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**A Study on Old Age Problem in Changing
Families of Bangladesh**



Ph. D Dissertation

By

Md. Rabiul Islam

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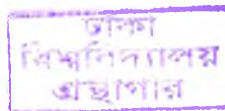
November 2012

**A Study on Old Age Problem in Changing
Families of Bangladesh**

A Dissertation submitted to the University of Dhaka for the
Degree of Doctor of Philosophy in Social Welfare

**By
Md. Rabiul Islam**

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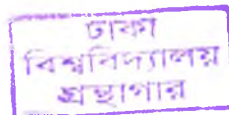
Certificate of the Supervisors

It is our pleasure to certify that Mr. Md. Rabiul Islam bearing Reg. No. 61/2008-2009 has prepared the Ph. D Dissertation entitled "**A Study on Old Age Problem in Changing Families of Bangladesh**" under our guidance and supervision. This is his original work. This dissertation or any of its part has not been submitted to any academic institution or organization for any degree or publication.

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Declaration by the Researcher

I hereby declare that the Ph. D dissertation entitled "**A Study on Old Age Problem in Changing Families of Bangladesh**" have been prepared by me. It is an original work done by me through taking advices and suggestions from my supervisors. I myself take all the responsibilities for all comments, statements and opinions articulated in the dissertation. This dissertation or any part of it has not been submitted to any academic institution or organization for any degree or diploma.


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Md. Rabiul Islam

Abstract

Population ageing-the process by which older individuals become a proportionally larger share of the total population-is one of the most distinctive demographic events of the 21st century. Initially experienced by more developed countries, the process has recently become apparent in much of developing world like Bangladesh as well. Since, the aged population is growing at a considerably faster rate and the life expectancies are increased with the advancement of time. At present, the number of total elderly people in Bangladesh is about 10 million which represents 7 percent of total population. According to 1951, 2001 and 2011 population censuses and estimations, the elderly populations (aged 60+) in Bangladesh were 2 million, 7 million and 10 million respectively. Bangladesh is projected to experience a doubling of its elderly population from the current level of 10 million to 14 million by the end of the next decade. In recent years, Bangladesh has achieved considerable success in fertility reduction and gradual improvement in mortality, morbidity, human capital, and the economy. The proportions of the Bangladesh population in the older age groups are increasing gradually. Decreases in fertility rates and improvement in life expectancy have led to rapid increases in the number of older people in Bangladesh, with 80,000 new elderly people added to the over 60 age group each year. This change in population characteristic will have serious consequences on the society as well as on the overall socio-economic development of the country.

Bangladesh is one of the poorest and less developed countries in the world. More than 80 percent of the elderly people in Bangladesh live in rural areas and remarkable number of them live in absolute poverty. The sample size is consisted of 120 respondents of which 61.7 percent are male and 38.3 percent

are female. Eight case studies were also conducted for in-depth information of the study. The study investigates the overall demographic, socio-economic and health status of the rural elderly persons. It shows that poverty, income insecurity, physical illness and lack of health care services are the greatest threat to the life of the elderly people of rural Bangladesh.

In traditional joint family/extended family and kinship system in Bangladesh, the elderly people used to enjoy love, care, respect and honor in the past. The familial systems of care for the elderly persons include emotional, social, economic and health care support. But these religious and cultural traditional systems are weakening gradually due to various social changes. One of the objectives of this study is to document the changing trend of the family and to assess the impact of these changes on the existing societal system and traditional institutions (like extended family, respect to the elderly, elder son's responsibility to take care of parents and so on) and to observe how these changes affect the day to day livelihood of the rural elderly people in Bangladesh. The study shows that traditional joint or extended family is transforming into nuclear or single family due to mass poverty, over population, urbanization, migration from rural to urban areas, changing social norms and values, indifferent attitudes of the family members towards the elderly, westernization, globalization, high cost of living materials and so on. All these changes have adversely affected the elderly livelihood and support in Bangladesh. Due to these changing situations, elderly people feel insecurity, loneliness, lack of services and mental unrest. Unfortunately, the society is still less aware of the problem arising out of this transition. Older people with impaired mental and physical capacities, require others to take care of them. But, in many instances, they are abused and neglected instead of being loved and respected.

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Acronyms

BBS	-	Bangladesh Bureau of Statistics
BAAIGM	-	Bangladesh Association for the Aged and Institute of Geriatric Medicine
B. A	-	Bachelor of Arts
BD	-	Bangladesh
BDT	-	Bangladesh Taka (Currency)
BMI	-	Body Mass Index
DNA	-	Deoxyribonucleic Acid
ECHR	-	European Convention on Human Rights
EU	-	European Union
GoB	-	Government of Bangladesh
GO	-	Government Organization
HUF	-	Hindu Undivided Family
HAI	-	Help Age International
HSC	-	Higher Secondary Certificate
MNA	-	Mini Nutritional Assessment
NGO	-	Non-government Organization
OAA	-	Old Age Allowance
OP	-	Older Person
PHC	-	Primary Health Care
PRA	-	Participatory Rural Appraisal
PF	-	Provident Fund
PhD	-	Doctor of Philosophy

SPSS	-	Statistical Packages for Social Sciences
SSC	-	Secondary School Certificate
UNO	-	United Nations Organization
US	-	United States
UNFPA	-	United Nations Population Fund
UDHR	-	Universal Declaration of Human Rights
UNDP	-	United Nations Development Program
UNIC	-	United Nations Information Centre
WHO	-	World Health Organization
WB	-	World Bank
WWW	-	World Wide Web

Chapter One

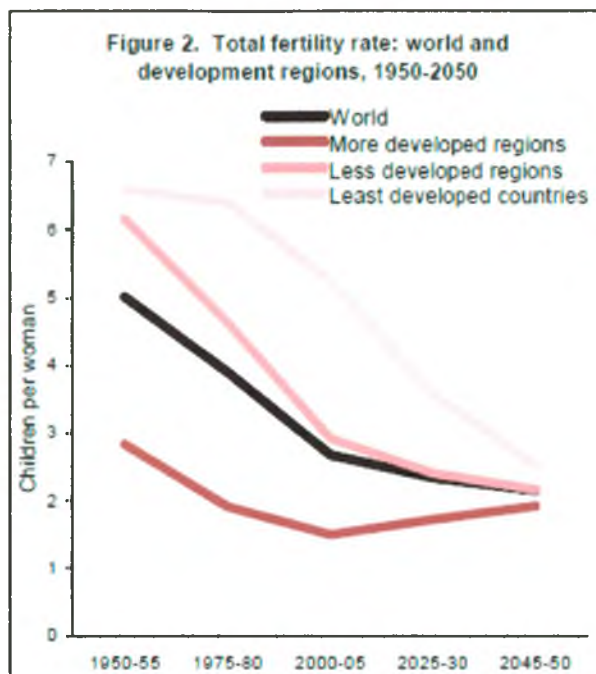
Introduction

1.1 Background of the Problem

The global demographic transition known as 'graying society' is a major concern in both developed and developing countries (Kabir, 2000). In the Asian region demographic change, signaling unprecedented transition from a state of high birth and death rates characterized by low fertility and mortality rates, took place in the twentieth century. It was one of the most distinct demographic events throughout the world. The situation will surely remain as important as it was in twentieth century and in the present century as well (Chang, 2008). In near future, virtually all countries will face population-ageing, although at varying levels of intensity and in different time frames (Kabir, 2000). Only in the past few decades' attention of national societies and the world community as a whole has been drawn to social, economic, political and scientific questions raised by the phenomenon of ageing on a massive scale. Starting in Europe and North America at the end of the last century, the demographic shift has now become an alarming phenomenon all over the world (Bulletin on Aging, No.2/2002). The advancement of medical science, increased awareness about nutrition and growing health services have considerably reduced the death rate and increased the life expectancy of the human beings (Muttagi, 1997). As a result, number of the elderly people is increasing in cumulative speed.

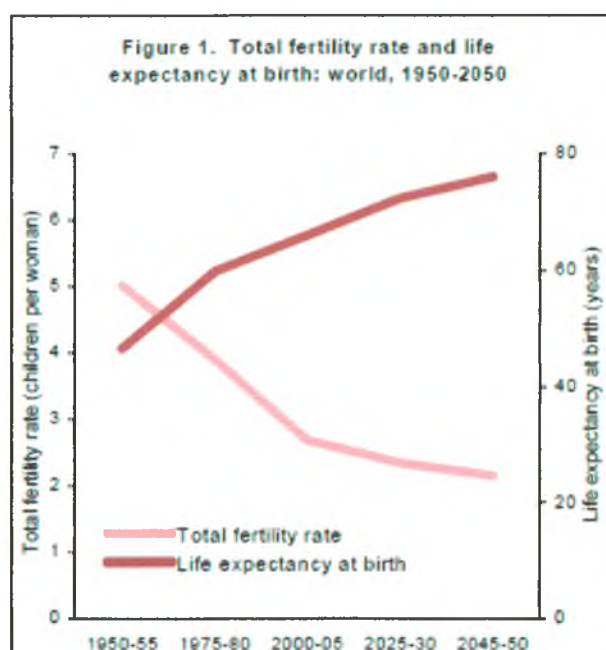
In 1950, there were about 200 million people aged 60 and above throughout the world and it was projected up to 1.2 billion by 2025, which is about 15 percent of the total world population. Ageing is the inevitable and irreversible result of the development of demographic structure. The present world is experiencing an "age-quake". Every month one million people or so will turn to be aged 60 (World Population Projections to 2150). As a result, the rapid

declining trend in fertility and mortality rates, and dramatic rise in the number and proportion of the elderly population has received worldwide attention.



Underlying global population ageing is a process known as the demographic transition in which mortality and then fertility decline from higher to lower levels. Decreasing fertility along with lengthening life expectancy (Figure-1) has reshaped the age structure of the population in most regions of the planet by

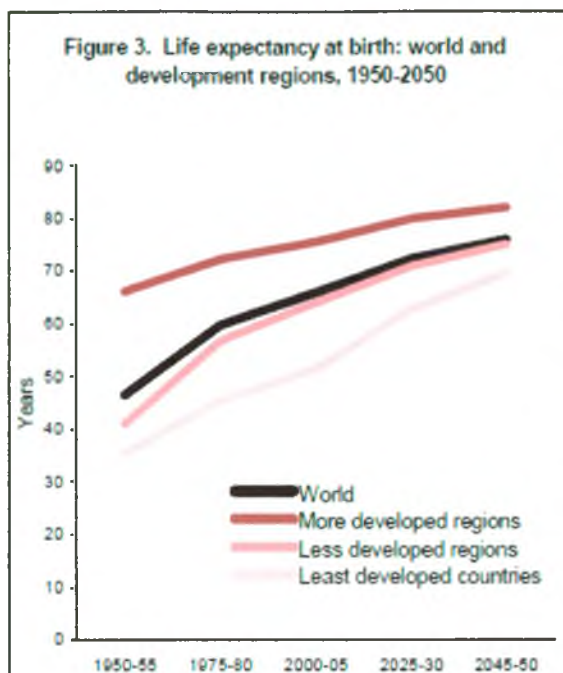
shifting relative weight from younger to older groups. The role of international migration in changing age distributions has been far less important than that of fertility and mortality.



Fertility decline has been the primary determinant of population ageing. Over the last half century, the total fertility rate decreased globally by almost half, from 5.0 to 2.7 children per woman. Over the next half century, it is expected to drop to the replacement level of 2.1 children per women. As a result of the sustained decline that

occurred during the twentieth century, the average total fertility rate in the more developed regions has dropped from an already low level of 2.8 children per woman in 1950-1955 to an extremely low level of 1.5 children per woman in 2000-2005. Presently, the total fertility rate is below the replacement level in practically all industrialized countries. Fertility decline in the developing regions started later and has proceeded faster and Bangladesh is not an exception to it. Major fertility reductions in the less developed regions occurred, in general, during the last three decades of the twentieth century. Over the last 50 years, the average total fertility rate in those regions dropped by more than 60 per cent, from 6.2 children per woman in 1950-1955 to 2.9 in 2000-2005 (figure-2).

As the transition towards lower fertility levels continues in the less developed regions, and as levels in the more developed regions are projected to increase slightly, differences in fertility among regions will tend to decrease in the future. The average total fertility rate in the less developed regions is expected to drop from the current 2.9 children per woman to 2.4 by 2025- 2030, and to 2.2 by 2045-2050. The average total fertility rate in the more developed regions is projected to rise from the current 1.5 children per woman to 1.7 and 1.9 children per woman by those same periods. A particularly sharp reduction is expected for the least developed countries, where the average total fertility rate may reach 2.5 children per woman in 2045-2050, down from 5.2 in 2000-2005 and 3.6 in 2025-2030 (Figure-2)



Over the last five decades, life expectancy at birth increased globally by almost 20 years, from 46.5 years in 1950-1955 to 66.0 years in 2000-2005 (figure 3). On average, the gain in life expectancy at birth was 23.1 years in the less developed regions and 9.4 years in the more developed regions (figure 3). Nevertheless, a considerable

advantage still persists in favor of the latter. On average, at current mortality rates an individual born in the more developed regions is now expected to outlive by almost 12 years an individual born in the less developed regions. If the individual is born in the group of least developed countries, the disadvantage doubles to more than 24 years. On average, life expectancy in the least developed countries lengthened by 16 years over the last half century, which is substantially less than the average for the less developed regions (figure 3).

Aged population in Bangladesh is also viewed as national outcome of demographic transition from high fertility and mortality to low fertility and mortality. Until the year 1961 the sequence of proportion of population aged 60 years and above at a low level. In Bangladesh, statistical data represents that from the year 1979-2001 the number of aged population has increased from 1.98 million to 6.05 million (BBS; 2003). The growth rate of the elderly population also increase from 1.6 percent in 1950-1955 to 2.9 percent in 2000-

2005 and would be increased to 3.1 percent by 2045-2050. Whereas, the total growth rate would be decreased from 2.1 percent in 2000-2005 to 0.7 percent by 2045-2050. Also life expectancy has increased from 36.6 years in 1950-1955 to 60.7 years in 2000-2005 and is expected to rise to 75 years by the year 2045-2050 (Begum; 2009). According to the 2001 census 6.2 percent of the population is aged 60 years and the absolute number is more than 7 million. It is projected that by 2025 the population of the elderly will exceed 17 million (<http://www.who.int/bulletin>).

The Census Report of 2001 shows that the older people are 7.62 percent of rural population while 5.89 percent are in urban areas. According to the Population Census 2011, the number of elderly population is about 10 million which represents 7 percent of the total population. Various surveys and reports explain that the number of elderly is increasing in alarming rate. The projected number of older population in 2015, 2025 and 2050 are 12.05 million (11 percent), 17.62 million (18 percent) and 43.02 million (20 percent) respectively (Rahman, 2011). According to South-East Asia Regional Office of the World Health Organization, the average life expectancy of people in the South and South-East Asia will rise to 75 years in less than 40 years. Approximately 142 million people or 8 percent of the population of the South-East Asia region are above the age of 60 years. The number of aged people will be doubled by 2025 and tripled by 2050 compared to 2000. The average life expectancy in most countries in the region would be above 75 year by 2050 (New Age, April 3, 2012).

Bangladesh is the seven largest countries in the world with a population of more than 158 million in a geographical area of 147,570 sq. km and has a

density of 1142 people per square kilometer (World Bank, 2012). Bangladesh is basically a country of rural societies and 80 percent of her population lives in rural areas. As a matter of fact, 80 percent of the elderly people (estimated to be 8 million) of the country live in rural areas and 80,000 new elderly people are being added to the age group of over 60 each year (World Bank, 2012). In the demographic transition Bangladesh is currently in a stage when the death rate has shown further decline and the birth rate tends to fall resulting in high population growth. However, it is the general consensus that at the present the percentage of population will rise to 7 percent by the end of the century and to 12 percent by the year 2025 resulting in dramatic change in the population pyramid (World Population Ageing 1950-2050). This change in population characteristic will have serious consequences on the society as well as on the overall socio-economic development of the country.

1.2 General Statement of the Research Problem

There have been remarkable improvements in life expectancy in the last century and the successes in that have raised new questions about whether added years of life will mean a healthier life or an increased burden of chronic illness. Vital and unsolved issues whether the postponement of death into account that results from declining mortality rates will be accompanied by a similar postponement in serious morbidity. The overall aim of the 20th century was to increase "life span" and in the 21st century the aim is to increase "health span". It is not true only for developed countries, also for developing countries including Bangladesh.

Most of the elderly populations in Bangladesh now live in rural societies and the literacy rate among them is 10 percent (Banu, 2008). No separate health policy

exists for the elderly in Bangladesh. Geriatric problems are usually ignored in medical education and professions. There is lack of sufficient information on research and on the elderly in health sector.

Like other developing countries, Bangladesh society and culture is in transition. Because of rapid urbanization, westernization and globalization the country's socio-economic and demographic scenario is changing rapidly. With the development of health care services and educational attainment, people are now more conscious and foresighted about their future. Availability of contraceptives and the erosion of dominant religious and social values also contribute to expedite the transition process (BAAIGM, 1998). This changing situation has been creating a number of problems such as unhappiness, deprivation, health, housing, food, clothes etc. Most of the aged people of Bangladesh suffer from tension and anxiety for a variety of reasons of psycho-social in nature. Of these, the major ones are the death of the spouses, loneliness, and presence of daughters/grand daughters of marriageable age, dowry, disobedience and disregards of children (Aedin, 1999). In addition, poverty has exacerbated the problems of landlessness, lack of work opportunities, low education, high population growth and unequal resource distribution which hit older people especially, as they are already in a vulnerable position due to their age (Donoghue, 1999). This is how; the elderly people of Bangladesh are unfortunate and silent victim of the whole process.

Religious and cultural traditions of Bangladesh have resulted in a strong extended family system upon which older people have traditionally relied for support. Due to break down the traditional form of family support for the older people is weakening. Majority of the older people in Bangladesh live in villages

and remarkable number in absolute poverty. After a lifetime of deprivation in ultra poverty condition, old age is likely to mean suffering from ill-health, social isolation, severe poverty condition and or the moderate poor or not-so-poor sections tend to become extremely poor in their old-age (Chaklader and Kabir, 2003). Elderly people are facing great social and economic insecurity due to changing family pattern. Industrialization, urbanization, and migration are the most important causes of changes in the pattern of family. Changing marriage pattern, declining fertility and mortality are also responsible for the current unsecured condition of the elderly. He gives utmost importance on strengthening family support for old age arguing that the elderly could also be organized and utilized as pool of valuable resources to influence national policies and national decision making by participation (Chang, 2008). Hence, economic plans for family development may bring forth many advantages, including improved income and family welfare concerns or causing less social disruption. So, the better provision for support and care for the elderly could be met at a good length.

In the face of this poverty and disadvantaged living conditions, the life of the elderly of poor families cannot be a safe one. The conditions of the elderly persons who live in affluent families may not be found to be victims of family disintegration, ailments, neglect and loneliness. Old age security program or pensions do not cover the majority of the aged, many elderly continue to work well beyond the age of 60 with the inflationary effects reducing the purchasing power of money, those with little saving and meager earnings, the poorer segments of population, have in many instances to sell their property to meet their ordinary day to day expenses. Most elderly therefore, have to continue to

work up to advanced age and depend almost entirely on family support during their last years (Kabir, 2000). Older women are reliant on their sons for economic and old age security. As regards economic activities performed by the elderly, the majority of activities done by the elderly in Bangladesh were related to agricultural works and household chores.

