertaining to the situation of the elderly in Bangladesh, their needs and requirements and way forward.

The aspect that assumed paramount importance was the conduction of a large-scale national survey on elderly people in Bangladesh for making available a need-based, systematic-service for the elders. They underscored the need for a detailed large-scale survey, to get the issues right for providing current data on the newly emerging needs and condition of the aged and youths, especially in view of taking advantage of the returns from population dividend that prevails in Bangladesh. They also emphasized the need to keep a provision of adequate budget for the development of elders. This would allow the range of Old Age Allowance to be enhanced in amount and increase the number of beneficiaries. Information about benefits must be made available to the low-income groups and low middle class. Moreover, there is suggestion for establishing an individual Ministry of Elders by linking with health initiative programmes, economic development and social welfare. The key action for this Ministry would be formulating and binding government laws and regulations regarding elderly rights.

There is also a strong call for review (to gauge effectiveness) of the government policies for a more enabling condition–to assess the efficacy of existing programmes and whether they are headed in the right direction, particularly in the light of the National

Social Security Strategy (NSSS). A succinct review of the NSSS is furnished on pages 53 and 54 of this study.

Those who are working directly for the welfare of elderly people have suggested that there is a need for making the infrastructure elderly-friendly by improving the footpaths, entrance of offices, mosques and residential buildings, parks, etc. Introducing special banking service for the elderly should be made a prime vision for making transaction, withdrawal, deposit and saving, easier or less cumbersome for the elderly. Fire service providers have a free ambulance service for the elderly which is an unknown fact to many. This knowledge should be made more ubiquitous, so that the elderly can take advantage of the service in need.

Increasing the coverage of large-scale social security programmes like pension, old age allowance and health insurance could be helpful. Government should increase outdoor service units in government hospitals, and special "Senior Citizens' Card" could be made available, so that they may avail of free transport services in addition. To ensure good health and ensure a caring attitude, there is a need to ensure home-based and institute-based health care centers where the elderly would receive proper nursing and care. There should be free help provisions for the elderly in government hospitals. There can be introduction of free health care corners for them. Moreover, the elderly themselves should be educated in self-care.

Old age care centers should be introduced at the district level to track the condition of the elderly and to rehabilitate the ones who have lost the support of their families. Initiatives can be taken to establish "Probin" (or Old Age) Association at specific community level by using Government *Khas* land, where elder people may easily access services and establish a linkage with National Legal Aid Support Organization (NLASO) to give priority to elders. There is a need to create opportunities for altruistic pursuits to involve the elderly. Since they are experienced, they can utilise their free time to lengthen their productive contribution for the benefit of the society. Their contributions will create a positive image of the elderly, in the country.

Keep a provision of close monitoring for activating Probin Association (s) as social institution, which could be set up by "Union Parishad" (s). There is also an idea to establish referral system for elders' legal rights by providing support to victims, thereby enabling access to Metropolitan Magistrate court or so on. Concerns have been expressed for developing principles under the Act 2013 (for sustenance of parents: "*Mata Pitar Bhoron Poshon Aain-2013"*), considering both panties' (Complainant and perpetrators) security. The suggestion is to modify this Act by defining the term "*Economically Solvent"*- or able to bear all cost of parents/elders in their care. Moreover, advice is given to keep a provision of free Government Legal Aid Support to the victimized elders. In order to publicize the suggestions, there is need for increasing promotional activity by introducing short films with moral and educational messages, folk songs or advertisement through TV and print media. Also, ideas have been put forth for discussing issues related

to elderly in mosques and madrasa to help people understand the importance of taking care of the elderly. This may help to motivate people to be considerate enough towards the needs of the elderly, which, in turn, would instigate them to help or assist them out of fear and submission to Allah.

