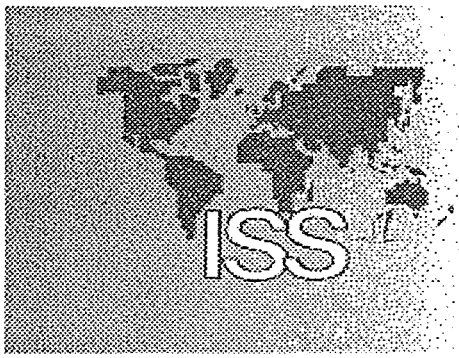

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ANALYSIS OF SOCIO-ECONOMIC AND HEALTH CONDITIONS OF THE ELDERLY WOMEN IN BANGLADESH

A Research Paper prepared by

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Chapter 1

1.1. Introduction:

Ageing is a multisectoral issue with economic and social concern. Nowadays it is becoming a problem of increasing importance. It affects not only the population makes up of a country, but also raises several socially crucial areas. It also affects labour supply, aggregate consumption, savings, and investment and therefore growth has macro economic implications far beyond the effect of ageing on individuals (Messkoub, 1997). It is becoming a new challenge in that the multifaceted problem requires the state to deal with it and this is testing the state's capability to develop an appropriate social welfare system as a solution. The increase in longevity of the population means that in the coming years the proportion of elderly people will increase and more elderly population will survive. The implications are that appropriate programmes have to be formulated and implemented in order to improve their condition into the society and in the development strategy of the government. Because of economic hardship and rural poverty the joint and extended family system is no longer a tradition. So far the system of extended family which used to provide a form of social security is disintegrating. To safeguard and maintain the quality of life of the elderly some strategy should be taken into account in national development planning. The fact is that in most countries of the world ageing had not been integrated into development planning.

Population ageing is one of the principal factors determining the nature and extent of an individual's social needs. As an individual, every human being in a period of 24 hours gets one day older wherever that person lives, whatever he eats or does.[1] This is happening for all of us as well as all other living beings. Thus ageing is the result of demographic transition caused by reduction in fertility and prolongation of life due to reduction in mortality. Through this process the relative size of the young age population decreases and the relative size of the older age population increases causing a change in the age composition of national populations. Such change in age structure has significant

[1] Population Ageing and Socio-economic Development in Asia. (1994); pp47.

consequences not only in demographic terms but also on the entire social and economic fabric of the society, since individual's level and nature of needs vary form one another depending on age. The demand for social and material services of the aged deserves special attention.

Quite a few countries of the Asia Pacific region are experiencing population ageing resulting in rapid increase in both the number and the proportion of population aged 60 and over (the elderly or aged population). Such increment is viewed as the outcome of the restructuring of age distribution of the population resulted from the demographic transition. Bangladesh like other developing countries of the region are passing through the demographic transition shifting from higher to lower level of fertility and mortality. It is apprehended that population ageing is gradually emerging as a problem of greater significance in the country.

1.2 Statement of the problem

Bangladesh is a developing country with more than 122 million people. Because of continuing rapid decline in fertility and improvement in life expectancy the number and proportion of population aged 60 and over is increasing very fast. Currently, there are about 7 million-elderly people whose economic and social condition is extremely vulnerable. Of these large size of elderly population only an insignificant minority, especially those who worked with the government or other organised sectors has some support during their old age through pension or provident fund. The large bulk of older persons are without any social security support and most of them are living in the rural areas (85 per cent). Most of them are involved in agricultural activities and there is no age of retirement for them in practical, sense even they don't have any regular labour force. The consequences of ageing are manifold and they range from social security issues to health, housing and others. Several issues related to the aged population indicates that there is an urgent need to investigate the ageing situation and its consequences in to perspective of overall development process in the country. In particular it has become

increasingly important to study socio-economic condition of the elderly persons in general and in particular the women in Bangladesh.

The situation of older women is much worse than their male counterparts, partly because they did not-have an opportunity of education during their school age. In general, ageing has more negative implications for the economic situation of women than men. About 98 percent of these women are housewives without any income earning or employment experience. Gender inequalities in ownership of assets, control over family income and assets and women's weak economic position reflect secondary status of women in the labour market. Many of them are widowed. The reasons are based on longer life expectancy of women than men (*demographic factors*), age difference at marriage and higher remarriage rate for men (*social factors*) than women after death of spouse or divorce. Lower civil status and household composition lead to precarious living condition for older women. Moreover, with rapid urbanisation their children have moved to metropolitan or big cities seeking job opportunities leaving their parents in rural villages. This has seriously affected the traditional practice of family based support and care for the elderly. With life expectancy longer than for men, with education lower than that of men and moreover with jobs that are paid lower, elderly women are facing a very vulnerable life, socially and economically. In terms of their health, the longer they live the more vulnerable they will be to degenerative diseases. Most elderly have less access to health services and later could develop into disabled persons.

The above mentioned situation of the elderly in Bangladesh calls for an immediate analysis of socio-economic and health conditions of the elderly in order to suggest appropriate policy measures. Another compelling reason for the need to examine the issue through a gender perspective is the social and economic differences between older men and women. In particular, the levels of opportunity with regard to education, training, employment, family life and health have left women in a more vulnerable position in later life.

1. 3 Objectives:

The main objectives of the study are ---

- to analyse the livelihood strategies of older persons in Bangladesh with special focus on women;
- to assess economic status, the physical health status and family support in income maintenance of the older persons, so as to understand their special needs; and
- to create awareness among planners and policy makers, as well as the local level community and family, regarding the issues of security and problems of older persons.

It is expected that the findings of the study will improve knowledge of ageing in Bangladesh and assist policy makers to take further better steps with regard the most vulnerable older persons.

1.4. Formulation of the research questions:

A. What types of livelihood strategies are to be formulated for the older persons?

B. Is there any need for social security system and policy formulation to support most the vulnerable older persons?

4. To do these, I need to address some **sub-research questions**:

a. Who are the vulnerable among older men and women?
b. What is the income, health and household status of older men and women?
c. Do they have any social security, state support system (pension, old home) or informal financial support?
d. What are their roles and status in the household?
e. Is there any relationship between gender and health condition?

1.5 Methodology

This research combines analytical and descriptive approaches. It is based on primary and secondary data on older persons in Bangladesh. The results reported here are based on primary data from a survey of elderly people in Manikganj, 40 kilometres from Dhaka, the capital of Bangladesh. Aiming to have adequate representation of the elderly persons, it focused on all villages of one Union (Ward no.3) according to elderly persons in the household. There are fourteen villages in Ward No.3 and 1863 respondents in the Union. The fieldwork was conducted from March to May in 1996.

Rather than using 60 years as the cut-off, people 55 years or over were interviewed. This definition of elderly is more appropriate for studies in developing countries as well as consistent with a number of other studies (Ebrahim el al. 1991; Midwinter 1991). The information to be gathered covers economic and demographic factors, income and assets, the support they receive from children or other sources, health needs and health care assistance and activities of daily living.

To put the primary data and analysis into context, the research first presents a review of earlier studies or investigations conducted in Bangladesh by academicians and by the United Nations.

The research examines the social, health and economical situation of the elderly by focusing on the general characteristics of the elderly and of spouses (age. sex, marital status, education and number of children); their roles and status in the household economic activities and family support in income maintenance. For better understanding, the problems and needs of older persons, it is important to analyse their overall health conditions, physical health status and as well as functional activities.

Appropriate tabulation of the data will be undertaken by preparing frequency distributions and cross tabulation of the variables. Statistical Packages for Social Studies

(SPSS) computer Programme will be applied to undertake the analysis of data. Statistical tests, where appropriate, will be applied for examining the significance of parameters.

1.6 Limitations

The sample has certain limitations that have restricted the analysis and interpretation. Because of funding limitations it was opted to use snowball sampling. Snowball sampling, in which interviewers use successive contacts to find additional respondents can affect the quality of the data set because, during interviewing, not every household has the same chance of being selected for interview. This means that the data set is not 100 per cent reliable. In addition, the overall sample size is too small to allow detailed analysis.

For interviewers, the major problem was determining the exact age of the respondents. Any question related to age in Bangladesh can be expected to receive only an approximate answer. Within this particular population, such questioning was complicated by age, illiteracy and memory lapses. Many did not know their exact age, and relied on their best guess. The investigators recorded ages given by the respondents themselves.

Also, answers to questions on income might not be hundred per cent correct. All the information comes from interviewees' responses. It was impossible to crosscheck these responses against other reports. Consequently this research offers very simple analyses in terms of frequency and cross counts with percentages, and where appropriate controlled for gender.

Notwithstanding these limitations, the findings are generally consistent with earlier studies and highlight problems of inadequate heath, income, poverty and access to benefits and social security. For this reason, I feel confident that the work undertaken for this study is of high quality despite its limitations.

1.7 Sources of Data

To provide a sufficient pool of data for analysis, information will be gathered from the following sources:

a. Primary data: on the basis of a set of primary data gathered by a Bangladeshi non-governmental organisation (NGO), Elderly Initiative for Development, in collaboration with the Faculty of Statistics, University of Dhaka. The sample thus gathered 1863 older persons information such as age, sex, marital status, household size, relation of the older person to the head of the household, occupation, older person's perception of their health, skills and expertise and the status of income earning of the household. The field investigators directly contacted the elderly people and collected the desired information in the predesigned questionnaires.

b. Secondary data: will mostly consist of the census reports, Statistical Year Books, from the United Nations publications in relevant areas and also other published documents of various relevant departments of the government and the NGOs

1.8 Organisation of the paper

The paper is organised into six chapters. Chapter one provides the background statement to the study and presents the problems with objectives, research questions, methodology and limitation of the study. Chapter two discusses the analytical framework, which is largely based on the international journal, publications and books will be on ageing in doing so the emphasis will be as a worldwide phenomenon. In the Chapter three, it discusses more in details of elderly persons, their overall conditions in Bangladesh on the basis of several data [Census, Bangladesh Bureau of Statistics (B.B. S.), United Nations]. Chapter four presents the livelihood strategy of women - focusing in the cultural context of the family and societal aspects. Chapter five represents results, discussion and policy recommendations from the empirical data set. Chapter six is a profile of summary and conclusion.

Chapter 2. Analytical Framework

This chapter seeks to establish an analytical framework for the study. At first, the concept of ageing will be discussed. This study is theoretically based on the hypothesis of improvement the quality of elderly women in Bangladesh based on various experiences on other developed and developing countries. Then through literature review, it will discuss the problem of ageing by defining individual life cycle in social dimension.