1.3 Rationale of the Study

The elderly people need not only financial help, also love and respect from their near and dear ones. Therefore, the core family values, which have been lost in the whirlpool of so-called nuclear lifestyle, must be redressed through vigorous campaigns. Old age has a dual-dimension of challenges and opportunities that can give society their vision of life. So, it is the task of the society and government to guard the safety and rights of the elderly.

There are very little institutional support services being provided by the government or NGOs/INGOs in Bangladesh. The government programs are designed mainly in the form of pension introduced since 1924 which is only available for the retired government employees. There is a little public safety-net program for the aged people living in poor families, particularly in rural areas (Help Age, 2000). The word 'elderliness' has only been mentioned in the Third Five Year Plan (1985-1990) at the government level planning. In the Fourth Five Year Plan (1990-1995) 50 lac taka was allocated for the first time with a view to setting up some institutions for the welfare of the elderly. In order to provide institutional services in the Fifth Five Year Plan (1997-2002), the government has decided to build up *Boisko Nibash* (Old Homes) in six divisional cities of the country (Rahman, 2000). In the middle of 1998, the government introduced a new pension program for the older poor people,

Boisko Bhata (old-age allowance). Under this scheme Tk. 100 only per month has been paying to the 10 poorest and most vulnerable older persons in each ward. Of the ten, five must be women and five men. Under this social safety net program, Bangladesh government provides old age allowance of Tk. 250 per month to some 20 lak vulnerable older persons (National Budget, 2010). Other than this program, there are no ways and means of addressing the plight of the elderly people with no law in place to protect their rights. It is sad that the abuse and neglect of the elderly people have not yet been recognized as a major social problem, which needs to be addressed by legislative provision. On the other hand, a very few NGOs organize programs for the welfare of the elderly, but most of them are urban based. The nature of their services confined into outdoor and indoor medi-care, social recreation, seminars, workshops, research on disabled and older women etc.

Unfortunately the vast majority of people in the society are still less aware of the problems of aging people. Information and knowledge therefore, in this regard are essential to formulate policy, planning, and programs and to raise awareness among the masses in order to address the issue from the right perspective. Some sporadic studies have been conducted on the issues. Most of the studies are merely socio-economic surveys. In this background, the issues relating to problems of elderly people in Bangladesh appears to be the crying need an intensive study. Towards that end, this study has been designed to explore necessary information for in-depth understanding of the issue under study and thereafter put forward recommendations for improving the life situation of the aged people in Bangladesh.

Besides, this study hopefully, will be a pertinent source of information for those who will be interested in carrying out further research in this field.

The proposed study, however, will make an attempt to gather information out of which the planners can make their own assessment of the prevailing situation, especially of the magnitude, complexities and ramifications of the problem they have to handle. The overt and covert dimensions of this problem emerging in this study will provide the planners with a measure of foresight to deal with them effectively. As a matter of fact, this study will contribute to the knowledge of the policy makers, planners to draw up a more realistic and appropriate social policy and programs for the betterment of overall situation of the old age problem. The findings of this study will help different NGOs and other organizations to draw up concrete strategies for addressing the needs and problems of the elderly. Finally, the study will help researchers pave the way for further researches on new dimensions and directions of the old age problem.

1.4 Objectives of the Study

The general objective of the study is to look into the various issues relating to demographic as well as socio-economic conditions and problems of the elderly people in Bangladesh. However, the specific objectives of the present study are as follows:

- a) to find out the demographic characteristics of the older persons in Bangladesh;
- b) to identify the socio-economic and health problems confronted by the older persons;

- c) to know the existing family-structure and to identify the factors responsible for the changes in the family pattern of Bangladesh;
- d) to understand the behavioral pattern of the family members towards the aged;
- e) to assess the extent of care currently available to the aged from family, government and non-government sectors; and
- f) to recommend for formulating policy measures in favor of their welfare.

1.5 Assumptions of the Study

The assumptions of the study are as follows:

- a) Nature of forms of caring for the aged are being changed in changing family pattern;
- b) Aged people are more sufferers in respect to their socio-economic and health conditions than before; and
- c) Older persons are considered as burden to the family members at present.

1.6 Research Methodology

The present study is both qualitative and quantitative in nature. Survey method and case study method have been used in the study. The reasons behind using mixed method approach lie on merits and demerits of qualitative and quantitative approaches. Basically, quantitative approach is such an approach in which the investigator primarily uses post-positivist claims for developing knowledge, employs strategies of inquiry such as survey, and collect data on predetermined instruments that yield statistical data. It is also concerned with correlation between dependent and independent variables but could not go to the inner aspects of social phenomenon. On the other hand, qualitative

approach is one in which the investigator makes knowledge claims based mainly on constructive perspectives i.e. the multiple meaning of individual experiences and meanings socially and historically constructed. It also uses strategies of inquiry such as narrative, phenomenology, etc. (Creswell, 2003). Considering the advantages and limitations of quantitative and qualitative approaches, both the methods have been used in the study.

1.6.1 Population and Sampling

The study has been conducted in rural areas of Bangladesh. Purposive and multi-stage sampling techniques have been used for selecting research area and the respondents. Sadar Upazilla of Satkhira district has been selected purposively. There are fourteen unions in Satkhira Sadar Upazila. Two unions out of fourteen have been selected through random sampling. Then two villages from each union have been selected randomly. Thus, a total of four villages have constituted the area for data collection. A list of aged people has been prepared through household census from these four villages of the selected unions. For preparing a complete list, researcher has taken the help of the Upazila Election Office and Bangladesh Census Survey 2011. A total of 480 elderly people were found to (60 and above) live in the data collection area. From this 480 elderly people, finally, 25 percent respondents i.e. 120 older persons have been selected for data collection through random sampling. Each respondent irrespective of caste, creed and color has been considered as a unit of analysis.

1.6.2 Sources of Data

Data of the study have been collected from both primary and secondary sources. Primary data have been collected from selected samples through interview, case study and observation. Secondary data have been gathered from published and unpublished research reports, journals, books, as well as from records and documents of relevant agencies.

1.6.3 Data Collection Instrument

Primary data have been collected through an interview schedule. For this purpose, a structured interview schedule (closed and open ended) has been prepared for data collection, which was pre-tested prior to the field work in order to collect accurate data. Requisite data have been collected from the sampled older persons using interview schedules in an environment conducive to face to face interview. Moreover, observation technique has also been applied for data collection because it is also a useful technique of data collection that is allowed the researcher to capture variables and dynamics that has not been possible to grasp only through interviewing such as non verbal behavior, body language, external appearance and so on. Eight case studies of both male and female (four from each union) have conducted where in-depth interview technique was used. This is the qualitative method where have been used in the present investigation. Moreover, the secondary sources of data, as stated earlier, have also been explored to supplement the findings from primary source.

1.6.4 Data Analysis

Data collected from the field have been edited properly. Necessary steps have also been taken for coding of filled in interview schedule to avoid mistakes whatsoever. Then the data have been directly manipulated through statistical software, SPSS for windows. Processing and summarizing of numeric data are followed by statistics. In analyzing qualitative data, description and explanation of themes and concepts have been presented in a narrative way. Moreover, statements of the respondents in verbatim form have been inserted in the presentation of case studies.

1.7 Ethical Consideration

The researcher received verbal consent from each respondent. The aim and purpose of the research were explained to every respondent. The researcher considered the interviewer's interest and willingness. The inquirer tried best to maintain the local norms, values and beliefs. Confidentiality and anonymity were assured. The researcher did not use any actual names in this report.

1.8 Limitations of the Study

Some limitations were found in conducting the study, the researcher tried best to overcome such limitations to collect the accurate information. The limitations, which have been perceived during the time of conducting the interview and case study, are as follows:

- a) Some respondents were doubtful about the confidentiality of their information. They felt hesitate to answer some questions. It was very hard to the researcher to make them understand as well as to collect data.

- b) Many of the respondents were not available or had not enough time to provide information due to their business. As a result, the researcher had to go to the respondents frequently to collect the information.
- c) The question about the services getting from the family members, causes of changing family pattern, behavioral pattern towards the aged of the family members were raised to the inmates; they felt fear to express their opinion in front of the family members. So, the researcher had to collect data in absence of the family members, which was strategically difficult. For this reason, the researcher had to approach to the respondent repeatedly.
- d) To prepare the list of the elderly (60 years or above), researcher had to identify the households where older persons live in. In addition, the researcher himself had to go to the Upazila Election Office in order to identify the elderly. So, it is needless to say how difficult it was to find out the respondents.
- e) In many cases, most of the respondents especially the female respondents felt hesitate to answer the covert illness. So, it was very difficult to get the actual information regarding their illness. Besides these, in some cases, some elderly were so sick that they were unable to give interview. Yet some elderly found suffered from loss of memory.

Chapter Two

Literature Review

Literature Review

A good number of studies on various aspects of ageing, such as, problems of aging, socio-economic conditions of the elderly, health status, welfare programs of the elderly, chronic poverty and older people, life of elderly, later life: the realities of aging, uncertainty rules our lives, aging situation in Bangladesh, older people and disaster, primary health care for older people, and the like, have been conducted in the recent years. But, studies on old age problem in changing families of Bangladesh, in particular, are not numerous. As a result, there is a paucity of literature on the studies relating to old age problem in changing families of Bangladesh. There are certain works, which are closely or distantly related to this particular area of research interest. The following are:

A study entitled "*The Problems of Ageing in Bangladesh: A Socio-Demographic Study*" was conducted by A S M Atiqur Rahman.

This study was a Ph. D work. The study was conducted both rural and urban areas of Bangladesh. The universe of the study includes all citizens of Bangladesh aged 60 years and above. The sample size of the study is 500 older persons (250 from rural and 250 from urban areas) which is selected through applying random sampling technique. Through this study, the researcher investigates the overall situation and problems of the elderly in Bangladesh. The objectives of this study are: to reveal the socio-economic characteristics of the older persons in Bangladesh; to identify the social and economic problems felt by them; to access the extent of care currently available to them from public and private sources; and to study the attitude of the aged population towards the process of aging. Its ultimate objective is to

articulate the problems of the country's older persons easily and readily understandable. The findings of the study shows that the older persons have the lack of access to health services along with poverty is the greatest threat to the interests of older people. The older people in urban areas faces greatly the problems of exclusion and loneliness, lack of employment and income opportunity and mental incongruity and social stress than their rural counterparts. On the contrary, the rural older persons mostly suffer from physical illness, poverty and income insecurity. Also they have relatively less access to medical care and health services. Along with these the study explores a good recommendations for the well-being of the elderly (Rahman; 2002). The study is mainly a comparative study of the demographic and socio-economic situation of the elderly between rural and urban areas. This study has helped the researcher to know the overall demographic and socio-economic situation of the elderly in Bangladesh. But the study did not take any attempt to explore the information about the existing family-structure and the factors behind changing family pattern in Bangladesh.

Help Age International et al (2000) conducted a research entitled "*Uncertainty Rules our Lives: The Situation of Older People in Bangladesh.*"

This research was conducted in four cities: Dhaka, Tangail, Perojpur and Naogaon. Total participants of this study were 332 (male 126 and female 206) and stake holders 57. The primary goal of this research was to enable poor and vulnerable older people, especially women, to: express their concern; assess their needs; and explain the conditions of their lives. Given that the goal of the research was to enable older people to communicate their situation and lived experience, the study used participatory research technique. The key findings

of this study are: Poverty and exclusion are the greatest threats to the well-being of older people, and poverty sets the context for everything else older people experience. Older people define old age according to physical characteristics and limitations. Old age also includes dependency on others and loss of authority and respect in the households. The majority of older people in Bangladesh cannot meet their most basic needs, and food is the top priority need for older people in both rural and urban areas. The health status of older people is poor and they lack access to basic health care and sanitation facilities. Poor older people have low expectations due to a lifetime of deprivation. Poor older people report that families remain a primary source of support, but family support is undermined by poverty. Older women are more dependent on their families for survival than older men, which increase their vulnerability. Women without families and widows are the most vulnerable. Most of the older women and men engage in some form of income generating activity as long as physically able. While older men face age barriers to employment opportunities, older women face both age and gender barriers. Older people continue to play an important (although unrecognized) role in the family, and make significant contributions to ensure the livelihood of the family. Older people themselves do not recognize the importance of their roles and contributions. Although older women provide small financial contributions, their primary contribution is assistance to the family in household activities and care taking of grandchildren. This frees up younger family members to seek income generating opportunities. Older people feel that decision making authority within a household is based on the level of economic contribution, rather than the traditional norm of respect for old age. Along with these findings this study draws some policy and program recommendations for the welfare of the

elderly. The study has focused on the socio-economic situation of the rural elderly which is matched with the present study. But it does not focus on understanding the opinion of the family members towards the aged and the existing family-structure and the factors behind changing family pattern in Bangladesh.

Md. Faruque Hossain (2008) has conducted a study entitled "*Welfare of the Destitute Elderly through Institutional and Family Settings in Bangladesh.*"

The study is a Ph. D work. The general objective of the study is to focus on the welfare services provided by the institution and family to the destitute elderly in Bangladesh. Sample size of the study was 139 from old age home and 144 was taken from whom residing in family and receiving old age allowance through purposive sampling procedure. Data was collected through interviewing, observation and document analysis. The study shows that elderly living in institutions are comparatively well off than the elderly living in families but the elderly living in institution are socially destitute or rootless compared to the elderly living in family. It is also evident that female elderly are more destitute compared to male elderly in both settings; however, the difference is more acute for the elderly living in family settings. The findings also reveal that the needs of the destitute elderly are better fulfilled in the institution than family. As a result, in terms of basic needs, destitute elderly living in family found needier compared to the destitute elderly living in institution. In addition, in terms of social and emotional needs, the destitute elderly living in family expressed more satisfaction compared to the destitute elderly living in institution. It appears that institutional setting is more effective in ensuring welfare of the elderly. Interestingly, destitute elderly respondents of the study

living in institution and family preferred to live in their present settings. That is, the elderly living in family preferred to continue to live in family and the elderly living in institution preferred to continue to live in institution. Probably, the destitute elderly living in family can not perceive the comparative advantage of living institution. However, if they were in the institution somehow, they would have found it better place for them compare to family as it happens in case of the destitute elderly living in institution presently who were in family prior to becoming inmates of the institution. The study recommended that more institutions should be established to ensure welfare of the elderly to fulfill their needs. Otherwise, it is also found that more and more destitute elderly stranded in all corners of the society. However, at present, as required number of institutions for taking care of all the destitute elderly of the country might not be possible the sufficiency (in terms of amount and coverage) of the 'old age allowance' program should be ensured (Hossain; 2008). Besides, the study draws a good number of recommendations for the welfare of the destitute elderly which will be helpful for the policy makers and planners in formulating the policy and plan. This study has helped the researcher to develop the concepts, ideas and theoretical base of ageing. This study did not explore the information in identifying the factors behind changing family pattern in Bangladesh and the opinion of the family members towards the elderly.

A study entitled "*A Survey on Health and Socio-economic Problems of the aged in Bangladesh*" was jointly conducted by Bangladesh Association for the Aged and Geriatric Medicine and WHO in 1988.

The main purpose of the study was to collect accurate information about the socio-economic condition of the aged. Other objectives are: to determine the

patterns of common ailments among the aged population with regard to their socio-economic status; to study the attitude of the aged population towards the process of aging; to create awareness of the elderly people's problems among the policy makers, planners and different program personnel so that they take appropriate measures to solve the problems of the aged people; to develop suitable mechanism for providing needed care to the aged, utilizing the existing infrastructure as far as possible; and to develop a pilot project for providing services to the aged in the light of the findings of the survey. The survey was conducted among 1600 aged persons of whom 69 percent were males and 31 percent females aged 60 years and above, from city, urban and rural areas but in an actual practice, a total of 1640 were interviewed. In general, the family size of an aged person is larger than average indicating that child, grandchildren and other relatives tend to live together in joint families. As a result, aged persons 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. The overwhelming majority of aged persons do not possess good health and are often sick. Ill health, therefore, seems to be the main problem of our aged people. The most common ailment is stomach-ache and diarrhea, followed by asthma, peptic ulcer, blood pressure, diabetes, cardiac problem, dental and eye problems, rheumatism, cough and cold, fever, and anemia. Blood pressure, diabetes and cardiac diseases are more common in city whereas rural people suffer more from pain, rheumatism, anemia, asthma, cold and cough. About three-fourths of the respondents reported financial hardship and difficulty in meeting the basic needs of life, the greater proportion of them being in the rural areas. 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 a spouse or a beloved member of the family and the presence of an unmarried daughter of marriageable age. This study reveals that financial difficulties, physical difficulties and social constraints are the main causes for this tension and anxiety. This is the first institutional work about the health and socio-economic problems of the aged in Bangladesh. The study has helped the researcher to develop the knowledge of the problems of elderly people in Bangladesh. But elderly problems as a consequence of changing family pattern and services available for elderly welfare are absent in the study.

"National plan to meet the health care and welfare needs to the elderly in Bangladesh" (1998) is prepared by Bangladesh Association for the Aged Institute of Geriatrics Medicine in collaboration with the World Health Organization, Dhaka.

This paper focuses on the health problems of elderly in Bangladesh. In addition, this paper focuses on the changing the pattern of family in Bangladesh. In our traditional joint family/extended family or kinship system, the elderly people used to enjoy love, care, respect and honor in the past. The familial systems of care for the elderly include emotional, social, economic and health care support. But today, the traditional joint or extended family is transforming into nuclear or single family due to mass poverty, over population, urbanization, migration from rural to urban areas, economic hardships, changing social values, westernization, globalization, high cost of living materials and so on. This changing situation has been creating a number of problems in older person's life such as unhappiness, deprivation, health, housing, food, clothes etc. Most of the aged people of Bangladesh suffer from

tension and anxiety for a variety of reasons of psycho-social in nature. Of these, the major ones are the death of the spouses, loneliness, and presence of daughters/granddaughters of marriageable age, dowry, disobedience and disregards of children. In addition, poverty has exacerbated the problems of landlessness, lack of work opportunities, low education, high population growth and unequal resource distribution which hit older people especially, as they are already in a vulnerable position due to their age (Donoghue, 1998). Older people with impaired mental and physical capacities, require others to take care of them. But, in many instances, they are abused and neglected instead of being loved and respected. This is how; the elderly people of Bangladesh are unfortunate and silent victim of the whole process.

A study entitled "*The Activities of The Elderly in Rural Bangladesh*" conducted by Mead T. Cain (1991).

With the aid of observed and retrospective data on time-use from a sample of rural Bangladeshis, this paper seeks to help redress this situation by describing the role of the elderly in the household division of labor, management, and authority. The objective is to elaborate how labor-use and activity patterns change with advancing age, for men and women and rich and poor, and to explore the broader implications of such change. Concepts of work, retirement, and dependency are critically examined. Bangladesh remains a poor and highly labor-intensive economy. The study shows that women are more vulnerable in this setting because cultural proscriptions block their access to the most remunerative forms of employment. The elderly are vulnerable to the extent that age renders their physically diminished. The results of several labor

surveys are used to estimate the limits that the physical effects of ageing place on the labor-force participation of the elderly.

In a study on "*Social Aspects of Ageing in Bangladesh: A Case Study of Rajshahi City*" A K M Shafiul Islam has focused an outline of the demographic and socio-economic condition of the elderly.

The objectives of this study are: to find out the general socio-economic condition of the aged; to explore the health condition of the elderly; and to understand the role and status of the elderly people. The study shows that various factors that have affected the nature and status of the structure include the growth of population, migration from rural to urban areas, changes in the pattern of family life and so forth. Generally, the elderly seem to be a diverse group more so than their young counterparts because of differences in social, cultural, and economic experiences extending over a long period of life and these differences tend to increase with age. The aged people face the psychological problems of low esteem and depression in their later life. These problems can be tempered by the adequacy of the individual's social support. The declining work- efficiency or their unfitness to involve in the work becomes the root cause for the emergence of social problem as well. Normally, the elderly disengage from the socio-economic activities such as income-generating activities, leadership, macro-level decision making etc. It is also found that the elderly people face the problem of isolation and loss of status and loneliness in the changing Bangladesh society (Islam; 2001). The study has focused on the demographic and socio-economic condition of the elderly which has helped the researcher to know the socio-economic aspects of the elderly.