Some have suggested the formation of "*Volunteering group*" in the community. To create an elder friendly society and engage both the young and the elderly in social care, reduce the incidence of poverty among the elderly, and thereby contribute to the Sustainable Development Goal (s). Others emphasized the need to involve and ensure security for both the young and the elderly through engaging the elderly in social activities. Establish conciliation board at community level by ward member and influential people where the elderly get justice against betrayer. Develop elderly club by keeping newspapers, journals and television, and there should be one professional who can help in elderly counseling. Adopt elders' initiative program through NGOs where they could draw and manage funds by creating new concept for the development of the elders.

A number of respondents said that it should be inculcated from childhood. Teach the topic of younger generation's responsibility to elders in the text book of class one to ten or publicize the moral aspects through media. It would be useful to engage the social sector (NGOs and others) to interact positively with research and government (public) sector.

Creating and increasing new space to accommodate scope of work for the elderly who are willing and capable, is now needed. Some less stressful work like gardening, sewing, and handicrafts can be deemed to be useful in this case. Required training can be organised for them by either social welfare organisations or NGOs. Moreover, the elderly can be engaged to supervise others. They do that informally in houses (for example, female elderly supervising and instructing maids at homes and taking care of children of working parents, male elderly guiding maids in grocery shopping, checking out the accounts and transactions in family owned shops, supervising others, etc.)

Ideas were proffered to increase promotional activities regarding "Benefit of Combined Family and Elder Role," with the help of advertisement, short film, cinema, seminar, symposium, campaign, discussion session, debate through broadcasting media and educational institutions for the prevention of broken families as well as promotion of social bondage.

At the individual and family level, the ideas that emerged for ensuring the well-being of elderly persons are mainly four:

1. Family members, students and practitioners should be trained in elderly care and responsibilities through media campaigns, to motivate new generation to learn the art of compassion.

2. Provide awareness and motivation training to the elderly people to engage in the elderly welfare organisations, Take initiative for elders programme based on education and experience. Give responsibilities and roles to elders on their experience and expectations. To ensure a happy mind-set of the elderly, there is a need to establish recreation centers for them.
3. Keep a provision of necessary entertainment (TV, Newspapers) and health facility at "Probin" Association. Also, develop Community Based Elders Management Committee (CBEMC) for the management of elder's initiatives and conduct community court.
4. Involve and activate NGO services such as outdoor and indoor health care for the elders in society.

Most certainly, the review of literature and empirical discussions revealed an important observation from this study, within the context of Bangladesh: that is, to ensure interaction with the family members of the elderly persons to sustain their wellbeing and proper care. A National Network of Elderly persons could facilitate interaction among the elderly and also their caregivers, including community members who want to be active in social work, philanthropists, etc.

The network will be either through one national cell or based in each community. The latter will require a physical structure. The structure (at least one room) may be within the vicinity of religious (different religions) or academic centres. For the majority it could well be mosques: each mosque could have an attached room which can serve as a meeting place for the elderly.

CHAPTER 5
POLICY REGIME

5.1 Policy Regime

The Draft National Social Security Strategy (NSSS) 2015 is a comprehensive social protection strategic document adopting a life-cycle approach, preparation for which began with an Action Plan adopted in 2012, followed by a framework paper in 2013 to identify critical gaps and key strategies that should be taken up, regional consultations, and finally the document on NSSS was formulated. The strategy outlines a vision of a rights-based approach for building an inclusive society to effectively tackle poverty and inequality towards elimination of hardcore poor and most vulnerable conditions of the people.

It articulates a Comprehensive Pension System for the Elderly (NSSS 2015:23). Within this plan, a three-tiered pension system is proposed. The first tier would include all women and men, aged more than 60, who belong to the poorest sections, will be covered: public expenditure financed benefit scheme (expansion of old age allowances). It basically proposes a continuation of the present system of old age allowance, which is beset with problems. The second tier will attempt to establish a National Social Insurance Scheme (NSIS) to be managed under the Insurance Development and Regulatory Authority (IDRA) under the provision of the Insurance Act 2010: contributory pension scheme for workers. The third tier will be based upon a facilitation of the development of Private Voluntary Pension (PVP) to be accessed by all, regardless of occupation or formality of employment.