2.1 Introduction

The study of demography in ageing in developing countries is relatively new endeavour until 1980s. Before that, there was not much attention about population ageing in that region. In 1974s, Cowgill published his modernisation theory, which posited that the status of elderly declines in the process of socio-economic development (Cowgill, 1974). This theory has since generated considerable response, both positive and negative -- in sociology and gerontology. It was in 1980s, when the demographers began to focus on ageing in developing countries (Martin, 1988; Kinsella, 1988; Treas and Logus, 1986). They were motivated by population projections indicating that declining fertility and mortality, particularly in Asia and Latin America, were resulting in population ageing.

The concept of ageing is still ambiguous (unclear) despite the considerable and growing literature devoted to the topic. While demographers think of ageing as an increase in the proportion of the elderly population, policy makers especially in developing countries, see it as a challenge arising from the rapid increase in the absolute size of the old age population. Ageing can be best understood by considering a typical sequence of changes that population's experience as it shifts from high to low levels of fertility and mortality. This demographic transition usually starts with an increase in the size of the population. The increase in elderly population in a nation is due to the prevention of births, controlling diseases and the availability of treatment and control of ailment both communicable and non-communicable. But given current declines in fertility

this attitude is likely to alter in future decades. In fact, the population in the developing countries is moving towards ageing within a much shorter time than the developed world did. As we look at China, we will find that the population over 60 in China will double in about 34 years, whereas, it took 100 years for Belgium to be in double.

Until recently the issues of population ageing were thought to be of concern only to a limited number of economically developed countries. But now a-days many developing countries all over the world are experiencing not only high percentages of the elderly population aged 60 and over but also an increasing speed of population ageing. Some of the countries, because of rapid demographic transition brought about through social development; face-ageing issues despite being at relatively low levels of economic growth. According to the 1990 World Population Data Sheet[2], the estimated population of the world was 5.3 billion. This population consists of 318 million elderly (aged 65 years and above) forming 6 per cent of the world population. The number of the elderly population in the less developed countries is estimated to be around 174 million in 1990. That means it is about 4 per cent of the total population. If we accept the United Nations definition that a population is demographically aged, when the per cent of the people aged 65 years and above is over seven, then all developed countries are more aged and practically all the less developing countries young. This demographic trend may be considered quite serious or alarming condition. For this situation, there is a higher demand for health and social security services for the elderly.

2.2 Demographic Concepts

In the field of population, demographers are now more concerned about the issue of population ageing. The dynamic factors that influence population change both in size and composition are basically mortality and fertility. The declines in fertility has the significant effects of decreasing proportion of the young and of increasing the proportion of the elderly (UN, 1954) which makes a major change in the age structure of population.

[2] Washington Population Reference Bureau.

A fundamental distinction should be made at the onset between ageing of individual and ageing in population.

2.2.1 Ageing within an individual's life cycle

Ageing within an individual may be measured in many ways, including chronological age, degree of physical or mental functioning or performance of given social roles. Ageing begins at birth and is a process of continuing physiological, psychological and social change throughout the life span. There is a great individual variation in the rate of ageing, with persons of the same chronological age manifesting markedly differing levels of physical fitness, mental functioning, self-sufficiency and many other variables. While the ageing process has a genetic component responsible for some degree of physical decline, it is also influenced by environmental factors including diet, exercise, air pollution and occupational conditions. In addition too individual difference among older persons, perceptions of old age vary greatly between societies. For instance, in some developing countries, where life expectancy is still quite low, the period of old age may be considered to start as early as 50 or 55 years. Whereas in developed countries where life expectancy at birth has reached levels of 70 years or more, old age may be defined as stating as late as age 65 or 70 years. Perceptions of being elderly are also often related as much to social roles as to chronological age. (UN, 1985) In less developed regions, where marriage and childbearing occur at young ages, persons may achieve the "old age" status of grandparent while in there thirties. In other context, where childbearing is delayed because of the desire of young women for education and work experience, persons attain this status at more advanced ages. Thus, even if persons are defined as "elderly" with reference to similar social roles, there are great differences among societies in the chronological age at which such roles are attained.

In an individual lifecycle one observes changes in a person from a childhood dependent to a working adult and from a working adult to an elderly dependent. This brings along differential changes in health problems and health needs and supports. From the point of view of a demographer and an epidemiologist mortality and morbidity patterns

greatly change with age and accordingly health insurance support also go through a radical change. As a person goes through the lifecycle, his or her direction of care and support also changes, first from *receiving* to *giving* and then from *giving* to *receiving*. This changing direction is also applicable for income support, health care *psychosocial* care and the care for day-to-day living. As a person changes from a child to a parent, a grandparent and to a great grandparent, in most societies a considerable intergenerational transfer of wealth takes place. This often moves from a senior to a junior. Once in a while it is also found that a junior is giving wealth to a senior, especially for the later support during old age.

2.2.2. The ageing of population structure

The term ageing of population refers to changes in the age structure of a population as a whole, resulting from shifting in such demographic variables as fertility, mortality and migration. Such shifts are accompanied by changes in the age structure of the populations of children and persons of working age. Shift in the age structure of a population can affect levels of economic productivity, owing to a declining availability of manpower or the ageing of the labour force. This problem is particularly acute for agricultural productivity in some rural areas in developing countries, where extensive out-migration of young persons puts the burden of farming on the elderly. In addition, the ageing of population can markedly affect general patterns of consumption in a society as well as patterns of investment and patterns of saving where persons must themselves finance their retirement. Moreover, the age structure of the elderly population itself is affected as the ageing of a population process, the weight of oldest groups within 60 years and over becomes increasingly significant. Thus the "ageing of population" is a phenomenon potentially affecting every age group within the population.

2.3 Ageing and physical capacity to work

In general while people grow older, their physical ability also declines. This affects negatively in their productive activities. As the human biological organism ages, it

becomes increasingly different from other organisms of the same chronological age. In fact old age is not a joyful prospect for the individual, the family as well as the state. It is a significant achievement for humanity. It comes with a host of problems. As we age, physical fitness seems to decline with how sedentary our lives become. In an individual life cycle, there are physical and mental deterioration, bereavement, reduction in income and status and frequently sudden and marked changes in living arrangements and social roles. They do not have necessary skills that enable them to continue working, even when they are physically capable to do so (Chow, 1994). For family, a rise in the number of elderly persons means an increase in the number of dependent and the resulting burdens. Therefore, there is an intensified need for care giving and some kinds of training that is suitable for them to stay longer in gainful employment as well as educational training. Because in general most of developing countries and Bangladesh elderly have less education. Of course, the genetic limits that are placed on their bodies as age force the elderly to find less strenuous activities but that does not mean there is no hope for physical health, as they grow older. To some extent, economic, social and technological changes have affected their roles and status that have varied systematically with the degree of modernisation (Cowgill, 1972). Training should be simplified and made relevant to their needs. Their needs are quite different from other groups of population. Deal with the Consequences of Population Ageing (1994), they indicate that the aged in four countries - Bangladesh, India, Indonesia and Viet Nam need training less than 20 per cent. The reasons for that are the relevant to the stereotype and expectation of the deteriorating health and elderly ages. They have to adjust themselves in order both to have better quality of life and live happily in society.

2.4 Social and economic security

Economic security and income support are most important areas of needs in the developing countries, where only a small percentage of the workforce is in the government employees, employees of larger firms or organised sector where workers have retirement benefits. Elderly persons, therefore have to depend on their children for support. Because of deteriorating economic conditions, the support from the children could not be expected

to continue for a long time. Thus the problem of income or economic security for elderly persons are very important.

In few cases, some countries provide some form of social security for persons who are retired, disabled, injured or unemployed. But most of the country coverage is not universal, but is limited to specific groups. In some developing countries social security is provided through social insurance, provident fund and or social assistance. Social security in some developing countries are provided by the state, only very limited social security provisions are found as governments generally lack in resources to implement more ambitious programmes in this area. At the same time however, a great variety of non-state social security mechanisms operate, such as the extended family, social net works, NGOs and redistribute centres. Social security also depends on the intergenerational transfer of income, in which, relatively speaking, the young working population bears the burden and the retired elderly population gets the benefit. In view of the fact that the more ageing proceeds, the heavier the burden becomes on the young, intergenerational justice is essential to the sustainable working of the welfare state. In view of the absence of pensions or state-regulated allowances, there is a question how the elderly survive in their later life. It is not too difficult to answer, because the possibilities are limited. Either one takes care of oneself by working and earning an income, or one has to depend on others. In fact, social security has severally been defined depending on the socio-cultutal context to which it applied. Usually in most of the Asian countries the responsibility for taking care of the elderly lies with their children. It is the eldest son who has the largest responsibility of all sons for taking care of the old parents. If the eldest son cannot support his parents, the next son in row becomes responsible, and so on. When a couple has no sons, the brothers of the elderly must take care of them according to age. In developed countries earnings and social security benefits are the major sources of income for the elderly people. But in Bangladesh except pension benefits (for employed persons only) no social security system exists for the elderly people. Most of the elderly people get financial assistance and supports from their sons and in many cases the amount they get are

insufficient for their livelihood. The traditional belief that sons will look after their parents in old age has been changing.

As the number of elderly rises in the population, whether or not it increase the burden on the working age population in the developing countries is a debatable question. It basically depends on the rise in productivity and in part on the contribution of the young and the old to the economy. It is good to think that the old are in a better position to continue contributing to the economy through delayed retirement and paying for part of the cost of maintaining themselves by using their accumulated assets. Decline in the share of the young would also reduce the demand for educational facilities and other social overhead capital catering for the young. This would allow more investment funds to be available for the growing labour force. That in turn would raise labour productivity on the condition that the growth of investment funds is larger than that of the labour force. In brief, part of the answer to an ageing population is to focus attention on the production side of the economy.

2.5 Gender dimension of ageing

Ageing whether of an individual or of a population is not gender neutral. It has more negative implication for women than for men. As women age, they are increasingly likely to become widows. In the absence of family support or inheritance rights, they often face the loss of their traditional role and status. Women are frequently deprived of their granted property rights to their parent's property and it makes them more vulnerable than men in the family and society as well.