A paper entitled "Social and Health Status of the Aged in Bangladesh" is conducted by Professor Samad Abedin.

The aim of this paper is to provide a general overview on the social and health related issues that need to be addressed for the well-being of the elderly. Moreover this paper emphasizes on: a) to investigate the status and roles of the elderly in the family and community in the context of household structure and composition; b) to explore the health status and health care issues; c) to look at the arrangements of the elderly and support exchanges of the aged with kins and others and the support system for the elderly currently exist in the country; and d) the policy implications and recommendations. Traditionally, family remains the most fundamental social unit in which the older persons belong. In providing all sorts of support to elderly, family members play vital role in the society. The study shows that the family role is undermining due to the various causes. With development family roles and functions are shrinking. There is a strong movement towards nucleation families and family as a unit of production is declining. These changes will gather pace as social development and social changes proceed and will impinge upon the availability of family support. This changing situation is causing problems and unhappiness to the life of many elderly and endangered their well-being and survival (Abedin, 1999).

Dr. Nilufar Nahar (2006) has written a book on the basis of the Ph. D research work entitled "*Aged Women in Urban Area of Dhaka City in Bangladesh.*"

This book contributes to the understanding of ageing and widowhood in the context of social problems in Bangladesh. This paper focuses on the social life, family and interpersonal relations, economic conditions, role in decision

making, health condition and psychological makeup, problems associated with health and family, psychological problems, housing condition, opinion and feelings of the respondents. The findings show that the average age of those aged women who are interviewed is 67.22 years. The rate of literacy is higher amongst the comparatively younger aged ladies than the elders. According to educational status out of the total sample aged women 34.7 percent are illiterate. There is a strong correlation between the educational status of the aged women and their economic conditions. Aged women prefer to live with the children. Majority (71 percent) of the aged women informed that they have contact with the children and they come to see them. This paper also shows some family conflicts among the family members such as intolerance behavior on the part of daughter in law, daughter in law thinks that she has no freedom in the decision making, mother in law old values, mother in law tries to control her, problems with food and authority in the kitchen and so on. The researcher has benefitted partially from this study to know the reasons about internal conflict in the family environment.

Zarina Nahar Kabir, et al (2006) conducted a study "*Mini Nutritional Assessment of Rural Elderly People in Bangladesh: The Impact of Demographic, Socio-Economic and Health Factors.*"

The study aimed to evaluate the magnitude of malnutrition among an elderly population in rural Bangladesh. Data collection for a multidimensional cross-sectional study of community-based elderly people aged 60 years and over was conducted in a rural area in Bangladesh. Of 850 randomly selected elderly individuals, 625 participated in home interviews. Complete nutritional information was available for 457 individuals (mean age 69 years and 55

percent female). Nutritional status was assessed using an adapted form of the Mini Nutritional Assessment (MNA) including body mass index (BMI). Age, sex, education, household expenditure on food and self-reported health problems were investigated as potential predictors of nutritional status. The study showed that chronic energy deficiency was found in 50 percent of the population. MNA revealed a prevalence of 26 percent for protein–energy malnutrition and 62 percent for risk of malnutrition. Health problems rather than age had a negative impact on nutritional status. Level of education and food expenditure were directly associated with nutritional status. In order to reduce world hunger by half in the coming decade, it is important to recognize that a substantial proportion of the elderly population, particularly in low-income countries, is undernourished (Kabir, et. al, 2006). The study has helped the researcher to know the impact of poverty situation and the magnitude of malnutrition among the elderly population in rural Bangladesh.

In a research article entitled "Dynamics of Health Seeking Behavior of Elderly People in Rural Bangladesh" Pritti Biswas, et al (2006) shows that Bangladesh is projected to experience a doubling of its elderly population from the current level of 7 million to 14 million by the end of the next decade. This article explores the underlying aspects of health care seeking behavior of older people in rural Bangladesh. Drawing upon qualitative evidence from rural Bangladesh, the paper focuses on coping strategies of elderly people in case of illness and the contributing factors in determining their health-seeking behavior. The sample for this study consisted of elderly men and women aged 60 years or older and their caregivers. Nine focus group discussions and 30 in-depth interviews were conducted. This study uses qualitative data to describe the

complex nature of health seeking behavior of older people. Most significantly, old age is found to be an accepted explanation of ill health and the decisions taken to seek health care are influenced by factors such as perception of severity of illness, familiarity and accessibility to health care providers, and financing of health care (Biswas, et. al. 2006). In the absence of specialized knowledge in geriatric health care, multiple sources of health care, such as allopathic care, *kabiraji* and homeopathic care are sought by the elderly people as also reported in an earlier survey on health-seeking behavior of adults in rural Bangladesh. Old age and ill-health are perceived to be inseparable entities (Ahmed et. al 2005). This research article has helped the researcher to develop the knowledge of the health problems and nature of treatment of the rural elderly.

What we know about Elderly Population's Health Problems: Evidence from Rural Bangladesh Village (seminar paper), Dhaka is prepared by Chaklader, Hasina and M. Kabir (2003).

In this paper, they discussed that religious and cultural traditions of Bangladesh have resulted in a strong extended family system upon which older people have traditionally relied for support. Due to break down the traditional form of family support for the older people is weakening. Majority of the older people in Bangladesh live in villages and remarkable number in absolute poverty. After a lifetime of deprivation in ultra poverty condition, old age is likely to mean suffering from ill-health; social isolation, severe poverty condition and or the moderate poor or not-so-poor sections tend to become extremely poor in their old-age. In the face of this poverty and disadvantaged living conditions, the life of the elderly of poor families cannot be a safe one. The conditions of the

elderly who live in affluent families may not be found to be victims of family disintegration, ailments, neglect and loneliness. Old age security program or pensions do not cover the majority of the aged, many elderly continue to work well beyond the age of 60 with the inflationary effects reducing the purchasing power of money, those with little saving and meager earnings, the poorer segments of population, have in many instances to sell their property to meet their ordinary day to day expenses. Most elderly therefore, have to continue to work up to advanced age and depend almost entirely on family support during their last years (Kabir, 2000). Older women are reliant on their sons for economic and old age security. As regards economic activities performed by the elderly, the majority of activities done by the elderly in Bangladesh were related to agricultural works and household chores.

An article entitled "Implications of Changing Family Structures on Old-age Support in the ESCAP Region" is written by Tan Poo Chang (2008).

In this article, the author discusses the implications of changing family on old age support. The author denotes that the elderly are facing great social and economic insecurity. Industrialization, urbanization, and migration are most important causes of changing family pattern. Changing marriage pattern, declining fertility and mortality are also responsible for the current insecure condition of elderly. Chang gives utmost importance on strengthening family support for old age. He argues that elderly persons could also be organized and utilized as pool of valuable resources to influence national policies and participate in national decision making. Hence, economic development of families will bring forth many advantages including improving the income and welfare of the families concerned and causing less social disruption and hence

better provision of support and care for the elderly. The author mentioned some means to carry out the elderly fairly and cheaply as useful and respected members of the society. From this article the researcher has partially benefitted in identifying the reasons of changing family structure and as a consequence of old age problems.

South-South Centre, Bangladesh (2004) held a sensitization workshop on *"Problems of Ageing: Aging Situation in Bangladesh and the Future Steps."*

The workshop was attended by policy makers, experts, NGO representatives and print and electronic media. The main aim of the workshop is to explore the situation of the elderly in Bangladesh and to bring the awareness among the mass about the old age problems. Along with this the workshop recommends some policy and programs for the welfare of the elderly. The problem of aging is an emerging issue in Bangladesh. Elderly people, who are 60 years old and above, are on the increase in Bangladesh over the last two or three decades due to decline in fertility and mortality rates. This decline has been brought about by the advancement of medical sciences and improvement in the public health services. The age structure of our population is now reflecting a rapid increase in the proportion and number of elderly people. But not much attention has been given to the problem of increasing proportion of the aged. The world's 580 million older people (60 years and more) include around 355 million in developing countries. By 2020, when the total will reach 1.000 million, seven of the ten nations with the largest older populations will be developing countries- Bangladesh with 14 million will hold the seventh largest (HAI, 2000). This workshop paper has helped the researcher to draw the policy recommendations for the welfare of the elderly.

In a study entitled "*Demography of Aging in Bangladesh*" Abdul Mannan Mian (2008) shows that the majority of older people in Bangladesh are living in absolute poverty. They are left out of the development process in Bangladesh and consistently lack the means to fulfill their most basic needs such as food, clothes, proper housing and health care, and lack access to resources and income generating opportunities. These changes in most societies are pushing older people to the margins. The failure to recognize and understand their contributions not only marginalizes older people but also discounts a valuable resource. Bangladesh is also one of the world's poorest and least developed countries. According to the Human Development Index Report of 2007, Bangladesh ranks 146 out of 182 countries, with low achievement in three key areas: life expectancy/health, education and standard of living. Health care services are insufficient for the total population. Eighty thousands new elderly added to the over 60-age group each year. People who are 60 years old and older make up 7% of the population of Bangladesh. The majority of older people in Bangladesh continue to live in extended family arrangements, predominately with sons, in either the same household or same compound area. However, evidence suggests that there are shifts away from the traditional norm of living arrangements and that older people live with both sons and daughters, especially in urban areas.

The seminar on "Ageing in Bangladesh: Issues and Challenges" was jointly organized by the Center for Policy Dialogue and UNFPA.

In this seminar, Professor M. Kabir was the key note speaker. M. Kabir investigated demographic and socio-economic issues which out to be addressed to quantitatively improve the situation of the elderly people in

Bangladesh. The paper emphasized that with demographic transition and the consequent changes in population size and composition, household and family structure had been undergoing notable changes in most of the Asian societies. Mr. Kabir noted that aging of population was the inevitable result of the demographic transition associated with declining birth and death rates. The process of development tends to bring rapid changes in social behavior and institutions. This might have adverse implications for the care and well-being of the elderly persons. The process of population ageing may lead to considerable increases in expenses on social security with consequent rise in the expenditure and their share in national income (Kabir, 2000).

A report prepared by Help Age International (2008) entitled "Older People and Cyclone Nargis: A Study of the Situation of Older People 100 days on Myanmar."

The research was a combination of qualitative and quantitative tools applied by six teams in 30 villages. Vulnerable older people were identified through PRA exercises in the target area. A survey with 600 older people participants was conducted to document the impact of the cyclone and the existing needs and concerns of older people, and case studies were developed to illustrate the common conditions older people faced in the aftermath of the disaster. The paper reveals that older people are highly dependent on the care and support of immediate family members. As such, the extensive damage to the environment, shelter, and livelihoods and the death of family members has weakened the security system that previously existed for older people. The study shows that the elderly people have lack to access the emergency relief and food security, health care, shelter and livelihoods during the disaster. It

also reveals the situation of older people during and after Cyclone Nargis and provides key findings and recommendations to ensure older people are considered in emergency response program. It shows that the extensive damage to the environment, shelter, livelihoods and the death of family members has weakened the security system that previously existed for older people.

Another study of Help Age International (2008) was "*Primary Healthcare for Older People: A Participatory Study in 5 Asian Countries*".

This study documents the perceptions of older people, care-givers, and health service providers in terms of knowledge of active and healthy ageing, access and quality of primary health care (PHC) services. It particularly looks at the increasing experiences of older people in managing stroke and diabetes conditions. Recommendations to improve PHC services are provided to support policy development in the Asian context. The five countries in the study are Cambodia, India, Indonesia, Singapore, and Vietnam. These countries represent the variety of socioeconomic conditions in the region. This study also examines the conditions in rural, urban and tsunami affected areas (in India and Indonesia) in order to provide additional insight into possible geographical discrepancies in provision of PHC services for older people. The research teams found that the majority of the disadvantaged older participants in the study had low expectations of the access and quality of PHC services. Most experienced their conditions with a sense of fate, and were not aware of the interventions that could improve their health conditions.

A book named "*Social Gerontology: An Introduction to the Dynamics of Aging*" is written by David, L. Decker (1980).

In this book the writer briefly discussed the development of social gerontology, the demography of aging, the biology and epidemiology of aging, variations in the experience of aging, aging and the individual, the social structure of aging, social security and programs, aging and the family, social problems and older people in American perspective. Family is the most stable institutions in lives but it is changing continuously. Elderly occupy different positions in the family and kinship system; and of course as other family members' age, the relation with them are subject to change. On the other hand, new members are continually entering the family (through birth) and old ones exiting (through death), which means that the composition of the family is constantly changing. In addition, the family as an institution is subject to change as a result of changes occurring in other areas of the society, historical and social changes that influence the kinds of generational relations that exist within particular family kinds of generational relations that exist within a particular family. The United States was undergoing rapid industrialization and urbanization, and this gave young people new opportunities and alternatives to the agricultural way of life. Even agricultural families were being separated when younger generations moved west as land became scarce in the settled communities (Fischer, 1978; Achenbaum, 1974). One of the outstanding features of the American family system is the relative impermanence of the nuclear families. In terms of family structure this means that adult children become less attentive to their parents as they themselves begin the parenting process.

Harold G. Cox (1988) has written a book entitled "*Later Life: The Realities of Aging.*"

The author focuses on the basic concepts of aging such as emergence and scope of gerontology, theoretical perspective on aging, historical and cross-cultural comparisons of aging, biological and health correlates of aging, adjustment patterns and changing life styles in old age, death and dying and societal issues confronting older Americans. The book attempts to integrate material from this proliferating body of research and writing into a meaningful discussion of the major trends and developments of gerontology. In this text book the writer attempted to favor neither the medical model, which sees old age as a process of deterioration, disease and progressive decline, nor the more recent nor popular human development model, which sees old age as a period of further growth, development and new experiences. Thus, the author tried to present the later phase of the life cycle as realistically as possible.

A book entitled "*Gender, Families and Elder Care*" is edited by Jeffry W. Dwyer and Raymond T. Coward (1992).

This book contains a good number of articles such as gender, family and long term care of the elderly, conceptual perspective on gender and family care giving, gender differences in family care giving, gender and family care of the elderly and so on. The flood of research on elder care over the past decade continually points to an important fact that women are more often care givers than men. They identify the fundamental demographic, conceptual and economic elements that influence gender differences in the structure of elder care; explore key family relationships, examine issues that are representative of gender differences; and relate implications for future work on theory, research, policy and practice in family care giving. This book provides vital information about the unique differences between male and female care givers

and recipients, making it essential reading for students and researchers who are concerned about family care giving for the elderly. Despite the proliferation of research on care giving issues in recent years and the frequency with which gender is included in care giving analyses, to date the gendered nature of family care giving has not been clearly articulated. The idea for this book evolved from a series of discussions in which two important realities about family care giving research: First, gender plays a central role in understanding family care of the elderly; second, no comprehensive resource existed that dealt with this issue.

A book entitled *"Ageing in Society: An Introduction to Social Gerontology"* is edited by John Bond et al (1993).

This book is the contributions of some renowned writers which contain the study of aging, biological aging, psychological aging, adjustment in later life, environment and behavior, death, dying and bereavement, the sociology retirement, living arrangements of elderly people, intimate relations, dependency and interdependency, poverty and inequality in old age and images of aging. The purpose of this text book is to introduce the reader to this variety of perspectives and to highlight both their different and complementary natures. Biological, psychological and sociological theories of aging tend to focus on different aspects of the aging process. A major premise of this text book has been that family relationships, particularly between the generations, are problematic in a view of changes in the culture, technology and demographic composition of British society that have transformed the family in the lifetime of the present generation of old people. The task of older people, and indeed of the whole family, is to come to terms with these changes. The

establishment of appropriate ways of behaving in the modern family, and socialization to new family roles, is achieved through discussion and monitoring within the family itself and with members of the peer group. Adjustment, adaptation and the various expressions that are used to refer to the individual's experience of well-being, morale, life satisfaction, depression and so forth, are some of the most commonly used terms in social and psychological studies of aging. Such is the frequency of their use in British and American gerontology that a native observer would be likely to conclude that aging was a particularly problematic period of life. The above mentioned books have helped the researcher to develop the knowledge about the concept of social gerontology, the biological, social, psychological and epidemiological aspects of aging and theoretical perspective on ageing.

The studies mentioned above are related to aging issues in perspective of world and Bangladesh on demographic, socio-economic situation, health problems, services for the elderly welfare by government and non-government initiatives, vulnerability of older people, unmet basic human needs, nutritional status and physical illness of the elderly people. But these studies don't attempt to explore the old age problem as an outcome of changing family pattern in Bangladesh. In view of the fact, the researcher intends to undertake the present study in order to explore new dimensions of elderly problem in terms of psycho-socio-economic and health problems as consequences of changing family pattern. So, the present study is an attempt to produce better understanding and information about elderly problems in rural Bangladesh.

Chapter Three

Conceptual and Theoretical Orientation of Ageing

Conceptual and Theoretical Orientation of Ageing

3.1 Concept of Ageing

The term ageing refers simply to the process of growing older. Ageing, a normal biological phenomenon is a slow imperceptibly progressive degenerative process advancing with chronological age, leading to increased functional deterioration, vulnerability and ultimately cumulating to extinction of life. It is well known that certain physical changes occur with ageing, especially superficial changes such as graying of the hair and wrinkling of the skin. But the most significant physical changes that occur with age are not visible to the naked eye and even biological gerontologists are not always certain of the precise dynamics of many age related changes (Decker, 1980). Ageing in its demographic sense is not the same as the biological process of ageing which is dynamic and continuous. Chronological age does not measure physiological, psychological age. The point, at which old age begins, cannot be specified. For administrative purposes, such as determining retirement, personable age an arbitrary chronological age is used which has no relationship to physiological or psychological age or to function or working capacity (Muttagi, 1997). Man gets aged naturally. Generally, on the basis of physical and mental changing measurement, the final stage of life is called old age.

The chronologists have defined aging through cultural aspiration of a society. The economic dependency approach defines the old age through the market forces in which the aged person changes his position from an earner to a dependent. Gerontologists have propounded some theoretical orientations for the study of ageing (Shock, 1978). Ageing is generally associated with fatigue,

decline in functional capacity of the organs of the body, decreased ability to cope with the stress of disease or trauma. Certain diseases resulting in such symptoms as incontinence, dementias become more common with advancing age. Disabilities that impair daily living activities are common in the very old (Muttagi, 1997). Mainly ageing is a complex, lengthy and comparative conditions so it is difficult to define it. As it is said that, aging has many aspects, but the primary ones fall into three major categories, mainly biological, physiological, and psychological behavioral and socio-economic. For this reason, aging in the human being results from the complex interplay of physiological, psychological and social factors (Shock, 1978). It should be noticed that the aged or older persons are people whereas ageing is a process. Ageing or growing older is a biological, physiological and social process. Ageing or growing older is a biological, physiological and social process. Generally ageing is classified into three categories and these are, primary ageing, secondary ageing and tertiary ageing. In Gerontology, ageing is viewed in terms of four distinct processes:

Chronological ageing: It refers to the definition of ageing on the basis of person's years from birth.

Biological ageing: This refers to the physical changes that reduce the efficiency of organ system.

Psychological ageing: It includes the changes that occur in sensory and perceptual process, mental functioning, personality, drives and motives.

Social ageing: This refers to individuals changing roles and relationships in the social structures.