The Strategy reveals that following the budgetary allocation to the main social security schemes, old-age population account for only 3.93 per cent of the social security beneficiaries. (NSSS 2015:28). Moreover, although the old age allowance reaches 2.5 million people, almost 33 per cent beneficiaries are below the age of 60 (HIES 2010: cited in NSSS 2015:31) and only 5.97 per cent of old aged urban population are covered. In rural areas, old age allowance reaches 94.03 per cent (Department of Social Services (DSS): cited in NSSS 2015: 34) out of a target of 100 per cent. However, very few old people in rural areas are aware of it. In urban areas, the Widow and Distressed Women Allowance is reported to reach 1.68 per cent and 98.32 per cent of rural women who are old, but there seems to be a lack of awareness among the beneficiaries.

The NSSS 2015 also provides guidelines on Social Security for People with Disabilities. Besides the two groups targeted for “child disability benefit” (all children with a disability, up to 18 years of age), and “A Disability Benefit” for all adults with severe disabilities, aged 19-59 years, there is no provision for disabled old people. It lays down that at 60 years, people with severe disabilities will transition to the Old Age Allowance.

Thus, despite the projected schemes, there remain important challenges to the implementation of the Strategy. Several studies point out that there are sizeable inclusion and exclusion errors, lack of gender targeting, thin dispersal of resources, and program weakness in the current structures of the SSN programmes.

The NSSS (2015) will need to address the following:

Need to avoid the closure of programmes without external evaluation, monitoring and supervision of the causes of failure or success, inappropriate targeting, and leakage within the concluded programmes. Formulate a more rigorous system of procuring value for money from the programmes.

5.2 Lacunae Prevails: Way Forward

It emerges that despite comprehensive reports that have been prepared where there are important gaps in effective inclusion, the elderly will have special needs and will require different caregiving services. Since Bangladesh does not have a social welfare system, there will be competition for inadequate resources, especially for health and medical services. It is envisaged that due to more elderly population the demographic structure will undergo a slow change from the present pyramid structure. The growing trend towards nuclear family or where children live abroad will put the elderly parents in a dilemma because the financial and social support that is essential for them has not emerged yet. The nutrition and health status of elderly people depend on adequate food, safe water, proper sanitation facilities and maintaining hygienic standards. To provide special medical care for the elderly, there is a need to establish WHO recommended Age Friendly Primary Health Care centers, and separate wards/units are to be set up in the hospitals. To reduce vulnerability of older women, there is a need to distribute assets and properties according to the law. Our new generations have to be responsive, informed and attentive to their duties and responsibilities towards the elderly. Taking proper care of the elderly is our ethical duty and responsibility.

Bangladesh introduced Program Implementation Plan for protecting old age health and ensured health care. This programme aims to provide efficient and sustainable health service delivery and management system with skilled and special emphasis on the development of a sustained health system and improved and responsive efficient human resources (Barikdar, Ahmed and Lasker 2016). Recently the Parent Care Act 2013 of Bangladesh tried to ensure that the children have to take necessary steps to look after their parents for three years and provide them with maintenance. But it is not in fully functioning yet (Barikdar, Ahmed and Lasker 2016). Many elderly welfare organisations work for elderly people to get involved with the elderly welfare organisation, such as Probin Hitoishi Kendra, Probin Hitoishi Sangha Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM), Retired officers Welfare Association (Dhaka), Retired Police Officers Welfare Association (Dhaka), Service Center for Elderly People (Rajshahi), Elderly Development Initiative (Manikganj), Senakalyan Sangstha,

etc. There are initiatives taken by government and NGOs, social organisations for the elderly but it is not enough to cover the entire elderly population of Bangladesh.