2.5.1 Discrimination in inheritance law

According to inheritance rules the property of a wife, three daughters and three sons, should be divided into seven parts at the time of the husband's death (Jansen: 1986:67). In practice this occurs very rarely. There is several systematic deviation from the inheritance rules. Under the Muslim Personal Law the wife gets one-eighth of the husband's property if there is a child and one-fourth if there is no child after her husband's

death. A husband, on the other hand gets exactly double (one-fourth or half) from the estate of the wife. The inheritance right of a girl child under Muslim law is half that of her male siblings. A daughter is entitled to get half of the total estate if there is no other brother or sister, and two-thirds among them if there are sisters; and the residue will go to the agnostic relations. Each sister will get half of the brother's share if there is a brother. If there are only female children then they are deprived of a major share, which goes to the brother or father of the deceased; wife and daughters together in such cases get two-thirds of the total estate. A daughter is therefore, discriminated against in both cases: if she has a brother she gets only half of her brother's share, if she does not have a brother, a share of her father's property is taken away by agnatic relations. The most important is that the daughters, by tradition, do not exercise their claims on father's property. If they do, they find themselves in the paradoxical situation and they face potential fear of being loser on two fronts. One, they do not have the security of an alternative home with their brothers and other, they therefore also become more vulnerable and less protected by the behaviour of their husbands family. They know that if they try to enforce their inheritance rights, they will come into conflict with other members of the family. Any such conflict may result in a withdrawal of support from the husband's family at times of crisis. The mother is entitled to inherit one-sixth of her son's property when he leaves children and one-third when no child is left. The father gets one-sixth from the estate of his son if any child is left and entire residue after satisfying other sharer's claim in the absence of any child. From these explanation it is clear that Islamic or Muslim Law regarding a women's rights and position in the society were interpreted in such a way that it became more disadvantageous to women.

Hindu law, as the UNDP report notes, provides women to have property rights for life only. On their death, property reverts back to the male line. However, even these restricted rights are seldom attained. Again, even when the household as a whole has enough food, the intra-household distribution is worse than discriminatory.

In family matters such as marriage, divorce, guardianship for children, and rights of inheritance, most people are guided by religious laws, which discriminate quite clearly against women. Under the Islamic law of inheritance, for example, widows receive but a trifling portion of their husband's estate, most particularly if there are no children or "only" daughters. In the absence of a son as male heir, most of the estate passes to the male relatives of the deceased. This law gives women another strong motivation to bear many children.

2.5.2 Assets or income control

In Bangladesh incomes are also subject to significant gender-disparities. Although women's participation in the labour force has been increasing particularly in urban areas, wage rates for women are reported to be about half those of men. Low educational level, illiteracy, a feeble social and political awareness, and the duty to adhere to religious and cultural norms all act to keep women from taking part in public life. Women are economically vulnerable, they retire early and during reproductive years most women are employed in the informal sector where formal pensions are non existent. Gender biased property and an inheritance right weakens women's economic position, as a result most women enter old age in a much weaker economic position than men do. Gender relations heavily affect women's entitlement to goods and services also. Gender inequality in ownership of assets, employment history, and control over family history and assets. They are most often identified as gender related; discrimination reflected in the lack of access to credit and an inability to obtain education and poverty due to divorce, death of a spouse, and limited rights to property. They acquire or accumulate less wealth than men and it gets even worse when they lose a spouse. The longer life expectancy of women means special policies must be made for women. There is also a necessity to look into the health needs of the elderly women. It is widely acknowledged that such vulnerabilities greatly affect women's productivity and ability to generate the income upon which they and their entire families may depend for support. There are many parallels in the demographics, of the contributions and the economic vulnerabilities of women and elder women. It is when they become old that the consequences of gender roles (men as breadwinners and women as

housekeepers) are explicitly revealed. Generally, while women are engaged in non-paid household work, they have to manage the household economy because the husband's income is directly entrusted to the wife's control. There is no clear distinction between the husband's and the wife's share. However, when the husband is retired and starts to live on his pension benefits, or when the husband dies, the wife is forced to realise all the disadvantages of having been a non-paid housekeeper. Elderly women constitute more than one-half of the world's older population and they make major contributions in paid and unpaid work within the family and community. They are economically at risk with respect to income and property ownership. Additionally, as younger women become older women, they become vulnerable not only because of their gender, but also because of their age. Even they are not encouraged to participate the credit programme because of ill health and loss of memories. In Bangladesh, most of the credit recipients are women. The age of the borrowers ranged from 15-50, but most of them (90 percent) are within the age group of 20-40, which indicates that the borrowers are comparatively young and capable to invest their labour physically and elderly are not encouraged to participate the micro-credit system because of old age memory loss and physical unfitness. Older women are less educated and have fewer applicable skills for formal-sector employment than do men, household labour becomes their main and sometimes only asset (Sennot-Miller 1989).

2.5.3 Differential in health condition

Health is a critical major factors for the elderly persons not only in terms of raising their physical well being but also because disability, morbidity and nutritional inadequacy reduce their income earning capacity which make them relatively more vulnerable in any related emergency. All over the world, the general opinion is that the elderly persons are most likely to have health problems. They are more fragile because of having short of hearing and seeing, poor in thinking and memory and dependent.

In the developing countries like Bangladesh, the health needs of the lower and middle-income segments of the elderly remain largely unmet or partly met. The elderly have to depend on their limited savings or on the support of their children. The bulk of this

population is not covered by medical insurance. Private medical care has expanded but is beyond the means of most, especially when hospitalisation becomes necessary.

Poor health and physical decrement will limit the productive capacity of women and men (especially women) everywhere, but the consequences will be especially serious in developing countries where much of the available work requires considerable persistence and physical strength. Even if life expectancy has resulted in compression in morbidity, the growth of the very old people everywhere will increase the number of functionally limited, whose potential for contributing to development will be restricted. Meegama (1982) stated that the developed countries reflect distinct sex differential in old age with women surviving longer than men. In terms of sex differentials the developing countries remain quite diverse, according to him. In India for example, there are more males than females reflecting the cumulative effects of higher female childhood mortality. As a result, a large percentage of the elderly women are widowed as compared to the elderly men in the corresponding age groups. It has also been found that lack of health is not exclusive to old age and it makes in vulnerable condition especially for women.

2.6 Previous studies on ageing in Bangladesh

Literature on the issues and problems of elderly persons in Bangladesh has not yet emerged well. However, there has been a good beginning in the meantime here through the works of some social scientists and Bangladesh Association for the Aged and Institute of Geriatric Medicine respectively.

Findings from a micro-level survey (M. Kabir & M.A. Salam, 1992) indicate that the elderly in Bangladesh are not good shape. Their adult children have so far mainly supported them. But due to deteriorating economic conditions, this support could not be expected to continue on a long-term basis. Another major problem is the rural urban migration of the adult members of the family, which affects the care of the elderly more. This is creating problems because the elderly for they are left behind in rural areas uncared for. Based on the findings, the researcher argues for the overall welfare of the senior

citizens. These will show the effect of urbanisation, modernisation and participation of women in economic activity outside home on the care of the senior citizens in Bangladesh. It will expose a situation where they will not be able to keep their age old high status in the society.

There is a separate small scale study in some rural areas of Bangladesh, which also indicates a depressing situation so far the health and economic conditions of elderly people are concerned. It recommends that a national policy should be formulated to set up health care units for the elderly persons in a general hospital through out the country. They further recommend that there should be a programme of free medical care especially for the elderly persons, which needs to be gradually introduced in the hospitals.

Bangladesh has conducted a comprehensive study in 1988 by the Association for the Aged and the Institute of Geriatric Medicine. The study on the aged people in urban and rural areas collected data on the health and other socio-economic problems. The results in brief show that most of the aged people in Bangladesh still live in joint families and as such they do not usually face the grim prospect of loneliness except for those who have lost their spouses and have no other close relatives to look after them and give them company.

It is clear from these studies that ill health seems to be the major problems of elderly persons in Bangladesh. The most common ailment is stomach-ache and diarrhoea followed by asthma, peptic ulcer, blood pressure, diabetes, cardiac problems, dental and eye problems and so on. Blood pressure, diabetes and cardiac disease are more common diseases for the elderly persons in the city whereas rural people suffer from pain, rheumatism, anaemia, asthma, cough and cold. Failing eyesight is a common feature in general and a great majority of the elderly suffers from insomnia. About 77 per cent of the elderly people reported financial hardship and difficulty in meeting the basic needs of life, the greater proportion of them being in rural areas. The survey further shows that the aged people of Bangladesh suffer from tension and anxiety for a variety of socio-psychological

causes. Of these, the major ones are the death of the spouse and the presence in the family of an unmarried daughter of marriageable age. Other features that figured well are the new values and norms of life.

2.8 Conclusion

As mortality decline has been the important factor in triggering the increase in expectation of life. This implies that the young and the elderly will be able to survive longer and consequently the proportion of the elderly will increase. As the number of elderly rises in the population, whether or not it increase the burden on the working age population in the developing countries is a debatable question. It basically depends on the rise in productivity and in part on the contribution of the young and the old to the economy. It is good to think that the old are in a better position to continue contributing to the economy through delayed retirement and paying for part of the cost of maintaining themselves by using their accumulated assets. Decline in the share of the young would also reduce the demand for educational facilities and other social overhead capital catering for the young. This would allow more investment funds to be available for the growing labour force. That in turn would raise labour productivity on the condition that the growth of investment funds is larger than that of the labour force. In brief, part of the answer to an ageing population is to focus attention on the production side of the economy. All available information reveals that that there are some common denominators serving as an index across the lives of total populations everywhere around the world. While the health and social status for elderly persons remain unanswered in developing countries. Some of these relate to psychosocial as well as the biological aspects of ageing. From above situation, it becomes clear that population ageing is a genuine developmental concern. It would certainly be inappropriate to transfer, wholesale models of care that are currently in vague in the developed world.

Chapter 3: Ageing in Bangladesh

This chapter will highlight the general dimension of population ageing in Bangladesh. Here I will try to illustrate conditions of elderly people in Bangladesh as well as their main basic problems.

3.1 General overview

In Bangladesh, the ageing process has set viewing the two processes - *reduction in fertility level and reduction in mortality level.* Due to youthfulness of the population in Bangladesh it is suggested that ageing has not been viewed as a serious issue yet. The country will experience a steep rise in the size of its elderly population in the coming decades although the proportion of the aged in Bangladesh is small. The family is understood to be a unit where stable mating relationship and responsible procreation prevail. The report of 1991 census in Bangladesh shows an overall average household size is 5.31 in the country. There is no variation in such sizes between the urban and the rural areas. It has been traditional for older parents to live with one or more married children in extended or joint households. In general, ninety per cent of elderly males are maintaining "heads of household" status by taking major decision whether they are working or not working. The role of the elderly in decision making depends on how much authority the elderly possesses on the member of the households and the family. In that situation, it can be assume that family is the chief institution of patriarchy. Elderly women heads of households are rare, they have this status only when they are widows and are living independently. But now a-days their numbers are growing because of the increasing life expectancy of women. At the same times they also have 'no grownup sons or no son at all' for rural urban migration. Women's economic power in the household is another reason. Hermalin (1995) found in a review of selected countries in Asia, that in the 1980s the proportion of elderly living with children ranged between 60 and 90 per cent.