Ageing has some unique criteria; the four general criteria proposed by Strchler (1962) have been widely accepted:

1. Ageing is universal, in that it occurs in all members of the population;
2. Ageing is progressive, a continuous process;
3. Ageing is intrinsic to the organism; and
4. Ageing is degenerative.

As people age chronologically, biologically, and psychologically, their roles and relationships also alter. The social context, which can vary considerably for different people, determines the meaning of ageing for an individual and whether the ageing experience will be primarily negative or positive (Hooyman and Kiyak, 1991).

The gerontologists and experts have divided the ageing into four categories:

- a) 55-65 young old
- b) 66-77 middle old
- c) 75-84 old
- d) 85+ very old (Botwinick, 1981)

In general, Bangladesh older people defined 'old' according to physical characteristics and limitations that affect their ability to function in daily life in both household and income generating work. Characteristics of old age include:

- loss of eyesight
- wrinkles
- gray hair
- loss of memory
- ill health

- physical limitations that hamper daily activities and ability to work
- walking with a stick
- menopause
- loss of authority and respect in household (Help Age, 2000).

There is no hard and fast rules about the age beyond which a person should be considered elderly or old. In the developed societies, chronological age plays a paramount role. The age of 65 is roughly equivalent to retirement age in most developed countries and is said to be the beginning of old age. But in the developing countries, chronological age has little importance in the determining old age. It seems to begin at a point when active contributions are no longer possible. According to UN definition, people aged 60 or above for the Asia Pacific Region are older persons. In Bangladesh, government officials can continue their job until a person reaches 59 years. In non-government offices if a person is physically and mentally strong he/she can work till 60 years or plus. Because, somebody can work with his/her sound body and mind being more than 60 years old and some others may become older even before 60. Besides the retirement age of Justice is 67 years and university teachers are 65 in Bangladesh. However, who are engaged in agricultural works, do not have any retirement age. They continue their work as far as they are able to do it. In the present study, the persons who have attained 60 years or above will be regarded as older persons. There are many words such as 'old', or 'old age' or 'pensioner' is used to denote the later life of people. The terminology used to describe older persons various considerably as 'the aged', 'the elderly', 'the final stage of life', 'the third stage' 'the ageing' etc.

3.2 Theories of Ageing

In biological, social and psychological aspects of aging, there are some theories of aging like the wear and tear theory, the free radical theory, the autoimmune theory, reproductive-cell cycle theory, socio-emotional selectivity theory, continuity theory, the activity theory, the disengagement theory, the modernization theory, exchange theory, sub-culture theory and so on. Biological theories of aging mainly describe how human physic responds to biochemical process and changes over time and their impact on body. These theories cover extremely complicated and subtle processes which are still under investigation. Hence there are a number of theories, each of which may explain one or more aspects of ageing; there is, however, no single theory that explains all of the phenomena of ageing. Through the influences of genetic process the body system that ultimately facilitates aging events to occur. Social theories of aging are the explanations of the changes in social relationships that occur in late adulthood. These theories address the basic issue of determining the optimal way for older persons to relate to their environments.

3.3 Social Theories of Ageing

3.3.1 The Modernization Theory

The strong wave of modernization our society is changing rapidly. But this transition process is not smooth and sometimes unplanned which contribute to widen social disparity and polarization process, destroyed traditional way of life. Rural to urban migration in search of employment, increasing number of nuclear family, rapid urbanization, women participation in paid labor job outside of the family which is the reality of today and bio-product of this transformation. The elderly of Bangladesh are unfortunate and silent victim of the whole

process. Given the socio-economic condition, political instability and unplanned social change it is very difficult to forecast the situation of the elderly in future but today's experience is really worse. Cowgill and Holmes (1972) in their studies found strong association with modernization and decrease status of elderly. They reviewed studies of fourteen contemporary societies from around the world and found that the status of older decreases with increases in modernization. Modernization is the transformation of total society from a relatively rural way of life based on animate power, limited technology, relatively undifferentiated institutions, parochial and traditional outlook and values, toward a predominantly urban way of life base on inanimate sources of power, highly developed scientific technology, highly differentiated institutions matched by segmented individuals roles, and a cosmopolitan outlook which emphasized efficiency and progress (Cowgill, 1972). Whittington (1971) also found that though due to modernization elderly enjoy more health facilities but even with improvements in health and health care, the elderly lost status relative to the young over the thirty years they studied. Cohn (1982) found that the status of the old does drop at the start of modernization.

3.3.2 The Activity Theory of Ageing

The activity theory is the oldest and probably the most widely accepted social theory of aging. The theory was developed by Robert Havighurst (1963). This theory assumes that older persons who are active will be more satisfied and better adjusted than less active older persons. This theory states that social activity is the essence of life, and that this is a true for all people at all ages. The activity theorists argue that everyone finds the meaning of life in social interaction. Activity theory assumes that how we think of ourselves is based on

the roles or activities in which we engage Kart and Manard (1981) contended that role theory was the guiding force for social gerontologists' earliest attempts to understand the adjustment of older persons. They stated, "Activity theory is related to role theory and has appeared implicitly in much gerontological research." The cornerstone of activity theory is a positive relationship between activity and life satisfaction; conversely, the greater the social role loss, the lower the life satisfaction. The most successful aging (adjustment) occurs for those persons who stay active and resist the consequences of changes that equate with losses (Kart & Manard, 1981). Some roles are the basis of an individual's self control; role loss can lead to an erosion of social identity and self-esteem. With age, roles also tend to come more ambiguous (Hooyman and Kiyak, 1991).

In contrast to disengagement theory, this theory implies that the more active elderly people are, the more likely they are to be satisfied with life. The view that elderly adults should maintain well-being by keeping active has had a considerable history, and since 1972, this has come to be known as activity theory. However, this theory may be just as inappropriate as disengagement for some people as the current paradigm on the psychology of ageing is that both disengagement theory and activity theory may be optimal for certain people in old age, depending on both circumstances and personality traits of the individual concerned. There are also data which query whether, as activity theory implies, greater social activity is linked with well-being in adulthood.

3.3.3 The Disengagement Theory of Aging

Disengagement theory, on the other hand, proposes a mutually desirable withdrawal between older persons and others in their social system (Cumming

& Henry, 1980). The theory argues that gradual withdrawal is functional for society and satisfying for those older persons who have been socialized for impending death (Kart & Manard, 1981). The activity theorists argue that it is essential for people to remain socially active as they grow older, but the disengagement theorists contend that it is both normal and inevitable that people will decrease their level of activity and seek more passive roles as they age (Cumming & Henry, 1980). The present study assumes that withdrawn from socio-economic functioning of the society, the elderly remains themselves less important and live in such a situation where they cannot meet their needs.

Disengagement theory looks at old age as a time when both the older person and society engage in mutual separation, as in the case of retirement from work. This mutual, gradual disengagement process is a normatively governed social imperative, with the older person preparing in advance for fewer, more narrow roles and experiencing changes in relationships. This process of disengagement is understood to be a natural and normal tendency reflecting a basic biological rhythm of life. Due to physical limitation, most of the older persons chose withdrawal from all activities and at the same time, society does not want and link to allow them to involve in the activities, which they engaged in early lives. Disengagement theory is in fact related to modernization theory. In this view, because the status of the elderly decline when society becomes more modern and efficient, it is natural for the elderly to disengage.

3.4 Biological Theories of Ageing

A definition from the Wikipedia encyclopedia defines aging as "the process of getting older" (Ageing. Wikipedia, The Free Encyclopedia). This broad definition provides for the clear distinction of the many biological theories of aging. "In

biology, senescence is the combination of processes of deterioration which follow the period of development of an organism. Aging is generally characterized by the declining ability to respond to stress, increasing homeostatic imbalance and increased risk of disease. Because of this, death is the ultimate consequence of aging" (Senescence. Wikipedia, The Free Encyclopedia). The two terms, aging and senescence are commonly interchanged, often times incorrectly. While one may argue that the process of aging (getting older) and the process of senescence (deteriorating) are always occurring, they are in essence two separate and distinct processes (Daniel, 2006).

3.4.1 Wear-and-Tear Theory:

There are quite a few biological theories of aging which present an idea as to why we as humans age. The first of many theories of aging, the 'Wear and Tear' theory was first developed by a German biologist in 1882. Dr. Weismann believed that "the body and its cells were damaged by overuse and abuse. The body's organs were worn down by excessive toxins in our diet and in the environment... and the many other physical and emotional stresses to which we subject our bodies" (Theories of Aging). However, the 'Wear and Tear' theory does not get to the real issue that these theories are attempting to answer, and that is exactly why we age. While his argument that our bodies are worn out. The very general idea that changes associated with ageing are the result of chance damage that accumulates over time may be true; there are much better explanations in today's research in the aging community.

3.4.2 Reproductive-Cell Cycle Theory:

The idea that ageing is regulated by reproductive hormones that act in an antagonistic apheliotropic manner via cell cycle signaling, promoting growth and development early in life in order to achieve reproduction, but later in life, in a futile attempt to maintain reproduction, become deregulated and drive senescence (dyosis) (Bowen RL, Atwood CS 2004, 2011). Dr. Vladimir Dilman expanded on Weismann's theory through his Neuroendocrine Theory, in which he presented the idea that it is our hormone regulation in the hypothalamus region of the brain which causes aging. He stated that "Hormones are vital for repairing and regulating our bodily functions, and when aging causes a drop in hormone production, it causes a decline in our body's ability to repair and regulate itself as well" (Theories of Aging).

3.4.3 Telomere Theory:

Telomeres (structures at the ends of chromosomes) have experimentally been shown to shorten with each successive cell division (Stibich, 2009). Shortened telomeres activate a mechanism that prevents further cell multiplication. This may be particularly limit in tissues such as bone marrow and the arterial lining where cell division occurs repeatedly throughout life. Importantly though, mice lacking telomerase enzyme do not show a dramatically reduced lifespan, invalidating at least simple versions of the telomere theory of ageing. Mice may be an exception for the theory, as they have long hyper variable telomeres (Kipling, David; Cooke, Howard J; 1990), prolonging the period after which telomere shortening would affect life-span. But wild mouse strains do not, and telomere length in these breeds is unrelated to lifespan (Hemann, Michael T.; Greider, Carol W; 2000).

3.4.4 Biological Clock of Ageing:

One of the most promising theories relating to a "biological clock of aging" has come about through the Cellular Theories, specifically on the chromosomal level. The telomeres, or the tiny tips at the end of chromosomes, appear to shorten each time a cell replicates. Therefore, only a limited number of replications of a cell can occur before that cell is damaged. "Scientists discovered that the key element in rebuilding our disappearing telomeres is the "immortalizing" enzyme telomerase, an enzyme found only in germ cells and cancer cells. Telomerase appears to repair and replace telomeres manipulating the "clocking" mechanism that controls the life span of dividing cells. The future development of telomerase inhibitor may be able to stop cancer cells from dividing and presumably may convert them back into normal cells" (Theories of Aging).

3.4.5 DNA Damage Theory of Ageing:

Known causes of cancer (radiation, chemical and viral) account for about 30% of the total cancer burden and for about 30% of the total DNA damage. DNA damage causes the cells to stop dividing or induce apoptosis, often affecting stem cell pools and hence hindering regeneration. DNA damage is thought to be the common pathway causing both cancer and ageing. It seems unlikely that the estimates of the DNA damage due to radiation and chemical causes have been significantly underestimated. Viral infection would appear to be the most likely cause of the other 70% of DNA damage especially in cells that are not exposed to smoking and sun light. It has been argued that intrinsic causes of DNA damage are more important drivers of ageing. (Helen L. Gensler and Harris Bernstein. (nd) and Freitas AA, de Magalhães JP. 2011)

3.4.6 Genetic Theory:

Many theories suggest that ageing results from the accumulation of damage to DNA in the cell, or organ. Since DNA is the formative basis of cell structure and function, damage to the DNA molecule, or genes, can lead to its loss of integrity and early cell death. The Genetic Control Theory expands further on Dilman's work providing the basis that there is an internal body clock within all humans. "To use a macabre analogy, it's as though each of us comes into the world as a machine that is preprogrammed to self-destruct. Each of us has a biological clock ticking away set to go off at a particular time, give or take a few years. When that clock goes off it signals our bodies first to age and then to die" (Theories of Aging). There has been limited research on this notion of a body clock within our cells. However, it would seem logical that is there were hormones which were directly responsible for starting the final process of senescence, that there would also be some type of body clock working in the main endocrine gland to direct and dictate the release of that hormone. However, to date, there has been no discovery to that effect.

3.4.7 The Free Radical Theory:

The free radical theory was given much publicity upon its publication as one of the first new and dramatic theories addressing aging in the mid 1950s. The premise of the free radical theory is that there are unstable molecules, or free radicals, which are a by-product of oxygen metabolism. "Free radicals are highly reactive and toxic when they come in contact with other cell structures, thus generating biologically abnormal molecules. The result may be mutations, damage to cell membranes, or damage by cross-linkage in collagen" (Moody, 2000). Also presented in this theory was the fact that "the body itself produces

so-called antioxidant substances as a protection against free radicals. These antioxidants "scavenge" and destroy free radicals" (Moody, 2000). As a result, almost any health food store that one might enter today would have a section full of antioxidant substances. This multi-million dollar industry is all premised on this one theory, and many individuals are purchasing these products. It is also only expected to increase in popularity with the explosion of Americans entering old age in the next decade.

3.5 Psychological Theories of Ageing

3.5.1 Whitbourne's Model of the Life-Span:

The life-span construct is an individual's "unified sense of the past, present, and the future" (Cavanaugh et. al. 2002). There are many societal influences on this construct, including values and social context and makes the argument that there are scenarios which translate directly to our identity. An individual's identity is of the utmost importance in the creation of the life span construct. The notion of one's self-concept is also introduced through Whitbourne's theory. Self-concept is "the organized, coherent and integrated patter of self-perceptions... and it includes self-esteem and self-image" (Cavanaugh et. al. 2002). Studies have been done on the effect which aging has on the self-esteem. While having low self-confidence at some point is relatively common, "gifted women who exhibited "high self-confidence in early adulthood becomes manifested as higher life-satisfaction during their 60s" (Cavanaugh et. al. 2002).

The life-span (life-course) perspective is also important to consider when discussing the psychological changes which older age brings. Eric Erikson is

one of the most well know life-span theorists. According to him, "personality is determined by the interactions between an inner maturational plan and the external societal demands" (Cavanaugh et. al. 2002). Examining the changing psyche of an older adult, his stage of ego integrity versus despair is extremely important. His theory is that older adults struggle between these two opposites, and will eventually side with one. Those who side with ego integrity have an understanding that the sunset of their lives is upon them. They are able to reminisce on the happy times of their life and work towards fulfilling those goals which are still unsatisfied. Those who fall into despair are unable to accept the fact that they are growing old and nearing death (Daniel, 2006).

3.5.2 McAdam's Life-Story Model:

He "argues that a person's sense of identity cannot be understood using the language of dispositional traits of personal concerns. It is not just a collection of traits, nor is it a collects of plans, strategies, or goals. Instead, it is based on a story of how the person came into being, where the person has been, where is or she is going, and who he or she will become" (Cavanaugh et. al. 2002). This life story is a narration, starting all the way with birth and early childhood memories complete with an anticipated ending, all of this is "created and revised throughout adulthood as people change and the changing environment places different demands on them" (Cavanaugh et. al. 2002).

3.5.3 Socio-emotional Selectivity Theory

Selectivity Theory mediates between Activity and Disengagement Theory, which suggests that it may benefit older people to become more active in some aspects of their lives, more disengaged in others. It refreshes the Whitbourne's

Model of the Life-Span. When studying older adults' social relationships and human rights, it seems wise to consult Carstensen's (1992, 1998) socio-emotional selectivity theory, as this theory addresses the functions of social interaction across the life span. These functions include, among others, information acquisition, identity construction, identity maintenance, and emotion regulation. Social interaction also has costs, such as energy and the risk of negative emotions and threats to the self-concept. Therefore, people make choices among social partners to optimize the gains from social contact (Carstensen, 1992). Socio-emotional selectivity theory states that the relative importance of the functions of social interaction changes across the life span. An important factor involves "perceived time." Future-oriented goals (such as information acquisition) become more important when people treat time as open-ended. Yet present-oriented goals such as emotional goals take priority when people experience time as limited (Carstensen, 1998). Early in the life span, people strive to attain much information through social interactions, whereas, later on in the life span, social interactions give less new information and, thus, offer less profit in that respect. Older adults' heightened sense of time as a scarce commodity also makes them feel that life is too short to spend on unnecessary unpleasant experiences (e.g., Carstensen, 1992; Carstensen, Fung, & Charles, 2003; Carstensen, Isaacowitz, & Charles, 1999; Carstensen, Pasupathi, Mayr, & Nesselroade, 2000). Therefore, older adults tend to prefer emotionally satisfying contacts with a limited group of close relations over a larger network that may be more beneficial in terms of information gathering (Carstensen, 1992). Relatedness refers to bonds with other people (Guisinger & Blatt, 1994), and autonomy refers to self-rule and volition (Kagitcibasi, 2005). Emotionally satisfying social contacts may reflect a balance between a sense of

belonging on the one hand and autonomy on the other. Thus, a circle of close relations that involve emotionally satisfying contacts is important to older people, and they are driven by balancing relatedness and autonomy.

3.5.4 Continuity Theory

Continuity theory provides a means to return to a dialectical consideration of leisure and a framework to examine the relationship between leisure behavior in early and later life (Kelly, 1982). It proposes that optimal aging is characteristic of those who are able to maintain and continue their roles, activities, habits, or associations on retirement, or to find meaningful substitute pursuits. The older person adjusts to retirement by increasing the time spent in roles already played as opposed to developing new ones (Atchley, 1980). The adult identity is presumed to be based on a variety of roles. Thus loss of the work role does not throw the adjusted older adult into an identity crisis. Instead, there is identity continuity through substituting or embellishing leisure roles for lost roles in the changed work or family situation. In support of this, Iso-Ahola (1980) noted that there is a degree of stability to leisure patterns over time, particularly when older persons join in leisure in which there is perceived competence and familiarity.

The continuity theory of aging relates that personality, values, morals, preferences, role activity, and basic patterns of behavior are consistent throughout the life span, regardless of the life changes one encounters. This theory builds upon and modifies the activity theory. It offers the backdrop of life perspective to describe normal aging. The latter part of life is simply a continuation of the earlier part of life, a component of the entire life cycle. Patterns developed over a lifetime determine behavior, traditions, and beliefs in

old age. Past coping strategies recur as older adults adjust to the challenges of aging and facing death. Aging is a complex process, and the continuity theory explores these complexities to a greater extent than the other sociological theories within a holistic framework. It encourages young people to consider that their current behaviors are laying the foundation for their own future old age. What one becomes in late life is a product of a lifetime of personal choices.

Continuity theory of aging suggests that people who grow older will experience life satisfaction if there is a match between the individual's older age life style and activities of his/her adult and middle age. If physical or other circumstances such as retirement from paid employment occur, then similar activities must be found for the individual to continue to lead a satisfactory older life. The theory believes that individuals must take initiatives to acquire similar roles and opportunities (Eyetsmitan, et. al. 2003).