Emerging issues and challenges threaten the quality of life of the elderly. Taking adequate care of the elderly will be a major challenge for Bangladesh. This is mainly due to inadequate resources being allocated for the services to the elderly and no proper planning or strategic interventions for providing holistic care to them. The emerging issues of the elderly are mentioned as a "current and upcoming challenges' in the National Health Policy, 2008. The challenges are: *Unemployment and burden:* Elder persons are being considered "unemployable" because of their age and forced to stop working because of mandatory retirement ages. The ratio of work force to dependent population will show too many dependent people which will lead to a burden for the working group. *More treatment cost:* Elder person facing non-communicable diseases which may need long term treatment and its cause could burden: more treatment cost and nursing care. The economically vulnerable people cannot afford the treatment cost to treat the older people, so considerable resources will be needed. As the increasing size of the elderly population in Bangladesh will become a major social challenge, well planned programmes have to be undertaken and adequate resources allocated for the support of the elderly population. *Pressure on pension scheme:* with people enjoying longer lives, pension schemes will have more beneficiaries who will be eligible for pensions for a longer period. *Social security scheme system will come under increasing pressure:* Social security schemes will have to accommodate more people and therefore will be under pressure (Barikdar, Ahmed and Lasker 2016).

Old age allowance was introduced in Bangladesh in the Fiscal Year (FY) 1997-1998 and the main objectives of this allowance are to ensure socio-economic development and social security for the elderly and increase dignity of the elderly within family and community. The aim of the allowance is to strengthen mental health through grant for medicare and increase of nutritional support for elderly people of Bangladesh. The age of 65 years for male and 62 years for female whose yearly average income does not exceed 10,000 BDT are considered eligible for the old age allowance. The total budget in FY1997-1998 was 125 million BDT and monthly allocation for 100 taka per person and total beneficiary were 40,311. That amount of grant per head has been increased in the FY2015-2016. Bangladesh government allocated BDT 14,400 million and the total beneficiary is 3 million, each beneficiary getting 400 BDT per head per month (Barikdar, Ahmed and Lasker 2016). The most recent figure is 500 BDT per head per month (information from Ministry of Social Welfare, GoB). However, Bangladesh has pension policies to ensure social security in old age for retired government employees only. According to Public Service Retirement Act 1974b, now the retirement age of government employee of Bangladesh is 59 years (Barikdar, Ahmed and Lasker 2016).

Kabiruzzaman *et.al.* (2005-2008) prepared an "Evaluation Report of Older Citizen Monitoring Project (OCMP)". The main purpose of the project was to monitor the government safety net programmes for the older people, such as old age allowance (OAA), widow allowance (WA), special relief and rehabilitation programme, and health care services, to ensure the benefits for the older poor people of the project areas (Gazipur and Shriramkathi Unions of Pirojpur District from 2003). Analysing the comparative situation based on baseline and after three-year time, evidence of improvement has been noted. The study proved that upon being carefully and meticulously handled, the critical elderly issues could be addressed.

At a later date, issues of the elderly emerged as being important. According to the policy brief of "Unnayan Onneshan" on a study titled, 'Present Social Context and Elderly Population in Bangladesh' (2010), the problems of the elderly solicits our immediate assistance and action. Discussing the demographic features of the elderly, this study suggests policy reform on part of the government and other welfare organisations.

Results from qualitative findings on the issue of whether they are burdening the society show that, it is a silent malaise, often brushed under the carpet. Elderly people are sometimes abused by community and also by the family members. Due to increasingly small size of families, elderly people are often relegated to a corner of the house, unfortunately, even the store-room of a plush Gulshan apartment (Milton Home Care, 2016). These are anecdotal, but interviews with caregivers reveal that it is occurring at an uncomfortable rate. The age-old norms and culture of caring are rapidly being eroded, due to the pace of urban living. Elderly people are often living in isolation nowadays, as other family members are busy with their own business and do not have enough time to spend with their parents. In this modern life, children are living in cities for earning, or for education. Their parents live separately in the rural set-up, and within this busy schedule, children are not able to visit their parents regularly. As a result, parents feel lonely and isolated. Educated couples are apathetic to their elders as urban life-styles are hectic and there is lack of regular house maids. Also, there is a time constraint.