With a large Islamic (87 %, BBS ' 95) community in Bangladesh, the elderly traditionally formed an integral part of the family unit. Three generations lived together

under the same roof. The aged held definite and high-ranking position. They were considered to be experts on social problems in the families and societies as well. From grandfather or grandmother, children receive the kind of education called learning through doing, a learning that is self-discovered, self-realised and self-appropriated. They used to sit in family council to settle disputes, officiated in marriage, birth and other ceremonies. They enjoyed the role of guardians of the extended family. In the majority of poor families the elderly carry the main responsibility to children. But even this traditional support base is becoming shaky due to changes in the social structure and the deterioration of economic condition, rural poverty and in the relative status of the elderly. With modernisation and increasing proportion of urbanisation, the old people are slowly being exposed to hazards.

3.2 Aged People

In Bangladesh, the aged often includes those who have retired from the government services (the retirement age is 57 years). At present, the size of elderly population (aged 60+ years) is more than 7.03 millions (about 5.9%) in Bangladesh. The country contains 1.09 percent of total world elderly population and 2.15 percent of total elderly in Asia in the years 1995. After a period of 25 years that means in 2020 the percentage of elderly population of this country will be 1.38 percent of world's elderly and 2.41 percent of Asian's elderly population. According to the 1991 census in Bangladesh, the number of male elderly belonging to the age groups of 60-64 and 70+ are always larger than the number of female elderly of the same age groups in both rural and urban areas. According to UN estimates and projection (medium variant) proportion of elderly people has been 4.54 percent in 1995 and it will be 6.44 percent in the years 2020 and increment of only 1.9 percent in 25 years. But in terms of absolute number the increment of the elderly population will be 0.864 million during 1995-2000 and 7.299 million during 2000-2020 in 20 years (UN, 1992). The growth rate of elderly population is less than that of overall population and the urban growth rates is higher than the rural growth rate (Abedin, 1996). Bangladesh Bureau of Statistics estimates elderly population to be 6.93 million in 2001 and it is 5.41 percent of total population (BBS, 1994). This number will reach more in 2020. But in terms of absolute number the increment seems to be amazing.

Table 3.1 Age-sex distribution of Population in Bangladesh, 1991 (in 000)

Age-group	Male	Female	Total
0-4	8837	8656	17493
5-9	9065	8525	17590
10-14	6902	6012	12915
15-19	4546	4387	8933
20-24	4093	4724	8817
25-29	4324	4730	9054
30-34	3367	3226	6593
35-39	3269	2717	5986
40-44	2454	2159	4613
45-49	1938	1625	3562
50-54	1636	1470	3106
55-59	1089	861	1950
60-64	1226	1044	2270
65-69	632	461	1093
70+	1350	990	2340
Total	54728	51587	106315

Source: Bangladesh Bureau of Statistics (BBS), 1994 (analytical report vol.1; Pp 79)

The data presents from table 3.2 that a few ageing indicators and their trends over a 40 years period. Ageing index in this table indicates that burden of the elderly population on 100 youngsters has not changed much with the passage of time. It varies within 10 – 12 elderly persons per 100 young population. The index of aged population has also shown slight variation over time. There were about 8 elderly persons per 100 working age population in 1951, which has increased to about 12 persons in 1991 (Abedin, 1996). The sex imbalance is surprisingly high in favour of males in all census years. This could be associated with better mortality condition of male elderly than the female elderly could and or undernumeration of the elderly women. This phenomenon needs proper investigation.

Although the proportion of Bangladesh's elderly population is small compared with many developed and developing countries, because of the large size of the population, the elderly population is very large in absolute numbers. During 1981-1991 the country possesses an annual growth rate of 2.01 per cent and annual growth rate of the elderly population is 1.39 per cent. From the foregoing analysis it appears that

currently population in the country ageing is not yet a vital issue if percentage of the aged population is considered but in terms of size it is obviously a matter of great concern.

Table 3. 2 Age Composition and Ageing Indicators of Bangladesh Population

Census Year	Population (in 000's) in the age group			Percentage			Ageing Index	Index of aged population	Sex ratio aged population
	0-4	15-59	60+	0-14	15-59	60+			
1951	17650	22425	1857	42.1	53.4	4.5	10.5	8.3	122.7
1961	23440	24747	2653	46.1	48.7	5.2	11.3	10.7	123.0
1974	34373	33048	4057	48.1	46.2	5.7	11.8	12.3	130.0
1981	40601	465119	4905	46.1	53.4	5.5	12.1	10.5	127.5
1991	47998	52614	5703	45.1	49.5	5.4	11.9	10.8	128.5

Source: BBS, 1993: 43, BBS 1994: 25

3.3 Demographic structure and trends

In demographic terms, until now Bangladesh is experiencing a "young" population. Until 1951, ageing of population was not a problem for the country. Since then, the unprecedented fall in mortality and gradual fall in birth rate has contributed to the process of population ageing in the country. All available information reveals that irrespective of limiting conditions the population of Bangladesh is increasing and given other controls, the age structure is bound to change. Until the year 1951 the sequence of high birth rates followed by high death rates kept the proportion of population aged 60 years and above at a low level. Since 1961, a steep fall in death rates accompanied by an increase in life expectancy has resulted on the process of ageing in the country. The population of Bangladesh has grown from about 31.5 million in 1911 to 106.3 million in 1991. Since 1951, the population growth is mainly due to high birth rate and declining mortality. Government has recognised the high population growth is a constraint to economic development and has introduced a comprehensive population policy programme in the country. As a result of the rapid expansion of family planning services, the crude birth rate (CBR) fell from 53.2 per thousand people in 1911 to 31.6 per thousand in 1991. The

11 per thousand in 1991 (BBS, 1994). The infant mortality has also declined considerably during the same period from 205 per thousand live births in 1911 to about 91 per thousand birth in 1991 (Kabir, 1994). In the recent years steady decline in birth rate accelerated the ageing process. The proportion of elderly population in Bangladesh was 6.1 in 1995. It is likely to reach 7.9 percent in 2000 and 9.1 per cent in 2010. Although elderly population of age 60 and above constituted about 6.1 per cent of the total population of Bangladesh in 1995, in terms of absolute number elderly persons was 7.37 million in 1995. This huge number will reach at 13.3 million in 2020.

3.3.1 Dependency ratio

Dependency ratio is one of the most important ways by which a society affected by age structure has to do with economic activities. It becomes an essential part now a-days to know how many economically active workers there are compared to non-economic unemployed. In recent years, mean age of marriage has increases. This causes age difference between husband and wife at time of first marriage. This suggested that when they will be old age then their children would still be young and dependent upon them for support. Usually dependency ratio is defined by the number of persons of age 60 or 65 years and above per 100 persons of working age 15 to 59 or 64. According to Abedin, the overall dependency ratio of elderly population of the country is 10.8 per 1000 working age population. In urban areas such dependency burden is only 7.8 while in rural it is 11.7 per 1000 working age population (Ibid. 1996). In the year 1911, the dependency ratio in the country was 0.82; that means there were slightly less than 9 persons over age 60 for ten thousand persons between the age group 15-59 (Sattar 1981; Kabir 1994).

Table 3.3 provides information on dependency ratios and ageing index for the period 1961-2010. The ageing index has been defined as the proportion of population aged 60 years and above to the population aged 0-14 years. This index is intended to measure the structure of dependency. The elderly dependency ratio has been defined as the number of persons 60 years and above per 1000 population in the working age 15-59 years. From the

Table 3.3 Projected Trends of Dependency Ratio in Bangladesh, 1961-2010

Age groups	1961	1974	1981	1991	1995	2000	2010
			Population in '000'				
0-4	25461	36738	41914	50529	49570	46398	47135
15-59	26880	35324	42886	54881	62860	72893	85926
60+	2882	4336	5112	6045	7300	9952	13321
Total	55223	76398	89912	111455	119730	129243	146382
			Intercensal Growth Rate (%)				
0-4	3.17	2.81	1.88	1.87	0.50	-1.32	0.16
15-59	1.31	2.08	2.77	2.46	2.44	2.96	1.64
60+	3.86	3.15	2.35	1.67	6.38	6.2	2.92
Total	2.25	2.48	2.32	2.15	1.87	1.53	1.25
			Sex-Ratio				
0-4	105.9	104.9	105.6	107.4	104.0	104.3	105.3
15-59	105.5	108.2	105.0	103.1	101.5	101.8	0.99
60+	122.9	129.9	122.1	129.1	129.0	115.3	114.7
Total	107.6	107.7	106.1	150.9	105.2	103.7	102.7
			Percent of total Population				
0-4	46.1	48.1	46.6	45.2	41.4	35.9	32.2
15-59	48.7	46.2	47.7	49.4	52.5	56.4	58.7
60+	5.2	5.7	5.7	5.4	6.1	7.7	9.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
			Dependency Ratio				
Total [0-14+ (60+)15-59	1.05	1.16	1.10	1.03	0.90	0.77	0.70
Young = 0-14/15-59	0.95	1.04	0.98	0.92	0.79	0.64	0.55
Elderly = 60+/15-59	0.11	0.12	0.12	0.11	0.12	0.14	0.16
Ageing index = 60+/0-14	0.11	0.12	0.12	0.12	0.15	.021	0.28

Note: *1. Population of 1961,1974,1981, and 1991 are adjusted census population.*
2. Population of 2000 and 2010 are the projected population.

Source: Population and Development Issues in Bangladesh; 1997(Pp.93). Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.

table it is evident that decline in fertility has reduced the total dependency ratio from 1.10 in 1981 to 0.90 in 1995. It is likely to reduce to 0.77 in 2000 and 0.70 in 2010. Although

the elderly persons in the age group 60 and above and dependency ratios are on the increase the overall dependency ratio will decrease during the period. The number of persons 60 years and above over the population under 15 years of age per 1000 persons (ageing index) was nearly 0.12 in 1981. The number increased to 0.15 in 1995. The ageing index is expected to increase to 0.28 in 2010 indicating that there will be 28 elderly persons pre ten thousand of their children.