Chapter Four

Concept and Theoretical Approach to Changes in the Pattern of Family

Concept and Theoretical Approach to Changes in the Pattern of Family

4.1 Concept of Family

Family has always been an important part of society. Everyone has been brought up in one, and most of us will have a family of our own. Family is probably the oldest of all human institutions that has been serving our purpose and needs in many ways. In human context, a family (from Latin: familia) is a group of people affiliated by consanguinity, affinity, or co-residence. In most societies it is the principal institution for the socialization of children. Extended from the human "family unit" by biological-cultural affinity, marriage, economy, culture, tradition, honour, and friendship are concepts of family that are physical and metaphorical, or that grow increasingly inclusive extending to community, village, city, region, nationhood, global village and humanism (Wikipedia). Family a group of kith and kin related to each other by blood or by matrimonial tie. Families have varying 'locations' within overall institutions of a society. In most traditional societies, the family into which a person is born largely determines the individual's social position for the rest of his or her life (Giddens, 1994).

Sociologically, the family is a social institution and a social system. As a social institution, it meets broad societal goals that center around intimate relationships and the reproduction and socialization of children. As a social system, it has many interdependent components with major differentiations by gender, race, class, age, size, and so forth. The family is generally recognized as an element of a broader kinship network that links ancestors and descendants of a person. It is a social unit created by blood, marriage, or

adoption, and can be described as nuclear (parents and children) or extended (encompassing other relatives). The typical family, a group consisting of mother, father, and their progeny, is found in all communities, savage, barbarians and civilized: everywhere it plays an important role and influence the whole extent of social organization and culture (Malinowski, 2005). There are also concepts of family that break with tradition within particular societies, or those that are transplanted via migration to flourish or else cease within their new societies. In pre-urban societies, the family held the dominant position in community life. As urban civilization began to emerge, the earliest cities were the first human communities that were organized on a basis other than kinship. But the family remained firmly entrenched in the social traditions and authority structure of pre-industrial urban societies for many centuries. Indeed, it was often thought of as a 'sacred, institution, beyond question or criticism (Browne, 2011). In science, the term "family" has come to be used as a means to classify groups of objects as being closely and exclusively related. In the study of animals it has been found that many species form groups that have similarities to human "family"—often called "packs". Sexual relations among family members are regulated by rules concerning incest such as the incest taboo (Wikipedia).

Family, a basic unit of social structure, the exact definition of which can vary greatly from time to time and from culture to culture. How a society defines family as a primary group, and the functions it asks families to perform, are by no means constant. The family is a social group characterized by common residence, economic cooperation and reproduction. It contains adults of both sexes, at least two of whom maintain a socially approved sexual relationship, and one or more children, own or adopted, of the sexually cohabiting adults.

Murdock, 2004). The family is the natural and fundamental group unit of society and is entitled to protection by society and the state (United Nations, 1948). Society's definition of 'family' is rapidly expanding and has come to include single parents, biracial couples, blended families, unrelated individuals living cooperatively, and homosexual couples, among others. Unfortunately, family policy has been slow to catch up to changing trends in modern lifestyles (Browne, 2011). Family is the smallest organization, durable network of kin and non-kin who interact daily, providing domestic needs of children and assuring their survival (Stack, 1996). In a recent definition the U.S census defines family as a group of two persons or more related by birth, marriage, or adoption and residing together (Benokraitis, 1993). Present day family may be defined as any sexually expressive or parent-child relationship in which (1) People live together with a commitment, in an intimate, interpersonal relationship; (2) the members see their identity as importantly attached to the group; and (3) the group has an identity of its own (Ahrons and Rodgers, 1987).

4.2 Types of Family

The different types of families occur in a wide variety of settings, and their specific functions and meanings depend largely on their relationship to other social institutions. Sociologists have a special interest in the function and status of these forms in stratified (especially capitalist) societies. The term 'nuclear family' is commonly used, especially in North America and Europe, to refer to conjugal families. The term 'extended family' is also common, especially in North America, Asia and Europe. This term has two distinct meanings. First, it serves as a synonym of 'consanguinal family' (consanguine means 'of the same blood') . Second, in societies dominated by the conjugal family, it refers

to 'kindred' (an egocentric network of relatives that extends beyond the domestic group) who do not belong to the conjugal family (William, 1993). These types refer to ideal or normative structures found in particular societies. Any society will exhibit some variation in the actual composition and conception of families. Much sociological, historical and anthropological research dedicates itself to the understanding of this variation, and of changes in the family that form over time (Wikipedia).

A 'conjugal' family includes only the husband, the wife, and unmarried children who are not of age. The most common form of this family is regularly referred to in sociology as a nuclear family. A 'consanguineal' family consists of a parent and his or her children, and other people. Although the concept of consanguinity originally referred to relations by 'blood', cultural anthropologists have argued that one must understand the idea of 'blood' metaphorically and that many societies understand family through other concepts rather than through genetic distance (Wikipedia). A 'matrilocal' family consists of a mother and her children. Generally, these children are her biological offspring, although adoption of children is a practice in nearly every society. This kind of family is common where women have the resources to rear their children by themselves, or where men are more mobile than women.

In Bangladesh families can be categorised into the following types:

1. Nuclear family-a two generation family consisting of a father and mother and their children. In cities most of the families are nuclear family.
2. Joint family-three or more generations live together with a single line of authority,either patrilineal or matrilineal. A patrilineal example of this type of family includes parents,their married sons and their spouses,and the

grandchildren. A matrilineal example would include the parents, their married daughters and their spouses and the grandchildren. In our society patrilineal families are more common.

3. Extended family-a family consisting of father and mother, brothers and sisters, grandparents, uncle and aunts etc. In rural areas extended families are seen.
4. Polygamous family-a family consisting of one husband and two or more wives and their children.
5. Monogamous family-a family consisting of one husband and one wife and their children (Wikipedia).

4.3 Changes in the Pattern of Family

Family is the core of social life. Family consists of kith and kin biologically related to one another or by matrimonial ties. A family may be nuclear, consisting of parents and their children, or extended, when a large group of relations live together or in close contact with one other. In the study, the concept of changes in the family pattern refers to break-up of the joint/extended family system and is turned into a nuclear or single family. The present generation breaks out of the traditional joint-family system for many reasons when an individualistic thinking grows to gain predominance.

4.4 Development of Family

Throughout recorded history, in every culture, the family has been the fundamental building block of society. And throughout history, the main factor in the cohesion of the family has been religion. Today, by many yardsticks, the family is in crisis. In industrialized countries, changing economic conditions and

new patterns of consumption have increased the number of families where both parents work, leaving less time for children and family life. High divorce rates have created a culture of marital insecurity. Other social forces have served to decrease support for families from extended kin, the workplace, neighbors, and society at large. Central to this new concept of development is an understanding that the family is the basic unit of society -- and that its strength is integral to development. Since family systems vary widely, the range of contacts which the infant experiences is by no means standard across cultures (Giddens, 1994).

During 2004, the United Nations will commemorate the 10th anniversary of the 1994 International Year of the Family (IYF). The UN, its specialized agencies, governments, and non-governmental organizations will hold conferences, promote activities, and undertake studies in an effort to strengthen planning and policies in support of strong families. During the great global conferences of the 1990s, the family emerged as a major theme-even though it was not central to any one of those conferences in particular. While each conference had a distinct focus, such as sustainable development, human rights, women, social development, or habitable cities, all emphasized the importance of the human person as the agent and beneficiary of development, stressing the importance of empowerment, participation, and inclusiveness (<http://country-studies.us/bangladesh/33.htm>). All of these conferences, for example, stressed the need for intra-familial as well as public family support systems. They also made specific references to family-sensitive policies and family support systems, such as flexible working hours, part-time employment, work sharing, public or publicly subsidized child care, parental leave, social security, disability

benefits and assistance to families to care for dependents, and family welfare. In terms of social development in general and the overall advancement of civilization, the family is likewise of primary importance. For it is in the family that basic values and morality are formed. It is in the family that the essential capacities for learning, self-confidence, and positive social interaction are acquired. And it is from the base of a strong family that individuals are best able to contribute to society as a whole. As noted, religion has historically been among the most important factors in family cohesion. Laws about marriage, divorce, the rearing of children, the values to be transmitted-all have traditionally come from religion (<http://countrystudies.us/bangladesh/33.htm>).

Today, however, the connection between religion and the family is under assault. First and foremost, the male-dominated, authoritarian model for the family structure has become widely discredited-and rightly so. Associated with the oppression of women, inflexible child-rearing practices, and the preservation of masculine power, this model of family life is now seen as unhealthy and unjust. Yet many religious traditionalists believe that the male-dominated, authoritarian family model is mandated by their sacred scripture. And, indeed, some feminists see religion as against the family, inasmuch as men in many cultures and places have used religious arguments to maintain a status quo that is based on the subordination of women (Hutter, 1988). The failure of the male-dominated, authoritarian model has given rise to an alternative in many Western countries. More liberal -- and secular-in its orientation, it wisely gives women a more equal role in family decisions. At the same time, however, this model has largely discarded the firm sense of morality offered by religious teachings, opening the door to a kind of

permissiveness in child-rearing that all too often leaves children with no firm sense of values or ethical construct other than self-gratification (Danesh, 2003). More significantly in terms of the connection between the family and development, the unity-based family paradigm offers a matrix from which can emerge human beings who are truly empowered as potential contributors to the advancement of society as a whole.

4.5 Family Structure in the Past

Family and kinship were the core of social life in Bangladesh. A family group residing in a *bari* would function as the basic unit of economic endeavor, landholding, and social identity. In the eyes of rural people, the *chula* defined the effective household - extended family exploiting jointly held property and being fed from a jointly operated kitchen. A *bari* might consist of one or more such functional households, depending on the circumstances of family relationship. In a *bari*, therefore, the heads of households are related either by affinal connection or by blood. Of course, certain heads of households in a *bari* may not be related in either way (<http://www.questia.com/library/1G1-17716110/families-in-bangladesh>). Married sons generally lived in their parents' household during the father's lifetime. Although sons usually built separate houses for their nuclear families, they remained under their fathers' authority, and wives under their mothers-in-law's authority. The death of the father usually precipitated the separation of adult brothers into their own households. Such a split generally caused little change in the physical layout of the *bari*, however, families at different stages of the cycle would display different configurations of household membership (<http://countrystudies.us/bangladesh/33.htm>). In past most of the families were extended or joint in nature. The term extended family

has several distinct meanings; a family that includes in one household near relatives in addition to a nuclear family. In modern western cultures dominated by nuclear family constructs, it has come to be used generically to refer to grandparents, uncles, aunts, and cousins, whether they live together within the same household or not (<http://countrystudies.us/bangladesh/33.Htm>). However, it may also refer to a family unit in which several generations live together within a single household. In some cultures the term is used synonymously with consanguineous family. In an extended family, parents and their children's families often may live under a single roof. This type of joint family often includes multiple generations in the family. From culture to culture, the variance of the term may have different meanings. For instance, in India, the family is a patriarchal society, with the sons' families often staying in the same house.

In the joint family setup the workload is shared among the members, often unequally. The roles of women are often restricted to housewives and usually they involve cooking, cleaning, and organizing for the entire family. The patriarch of the family (often the oldest male member) lays down the rules and arbitrates disputes. Other senior members of the household baby sit infants in case their mother is working. They are also responsible in teaching the younger children their mother tongue, manners and etiquette (<http://countrystudies.us/bangladesh/33.htm>). The house often has a large reception area and a common kitchen. Each family has their own bedroom. The members of the household also look after each other in case a member is ill. It has often been presumed that extended family groups sharing a single household enjoy certain advantages, such as a greater sense of security and belonging due to sharing

a wider pool of members to serve as resources during a crisis, and more role models to help perpetuate desired behavior and cultural values. However, it should be noted that even in cultures where adults are expected to leave home after marriage to begin their own nuclear-based households, the extended family often forms an important support network offering similar advantages (<http://countrystudies.us/bangladesh/33.htm>). Particularly in working-class communities, grown children tend to establish their own households within the same general area as their parents, aunts, uncles, and grandparents. These extended family members tend to gather often for family events and to feel responsible for helping and supporting one another, both emotionally and financially.

Particularly in the case of single-parent households, it can be helpful for extended family members to share a single household in order to share the burden of meeting expenses. On the other hand, sharing a household can present a disadvantage depending on the sizes and number of families involved, particularly when only a few members shoulder most of the responsibility to meet expenses for the family's basic needs (<http://countrystudies.us/bangladesh/33.htm>). In many cultures, such as in those of many of the Southern Europeans, Asians, Middle Easterners, Africans, Latin Americans, and Pacific Islanders, extended families are the basic family unit. Cultures in which the extended family is common are generally collectivistic cultures. Australian Aborigines are another group for whom the concept of family extends well beyond the nuclear model. Where families consist of multiple generations living together, the family is usually headed by the oldest man. More often than not, it consists of grandparents, their sons and

their son's families. A joint Hindu family otherwise called a 'Hindu Undivided Family' (HUF) consists of all persons lineally descended from a common ancestor, and includes their wives and unmarried daughters. A daughter ceases to be a member of her father's family on marriage and becomes a member of her husband's family. The joint and undivided family is the normal condition of Hindu society. A family that does not own any property may, nevertheless, be joint. Where there is joint estate, and the members of the family become separate in estate, the family ceases to be a joint family (Wikipedia).

4.6 Present Nature of Family Structure

Traditionally and religiously the elderly people of Bangladesh are very much respectable and they are treated as the symbol of family identity. They are treated as the guardian of ancestral values and provider of continuity since the time immemorial. They are always respected and the young tries to take best care of their elderly relatives in the family but due to various socio-economic reasons the traditional values and customs are eroding. With the advent of technology the younger found the experiential knowledge of the elders to be outdated. Therefore, the youth no longer likes to live with the elders. Moreover, now the younger has to go out for work. As a result, traditional joint families have broken down and in most cases familial supports have been withdrawn from the elders like other countries of this region (Anderson and Taylor, 2007). Nuclear family is a term used to define a family group consisting of a father and mother and their children. This is in contrast to the smaller single-parent family, and to the larger extended family. Nuclear families typically center on a married couple, but not always; the nuclear family may have any number of children.

There are differences in definition among observers; some definitions allow only biological children that are full-blood siblings, while others allow for a stepparent and any mix of dependent children including stepchildren and adopted children (Browne, 2011). Alternate definitions have included family units headed by same-sex parents, and perhaps additional adult relatives who take on a cohabiting parental role.

In our culture the nuclear family receives most attention. It usually has a separate residence; it is commonly a self-supporting unit (Stuart, 1985). In its most common usage, the term nuclear family refers to a household consisting of a father, a mother and their children all in one household dwelling.

4.7 Theoretical Approach to Family Change

The family is one of the most complex social institutions. It is affected by biological process, psychological dynamics, cultural values, demographic changes and long term historical change. Among the various sociologists who have discussed about family changes William F. Ogburn is one of the pioneers. Ogburn presents the argument that invention and discoveries of modern society have led to the decline of the family's economic, educational, recreational, religious and protective functions (Pervin, 1999). Ogburn believes that society is changing all time and this change of society is related to the change of culture. He has mentioned two dimensions of culture: (1) Material culture (technology, factories, machines, transportation etc.); and (2) Adaptive culture (values, ideas, attitudes, customs etc.). He has assumed the hypothesis of 'cultural lag' i.e. changes in the material culture occur and cause changes in the adaptive culture that result in continuous maladjustment between the two types of culture. Since family system changes as a result of material culture

changes. In 1955 Ogburn published his book *Technology and the Changing Family*. Here the author presents the following list of the significant changes in the American family with the collaboration of F. Nimcoff: (1) increasing divorce rate; (2) wider diffusion of birth control and decline in family size; (3) decline the authority of husbands and fathers; (4) increase the number of wives working for pay; (5) increase in sexual intercourse apart from marriage; (6) Increasing individualism and freedom of family members; (7) increasing transfer of protective functions from family to state; and (8) decline of religious behavior in marriage and family (Hutter, 1988).

Another sociologists Ernest W. Burges has mentioned the change in family system through a conceptual framework 'symbolic interactionism'. Emphasizing upon the psychological side of the family Burges has defined family a 'a unit of interacting personalities (Paul, 1985). He believes that every family has both social and psychological functions that appear through interactional patterns. Burges tells that economic, educational, recreational, health protection and religious functions are being transformed to other institutions (Hutter, 1988).

William J. Goode, another sociologist studied the transformation of family in several societies. He finds out that there are a number of reasons why industrialization and the shift to the nuclear family must go hand in hand. Goode observes that in an urban environment people turn to agencies and institutions other than the family to meet many of their needs (Goode, 1982). Gerald Leslie has pointed out the functional changes of the family in the context of American family. In the 19th century there were a lot of changes occurred in the traditional American family because of immigration. Leslie opines that there were certain opportunities (economic opportunity, intermarriage etc.) that

existed as a result of large scale immigration. Industrialization also brought changes in families with big industries, monopolizing the work market and transforming the ancient values of people (Gold, 1982). Women's employment outside the home has become more acceptable and child rearing is increasingly viewed as the responsibility of both parents (Ahrons, 1987).

Industrial revolution and Second World War have challenged and changed the stable ideal of family. By the end of the fifties and early sixties, radical changes were becoming evident (Manning, 1970). Now, technological innovations like television, video cassette, computer and medical and health advances have affected families.

4.8 Determinants of Change in Family Structure

Fertility Change

The reduction in average annual rate of population growth, which is a global phenomenon, primarily occurred due to reductions in fertility levels. An inevitable outcome of declining fertility rates and increasing age at first birth in most of the countries in the world is a reduction in family size (Islam, 2011). Fertility decline is due to the combined effect of substantial socio-economic development achieved during in the last two decades and the effective implementation of family planning programmes. The contribution of socio-economic development to fertility decline was mainly by increasing the cost of children. It became irrational for many people to have large families. A main, emerging feature in the modern family system is the changing attitude towards the value of children. In traditional societies, where human labor was a source of strength to the family, more children were preferred to fewer. But as the

economic contribution from the children in a family decreased, because of a move away from agriculture, the need for large numbers of children decreased. Improvements in health care and child survival also contributed. The emphasis was on the quality of life rather than the quantity of children, a new concept added to family values. Fertility or below has at first partly, and then wholly, been a result of delayed marriage and, to a lesser degree, increased singlehood, both linked to the rising status of yuwomen(www.un.org/esa/socdev/family/publications/mtdesilva).

Change in Age at Marriage and Age at First Birth

In many countries in Asia where significant declines in fertility are being experienced, reductions in the proportion of people married have often coincided with or preceded declines in marital fertility. A substantial increase of the proportions never married, among both males and females, at young ages, has been noted in many countries. For instance, in Bangladesh, the proportion of females never married in the age group 20-24 increased from 4.6 per cent to 18.5 during the period of 1997 and 2000 a significantly higher proportion of never married females in the age group 20-24. A consequence of the increase in the proportion of never married young adults is the gradual upward trend of the average age at marriage. Postponement of marriage among females in South and Central Asian countries resulted generally in postponement of child bearing. The age at which women start child bearing is an important demographic determinant of fertility. The median age at first birth in South and Central Asian countries increased slightly in recent years. For instance, median age at first birth in Bangladesh was 16.9 years for women who are currently age 45-49 years, while the corresponding figure is 18.4years for women who

are in the age group of 20-24 years (www.un.org/esa/socdev/family/publications/mtdesilva).

Change in Mortality

Mortality declines, particularly infant mortality, everywhere preceded fertility declines. Improved survival rates of children mean that when women reached the age of 30 they increasingly had achieved the completed family size they desired. Earlier, much larger numbers of births were required to achieve the desired completed family size. However, in comparison with South Asian countries, excluding Sri Lanka and Maldives, all the countries in Central Asia are well ahead in their mortality transition and reported of lower infant mortality, which is a prerequisite for fertility decline. Mortality decline, followed by fertility decline, alters the age structure of the population and also the structure within individual families (www.un.org/esa/socdev/family/publications/mtdesilva). In Bangladesh we see the same matter about the declining rate of mortality.