CHAPTER 6
CONCLUSION

The demographic trends of the elderly in Bangladesh, especially in the context of expected positive outcomes, underscore the need for policy reform on part of the government and other welfare organisations. Results from qualitative findings on the issue of whether the elder population is projected to be a future burden on the society show that the critical period is approaching for which we need to be prepared with innovative strategies like Germany, Chile and Argentina.

Four levels of approach of care for the elderly have emerged in this study. Taken together, it could provide the basis for *An Inclusive Approach of Care for the Elderly* in Bangladesh. The first deals with the strategy that could be successful if attempted at the *Government Level*. Firstly, the overall recommendation was to conduct a detailed survey of the elderly in Bangladesh, which could help the government to have a better insight into condition of the elderly. A detailed, large-scale survey, to get the issues right for providing current data on the newly emerging needs and condition of the aged and youths, especially in view of harnessing the returns from population dividend that prevails in Bangladesh, is now in order. A large-scale national survey on elderly people should be conducted with provision for making available, need-based service facility for the elders. There was a consensus in favour of the imperative to increase the range of Old Age Allowance. This should be wider in amount and number of the recipients. Moreover, the knowledge of Old Age Allowance must be made widespread among the elderly, especially the ones in the lower class and lower middle class.

Establish individual Ministry of Elders by linking with health initiative programs, economic development and social welfare and keep provision of available budget from Government revenue and development sector for the development of elders. Increase large scale social security programs like pension, old age allowance and health insurance. Government should increase outdoor service units in government hospitals and provide special “Senior Citizens’ Card” so that they may avail of free transport services, in addition.

Old age homes should be introduced at the district level to track the condition of the elderly and rehabilitate the ones who have lost the support of their families. There should be provision of free assistance for the elderly, especially in government hospitals. There can be free health care corners introduced for them. There is a need for the making the infrastructure elderly friendly including the footpaths, entrance of offices, mosques and residential buildings, parks, etc.

Special banking service for the elderly could be introduced. It could serve as a new way of elder friendly banking service for making transaction, withdrawal, deposition and saving easier or less hazardous for the elderly.

Provide awareness and motivation training to the elderly people to engage in the elderly welfare organizations. Elderly care and responsibilities should be included in media campaigns to teach new generation their roles and responsibilities. Increase promotional activities regarding "Benefit of Combined Family and Elder Role," through advertisement, short film, cinema, seminar, symposium, campaign, discussion session, debate through broadcasting media and educational institutions for the prevention of broken families as well as promotion of social bondage. Adopt the topic of younger generation's responsibility to elders in the text book of class one to ten or publicize the moral aspects through media.

Create a national network of elderly people. The network will be either through one national cell or based in each community. The latter will require a physical structure. The structure (at least one room) may be within the vicinity of mosques: each mosque could have an attached room which can serve as a club/meeting space for elders. The Government's plan to have one library in the vicinity of every mosque could also form the basis for such a Network of Elders.

A National Network of elderly persons could facilitate interaction among them and also their caregivers, including other community members, philanthropists, etc. who want to be active in social work. Ensure interaction with the family members of the elderly persons to ensure their wellbeing and proper care, taking the cue from the Act of 2013 (Parent's Sustenance Act-*MataPitar Bhoron Poshon Iain*), aimed towards a more informed and implementable strategy.

This idea could be extended to ensure a fresh mind-set of the elderly. As there is a need to establish recreation centers for them, alternatively introducing elderly day care center where there will be doctors, nurses, cleaners and other care providers for them. This can also be amalgamated with children's day care centers where they can be supervisors for the care of the children.

Retirement age could be increased to 65 years to improve nationwide productivity. Also, to create opportunities for altruistic pursuits, the experienced can utilize their productive years for the benefit of the society and can establish their positive image in the country.