3.3.2 Differential life expectancies

Bangladesh has also experienced an improvement in the expectation of life because of falling mortality rate. The gap between male and female life expectancy is expected to widen in Bangladesh like other developing countries over the next few decades. In 1901 the average life expectancy was respectively about 24 years for both males and females. In 1970, people were expected to live 45 years and now they hope to live 58 years (1998); that means, during the last twenty-eight years, we could add only 13 years to our citizen's mean expected life. (For each 2.15 years, one year life bonus!). Although, if we compare with the figures in the developed countries, there will be no doubt that the proportion of elderly people in Bangladesh will be lower. But what creates concern to us is their absolute number; within 70 years (from 1911 to 1981) the elderly population of the country has gone from 1.38 to 4.90 million. By the year 2000, the projected aged population will be about 7.25 million (one out of every 17 persons will be aged 60 years or over) and by 2025, the absolute number of the aged population will be aged population will be 17.62 million (one out every 10 will be aged 60 or over), a number that is slightly which is more than half of the total population in 1911.

The increase in longevity of the population means that the proportion of elderly people will increase and more elderly population will survive in the coming years. According to Kabir (1994), the reason for the rise in life expectancy is that those who used to die are not dying, and the greatest class of those who were dying yesterday are not dying today because of persistent improvement of medical technology and health facilities.

Table 3.3 Trends In Life Expectancy At Birth, By Sex: Bangladesh, 1901-1998

Year	Life expectancy at birth		
	Male	Female	Both
1901	23.6	23.9	23.7
1911	22.6	23.3	22.9
1921	19.4	20.9	20.1
1931	26.9	26.6	26.7
1941	32.1	31.4	31.8
1962-1963	49.2	46.9	48.1
1974	45.8	46.6	46.2
1980	57.0	57.1	56.9
1990	56.4	55.4	55.4
1998*	58.0	58.0	58.0

Sources: Bangladesh Bureau of Statistics, *1991 Statistical Yearbook of Bangladesh* (Dhaka), pp.70.
* ESCAP Population Data Sheet, 1998.

The increase of life expectancy also contributed to the gradual rise in the numbers of aged people in Bangladesh. Because of increasing the mean age at marriage, there will be large proportion of widows than widowers in the ageing population in the country. This would increases several problems among the elderly women such as loneliness and socially insecure. These large proportions of elderly women will feel the impact of old age as their health and strength diminish and this will seriously affect their income and consequently their livelihood. Near future as the life expectancy of elderly women (at present life expectancy of elderly men and are same) will increase, there will be an unanswered question what will be their condition because in practical there is no plan and programme for them in Bangladesh. However, as they increase, greater economic strain will occur. With already high unemployment, inadequate housing and strapped medical and social services, elderly women both rural and urban - in varying parts of the world will find themselves increasingly neglected (Rix, 1991). The implications are that appropriate programmes have to be formulated and implemented to integrate them into the society and in the development strategy of the government.

3.4 Marital Status

The Marital status distribution of elderly persons indicates that in the 55-59 and 60+ years age group about 98 per cent and 95.1 per cent of total elder males and 64.3 per cent and 42.9 per cent of the same age group total elderly females are still in marital union.

Table 3.4 Percentage distribution of elderly population by marital status ages and sex

Age	Percentage by Marital Status					
Group	Male			Female		
	Never Married	Married	Widowed, Divorced and / Separated	Never Married	Married	Widowed, Divorced and / Separated
55-59	0.4	98.0	1.6	0.4	64.3	35.2
60+	0.6	95.1	4.3	0.8	42.9	56.3

Source: 1991 census p85.

The data in the table further indicate that the percentage of widowed, divorced and separated elderly males are less than the elderly widowed, divorced and separated women. It means remarriage of widowed, divorced and separated is lower among women than men. This is due to the cultural taboos inhibiting male widowed, divorced and separated remarriage or because the males tends to remarry with younger women. This contributes to keep the proportion of widowed or divorced among the elderly women to be high. Larger percent of elderly men are in the married category in the table indicates may be due remarriage of the male aged population. On the otherhand increasing number of elderly widowed means the declining of mortality rates and increasing of life expectancy of elderly women in the country.

3.5 Ageing, work and income status

Retirement age varies for persons employed in different government, non-government organisations, and autonomous and private organisations in Bangladesh. There is no universally accepted specification of the span of years embraced by old age

although formal retirement from service is often taken as constituting its initial limit (Kabir, 1987). At government service it is 57. This is mainly due to pressure for the employment of younger persons. Hence the life of ageing persons after active employment would very much depend upon their personal resources such as incomes from past employment, personal assets, etc. In private or autonomous bodies retirement age is 60, but in universities and some other organisations it is up to age 65. Usually elderly are deprived of scheduled occupation and they are obliged to retire. Many older people in developing countries a self-employed. According to 1991 census about 6 per cent population is 60 years and above, out of which about 85 per cent live in rural areas. They are primarily involved in agricultural production, which is belonging to self-employed, and do not belong to any regular income or labour force. The self-employed persons work up to the time their health permits them to work. For them there is no fixed cut off point for retirement and there is no support schemes for the poor self-employed elderly families. The government does not provide any old age invalidity and unemployment pensions for daily labourers, self-employed irregularly by private entrepreneurs.

In a developing country like Bangladesh many people aged 60 years and over work hard to earn their livelihood and many children under 15 years do various types of works to support themselves and their family. Many persons in the country live below the poverty line and have a hand-to-mouth existence with little capacity to save for old age. For them employment is necessity even at the fag end of life. The employment may be yielding next to nothing. Labour force participation of the elderly population indicates that nearly 80 per cent of all aged population are still working. 80.6 per cent of rural elderly people and 75.5 per cent of the urban elderly population are still in the labour force. Marked difference in labour force participation between the male and the female elderly in rural and urban are not noticed. It is worthwhile to mention here that elderly constitutes 4.3 per cent of total labour force in the country of which 6.4 per cent males and 3.4 per cent female. 5.3 per cent of elderly labour force are from rural areas and 3.3 per cent from urban area. Sex differential as well as residential differential is also noticed in the labour force participation of the elderly in the country as al whole. Analysis of labour force

participant among older persons is important, because it gives the idea of poor social security arrangements among older persons. Inadequate income not only diminishes the quality of life older people; it also hinders them in fulfilling social and material obligations towards their children and others (Finch 1989). This was a common significant problem for several respondents who felt unable adequately to discourage their obligations towards their families. Due of data limitation, the economic activity of the elderly is determined in this study by means of employment status level of activity, type of occupation and work status.

Table 3.5 Labour force Participation of the Elderly Population by Sex: 1991 census

Locality	Percentage of Elderly					
	In total population			Among the aged		
	Male	Female	Both sex	Male	Female	Both sex
Rural	5.4	3.6	5.3	87.3	72.1	80.6
Urban	3.8	2.7	3.3	82.5	66.1	75.5
Bangladesh	6.4	3.4	4.3	86.5	71.1	79.8

Source: BBS, 1994

Economically, the elderly persons are probably among the poorest in the population in Bangladesh. Income of the elderly persons goes down when they retire. Most of them are not receiving any retirement pension; the only way to maintain a living is to rely on their own savings or the support of their children. Traditionally in culture it was expected that sons would take more care of their parents than their daughters would do. It is still embedded in the cultural norm and believed that the sons are old age security in Bangladesh. A study conducted by Martin in 1988, found that though sons are the source of old age security of the elderly people, but there is some evidence of increasing in the individualism and materialism which could conflict with traditional values. This is supported from the information collected in this regard.

3.5 Overall health status

Health is a major concern of elderly persons as many of them have to cope with failing health and associated problems some of that may be chronic, of a multiple nature and require constant attention. In almost all over the countries in Asia the general opinion is that the elderly are most likely to have health problem. Among them, there are certain diseases that have higher prevalence rates. As a matter of fact, there are not sufficient data to reach conclusions about whether people in Bangladesh are indeed enjoying better health in old age. There are lacks of methods to measure the prevalence of good or compromised health. A promising approach to measure health by considering loss of independence in daily activities of life has been regarded to achieve life expectancy. More over increased awareness in public health confounds results of trend analysis. Low income and education have been found to be highly correlated to poor health.

A report, which covers 36 Least Developed Countries (LDC)[3], also points out the dangers inherent in widespread food deficiencies, bad sanitary conditions and lack of primary health care. Only 31% of people in LCD's are reached by clean water, compared with close to 100% in most developed countries. Inadequate sewerage systems are aggravated by overpopulation. According to World Development Report (1985), in 1980s the population per physician in Bangladeshis were about 7,810 and population per nursing person were about 22,570. If we compare it with Bangladesh Bureau of Statistics report (1997), and then we will find that there are 3307 persons per hospital bed; 4915 persons per physician and 8876 persons per nurse for 111.4 million populations. After seventeen years these are not remarkable change though Bangladesh has a system based on Thana Health Centres for the rural people. For the elderly persons, I believe it will be a very little chance to get the medical facilities if we consider the above mentioned statistics. This is another reason why the proportion of elderly women in Bangladesh is smaller. Their growth is not enough though the improvement in health technology has enabled more people to live longer.

[3] UNCTAD 1985

3.6 Conclusion

In broad outline, the materials covered in this part have shown that the proportion of the aged in Bangladesh will be increasing in the coming years. As time passes by their problems will hence assume added importance in its impact on society. It is true that Bangladesh have many years before the problems of ageing reach the dimensions that the developed countries are facing at present. But now is the right time to start thinking about the question of ageing. It was found that the country usually have very limited social security coverage upon retirement. The elderly needs security in all their ways of remaining life. As it is mentioned earlier, literature on the aged people in Bangladesh has not yet emerged well. Findings from various micro-level surveys indicate that the elderly in Bangladesh are not in good shape. Their adult children, especially sons, have so far supported most of them. Due to deteriorating economic conditions and rural-urban migration of the adult members of the family, it creates problems for the elderly. For this they are left behind in the rural areas uncared for and lonely. In the wake of urbanisation, modernisation and women participation in the economic activity outside home the elderly of Bangladesh are being exposed to a situation where they will not be able to keep their age old high status in the society.

Chapter 4. Ageing and livelihood:

4.1 Introduction

While I look at the position of elderly persons in Bangladesh from a global perspective, I found there are many problems in their livelihood. Thus, I started by thinking about the root causes of these, especially why women became the more vulnerable group among the elderly people. So, keeping this question in my mind, I tried to figure out the problems, through empirical study. The following informations are my main findings to support my argument.