Change in Size and Structure of the Households

In Bangladesh, most young people after their marriage live jointly with their parents and later move to another place whenever custom imposes or economic conditions permit the new couple to do so. Bangladesh indicates a marginal decline in prevalence of large households. The reduction of the family size could be attributed partly to economic difficulties, low levels of income, the high cost of living, the costs of education of children and the desire to maintain a better standard of living, which is best achieved within the more affordable smaller size family. Consequently, the nuclear family with its parents and children, became the model of society and soon ruled out the

traditional, extended family usually constituting three generations (www.un.org/esa/socdev/family/publications/mtdesilva). A few decades ago in our country single person households were virtually not existent. As a result of population ageing, migration, and other social and economic changes occurring in the region, there is an emerging trend of single person households.

Female Headed Households

In many societies in Bangladesh, the oldest male is designated as the head of household regardless of whether he is the primary source of economic support, the authority figure, or fulfills other tasks purportedly performed by household heads (Ayad et al., 1997). In the mean-time female headed households have become a steadily growing phenomenon. The increase in female headed households could be due to variety of reasons including widowhood, migration, non-marital fertility and marital instability (Bruce and Lloyd, 1992). In recent decades an increasing number of women, particularly rural women, have become heads of households because men, the traditional heads of households, had left for work or other reasons. A typical feature is that these households are smaller than male headed households (www.un.org/esa/socdev/family/publications/mtdesilva).

Marriage Dissolution

It is no longer the case that all marital unions, whether formal or informal reach the final dissolution through death. A considerable proportion of unions are disrupted suddenly for reasons such as desertion, separation or divorce. An obvious failure in family relationship is where husband and wife cease to live together. Divorce is the final dissolution, leaving both spouses legally free to

enter another marriage contract (Islam, 2011). A variety of grounds for divorce is recognized across the countries and of those the two broad categories are cruelty and desertion. The law has not only initiated legal changes to enhance the status of women and their children within the family, but also it contributes largely to dissolution of unsatisfactory marriages. Separation or divorce may stigmatize a woman in Asian countries, reducing her social status and shrinking her support network, causing sometimes community members or her ex-partner's kin to reject her (Bruce, 1995). In many countries, the incidence of divorce is increasing and this phenomenon is no exception to the South and Central Asia. In the last decade, Bangladesh reported an increase in the proportion of divorced women in the age group 45-49. It is worth noting that at young ages risk of divorce is higher. This is supported by evidence from a number of Demographic and Health Surveys. Nevertheless most divorced women tend to remarry subsequently. Those women who are divorced at latter ages are more likely to remain single for the rest of their lives and live with their dependents. Divorce is sometimes thought to be the only solution to an unbearable relationship. It frees the spouse and children from a situation which may be damaging to the entire family (www.un.org/esa/socdev/family/publications/mtdesilva). The idea that when a couple has children it will be less likely to divorce is widely accepted in our society. However it encourages the pattern of nuclear family structure.

Migration

Rural to urban migration enhances the process of urbanization and is inevitably linked to the process of economic development. The flow of people from rural to urban areas occurs largely for economic reasons. There are other reasons,

such as the better educational or health services available in urban areas, that function as pull factors to draw people from rural to urban areas. Social and economic disparities and lack of job opportunities in rural areas have resulted in increased rural to urban migration in many South Asian countries (Perera, 1992). As much as there is a substantial impact of internal migration on the family, this internal migration affects the structure and the functions of the family. For married women the chances to break out from a confined role appear to be greater in urban than in rural areas. They can more easily evade the direct control of their family, causing traditional family structures to collapse and paving the way for development of new ones (William, 1993). Such outcomes are particularly important in patrilineal and patrilocal societies, when migration results in living away from the woman's in-laws which in turn encourages the development of more intimate and egalitarian relationships between the husband and wife (www.un.org/esa/socdev/family/publications/mtdesilva).

Demographic Ageing

Demographic ageing is defined as an increase in the share of the aged population in relation to other segments in the age structure of a population. Manifold changes occurring in developing countries, together with the rising living standards and adoption of advanced medical technology have caused significant changes in the levels of fertility and mortality. The changing demographic scenario in the South and Central Asian countries has led to a significant increase in the proportion of older persons. Thus, as much as in developed regions, population ageing is emerging as a serious problem in many South Asian countries including Bangladesh. These trends have

interacted with major changes in patterns of individual and family life. In combination with economic development and social change, increases in the average lifetime of the individual allow for greater time spent in family roles (UN, 1994). The demographic ageing process and the resultant issues are an outcome of irreversible changes. Among the observed effects of mortality decline are changes that occurred in fertility. In addition to the impact of social change, which reduced the desirability of large families, the success of family planning programmes contributed to a decline in fertility. Lower fertility meant that the proportion of older persons to the total population began to rise. International migration of younger persons further aggravated the situation. The age selectivity of migration skewing towards younger ages contributed to the ageing of societies (UN, 1999). More significant is the progressive upward trend in the growth rate of older persons and declining trends in national growth rates. Projections indicate a pronounced increase in the elderly population in the decades to come, leading to changes in the dependency ratios. The result is that increasingly large proportions of older persons will be dependent on a gradually declining proportion of people of working age (those who are 15 to 59 years). Associated with these trends affecting the economy are implications related to family support of older persons (UN, 1999). Support ratios, which measure the number of persons in the working ages per every older person, have declined in most countries in South Asia as well as Bangladesh. The support ratio will decline significantly in the next two decades. Caring for older persons seems to have other implications that are an outcome of changing societal norms and the resultant changes that had taken effect within families. The traditional obligations towards parents and the duty, to provide them with the love and care that they deserve, are now difficult to fulfill. The prospect of

the younger people living with their parents is becoming increasingly difficult if not impractical, as the search for employment opportunities takes them more to locations away from their homes and to distant lands (UN, 1999). The process of ageing ultimately leads to loss of formal occupation, resulting in loss of income in most cases, causing economic hardship in old age. When the sole means of survival is the income from occupation, as is usually the case, this would undoubtedly be a hard blow (www.un.org/esa/socdev/family/publications/mtdesilva). Not only will self-sufficiency and economic independence be lost, but overall standards of living will decline.

Phase of Transition towards Nuclear Concept

In recent decades, globalization has tended to promote the nucleation of family units. Difficulties of child bearing and rearing due to formal sector employment, lack of government incentives, global cultural influences, and rural to urban migration have diminished the importance of the extended family (<http://www.leeds.ac.Uk/cava/papers/wsp7b>). The nuclear family has a high capacity for mobility. This capability is advantageous as families move from one place to another within short periods of time due to the instability and working routines involved with new kinds of jobs. Another adaptive method of coping with new trends is for families to consume services they no longer provide directly to their members. Moving towards substitutes for familial functions and services is marked by a growing number of day care centers, super markets and take-away restaurants, homes for the aged, and paid hospitals for health care.

Poverty

Poverty is common in South Asian countries. It is a dehumanizing condition which leads to marginalization and alienation of families, making family members vulnerable to social ills. Poverty has, in a way, determined the family structure. Many poor families are large in size. One explanation for the perseverance of high fertility in Bangladesh is that economic insecurity leads parents to desire a large number of children, who are considered assets in the patriarchal production structure and an insurance against old age destitution and poverty (Adams, 1975). The conceptualization is that when parents become aged, the children will look after them. In Sri Lanka an affluent family has only one or two children; the tendency in the middle class is generally to have a smaller family. In a poor family usually, 4-8 children are found, especially in the dry zone areas. Agricultural communities need more labor and in that context, a large family is a resource base and acts as insurance for old age support. In the long run large families create problems especially about inheritance of land and property. In an agricultural society this is very crucial as fragmentation of land occurs with every generation. In Bangladesh some parents prefer sons to daughters (Muhwi and Preston, 1991) because they have higher earning potential and are expected to assist in times of crisis or when parents are aged and no longer able to support themselves. Poverty can cause people to take part in antisocial activities (www.un.org/esa/socdev/family/publications/mtdesilva).

Modernization, Industrialization and Westernization

In South Asian countries where predominantly a traditional society existed for generations especially with an extended family system, a vacuum is created

between the traditional society and the modern society, when modernization, industrialization and urbanization take place. This leads to adjustment problems and feelings of insecurity and alienation from traditional land and family. Extended family no longer exists due to physical, social and economic environments, particularly in the urban settings, creating the problems of caring for children, older persons and the sick. Other social problems such as housing, sanitation, and crime are on the increase. Family disruptions take place specifically due to adjustment problems and collapse of family values. The association of modernization, industrialization and urbanization processes and the declines in fertility rate is a positive sign for development (www.un.org/esa/socdev/family/publications/mtdesilva).

Family Disintegration

The advantages and disadvantages of the family system and the modern influence are working towards the disintegration. The chief factors responsible for this disintegration are the development in the cities on the one hand or loss or decline of old occupation due to subdivision of land and competition from large scale industries on the other hand employment opportunities for women, clinging on holding individualistic bias of civil law which has helped in the easy division of joint family property.

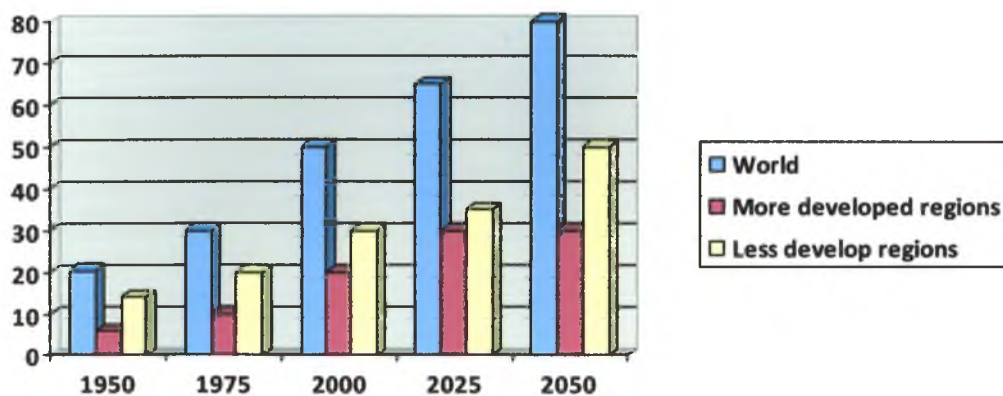
Chapter Five

Population Ageing: Global and Asia Perspective

Population Ageing: Global and Asia Perspective

5.1 Ageing in Global Context

The advances in medical knowledge may have led to an increases in life expectancy and increases in the number of older people in society. The rapid increase in the number of older people in the population raises various social, economic, and health concerns. Developing countries will face the challenge of their own development concurrently with the aging of their societies. Particularly in developed countries, where low fertility has prevailed for a significant period of time, relative increases in the older population are now primarily determined by improved chances of surviving to old ages (United Nations, 2004). (Figure: 4, Population aged 60+ over world and development regions, (1950-2050).

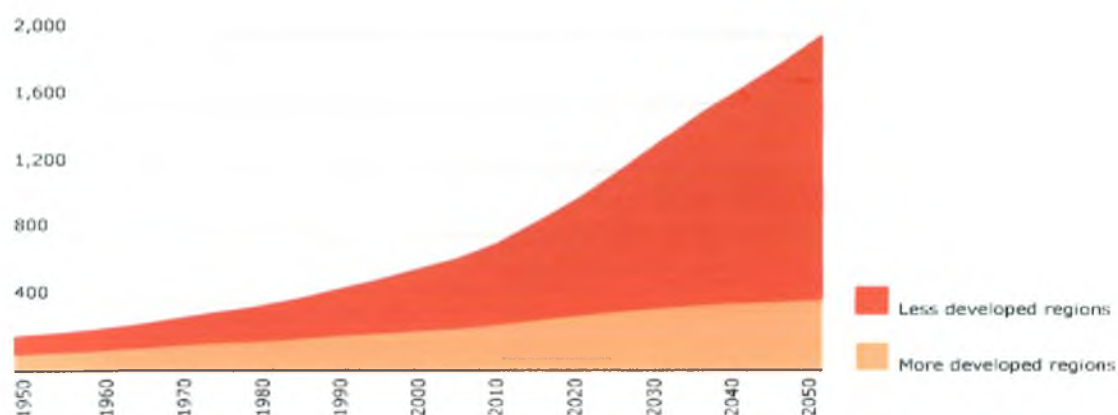


(Source: United Nations; 2004).

Between 1970 and 2025 a growth in older persons of some 694 million or 22 percent is expected (United Nations, 2004). In 1950, only 3 countries had more than 10 million people 60 or older: China (42 million), India (20 million) and the United States of America (20 million). Fifty years later, the number of persons

aged 60 or over increased about three times to 606 million. In 2000, the number of countries with more than 10 million older people: China (129 million), India (77 million), the United States of America (46 million, Japan (30 million and the Russian Federation (27 million) over the first half of the current century. The global population 60 or over is projected to expand by more than three times to reach nearly 2 billion in 2050 with 80 percent of them living in developing countries (figure-1). By then, 33 countries are expected to have more than 10 million people 60 or over, including 5 countries with more than 50 million older people: China (437 million), India (324 million), the United States of America (107 million), Indonesia (70 million) and Brazil (58 million) (United Nations, 2002). Population over 60 by region is shown by graph below;

Figure- 5: Population over 60 by region



Source: World Population Prospects: The 2004 Revision Population Database, UN Department of Economic and Social Affairs
<http://esa.un.org/unpp/index.asp?panel=2> (23 November 2006)

Until now, population ageing has been mostly associated with more developed regions of the world. For example, currently nine of the ten countries with more than ten million inhabitants and the largest proportion of older people are in Europe, little change in the ranking is expected by 2025 when people age 60

and over will make up about one-third of the population in countries like Japan, Germany and Italy closely followed by other European countries. In 1998 report of the United Nations population fund notes that the sixty-five and older population worldwide grew by about 9 million in 1998. By 2010 this population will grow by 14.5 million; by 2050, 21 million. The most rapid growth of the sixty five and older group will take place in the industrialized nations of the world, where families have fewer children and people live longer than in poorer countries. In the industrialized countries the percentage of the older population grew from 8% in 1950 to reach 14% in 1998 and it is projected to reach 25% by 2050 (United Nations; 2006).

Table-1: Countries with more than 10 million inhabitants (in 2002) with the highest proportion of persons above age 60 (percentage)

2002		2025	
Italy	24.5	Japan	35.1
Japan	24.3	Italy	34.0
Germany	24.0	Germany	33.2
Greece	23.9	Greece	31.6
Belgium	22.3	Spain	31.4
Spain	22.1	Belgium	31.2
Portugal	21.1	USA	29.4
USA	20.8	Netherlands	29.4
Ukraine	20.7	France	28.7
France	20.5	Canada	27.9

Source: (WHO, 2002)

The majority of the people over 80 in the world 53% lived in the more developed regions. In course of the next half century, however, the population aged 80 years or over is expected to grow significantly faster in the less developed regions. In some developing countries such as republic of Korea

and Singapore, the number 80 years or older is projected to increase by a factor of about ten from 2000 to 2050. Those 80 or over are now only slightly more than 1 percent of the total human population. This proportion is projected to increase almost four-fold over the next 50 years, to reach 4.1 percent in 2050. Currently, only one country, Sweden, has more than 5 percent in this age group. By 2050 the over 80 age group is projected to number almost 379 million worldwide, about 505 times as many as in 2000 (69 million persons). In 1950, persons over 80 numbered less than 14 million. By the end of this period, Japan is expected to have by far the world's largest number and proportion of centenarians. Nearly 1 percent of Japan's population will be 100 years old or older (United Nations, 2006). On the other hand population ageing in less developed regions is also significant. Older people around 70 percent live in developing countries (United Nations; 2005).

Table-2: Absolute numbers of persons (in millions) above 60 years of age in countries with a total population approaching or above 100 million inhabitants.

2002		2025	
China	134.2	China	287.5
India	81.0	India	168.5
USA	46.9	USA	86.1
Japan	31.0	Japan	43.5
Russia	26.2	Russia	32.7
Indonesia	17.1	Indonesia	35.0
Brazil	14.1	Brazil	33.4
Pakistan	8.6	Pakistan	18.3
Mexico	7.3	Mexico	17.6
Bangladesh	7.2	Bangladesh	17.7
Nigeria	5.7	Nigeria	11.4

Source: (United Nations; 2005).

Over the next 50 years, life expectancy at birth is projected to increase globally by 10 years, to reach 76 years in 2045-2050. As mortality becomes more concentrated at older ages of the population, the gap in life expectancy among regions will tend to decrease. By the end of the next quarter century, life expectancy at birth is expected to reach, on average, 80 years in the more developed regions and 71 years in the less developed regions. By 2045-2050 it is expected to have rises to 82 years in the more developed regions and to 75 years in the less developed regions. Thus, an international gap of about 7 years is expected by 2045-2050, down from approximately 9 years in the period 2025-2030 and from almost 12 years at present (United Nations; 2006).

In the case of the least developed countries, where mortality levels at young ages remain high, proportional improvements in life expectancy during the next 50 years are still expected to be higher at birth than at older ages. In the period 1950-1955, the global average annual rate of increase in the number of persons aged 60 years or over was only slightly higher than the rate for the total population (both around 1.8 percent). Currently, the growth rate of the older population (1.9 percent) is significantly higher than that of the total population (1.2 percent). In the near future, the difference between the two rates is expected to become even larger as the baby boom generation starts reaching older ages in several parts of the world. By 2025-2030, projections indicate that the population over 60 will be growing 3.5 times as rapidly as the total population (2.8 percent compared to 0.8 percent). Though the growth rate of the 60 or over age group is expected to decline to 1.6 percent in 2045-2050, it still will be more than 3 times the total population (0.5 percent) by the end of the second quarter of this century.

As the older population has grown faster than the total population the proportion of older persons relative to the rest of the population has increased considerably. At the global level, 1 in every 12 individuals was at least 60 years of age in 1950 and 1 in every 20 was at least 65. By the year 2000, those ratios had increased to 1 in every 10 aged 60 years or older and 1 in every 14 aged 65 or older. By the year 2050, more than 1 in every 5 persons throughout the world is expected to be aged 60 or over while nearly 1 in every 6 is projected to be at least 65 years old (United Nations; 2006).

The more developed countries are in general in a more advanced stage of the demographic transition; thus, the proportions of older persons there are projected to remain significantly higher than the proportions in the less developed regions well into the twenty-first century. Almost one fifth of the population in the more developed regions, but only 8 percent in the less developed regions, was aged 60 or older in 2000, up from 12 percent and 6 percent respectively in 1950. By 2050, 1 in every 3 persons living in the more developed regions is likely to be 60 or older and about 1 in every 4 is projected to be 65 or older. In the less developed regions, nearly 1 in every 5 is projected to be over 60, while 1 in every 7 is projected to be over 65 (United Nations; 2006).

Europe is currently the world's major area with the highest proportions of older persons and is projected to remain so far at least the next 50 years. About 37 percent of the European population is projected to be 60 or over in 2050, up from 20 percent in 2000. Almost 30 percent is projected to be 65 or over, up from 15 percent in 2000. In contrast, only 10 percent of the population of Africa is projected to be over 60 in 2050, up from 5 percent in 2000. The proportion 65 or over is projected to rise from 3 percent in 2000 to 7 percent in 2050.