Review the government policies for a more enabling condition and assess if they in the right direction, particularly in the light of the National Social Security Strategy (NSSS).

At the NGO (*Non-government) level*, new suggestion veers around some important aspects. NGOs could adopt elders' initiative program (managed by NGOs) where the elderly persons could draw and manage funds by forging new concept for the development of the elders. Increase NGO services such as outdoor and indoor health care.

At the *Community Level*, there are several suggestions of which the following have been delineated. First, develop elderly club by keeping newspapers, journals, television,

etc. (and there should be one professional who can help in elderly counseling and to oversee). Give responsibilities and roles to elders on their experience and expectations. Quantitative Survey results from this study show that elderly respondents would prefer to start a business on their own to help with their day to day expenses. Although imprecise, many of them would prefer to be engaged in poultry, dairy business, vending or owning a neighbourhood grocery store. Some plan on getting engaged in their village home, buying land and begin agricultural activities. The elderly voiced their eagerness to help others in want, poor people, relatives and neighbours, in short, all those in need. Majority want to spend in "Hajj" on 'Tirthajatra', constructing mosques, backing madrasa education, constructing madrasa, organising religious discussions like "mahfil," etc. They are also happy to donate to improve social welfare in their local community. In most cases, especially the need of their kith and destitute people of the society is important for elderly respondents, and this is corroborated from data collected in the survey.

Second, qualitative survey for this study reveals that emphasis has been laid on creation of employment for the elderly who are willing to and capable of physical work. Some less stressful work like gardening, sewing, and handicrafts can be deemed to be useful in this case. Required training can be organized for them by either social welfare organisation or NGOs. Moreover, elderly can be engaged to supervise others. They do those informally in houses (For example, female elderly supervising and instructing maids at homes and taking care of children of working parents, male elderly guiding maids in grocery shopping, checking out the accounts and transactions in family owned shops and supervising others, etc.)

Volunteering groups may be mobilized from the community. Discussing about the elderly in mosques and madrasa to help people understand the importance of taking care of the elderly. In that way people may be motivated to help or assist them, through fear of Allah. Establish conciliation board at community level by ward members and influential people, where elderly get justice against betrayer.

At the *Individual Family Level*, the following measures are focused upon, in order to support the well-being of elderly persons: first and foremost, family members, students and practitioners should be trained in elderly care. Survey results showed that elders were apt to put their savings into the education of their children and grandchildren and help to make their children self-sufficient to start their own business.

Secondly, ensure good health and ensure a revitalized attitude in the minds of elderly people through access to home-based and institute-based health care centers where they receive proper nursing and care. Many elderly respondents in the survey conducted for this study voiced their concern. Their failing strength needs proper diagnosis, so they would like to spend their money in treatment, visiting better health specialists, going to new places and building cozy homes for themselves. Most important, thirdly, the elderly themselves should be educated in self-care.

At the global level, there is an urgent call to implement recommendation of Vienna International Plan of Action on Aging and Political Declaration and Madrid International Plan of Action on Ageing. With no full-scale evaluation done on the schemes for the elderly in Bangladesh, there is acute need to build a proper support system for the elderly and analyze the existing ones. The magnitude of the problem has yet to be acknowledged. Some urgency is required to tackle the following: a tool for creating social awareness, through engaging media and civil society and also help government redirect policies;

Thus, elderly situation and its future circumstances along with the needs of the elderly have to be re-evaluated and reconsidered to save the country from the probable negative effects of demographic change.