4.2 Ageing in family and societal aspects

Bangladeshi social organisation is characterised by a bilateral kinship system where family and household constitutes the units of society, which are of vital importance in many aspects of livelihood. In the family, the elderly remained always part of a stable community unit ordered by blood ties. For the elderly, under traditional norms children are expected to support and care the elderly parents. Children are said to incur a debt of gratitude to their parents, and recognition of this underlines traditional systems of support for the elderly. The expectation or hopes those children will provide significant support in old age.

By traditionally, the aged formed an integral part of the family unit in Bangladesh. Three generations lived together under the same roof. The aged held definite and high-ranking positions. They were men or women of wisdom whose opinion and advice seriously mattered. They were occupied position of prestige, privileges and power, also considered to be experts on social problems, folklore and tradition. They used to sit in family council to settle disputes, officiated in marriage, birth and other ceremonies. The family has typically as an institution, provide cause for concern in the country. Approximately 91 per cent elderly persons lives either with or adjacent to a mature son. Until now, the main sources of support for the elderly are the family in Bangladesh. But

the support from the family may not be available for all because of poverty. Most of people in this country are living below the poverty level. Most of them had no savings during their lifetime. The whole earning were spent on their children for the hope that during their old age the children will remain the main source of support not only now but also in the foreseeable future for Bangladesh. Many people aged 60 years' work hard to earn their livelihood and many children under age 15 years do various types of works to support themselves and their family. At present in the countryside, the family is still the most reliable support for the elderly persons. There are about 80% of the elderly people live with their children or family members. The majority of the elderly continue to work because they have no retirement pensions. By comparison, urban people who works can usually enjoy their retirement pensions provided by the enterprises for which they worked. In practical matters and broadly speaking, the family is still the mainstay of daily life for the elderly both in the cities and in countryside as well. In the livelihood strategies for elderly persons, support comes from either blood relatives through marriage. Living arrangement of the elderly persons are very simple, they live with their children and grandchildren.

But today, things are changing with the changing pattern of living. It was believed that with age people acquired knowledge and experience and with their variegated life experiences would help the younger generation in a number of ways. With modernisation and increasing proportion of urbanisation, the old people are slowly being exposed to hazards. The traditional and extended family system, where a patriarchal organisation of parents, unmarried children, married sons and their families, and occasionally brothers and their families who lived together under the authority of extended family until recently are under threat.[4] This is not because families no longer care but the result of social changes which include urbanisation, geographical spread, the breakdown of extended family and the trends nuclear families and the participation of women in the workforce.

[4] R.A. Ward 1979, p293.

Choudhury (1982) also stated that in the cultural context of Bangladesh the pressures of increasing population, of nuclearization and of poverty have presented a situation whereby many accepted socio-economic relations between older people and their offspring have been seriously undermined. However, the alteration of society has placed this family tradition old age support model under attack from all sides and the old age support function of the family is weakening. The quality of life and satisfaction in life is not only relative but also elusive depending on pattern of living in a style within or beyond means. Ageing is not just an individual problem but a family as well as that of the society in livelihood. Because of wide spear poverty, rural urban migration and economic situation the persons who starts the family would move out to head his own household. For this family structure has gradually changed to a nuclear family form (nuclear family has increased from 40 percent in 1981 to 62 percent in 1994[5]). This indicates that the larger proportion of elderly persons shall have to depend on society or state. As a result, many elderly people or parents are left behind.

4.3 The plight of elderly women

Women constitute almost half of the Bangladesh population. Women in Bangladesh are lesser human beings. Discrimination begins at birth. There is a saying for the women in our country that *"at first women is to be dependent on her father in childhood, then on her husband in youth and finally on her sons in old age"*. These are the real scenarios for the elderly women in the developing country like Bangladesh. Elderly women are a group in society who is discriminated against simply for being. Their lives are overshadowed by their lifelong position in society and by a stereotype depicting vulnerability, illness and dependency. Women arrive at old age with an accumulation of environmental deficits and insult. The current cohort of elderly women is more likely to be illiterate; to have less education or training, to have very or no social security in their own right and to be more economically dependent or forced to eke out a subsistence living in trading, childminding, and to endure more chronic disease and disability than younger

[5] Ministry of Health and Family Welfare; 1997, p108.

women or their male counterparts. They are the most vulnerable persons in the family as well as society.

The gender gap in health status persists and maternal mortality is unacceptably high. Women do even worse in terms of life expectancy. **In Bangladesh it is women who live the shortest lives.** Household assets and means of production are under the control of men even if women formally own them. Micro-credit for women have, no doubt, opened up new opportunities for self-employment by them. But the jury is still out as to whether in some cases, women borrowers are just conduits for the borrowed capital to be used by male members of the household. The results of all these discriminations are most acute for female-headed and female-managed households. They are perhaps the poorest in the country. A most pressing issue is the lack of security for women. The specific cause of women malnutrition in Bangladesh is related to food habit, social customs and taboos about women's eating practice (R. Begum quoted by Ahmed et al., 1985:137). They eat less than men, earn less than men and live less than men. *They eat last and least and deprived themselves of the more expensive or nutritious foods.*

Women in Bangladesh are commonly depicted as subjugated and subordinated in a partriarchally-dominated society. This perceived notion of women's subordination is enhanced by the traditional views of female roles in the family and society. The system of patriarch in Bangladesh is commonly identified by patrilineal decent and patrilocal residence (the practice of women living with their husband's kin after marriage). After marriage, a woman is effectively cut off from the potential support of her kin. Descent in Bangladesh is mainly traced along patrilineal lines. This patrilineal descent system has direct relevance to the place of women in society. Son preference in Bangladesh is attribute to this special preference ascribed to son by the society. Son is seen as the successor of the father and supporter of parents at old age. Women are to deliver their responsibility to their in-laws. Their parents are a secondary position in order of preference attached by the social system. The World Fertility Survey of 1983 studied forty developing countries and found hat the countries with the strongest preference for a son

were Bangladesh, Jordan, Korea, Nepal, Pakistan and Syria. That is why the status of women is enhanced by the birth of a male child and failure to bear a male child causes to many negative implications. That is why a boy is treated as the perpetuator of the patriline. In contrast a girl has no role to play in this respect. There exists a common saying in Bangladeshi culture that *"educating your daughter is like watering another man's field"*. So from this information it is clear that since childhood women are treated differently from men and lower female literacy rate. It also affects in their later life that makes them much vulnerable then man in general. It reflects more negative implication during old age as a result they are more helpless than men in all respect.

4.4 Vulnerability of widows and elderly women

The situation of widows in Bangladesh is frequently tenuous because of traditional attitudes and superstitions about widowhood. They are likely to be still worse off, particularly in cultures that assign the leading role to the man to remarry. According to custom, property has been passed onto male heirs exclusively. Even though the law now confers equal property and inheritance rights on women. The traditional attitudes toward women's role in the family still persist. Obviously, without the economic independence derived from access to the deceased husband's property or assets, the widow is most often at the mercy of her children and other family members. Cain (1991) reports that in Bangladesh, women's influence and power in the household is principally derived from their relationship with either husband or son. When a woman is widowed her primary source of power is gone, and her remaining power will depend largely on her influence over her son. The problems of widows will assume particular importance when as a result of greater constitute the majority of the elderly female population. Owing to the age differences between age men and women when they are married and also to excess male mortality, this problem chiefly affect woman. To the extent that women have had no professional activity of their own. Their widow's pension (only for few spouses) is be very small and low, which can create very heavy burden for the family.

The outlook for the lives of elderly widow women is still grim. Widows usually undergo social, psychological, cultural and economic deprivation. Many previous studies have shown that following the death of the family breadwinner, the spouse losses her status in society, leading to increased dependency on others for her livelihood. Most of them are unprepared for widowhood, and are therefore unable to gain access to social security. Widowhood tends to be a threat to the sand economic stability of elderly women. More than half of the elderly women are widowed divorced or single. In all these respects elderly women are more disadvantaged than elderly men are.

4.5 Conclusion

It is clear from above discussion that the plight of women in Bangladesh is lower all aspects of social and economical life. Women marry at younger ages and they are on average 8 to 10 years junior to their husbands which causes to be widowed in their late life. Even men are at liberty to divorce their wives at simple pretext but women can hardly exercise this right. Inheritance law still discriminates women against men. It is fact that the elderly women are now living longer than that in the past. In the last few decades there have been major shifts in the mortality and morbidity factors, which have profoundly influenced the attitudes towards living longer. The discrimination, poverty, health limitations, without any social support and social problem faced by the elderly women makes more vulnerable in their livelihood. While they grew aged the situation become worsen without any assets and inheriting property. It makes them more economically dependent in late life. The elderly widowed elderly have become victims of insecurity due to the changes of ages, breaking of family life in the so-called modern society, urbanisation and industrialisation. Such anxiety and problematic situation at the end of their life could not be welcomed by anyone.

Chapter 5. Empirical evidences

5.1 Introduction

Most of the information presented in earlier chapters was obtained from the *Census*, *Statistical Yearbook* and some published documents on the elderly of Bangladesh. However, this aggregate information does not sufficiently reveal the economic and social implications of populations ageing. These elements are described in this chapter using the results of a survey that focused on the activities of elderly as a complement to the analysis of livelihood. The survey area was in one part of rural Bangladesh. The data have been gathered by a Bangladesh NGO, *Elderly Initiative for Development (EID)* in collaboration with the Faculty of Statistics, University of Dhaka. These data are used in the present research (a) to analyse the elderly situation in Bangladesh, (b) to raise major policy issues, especially those concerning health support, care of the elderly for day-to-day living, income support and possible employment generation, and (c) to provide certain recommendations for planners and policy makers and possible areas for future research.

5.2 Case study: Results and discussion

The total sample was 1863 elderly persons from fourteen villages in one Union. There are 41.9 per cent male and 58.1 per cent female the sample. In the 1991 census, the male/female ratio was 106 men for every 100 women in Bangladesh. According to current information on Ministry of Health and Family Planning in Bangladesh (Barkat & Howlader, 1997), the elderly sex ratio was were estimated 120.1 men for every 100 women in 1995. But in the *EID* and University of Dhaka study, the sex ratios of elderly persons is 72 men for every 100 women.