Although the percentages of older persons are significantly greater in the more developed regions, the number of older people is increasing larger in the less developed regions. Over the last half century, the number of people aged 60 or older increased globally by an average of 8 million persons every year. Of this increase, 66 percent occurred in the less developed regions and 34 percent in the more developed regions, as a result, the proportion of the world's population over 60 living in the less developed regions rose from slightly over half (54 percent) in 1950 to 60 percent in the year 2000. Over the next half century, this will intensify. In the more developed regions the number of persons aged 60 or over will increase by about 70 percent, from 231 million in 2000 to 395 million in 2050. In contrast, in the less developed regions the older population will more than quadruple during this same period, from 374 million to 1.6 billion. By 2050, nearly four fifths of the world's older population will be living in the less developed regions (United Nations; 2004). Currently, six countries account for 54 percent of the total number aged 80 years or over. They are China with the largest number (12 million), United States of America (9 million), India (6 million), Japan (5 million), Germany (3 million) and Russian federation (3 million). In 2050, six countries will have more than 10 million people aged 80 years or over; China (99 million), India (48 million), United States of America (30 million), Japan (17 million), Brazil (10 million) and Indonesia (10 million) (United Nations; 2006).

5.2 Population Aging in Asia

The sociologists Ginn and Arber (1995) have drawn a parallel between the past invisibility of gender and present day invisibility of aging and later life. Although they refer specifically to the situation in Britain, the invisibility of the elderly

population reflects the situation in most low income countries, not only within countries but also in relation to the global discourse. This is reflected in the fact that most gerontological research is focused in the high income nations (Kinsella 1996; Neysmith 1990), despite nearly 60 percent of the world's elderly population living in the low income regions of the world and the rapid increase of elderly in these regions compared to the industrialized world (Kalache 1996; Restrepo & Rozental 1994). Many low income nations lack concrete social and health policy relevant for their elderly populations (Kalache 1996; Tracy 1991).

Three patterns emerge when examining the projected increase in the global elderly population over the next half century: relatively small increases in most of Europe (below 50 percent); large increases in countries with high immigration in recent times (e.g., 135 percent in Canada); and the highest percentage increases in developing countries (e.g., 200 percent in Bangladesh) (Sen, Kalache & Coombes 1993). By the year 2025, it is expected that 75 percent of people over 60 years of age will live in low income regions compared to 50t percent wo decades ago (Alvarez 1993; Kosberg 1992).

All across Asia, the number of people age 65 and above is expected to grow dramatically over the next 50 years. For the region as a whole, the population in this age group will increase by 314 percent-from 207 million in 2000 to 857 million in 2050. Facing an unprecedented pace of population aging, Asian governments must tackle important policy challenges. How best can the needs of the elderly be met? Will current approaches to support the elderly place an undue burden on the younger generation? And are there dangers that programs for the elderly will undermine economic growth? These issues are also being confronted in the West where population aging is more advanced.

But the process of population aging is occurring much more rapidly in Asia than it did in Western countries, and it will occur in some Asian countries at a much earlier stage of economic development. In 2000, the average age in Asia was 29 years. An estimated 6 percent of the region's total population were age 65 and older, 30 percent were under age 15, and 64 percent were in the working-age group of 15 to 64 years (United Nations 2001). Table-3 gives the proportions in these age groups for Asia's sub-regions and countries. In general, the countries of East Asia are furthest along in the population aging process, followed by Southeast Asia and then South Asia. Over the next 50 years, the number of elderly men and women in Asia will more than triple (www.eastwestcenter.org).

Table- 3: Projected growth of Asia's elderly population

Region or Sub region	Number of people Percent age 65 and above (1,000s)			Percentage increase 2000-2050
	2000	2025	2050	
Asia	206,822	456,303	857,040	314
East Asia	114,729	244,082	393,802	243
Southeast Asia	24,335	57,836	128,958	430
South Asia	67,758	154,385	334,280	393

Source: United Nations (2001) available at www.eastwestcenter.org

Notes: All data are based on the United Nations medium fertility variant. The analysis includes Taiwan.

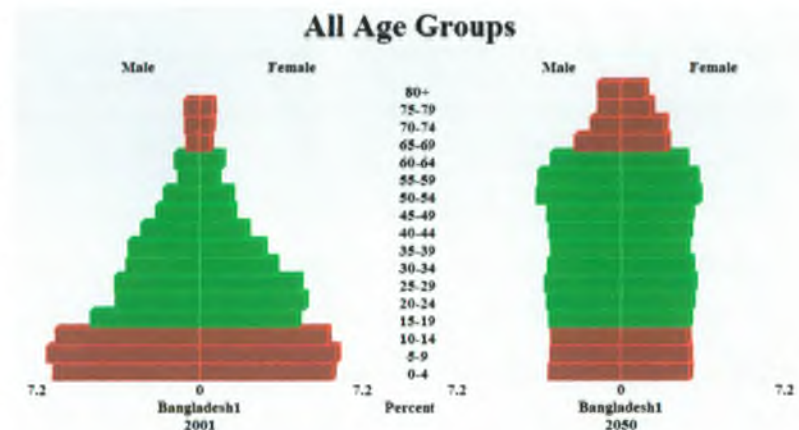
The exceptions are Singapore in South-east Asia and Sri Lanka in South Asia, where relatively large proportions of the population are elderly, and Mongolia in

East Asia, where the proportion of elderly is still small. Japan has the oldest population in Asia, with 17 percent people age 65 and older, and the most rapidly aging population in the world. The United Nations medium scenario anticipates that 29 percent of Japanese will be 65 or older by 2025 and 36 percent will be 65 or older by 2050. Bangladesh, by contrast, has the youngest population of any major country in the region, with 3 percent 65 or older in 2000. But even Bangladesh and Asia's other young populations will experience rapid population aging during the coming decades. Bangladesh's 65-and-older population is projected to rise to 5 percent in 2025 and 11 percent in 2050 (United Nations, 2008).

5.3 Population Ageing in Bangladesh

The medium variant projection that assumes $NRR=1$ and life expectancy at birth of 68 years by 2016, shows that Bangladesh's population will increase up to 172.3 million in 2021 and 218.04 million in 2051 which mean addition of

78.0 million more people to the present population in a span of four decades. Population growth rate will be reduced from current level of



1.5 percent to 0.56 percent in 2051. The implications of this projection are that there shall be a considerable shift in the age-structure of population. For example, the size of the population below 15 years shall be 49 million in 2051 against 52.4 in 2001 (United Nations, 2006).

The size of the school age population in absolute number shall decrease to 32.4 million against 34.2 in 2001; while the working age population (15-64) will increase up to 155 million (as against 85 million now), aggravating further the strained labor market; and number of elderly population (i.e. 65 year+) shall be 29.8 million as against 5.8 million now requiring old age supports and medical care. Developing countries like Bangladesh the elderly population is also increasing in a remarkable rate. The table-4 below shows the trend of increase in the number of elderly persons in Bangladesh.

Table-4: The trend of increase in the number of elderly persons in Bangladesh

Sl. No.	Age group	Population census of 1974	Population census of 1981	Population census of 1991	Population census of 2001
1	55-59	1351885	1620374	1949721	2356440
2	60-64	1682629	1948649	2270142	2828640
3	65-69	735255	901571	1092919	1443140
4	70+	1639056	2053133	2339704	3318560

Source: Bangladesh Bureau of Statistics, 2006

Bangladesh is now the 7th populous country in the world and is projected to remain in the same position in 2050. The percentage increase of the elderly population has a slow but steady increase during 1951-2008 periods. Although the percentage increase is not that high (from 4.4 to 6.7) during 1951-2008 periods, the increase of the absolute number of the elderly people is absolutely alarming. The absolute number of the elderly population has increased from 1.94 million in 1951 to 9.69 million in 2008. The national population has about 3.27 fold increases whereas the elderly population has a 5-fold increase during 1951-2008 periods (shown in table-5).

Table-5: Number, Percentage of National & Elderly Populational, 1951-2008

Year	National population		Elderly population			
	Number (in millions)	Growth Rate	Number (in millions)	Variation		Percent
				Number	Percentage	
1951	44.17	0.50	1.94			4.4
1961	55.22	2.26	2.87	0.93	47.94	5.2
1971	76.40	2.48	4.35	1.48	51.57	5.7
1981	89.91	2.35	4.95	0.60	13.79	5.5
1991	111.46	2.17	6.02	1.07	21.62	5.4
2001	130.52	1.59	8.09	2.07	34.39	6.2
2008	144.66	1.40	9.69	1.60	19.77	6.7

Source: 1) BBS, 2009, Report on Sample Vital Registration System, 2008 P-XVII

2) BBS, 2007, Population Census 2001, National Series, Volume-1, Analytical Report, P-32-33, 68

The average life expectancy in Bangladesh was 56 year in 1990 and it is increased 68.2 year in 2000, 68.33 year in 2009. This relatively faster increase in those elderly populations will contribute to a higher dependency ratio to population in the non- productive age group. In the projected population from 1911 to 2025, this ratio will progressively increase to each 16.2 in the year 2025 (UN; 2005). As fertility rates move towards lower levels, mortality decline especially at older ages assumes an increasingly important role in population ageing. This shows a trend of increase in longevity of elderly people which will accentuate the problem of elderly care in the coming years. Simultaneously average life expectancy in Bangladesh is increasing gradually by different years (shown in table-6).

Table-6: Average life expectancy in Bangladesh

Year	National	Urban	Rural
1987	56.4	60.0	56.1
1988	55.1	60.2	55.3
1989	56.0	60.9	55.0
1990	56.0	59.5	55.0
1991	56.1	60.2	55.8
1992	56.3	60.5	56.0
1993	57.7	60.7	57.5
1994	58.0	60.8	57.7
1995	57.7	60.9	57.9
1996	58.9	60.8	58.2
2000	68.20	--	--
2005	68.25	--	--
2009	68.33	--	---

Source: UNFPA; 2009

Socio-demographic characteristics old age, family structure, health problem, and community attitude and support of the elderly population are various aspects of aging. Cultural traditions in Bangladesh usually provides adequate and sympathetic support for the elderly population but those who are staying in nuclear families are very vulnerable because their married children are not staying with them and thus they get very little care and support in case of need. With the rapid urbanization and modernization traditional value system has been changing.

The size of family is becoming smaller day by day. Now a day's many couples want to have only one baby. If this is case, then there will be one baby, two parents; and four grandparents in a modern extended family. This has been

called the inverse family pyramid. In our country the joint family is weakening day by day and the older persons are victims of various problems, That is why the united Nation principles for the older persons recorded; older persons should be able to reside at home for as long as possible. As a result, the aged who are vulnerable in many respects and need help from the family of origin and other kin are experiencing sufferings mainly due to lack of the "giving-receiving" services rendered especially to the wellbeing of the aged (Azam;1997).

Chapter Six

Demographic and Socio-Economic Characteristics of the Elderly People in Rural Areas

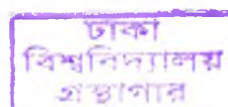
Demographic and Socio-Economic Characteristics of the Elderly People in Rural Areas

This section represents the demographic profile of the rural elderly in Bangladesh. Basically it shows the socio-economic background of the sample population in the study areas. For this purpose, this section considers some selected demographic characteristics of the rural elderly such as gender, age, religion, education, marital status, monthly income, land ownership, recreational situation, dependency status, marriage and family planning contraceptives and so on. A few days ago, Bangladesh was a country of young society but now the population structure of Bangladesh is rapidly changing and the aging process has been started in the society. Because of the reduction in fertility and mortality levels obviously the process of aging of a population it is dichotomized as (a) aging at base due to fertility reduction-the result of a slowdown of growth in the number of persons at the bottom of the age pyramid and (b) aging at the apex due to reduction in mortality-the result of an acceleration of growth at the top (UN 1956, Myers, 1990). Expectation of life has increased and more and more persons have a tendency to survive into their advanced ages of life. These variables are discussed for better understanding of background information of the rural older persons as follows:

Table-7: Gender identity of the respondents

Gender	Frequency	Percentage
Male	74	61.7
Female	46	38.3
Total	120	100.0

465957



Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The above table shows that 61.7 percent respondents are male and 38.3 percent respondents are female. The respondents are selected for this study from study areas by applying random sampling technique.

Table-8: Age-group of the respondents

Age categories	Frequency	Percentage
60-64	43	35.83
65-69	60	50
70-74	8	6.67
75-79	4	3.33
80-84	2	1.67
85-89	2	1.67
90-above	1	0.83
Total	120	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Mean: 67.02, Median: 65, Mode: 65, Standard Deviation: 5.068.

The age of the elderly people shows the age group of the respondents' i.e., the 'young old' (65-79 years) exhibits the highest concentration, while the 'old-old' (80+years) is the lowest. The average age of the respondent is 67.02 years which is very close to the average national life expectancy (67 years). The second highest percentage (35.83) of the respondent age group is 60-64. 10 percent respondents represent 70-74 and 75-79 age groups. Only 4.17 percent has crossed eighty years old. This table indicates that the average life expectancy is increasing gradually in our country. Development of medical science, awareness of the people and better nourishment has decreased the mortality rate and increases the life expectancy.

Table-9: Religious status of the respondents

Religion	Frequency	Percentage
Islam	109	90.8
Hindu	11	9.2
Christian	-	-
Buddhist	-	-
Total	120	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-9 refers that almost all the respondents i.e. 90.8 percent belong to Muslim community and rest 9.2 percent belong to Hindu community which is very relevant to the national distribution of the population on the basis of the religion. In data collection area neither Buddhist nor Christian respondent was available.

Table-10: Educational qualifications of the respondents

Male			Female	
Educational status	Frequency	Percentage	Frequency	Percentage
Illiterate	43	35.83	39	32.5
Class 1-5	14	11.67	7	5.83
Class 6-8	7	5.83	-	-
Class 9-10	2	1.67	-	-
SSC	2	1.67	-	-
HSC	3	2.5	-	-
Graduation and above	3	2.5	-	-
Total	74	61.67	46	38.33

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-10 shows that a significant number of elderly respondents could not claim to have any formal education because, most of them are illiterate. Gender inequality is greatly pronounced in this respect as a good number of males are literate while the females are basically illiterate. Comparing the level of literacy

between the male and female in rural areas, it is found that almost literacy rate is zero for the elderly women. Only 5.83 percent female respondents are literate and their educational status ranges from class 1-5 level. No female respondent could exceed the primary level of education in the study areas. Most of the respondents are illiterate (68.3 percent). Though they have no formal education but they are knowledgeable. They can manage everything with their earned knowledge and experiences. Only 6.67 percent male respondents have passed the SSC, HSC and Graduation. The historical development of formal education in the area suggests that before the 1950's education was primarily confined to the upper strata of the population in the society. Formal education was perhaps out of the reach of the lower segment especially in the remote rural areas. The bulk of the present cohort of the elderly people thus could hardly report any institutional education for them. It is also significant that the rural elderly respondents were not conscious about their education in that time.

Table-11: Marital status of the respondents

Marital Status	Frequency	Percentage
Married	100	83.3
Unmarried	-	-
Widow	16	13.3
Widower	4	3.3
Divorced	-	-
Separation	-	-
Total	120	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-11 reveals that all the respondents are married. A significant number of female elderly (13.3 percent) are widow and only 3.3 percent are widower. This

problem is greater among the elderly women. Marriage age gap between male and female was very high at the time of before liberation war of Bangladesh in rural areas. As a result, the number of widows is higher than that of widowers in the study. The issue of widowhood is significant because a woman's marital status is of primary significance to her survival and well-being. Once a woman is widowed, she is often denied access to resources as a husband's resources may be distributed among other family members or to an assigned male relative. As a result, widows have no security, are heavily dependent on sons/family, and have comparatively worse socio-economic situations as they lack opportunities to earn income and do not have savings. It is found that a large number of female elderly is living in their families as a widow. The plight of widowhood is severe and discriminatory among women and consequently they suffer more than widowers. Generally, men remarry after the death of their wives, but widows do not have similar social sanction.

Table-12: Marriage age of the female respondents

Marriage age	Frequency	Percentage
12.00	2	4.35
13.00	1	2.17
14.00	1	2.17
15.00	17	39.53
16.00	13	28.26
17.00	7	16.28
18.00	3	6.52
19.00	1	2.17
20.00	1	2.17
Total	46	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Mean age: 15.78 years, Median: 16 years and Mode: 15 years

The above table reveals that almost all the female respondents i.e. 89.1 percent got married at the age of before reaching 18 years. 6.52 percent female respondents got married at the age of 18 years and only 4.34 percent respondents crossed the 18 years. Marriage in proper time leads people to live with sound health in life. In the study, early marriage was frequently happened among the rural elderly respondents. So, it is noted that early marriage was a great problem among the elderly women in the rural areas. It indicates the high fertility and mortality rate, ill health, mother and child death and so on among the rural elderly. All the respondents got married in 1960s where marriage age was primarily confined in early age in rural areas. Almost the same scenario is found in case of male respondents (table-13).

Table-13: Marriage age of the male respondents

Marriage age	Frequency	Percentage
14.00	2	2.70
15.00	1	1.35
16.00	4	5.41
17.00	14	18.92
18.00	17	22.97
19.00	4	5.41
20.00	15	20.27
21.00	10	13.51
22.00	3	4.05
23.00	2	2.70
24.00	2	2.70
Total	74	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Mean age: 18.90 years, Median: 18 years and Mode: 18 years. The correlation of educational status with the marriage age of the male respondents is 0.525** at the significant level of 0.01(2-tailed).

Table-12 and 13 show that early marriage was a common problem among the rural male and female elderly. A good number of male respondents (28.38 percent) got married before reaching 18 years where the percentage of female counterpart is 89.1 percent. It is found that female sections are more victims of early age than the male sections. It is fact, at that time; early marriage was the tradition of our society. Generally, men used to be older than women by 5 or more years at the time of their age. 62.16 percent male respondents got married at the age of 18 to 21 years and only 9.45 percent respondents exceed 21 years age for their marriage. The correlation of educational status with the marriage age of the male respondents is 0.525** at the significant level of 0.01(2-tailed). It reveals that there is a significant correlation between these two variables which indicates that the increasing level of education increases the marriage age which indicates the low fertility.

Table-14: Number of children of the respondents

No. of children	Frequency	Percentage
3-4	8	7.66
5-6	25	20.83
7-8	46	38.33
9-10	30	25
11-12	9	7.5
13+	2	1.67
Total	120	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Average children of the respondent: 8 the correlation of educational status with number of children of the rural elderly is $-.383^{**}$ at the significant level of 0.01(2-tailed).

The above table explores that the high fertility rate was existence among the rural elderly. The number of children of the most respondents (72.5 percent) is seven or above where the range of children from 7-8 is 38.3 percent; 9-10 is 25 percent; 11-12 is 7.5 percent and 13 or above is 1.67 percent respectively. The growth rate was high in rural areas especially in 1960s because most of the respondents got married at that time. The table shows that on an average, there are 8 children at every respondent/family which is almost similar to the national statistics. The statistics shows that most of the respondent have unexpected number of children which contributes to over population in the country. It also indicates that most of the respondent couples did not adopt family planning methods during conjugal life. The correlation of educational status with number of children of the rural elderly is $-.383^{**}$ at the significant level of 0.01(2-tailed). It explores that there is a highly negative correlation between these two variables which indicates that the increasing level of education decreases the fertility rate in higher percentage. Most of the respondents are illiterate and less aware. So, the number of children is high to them. The table finds that only 7.66 percent respondents have the children up to 3-4.

Table-15: Family members of the respondents

No. family members	Frequency	Percentage
2-3	12	10
4-5	28	23.4
6-7	30	25
8-9	39	32.5
10-11	6	5
12-13	2	1.7
14+	3	2.5
Total	120	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-15 reveals that a significant number of elderly people i.e. 10 percent live with husband/wife or a child which indicates the single family/nuclear family. Joint/extended family is breaking gradually in rural areas due to poverty, individualistic thinking, changes of social values, marriage of the son, and dishonor of the family members to the elderly, migration from urban to rural areas and so on. Table-14 shows that on an average, every elderly couple has 8 children where table-15 explores that a large number of rural elderly (48.4 percent) live with husband/wife and a partial portion of their children. It indicates that the family members are being separated from their parents gradually. 32.5 percent respondents live with 8-9 family members and 9.2 percent respondents belong to ten or above family members.