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APPENDICES

Table 4.A

Type of Local Participatory Activities

Type of Local Participatory Activities							
Religious, marriage	Marriage, akika	Wedding, gathering	Religious, social and marital	Marriage, religious activities	Marriage ceremoney, relative programme	Marriage, religious occasion, community meeting	Marriage, death of neighbours, etc.
Religious, marriage	Funeral marriage	Wedding, clubs	Khaja baba's orosh organised by himself	Marriage, worship and Leelakirton	Marriage ceremony and religious gathering	Marriage, religious activities, community gathering	Marriage, social gathering
Leadership	invitation of milad, marriage, etc.	Milad, waaz	Religious and educational programme	Marriage, political meeting, etc.	Marriage programme, religious programme	If anyone invites then attends to the wedding on other's home	Waaz
Religious	Milad	Waaz, namaz, janaja, marrige, school programme	Marriage, waaz, janaja, political meeting	Marriage, waaz, Janaja, mezban, etc.	Local weeding, etc.	Janaja, court attend, judge govt.	Religious activities
If any relative invites	Milad, waaz	Waaz, milad	Marriage, death anniversary mezban	Marriage, funeral, birthday, religious activities	Religious programme, meeting	Religious and marriage programme	Social and religious activities
Religious	Birthday, puja, etc.	Mahfil, janaja, etc.	Waaz, janaja, political meeting	Mosjid: Friday; Janaza; wedding, etc.	Marriage	Any sort of gatherings	Marriage, birthday, mezban
Religious, social meeting	Religious activities	If anybody invites, then goes to wedding on lunch or dinner	Marriage, birthday, party	Masjid; Wedding, funeral, done kazi in 2015	Marriage	Religious talk, marriage programme, etc.	Religious activities, social gathering
Tableague, giving people money	Gossiping with others, husking betel leaf	Wedding or other programme if she is invited	Waaz, janaja	Milad, waaz	Religious activities	Marriage, janaja, waaz, namaz, school performance	Business, religious, social activities
Marriage, mahfil, political programme etc.	Birthday, marriage, waaz	Invitation, marriage ceremony, etc.	Janaja, mahfil	Milad, waaz	Visitation (neighbourly)	Religion, social	Marriage, gathering, etc.
Marriage, public gathering, political meeting, etc.	Marriage, religious activities, etc.	Marriage, akika, etc.	Waaz, janaja, gossiping in tea shop	Marriage, participate in judgement issues, religious programme	Marriage, social gathering	Marriage, birthday	Waaz
Marriage, Akika, public gathering, fare, etc.	Clubs, milad, charity programme	Marriage ceremony, invitation gossiping, etc.	Plantation, marriage	Marriage, religious activities	Friends gathering, milad	If anybody invites	Social activities
Mahfil, marriage, funeral, akika, etc.	Marriage ceremony, birthday	Marriage programme, invitation, etc.	Waaz, janaja	Marriage, religious works, etc.	Milad, rotary club activities, weddings	Tableague	Relative wedding, get together
Mahfil, janaja, marriage, akika, etc.	Any kind of invitation	Marriage, kangalivoze					

Source: Data collected from primary survey 2016.

Table 4.B: Vision of the Elderly (Their Wishes)

Personal	Family	Business	Donation/Help
He is happy with his life. He would be happy if he had much money in his earlier days	Building house for children to secure their future	Business	Social Welfare
He would have rented a house for living with her wife and got treated himself and his wife	Make the shop bigger and securing the future of the children	Repaying the loan as quickly as possible	Religious & Social works
He would have done according to the amount as he would have desired many things then	Make multi-storied building, spend in sons' marriage and help poor people	Build a 5 storied building, help poor people, ensure future of children and arrange the marriage ceremony of youngest daughter	Masjid would have been built and social welfare would have been done
He would have gone to hajj, tablique activity and would have given more money to many helpless people	Make a house for his children and he will help the poor people of his locality	Business and travelling	Social Welfare
If she got BDT20,000-25,000, she would have lived in a good condition, home and would have taken good care of her grandchildren	House building for himself	Horse (cattle raising) having food properly	Social welfare, extended the building and travelling
She would have built house and give them for rest	Perform Hajj and take care of her mom and relatives	Buy cow to extract milk	Extend the family building and spend in mahfil (religious work)
She would have gotten married her daughter off with her own money. She does not go to others for money. Mainly, her niece and daughter provide her money	Building house	Cattle raising	He would have dedicated his own wealth for masjid and madrasha
She doesn't have anything left to do and she is satisfied with whatever condition she is in	Doing business, building a 5 storied building and ensuring secure future for the children	Buy cow to sell its milk	Helping poor people
She would have visited many places if she had strong health. Money is not a problem for her	Would have expend for her own family	She would have started during firm and poultry firm and also bought land to start cultivation	Religious and helping other old people
She is very much happy with her life. She just prays that her sons can earn more money even from now	Will give it to sons	Buy livestock, pass time with those animals and helping neighbours	Accomplish religious activities
She doesn't have any issues. She is happy with her life as the way it is	Establishment of children, building house, marrying sons off in a grand way	Buy land, build house, rear livestock and help neighbors	Participate in religious activities and ensure a secure future for his children