Table 5.2.1 Percentage distribution of the elderly persons by age and sex

Age of elderly	Male	Female	Total
55-59	11.9	14.4	13.4
60-64	21.4	36.1	30.0
65-69	37.7	38.8	38.3
70-74	20.0	7.2	12.6
75+	9.0	3.5	5.8
Percent	100	100	100
n	780	1088	1083

It is noted that female elderly women at age group 65-69 from table 5.2.1 are 38.8 percent, whereas at the age group 70-74 it suddenly dropped in 7.2 percent. Evidence shows that the elderly women had younger age profile than the elderly men (after age group 65-69). This sharp declining figure suggested that the respondent might miss calculation their age (most of the elderly women are illiterate). Usually by nature and culture women tends to suppress their age (no compulsory birth registration system in Bangladesh), which is another possibility. This kind of result is very unusual according to the previous discussion about increasing of female life expectancy. This finding is very interesting and needs further investigation. Another thing to notice in the sample survey that there are more elderly women compared elderly men respondent. According to the information of investigators it is noted that during the data collection period many elderly men were not present at home most due to work outside.

Table 5.2.2 Percentage distribution of elderly persons by marital status

Marital status of elderly	Male	Female	Total
Married	99.4	74.3	84.8
Widower	.6	-	.3
Widow	-	25.6	14.9
Separated	-	.1	.1
Percent	100	100	100
n	780	1083	1863

Marital status is an important determinant of the quality life for the elderly population. From a psychological point of view, marital status influences the well being of individuals. Divorced and widowed elderly are more distresses and lonely in comparison to those living with their spouse. For women, who are completely dependent on men throughout their life, marital status during old age is very important. Similarly, older men badly depend on their wives for care and household needs. Table 5.2.2 shows marital statuses of elderly persons. Near about 85 (84.8) percent all elderly persons are married. Among them 99.4 elderly men and 74.3 elderly women are married. But it is not clear whether they live with spouse or children. About 25.6 per cent women are widowed. This result constitutes opposed in the table if we relate the widows to the total female respondents in the sample (780 men and 1083 women in the whole sample). Kabir (1994) also noted the same problem. In this respect it is suggested to need further survey. This result also support the earlier discussion that by tradition most of the elderly men remarries again after the death of their spouse and for that reason there is no widow men in this survey. But in general women remain as widowed after the death of husband because of cultural, social and psychological deprivation.

Table 5.2.3 Percent Distribution of elderly persons by family size in the household

Family Size of elderly	Male	Female	Total
1	.3	2.1	1.2
2	1.9	5.6	4.1
3	5.3	8.4	7.1
4	23.8	26.0	25.1
5	28.9	24.9	26.5
6	18.1	14.8	16.2
7	9.4	7.5	8.3
8	6.4	5.8	6.1
9	6.2	4.8	5.4
Percent	100	100	100
n	780	1083	1863

Table 5.2.3 displays distribution of the respondents (elderly) by family size. From this table it is noted that only 5.3 (1.2 percent with one family size and 4.1 per cent with two family size) per cent elderly men and women either lives alone or exclusively with spouses/children. Besides that more than 50 per cent (51.6) elderly persons are living in extended family. Most of the families are consists of more than five persons which indicates the average household size in Bangladesh is 5.31 as mentioned earlier (1991 census).

Table 5.2.4 Percentage distribution by the level of education (elderly persons)

Education or Elderly	Male	Female	Total
No schooling	69.0	89.7	81.0
Primary	16.3	7.8	11.4
Secondary	12.8	2.5	6.8
College and above	1.9	-	.8
Total	100.0	100.0	100.0
n	780	1083	1863

Education is an important component of the quality of life because it is partially determining the economic situation of elderly persons. It can also help them to use the available medical services much more efficiently. Such efficiency is very important for health and quality of life of this population sub-group. Table 5.2.4 shows that overall illiteracy rate was 81 per cent among the elderly persons. According to 1991 census report, the country's literacy rate was 24.82 (all ages) per cent. Thus it is noted that a higher illiteracy rate among the respondents in the sample. The noticeable feature in the table is low literacy rate (89.7 per cent) of female elderly persons; even they do not have any higher education. Years of neglected and gender discrimination has left very high illiteracy rates among today's elderly women in Bangladesh. The above evidence also reflects their vulnerable situation in the society, because women's level of education plays a critical role in determining whether she is likely to suffer from economic deprivation and dependency in later life.

Table 5.2.5 Percent distribution between occupations of the elderly persons

Occupation of Elderly	Male	Female	Total
Farming	80.0	.2	33.6
Non-farming	13.1	.1	5.5
Household	1.3	99.7	58.5
Others	5.6	-	2.4
Percent	100.0	100.0	100.0
n	780	1083	1863

Table 5.2.5 represents the occupation status of elderly persons. Here, most of the elderly men replied that are involved in farming occupation. That means 80 per cent people are surviving upon agricultural activities and for them there are no retirement at all. They work as long as their body permits. For them there are no retirement pension facilities or any other social security systems. Among the elderly women more than 99 per cent (99.7) are housewives without having any income earning (unpaid household workers). According to this information, it is clear (which I expressed in analytical part) they are fully dependent on husband and or son's earning for surviving.

Table 5.2.6 Percentage distribution of income for the elderly persons

Income of elderly	Male	Female	Total
Yes	72.6	.1	30.4
No	27.4	99.9	69.6
Percent	100.0	100.0	100.0
n	780	1083	1863

From table 5.2.6, it is clear to us that most of the elderly persons (69.6 %) of the study area do not have any income or earning either pension or some other sources. Most of the elderly women are not having any kinds of income. In general, women are more likely to be poorer in old age than men, for various reasons: involvement in home-making and child-bearing; interruption of careers because of family responsibilities; less investment in training and education; and labour force discrimination and lower-paying jobs. This is the real scenario in Bangladesh as well as many developing countries of the Asian region. It

shows that there is lack of social security system as well. Judging by the economic condition for the elderly, it can be conclude that majority of the aged have economic difficulties. This means, the majority may lack a steady income and are destitute or left abandoned in their old age. It is well-known fact that money makes life much more easy for elderly persons in that it enables them to buy services that allow them to live at home, despite infirmities (Vicente, Wiley and Carrington 1979). They are not able to lead a contented life up to a certain level without any social support.

Table 5.2.7 Percent Distribution of earning members in the elderly household

Earning Member	Male	Female	Total
None	1.4	9.3	6.0
1-2	93.7	87.7	90.2
3-4	3.8	2.7	3.2
5-6	.9	.3	.5
7	.1	-	.1
Percent	100	100	100
n	780	1083	1863

From table 5.2.7, it is evident that out of 1083 women, 9.3 percent women don't have any earning member or to support them. These women are more vulnerable among others. From this table it is noted that about 6 per cent elderly per sons do not have any earning member. It is very surprising then how could they survive. To get the correct information, there is a need for further investigation.

Table 5.2.8 Percentage distribution of health status of the elderly persons (both sex)

Health of elderly	male	female	Total
Good	48.5	30.1	37.7
Somewhat good	7.0	4.2	5.4
Not good	44.5	65.7	56.9
Total	100	100	100
n	775	1088	1863

In our survey there is one self-perceived question about the health of elderly persons. In the basis of that question, it is assumed that the correct evaluation of the health status will be the assessment of an elder's ability to lead a contented and fulfilling life. In the context of self-assessment an important question that emerges is how significant is one's own opinion of one's health. This optimistic approach cuts across some of the age-old myths and misconceptions associated with ageing, leading to a more positive view towards the health status of the elderly. Table 5.2.8 reveals elderly person self-assessment of their health status. Few rated their health to be "good". It is significant that only 37.7 per cent, comprising 48.5 per cent male and 30.1 per cent female were having good health. Near about 57 (56.9 %) per cent elderly don't have good health. Among them 65.7 per cent are women and 44.5 percent are men. According to this result it is evident that compared to elderly men more elderly women are suffering from bad health condition. The discrimination of intra-household food distribution makes them malnutrition from childhood. In general they eat last and left over which affects on health in their old age. It also reveals that the very old and extremely elderly women have fallen into ill or bad health or have chronic disease more in numbers.

Table 5.2.9 Health status of elderly persons according to age group and sex

	Health status of elderly men			Health status of elderly women		
Age group	Good	Somewhat good	Not good	Good	Somewhat good	Not good
55-59	15.7	21.8	6.3	19.6	53.3	9.6
60-64	28.2	40.0	11.2	51.1	28.9	29.7
65-69	40.4	23.6	37.0	28.4	13.3	45.1
70-74	11.7	14.5	29.8	0.6	2.2	10.5
75+	4.0	-	15.8	0.3	2.2	5.1
Percent	100.0	100.0	100.0	100.0	100.0	100.0
n	376	55	349	327	45	711

The data in the table 5.2.9 further show that more young (age 55-59) elderly less health problem compared to old (age group 70-74 & 75+) elderly persons in general. In particular, a greater proportion of women than men perceived their health status to be

"poor" or "not good". This information compared unfavourably with Midwinter's (1991) findings from a survey of 764 people of whom 250 were "Asian". In that study, 30 per cent perceived their health to be "very good" and 48 per cent "fairly good". Actually without more data it is difficult to offer explanations for the relative proportion of people with a positive self-assessment of health. There is need for a better understanding of what constitute proper nutrition for older people. Health status is highly correlated with socio-economic status of elderly persons. Economic security is a necessary and basic condition but not a sufficient one for the physical and mental health of a woman. Money can buy some instrumental supports, but it can not buy better health condition. In terms of their health, lower they live the more vulnerable they will be too degenerative diseases. The reasons for deteriorating health of elderly women is perhaps they have worked too had their adulthood making them very weak and feel older than their actual age.

Finding of Dr. T. A. Lambo as cited in Tout (1989) is of interest. He found that conditions such as typhoid, malaria trypanosomiasis, diseases transmitted by intestinal parasites and even malnutrition and anaemia can be responsible for acute and chronic brain syndrome in advancing age. This finding indicates that the condition of the aged can be improved considerably if proper health care is ensured. Senile decadence does not inevitably set in at old age to warrant the abandonment of the aged to their fate as has been the implicit policy option for many countries. A conscious effort at appropriate health care provisioning is certain to improve the lot of the aged.

Table 5.2.10 Percentage distribution of elderly persons expertise

Expertise of Elderly	Male	Female	Total
Yes	1.8	.8	1.2
No	98.2	99.2	98.8
Percent	100.0	100.0	100.0
n	780	1083	1863

There was a question to be asked to the elderly whether do they have any expertise that can makes them to be economically active during their old age life span. Table 5.2.10

shows that 98.8 per cent elderly persons do not have any expertise. Among them, 98.2 percent are male and 99.2 per cent are female elderly. It is really interesting, that among 1863 elderly only 23 persons have some kind of expertise for working in the future. The reason might be related to the ill health and poor educational status. For them special training and supports are needed.

5.3 Conclusion

From above figure and discussion our study confirms the disadvantageous position of elderly persons in general and of elderly women in particular. For a high proportion, their condition is characterised by poverty, inadequate health problem, more than usually limited entitlements, low levels of social status, education, expertise and problems of access to social benefits. According to study, it is evident that there is a special need for social security and support system as well as health care facilities for elderly persons. The results suggest that most of the elderly women are having health problem compared to elderly men. Discussion from the case study it has found those elderly women is more vulnerable situation than elderly men in every respect. However, the study has been able to identify the particularly disadvantageous situation of women especially in economically and physically. It have sought to place in the findings in the context of the broader literature on socially, economically and health and on ageing. In conclusion with a discussion of some key issues that have emerged from this study. Most of them don't have any financial support or earning (household and unpaid job) and physically unfit because of poverty. Poverty undoubtedly the main risk factor for old age and for the multigenerational household (Ramos 1992:332).

5.4 Policy Recommendation

The elderly people are the respected persons of a country. For them special policies are required. Their needs and demands are different from any other segment of the population. In viewing growing number of elderly in Bangladesh, the elderly persons

gradually emerge as a vulnerable group in society. There is special need to be carefully studies the problems and, needs and demands of this vulnerable group. For this purpose adequate data are required, so that in compliance with their problems and needs, proper policy and programmes can be formulated. The survey on overall socio-economic and family structure of the elderly will give an opportunity it investigate and understand the current situation of the elderly and its implications and help to suggest some policies and programmes for the well being of the elderly in the society.

Health is an important aspect of elderly people. Most of the elderly in Bangladesh are suffering bad or ill health. When elderly persons are sick, family members mainly attended them. This is partly due to the high cost of medical attention. It was found that more than 50 percent of the elderly persons were unable to obtain adequate health care because of the high cost. Hence, it will be necessary to provide financial concessions as well as special clinics to cater to the health needs of the aged persons. The need for health care which will help the elderly lives disability free lives, support them who are left behind in rural areas when younger family members move into cities to find work. Government should extend its health care services to the elderly, especially poor elderly women, through primary health centres or similar grass root agencies. The increased longevity of population means not only a growing number of healthy elderly, but also a growing number of unhealthy elderly. Care for the frail elderly will become a more acute problem near future. Especially changing family structure and increasing participation of married women in wage employment outside the home make obstacle care for the elderly persons. Near future there will be great debate that will take care for the elderly persons. Families and Government will face a great challenge in ensuring that the elderly of the future receive humane and loving care towards the end of their lives.

For the elderly persons who are still active and could work there should not be any provision for age limit. Compulsory retirement should be cancelled. Men and women should be allowed to retain their jobs for as long as they are able to give efficient outputs.

There should be special pension provision for vulnerable, widowed elderly women who have to earn their living through manual labour to go on working till they die if they have no one to support them. This is a major problem, which needs as much consideration as the equal pay for equal work for women.

Currently there are very little or no data, information or data about socio-economic characteristics and sources of support, housing conditions, health situation and care and the needs of the elderly persons are available. When such descriptive data become available, it will be possible to design appropriate policies to improve the situation of them. So it is important to take the step to the government toward this understanding is to try to collect information and data about this group.

Ageing as an issue ranks very low in the government's developmental agenda in the country, since population control is still yet a major problem of Bangladesh. To deal with the problems of the elderly programmes of the government of Bangladesh are very new and have been slow to establish effective management for this purpose. However, the ageing needs are considered as an integral part of the disabled and disadvantaged group in the country as well as communities and family. Whilst there is as yet no clear-cut policy, current government campaigns are being directed and catered to serve the needs of the elderly. Just very recently (July 1998), the government has undertaken the countrywide programme to help the old distressed people. Under the programme, 10 people from each ward - that means 90 people from each union - will receive Taka 100 each per month. Meanwhile, the government has enlisted some people (4,03,110 people), 50 per cent of when are women, from 4,479 unions under 461 thanas (districts) of the country to bring them under the scheme. The government has also allocated an amount of taka 100 crore for the elderly in 1997-1998 budget. The programme has already started from last July, 1998 (Samad & Abedin, 1998). This indicates that the government approves, in principle, of gradual change of attitudes in society towards giving elderly persons some support in their old age. But not many effects can so far be seen in practice. Present Prime Minister Shiekh Hasina's government attempts are very much appreciated. It remains to be seen to

what extent these various measures could support the elderly persons in their late life. Aside from government policies and planning especially for the elderly which have not yet taken by the government so far, recent slower economic growth, however, does not accommodate a growing need for social security unless additional sources of the welfare funding is somehow raised. Non-government organisations could provide community based services for the benefit of the elderly in Bangladesh.

Chapter 6. Summary and Conclusion

6.1 Conclusion:

The above discussion indicates that ageing is an area of great concern. The elderly are an integral part of a community's life. Their experience, knowledge and expertise are important elements for social development. They are revered persons with regard to humanity, morality and religions values and thinking welfare of the family. They contribute a lot in social development by building family. Elderly women and men achieve old age with a lifetime of valuable experience and learned survival methods for effective coping.

Ageing has become a social issue in Bangladesh; it has emerged as a new concern that has never been experienced before. The more important age-related concerns are economic insolvency, loss of authority, social insecurity, inadequate health care services, insufficient recreational facilities etc. Broadly speaking, none of these problems of the elderly has yet received much attention from policy makers, planners, researchers or government administrations in Bangladesh. The ageing problem has not been taken as a critical issue; the overwhelming preoccupation in society is with infants and youth.

By tradition the Bangladeshi have lived within the extended family system. It is a cultural belief that sons are old age security. Most elderly persons prefer to live in kinship bonds and a family atmosphere. Because of the deteriorating economic situation, modernisation and widespread poverty, the family structure has gradually changed to a nuclear form. A change in family size has intensified the situation further. Because a son who starts a new family moves out and heads his own household, and because these households tend to have smaller numbers of children, the burden of providing care for the elderly has become heavier. Because of rural poverty, a large number of young families have been migrating to urban areas for greater job opportunities, which means their parental duties are geographically more remote. This shift, combined with modernization, has meant that family bonds are loosening up. Sometimes, in spite of their best efforts, it is

not possible for family members to look after their elderly members properly. As a result, many elderly parents are left behind, even though the family continues to be the main sources of social and economic support to the elderly. Basically, grown children make contact with elderly through regular visits and through providing financial support. There is a tendency for this to reduce gradually as time passes. This suggests that the burden of continuing care for them is eventually left to those remaining in the villages, not necessarily their own children or kin.

As life expectancy increases and the birth rate declines, the ageing of the population in Bangladesh will produce a social security problem of immense proportions. Various social security measures are needed. The main responsibility to take care of the elderly is vested upon the joint family system, the decline of which is leading to insecurity of the elderly persons in Bangladesh. Given the nation's limited resources, (which make a full, government-funded social security system unlikely) efforts should be made at the government, community and private levels both to encourage the extended or joint family system, and to help the elderly and their family members continue their roles and activities, so that the elderly still can live in families.

The ***empirical study*** also confirms the disadvantageous position of elderly people in Bangladesh general and of women in particular. For a high proportion, the condition of women are characterised by poverty, inadequate income, more than usually limited entitlements, low levels of knowledge of education and expertise, and problems of access to welfare benefits, health and social services. From the analysis, it is evident that because of ill health most of the elderly persons (specially more women) do not have any kind of expertise to support and help themselves for survival. It makes them really in a vulnerable situation. To make at least a descent and minimal life, there is a need for social security system. Without adequate provision for their social and economic security in old age, many of the elderly women are likely to lag behind and live in poverty, especially if abandoned by family members. Especially for them there is a need for special social security system.

In Bangladesh, the overall health facilities are very poor. As the time passes by the ageing processes are increasing and the elderly people will experience dwindling capabilities. Lack of special treatment facilities, they will face varieties of health related problem. There are no special facilities for elderly health care system in general. Because of budgetary limitations it is not always possible for the governments to allocate money exclusively for this segment of population. Consequently, it has not given the topic a high place among its priorities. Therefore, financial and material care of the elderly is left with the families. There is no special geriatric medicine, special housing or care for them. Very little social and economic value has been placed on women's work in development policy and intervention. Women contribute substantially to national production, but they have to date received very few of the support services that men have. Assessment should be taken of the wide range of productive activities by women with a view to enhance their output or productivity and to transform subsistence level productive activities to a commercial level. Most of the elderly people of Bangladesh live in rural areas where health facilities are limited and get very little recreational facilities. Very few rural populations have effective access to static health facilities. Many of them are illiterate. The economic facilities and job opportunities are limited. For them special social support is needed.

It is widely argued that old age is not bad. The ageing population should not be viewed as a liability, but as a productive and valuable asset for any society. They should be considered as the resource for the family and the community (Kabir, 1994). The 1990 UN International Conference on Ageing population in the Context of the Family held in Kitakyushu, Japan, declared that "far from being a burden to society or to family, the elderly are indeed an irreplaceable resource of accumulated knowledge, skills and experience and remain active family members through their most advanced years" (Gibson, 1991). Elderly people can contribute enormously to the society. Knowledge is power and this comes mainly with age. Experience promotes various processes and this is possible through age. The elderly in a society should encouraged to see development in a broad context as a means of conserving and transmitting values, which makes life human.

To that task they possibly give us two unique qualities memory and experience. They are themselves a store house of wisdom and of standards of ethical conduct. A group of elderly acting together could build communal skills to gain greater access to and control over resources participates in productive activities and their rewards. For them retirement age should be flexible and older people should have more chance to work part time or as volunteers.

The developed countries can learn a lot from the developing countries in the care of the elderly. These are only not medical care, modern high tech hospitals that matter sometimes. It is the love and affection that the members of the family can bestow on an elderly person that may matter most in old age. While family as an institution is still strong and can take care of this to some extent, the pace of industrialisation and urbanisation may come as a barrier to that institution in the developing countries.

The strong evidence from available information and from the projected population, the problem of elderly will be enormous because of enormous change in social, cultural and economic conditions. It is also appreciated that population ageing is gradually emerging as a problem in the country. This will constantly create problems as to how to provide the elderly with necessary financial materials and other services for their survival and well being under the prevailing social, economic and health condition of the country. There still remains an unanswered question, how to accommodate these elderly population in the family and society, provide material services in compliance with their need, demands, desire. To find the means and ways for their support, survival and livelihood both at the individual and collective levels as well as at the local and national levels the increase in the number of the elderly, coupled with industrialisation, urbanisation, change in life styles and values of the young and the decline of traditional family support systems, the elderly would emerge as a vulnerable group in the society.

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