Personal	Family	Business	Donation/Help
Check up on full body	Giving to sons	Buy livestock, pass time with those animals and helping neighbours	Set up a mosque
Spend on self in any way	Building house for children, spending money in religious activities and community development and visiting India for better treatment	Buy land, build house, rear livestock and help neighbours	Save and spend on mosques
Will do something for myself	Bought more things for her daughter and gifts for all of the grandchildren, visited places, etc.	Shop vendor	Will try to help people
Renovate her house in Barishal	Well-being of children, grandchildren and for the other elderly people of her community	She would have expanded her business and treated herself and her husband	Religious and social welfare
Live comfortably with her children	Would repair own house, give money to grandchildren, etc.	Cattle raising	Spend the money for better treatment, contribute to donation for building mosques and help poor
ThirthaJatra	Giving it to children or savings	Business	Invest in masjid at Barishal
Building house in Mymensingh	Development of children	Business	Help in "women's" education
Building house, go back to village for the children	Bank savings and securing the future for her children and grand children	Expanded his business, got married his sons off	Would have built home, lived properly
Go to places for refreshment/ entertainment purpose	Business, building own house and helping family	Would have paid loan and started business again	Would have lived in Chittagong, would have bought lands, treated herself etc.
He would have bought flat	Sending another son to abroad	He would have started business and treated himself and his daughter properly	She would have become self- sufficient and lived by her own
Building house and securing the future of the children	Buy land, build house, rear livestock and help neighbours	Business	She is lonely as nobody lives with her except one son. Otherwise she is satisfied with money
Loan payment and save money	Send it to my village to help them be stable	Buy land from village and start agriculture (Go back to the village home)	Give away to any needy person
Build house, secure children's future, help poor people, etc.	Give it to my wife because she does charity	If economy is adequate, I would buy land. Because this is not adequate	She feels satisfied. She doesn't have any issue with life

Personal	Family	Business	Donation/Help
Building house and go back to home	Helping family and relatives	Would take up business (grocery)	She would have built house in her village and spend her money for the welfare of the society
Build a house for accommodation and for the well-being of grandchildren	Save for children future education	Start business	Contributing more to religious activities
Travelling (gift to grandchildren)	Educating his granddaughter properly	Opening business, agro-firm	Social maintenance and given money to people
Giving mortgage	Establishment of children, building house, marrying sons off in grand way, etc.	Sanctioning the loan, reestablishing father's business	Spending in the madrasa education and doing more for social welfare
Go to village home and reside there for the development of village	For the welfare of daughter and his grandchildren	Extending business	Save in a bank Account and help poor people
Well-do-do	Educating grandchildren	Extending business, establishing son	Help poor people and develop his village
Treatment of herself and husband, giving it to sons		Extending business, buying land	Donation for mosque, madrasha, etc.
She would have bought land to build own home, so that rent could be saved		Extending business, saving for children.	Work for the country people
She would have bought lands and stayed without rent at her own place		Business	Social work and helping poor people
		She would have done business, built home and bought land	
		She would have done business	

Source: Data collected from primary survey 2016.