Table-16: Whether the respondents take any family planning methods

Receiving family planning method	Frequency	Percentage
Yes	22	18.3
No	98	81.7
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The co-relation of receiving family planning method with educational level of the respondents is $-.396^{**}$ at the significant level of 0.01(2-tailed).

Table-16 indicates that only 18.3 percent respondents have taken any type of birth control contraceptives and majority (81.7 percent) of the respondents did not follow any type of family planning methods due to lack of education and awareness, prejudices, lack of availability of birth control contraceptives, lack of healthy recreation etc. As a result, almost all the respondents have many children. It is observed during the data collection that those who have taken family planning method adopt this technique after issued three to four children in many cases. As a result, the percentage of small number of children is lower than family planning method receivers. The co-relation of receiving family planning method with educational level of the respondents is $-.396^{**}$ at the significant level of 0.01(2-tailed) which shows highly negative significant between educational level and family planning method receivers. As per sequences of responses from the two variables, it refers that educational level increases, family planning method receivers also increases. So, educational status and family planning method of the respondents are highly co-related.

Table-17: Conjugal life duration of the respondents

Conjugal life duration (Years)	Frequency	Percentage
15-19	2	1.67
20-24	2	1.67
25-30	1	.83
31-35	11	9.17
36-40	16	13.33
41-45	57	47.5
46-50	20	16.67
51-55	8	6.67
56-60	2	1.67
61-65	1	.83
Total	120	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Mean: 42.83 years, Median: 43.5 years and Mode: 45 years

Table-17 shows that on an average every respondent has enjoyed 42.83 years of the conjugal life in rural areas. 47.5 percent respondents report that they have enjoyed conjugal life from 41 to 45 years. A significant number (25.84 percent) of rural elderly have enjoyed their conjugal life more than 45 years and 4.17 percent respondents have enjoyed conjugal life less than 24 years. The mode of the conjugal life duration is 45 years which indicates the early marriage of the respondents.

Table-18: Number of marriage of the respondents

No. of marriage	Frequency	Percentage
One time	114	95.0
Twice	6	5.0
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The above table reveals that 95 percent respondents have got married once and 5 percent elderly got married twice in their life time. Multi-marriage was happened only among the male respondents. The prevailing social values do not allow to get married one more time for the female.

Table-19: Occupational status of the respondents

Occupation	Frequency	Percentage
Agriculture	50	41.67
Agro-laborer	7	5.83
Government service holder	1	.83
Non-government service holder	1	.83
Unemployed/retired	9	7.5
Business	4	3.33
Day laborer (Van puller)	2	1.67
Others (house hold activities)	46	38.33
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The elderly are mostly dependent persons. It is found from the study that 47.5 percent rural elderly respondents are involved in agricultural works but they are not engaged in full-time in agricultural activities. Most of them are engaged in part time activities. 7.5 percent respondents are unemployed or retired from the job. Retired persons are dependent on pension and also in agriculture. It is found in the study that those who have carried out the household activities, almost all of them are female. They are totally dependent on their families. It is significant that many of the respondents are out of income earning activities. It is also mentionable that those who are involved in income earning activities are mostly in agro related jobs. This is a common feature of agro-based country.

Table-20: Monthly income of the respondents

Male			Female		
Income (Taka)	Frequency (N=74)	Percentage	Income (Taka)	Frequency (N=46)	Percentage
No income	15	12.5	No income	46	38.33
Less than 1000	5	4.17			
1000-2000	20	16.67			
2000-3000	12	10			
3000-4000	7	5.83			
4000-5000	7	5.83			
5000-6000	2	1.67			
6000-7000	1	.83			
7000+	5	4.17			
Total	74	61.67		46	38.33

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Monthly mean income: Tk. 1504.16, Mode: Tk. 1500 The correlation of co-efficient of age with income status of the respondent is -.043 (2-tailed).

Income earning opportunities are more difficult for older people due to physical limitations, cultural prohibitions and lack of micro-credit available to people of other ages. Table-20 shows that 50.88 percent respondents have no income to eke out the livelihood but they are involved in non-income activities. 4.17 percent respondents earn less than Tk. 1000 per month, 26.67 percent respondents earn in the range of Tk. 1000 to 2999 per month and 18.33 percent respondents earn Tk. 3000 and above taka per month. The overall mean income is only Tk. 1504.16. This meager amount of income of the elderly persons can affect their livelihood and health and consequently their participation in labor force activity. It is noted that most of the respondents have poor monthly income which is not sufficient for maintaining a standard of living. The correlation of co-efficient of age with income status of the respondent is -.043 (2-tailed). It indicates that there is a highly negative correlation between these two variables which explores that increasing level of age of the respondents decreases the income due to dependency or unemployment. Female respondents have no income. Men and women have separate work responsibilities and economic activities. Men are mainly the breadwinners while women maintain the household and perform the non-productive work. So, they have to depend on the offspring or others. Older men can continue to work outside the home easily than older women. Older persons face age barriers to employment opportunities. Many older persons report that they want to continue to work; many employers were unwilling to hire them as day laborers due to their age. Older women face both age and gender barriers in finding income generating activities. They are limited by social and cultural constraints in their activities and lack opportunities for employment.

Table-21: Monthly family income of the respondents

Monthly family income (Taka)	Frequency	Percentage
1000-2000	13	10.33
2001-3000	30	25
3001-4000	25	20.83
4001-5000	21	17.5
5001-6000	12	10
6001-7000	5	4.17
7001-8000	4	3.33
8001-9000	3	2.5
9001+	7	5.83
Total	120	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Mean income of the family is 4039.17 taka.

Table-21 reveals that majority elderly people in rural areas live in poverty or below poverty line. They cannot meet their basic needs. Family income of the 56 percent respondents is less than Tk. 4001 and 27.5 percent families earn in the range of Tk. 4001 to 6000 per month. Only 15.83 percent families earn Tk. 6001 or above per month. Table-20 shows that a majority portion of the rural elderly people have no income. But they contribute to the livelihood of their families and communities as part of the economic unit of the household.

Table-22: Pattern of land ownership of the respondents

Type	Frequency	Percent
Yes	85	70.83
No	35	29.17
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The above table indicates that 70.83 percent respondents answer that they have land possession in some form, but 29.17 percent respondents have no land of ownership. It indicates that a significant number of the respondents are landless in the rural areas which show the pattern of landless situation in the country. Access to resources, and therefore livelihood strategies, have changed for both older men and women. Before, when the respondent owned land, men worked in the land and women provided assistance after crops were harvested. Now, many respondents have lost their land to bear the family expenses.

Table-23: (If yes), land area owned by the respondents

Male (N=74)			Female (N=11)	
Land area (Decimal)	Frequency	Percentage	Frequency	Percentage
Less than 20 decimal	10	11.76	7	8.26
20-40	13	15.29	1	1.18
41-60	12	14.12	1	1.18
61-80	2	2.35	1	1.18
81-100	17	20	-	-
100-200	10	11.76	-	-
201+	4	4.70	-	-
Only holding land	6	7.05	1	1.18
Total	74	87.03	11	12.94

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Average land area: 60.4 decimal

Land property is the most influential component for indicating the prestige and honor of the rural elderly. Rural elderly people (70.83 percent) who belong to minimum amount of land ownership are shown in table No. 22. In the total cases of 85, it shows that 11.76 percent male respondents have less than 20

decimal of agricultural land. 51.76 percent male respondents' elderly belong to 20 to 100 decimal of agricultural land. Only 16.46 percent respondents have more than one acre agricultural land which is the sign of well off family in the rural areas. But it is significant that 7.05 percent respondents have only holding land. So, they have no minimum agricultural land that they can grow crops for survival. They have to depend on physical labor for earning money. Only 12.94 percent female respondents have a small amount of land property. Almost all the rural female elderly have lack of access to ownership of land property which indicates their vulnerability and dependency. The average land area owned by the respondents is 60.4 decimal of land which is very meager in meeting the basic needs.

Table- 24: Whether the respondents are dependent on others

Dependency status	Frequency	Percentage
Yes	90	75
No	30	25
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The correlation of dependency status with age of the respondent is -.254 at the significant level of 0.01(2-tailed).

Table-24 indicates that 75 percent respondents are somehow dependent on others and 25 percent respondents are not dependent on family/offspring. It shows that most of the elderly people are attached with the offspring and family which is the sign of higher dependency rate of the elderly in the society. The correlation of dependency status with age of the respondent is -.254 at the significant level of 0.01(2-tailed). It indicates that there is a highly negative

correlation between these two variables which shows that increasing level of age increases the dependency rate to the respondents. In the study, it is found that all the female respondents are totally dependent on their families/offspring. In rural areas, social norms discourage women from going outside for working which indicates the gender discrimination and vulnerability of elderly rural women.

Table-25: (If the answer is yes), on whom the respondents are dependent

Dependency status	Frequency (N=90)	Percentage
Spouse	18	20
Son	70	77.77
Daughter	8	8.88
Relative	5	5.55
Neighbor	4	4.44

*Multiple answers were possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-24 shows that almost all the respondents (75 percent) are somehow dependent on others on somehow. It is the universal and traditional scenario of rural areas in Bangladesh. In the number of total cases ninety, 77.77 percent respondents are dependent on their sons which indicate the existing social values of our society. A good number of respondents, 20 percent are dependent on their spouse. In the study, it is found that female respondents are dependent on their husbands. 8.8 percent respondents are dependent on daughter and 10 percent respondents are dependent on relatives and neighbors. The dependency trend of the respondents indicates that most of the respondents seek shelter in touch with their sons. In rural areas, sons are still regarded as the symbol of security in old age.

Table-26: Basic needs of the respondents

Basic need	Frequency (N=120)	Percentage
Food	120	100
Housing/shelter	32	26.67
Cloth	65	54.17
Health/treatment facilities	109	90.83
Recreation	31	25.83
Others	5	4.17

*Multiple responses were possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

All the respondents think that food is the top priority basic need for older people in rural areas. The second top priority is treatment/health care. Most of the older people (90.83 percent) expressed concern about their health as it directly impacts their ability to engage in income generating and household activities. 54.17 percent respondents opine that cloth is one of the basic needs for the elderly. 26.67 percent and 25.83 percent respondents mention that housing and recreation are also the basic needs. In addition, 4.17 percent respondents opine that caring is the basic need of the elderly. So, it is clear that most of the respondents do not know about the knowledge of basic human needs. Priority is given on food, health facilities, cloth, housing and recreational facilities enjoyment respectively as basic human need. It is found through the study that only educated respondents know that recreation is the basic need. It is because of ignorance about it.

Table-27: Have the respondents' sufficient income to meet their basic needs

Meeting the basic needs	Frequency	Percentage
Yes	26	21.7
No	94	78.3
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The correlation of co-efficient of income with meeting the basic needs of the respondent is $-.654$ at the significant level of $0.01(2\text{-tailed})$.

Table-27 shows that majority respondents (78.3 percent) have no sufficient income to meet their basic needs. Only 21.7 percent respondents mention that they meet their basic needs through their income. The majorities of older people lives in poverty in rural areas and are deprived of their most basic needs including food, health care, clothing, shelter and access to income/employment opportunities and sanitation system. The correlation of co-efficient of income with meeting the basic needs of the respondent is $-.654$ at the significant level of $0.01(2\text{-tailed})$. It is found that there is a highly negative correlation between these two variables which indicates that poor level of income leads the respondents to unmeet the basic needs.

Table-28: (If the answer is no), the unmet basic needs of the respondents

Type of basic needs	Frequency (N=94)	Percentage
Food	75	79.79
Housing/shelter	3	3.19
Cloth	35	37.23
Health/treatment facilities	90	95.74
Recreation	24	25.53

*Multiple answers were possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The majority of older people (78.3 percent, number of cases ninety four) in Bangladesh cannot meet their most basic needs. Food and health care are the top most priorities of the respondents which are remained unmeet in their life. 79.79 percent respondents mention that they cannot take three times meal a day as their requirements and satisfaction. Lack of adequate food is a result of numerous factors including: illiteracy, landlessness, lack of income earning

opportunities, dowry costs, poor health, and the inability of poor families to support older relatives. 95.74 percent respondents reply that health care facilities are not availed as per need. The health status of older people is poor and they lack access to health care facilities. Primary barriers to health care access in rural areas include cost, physical access, lack of specialized doctors and poor quality or inappropriate services. Basic needs; cloth and recreation are also remained unmet to 37.23 percent and 25.33 percent respondents respectively. Only 3.19 percent respondents feel lack of shelter. It is notable that almost all people get shelter in any type of houses in rural areas.

Table-29: From whom the respondents get any assistance to meet their needs

Assistance from others	Frequency (N=120)	Percentage
None	10	8.33
Son	81	67.5
Daughter	19	15.83
Grandchildren	8	6.67
Relatives	18	15
Neighbors	27	22.5
Borrowing	6	5
Others	2	1.67

*Multiple responses were possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-29 shows that almost all the respondents get assistance from the offspring. 8.33 percent respondents do not get any type of assistance from their offspring or others, 67.5 percent respondents get assistance from their son, 15.83 percent respondents get assistance from daughter, 6.67 percent respondents get assistance from grand children and 37.5 percent respondents

get assistance from relatives, neighbors or some one of the society. 5 percent respondents mention that they can borrow money from the neighbors or relatives at the most crisis period. It is noticeable that 1.67 percent respondents rely on donation or begging. This kind of elderly is the most vulnerable portion in the society. It is observed that most of the respondents receive assistance from sons in case of their insufficient income. So, it indicates that majority of the respondents seek shelter from the offspring and they are the main source of assistance for additional need of the rural elderly people. But such type of assistance is very irregular which is shown in the following table-30.

Table-30: How do the respondents receive the assistance

Type of receiving the helping	Frequency	Percentage
Regularly	19	15.83
Irregularly	60	50
As and when required	27	22.5
No response	4	3.33
Not getting assistance	10	8.33
Total	120	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The above table indicates that 50 percent respondents receive the assistance irregularly. Only 15.83 percent respondents receive the assistance regularly from offspring or others. 22.5 percent respondents opine that they get assistance as and when required and 3.33 percent respondents refrain from to answer the question. 8.33 percent mention that they do not get/receive assistance from any one.

Table-31: Status of the financial crisis of the respondents

Financial crisis	Frequency	Percentage
Badly	72	60
Moderate	35	29.17
Not at all	13	10.83
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The correlation of co-efficient of land property with financial crisis of the respondent is -0.393 at the significant level of $0.01(2\text{-tailed})$.

As revealed by the data financial crisis is the greatest threat to the life of the elderly which indicates the poverty of the rural elderly. 60 percent respondents opine that they suffer in financial crisis badly. They cannot buy daily necessities with their income. 29.17 percent respondents mention that they feel financial problem moderately. In many cases, they cannot buy their daily necessities. The correlation of co-efficient of land property with financial crisis of the respondent is -0.393 at the significant level of $0.01(2\text{-tailed})$. It explores that there is a highly negative correlation between these two variables which indicates that poor amount of land property leads the respondents to financial crisis. Only 10.33 percent respondents notice that they have no financial crisis. These groups are the wealthy section in the rural society. In all respects, they feel satisfaction in their lives.

Table-32: Working status of the respondents (Before and present)

Before			Present		
Working hours	Frequency	Percentage	Working hours	Frequency	Percentage
3-4	1	.83	0-1	21	17.5
5-6	2	1.67	2-3	41	34.17
7-8	35	29.17	4-5	42	35
9-10	71	59.17	6-7	12	10
11-12	9	7.5	8-9	3	2.5
13-14	2	1.67	9-10	1	.83
Total	120	100	Total	120	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Mean working hours: 9.28, Median: 10 hours and Mode: 10 hours (before)

Mean working hours: 3.28, Median: 3 hours and Mode: 4 hours (at present)

The above table explores that on an average, both male and female respondents worked 9.28 hours per day in their youth ages which indicates that they were the main bread earners and heads of the households. 59.17 percent respondents worked 9-10 hours a day in their respective fields. At present, they work on an average 3.28 hours per day that indicates their dependency on the family. It is found from the study that the dependency is greatly pronounced among the female elderly. Relatively 'old-old' categories are more dependent than 'young-old' group. Table-32 shows the natural feature of the elderly working position. The tendency of the working feature of the elderly shows the slopping line. A significant number (17.5 percent) of elderly works daily 0-1 hour due to their physical inability, illness and old age old. But still older people continue to play an important role (although unrecognized) in the family, and make significant contributions to ensure the livelihood of the family.

Table-33: Type of housing of the respondents

Type of housing	Frequency	Percentage
<i>Jhupri</i>	4	3.3
Straw house	14	11.7
<i>Katcha</i>	33	27.5
Tin-shed/ <i>Tally</i>	30	25.0
<i>Semi- Pucca</i>	29	24.2
<i>Pucca</i>	10	8.3
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-33 shows that 42.5 percent respondents live in *jhupri*, straw and *katcha* houses. They are the poorest section in study areas. Living such types of houses is more risky and also bears the vulnerable situation of the elderly. A good number of respondents (25 percent) live tin-shed/*tally* houses. The wall is built by mud of such house. So, both types of houses are unsafe during natural calamities such as cyclone, flood, tidal wave and so on. 24.2 percent respondents live in *semi-pucca* houses. This section represents the middle class group of people in rural areas. Only 8.3 percent respondents live in *pucca* houses which indicate the wealthy and well-off section of rural society. Well-structured house is the symbol of safe living. The status of living house indicates the vulnerability of the respondents in rural areas. The statistics refers that most of the respondents live with vulnerabilities.

Table-34: Type of living place of the respondents

Type of living place	Frequency	Percentage
Separate room	20	16.67
Living with the family members	20	16.67
<i>Barandha</i>	71	59.17
No specific place	9	7.5
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-34 finds out that most of the respondents (59.17 percent) rural elderly live in *barandha* which is a separate place but attached with the room. Rural elderly choose this place for living due to the over populated family members. They sacrifice their interest for the well-being of the family members. 16.67 percent respondents live together with their family members and 7.5 percent respondents have no separate places for living/sleeping. As a result, most of the elderly cannot keep their privacy. Only 16.67 percent respondents live in a separate room.

Table-35: How do the respondents receive the invitation in various social festivals

Invitation Pattern	Frequency	Percentage
Regularly invited	23	19.2
Very irregularly invited	14	11.7
Now and then invited	55	45.8
Not invited	28	23.3
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Older people were asked whether they get invitation in different local social functions. It is somewhat discouraging that only 19.2 percent respondents reply that they are invited regularly. A majority group of respondents (45.8 percent)

are invited now and then and 11.7 percent respondents are invited very irregularly in different local functions. A significant number of respondents (23.3 percent) are not invited in different local functions. It explores that the honor and respect of the elderly are eroding gradually from the rural society.

Table-36: Participation in socio-cultural functions of the respondents

Invitation	Frequency	Percentage
Regularly	14	11.7
Very irregularly	20	16.7
Now and then	46	38.3
Do not participate	40	33.3
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-36 shows the distribution of older persons by their level of participation in different socio-cultural functions. Only 11.7 percent respondents regularly participate and 16.7 percent respondents very irregularly participate in socio-cultural functions. A significant number of elderly (33.3 percent) respondents do not participate in different socio-cultural functions and rests of them participate now and then. The rate of participation in different local socio-cultural functions of the rural elderly is decreasing gradually due to showing the lack of honor and respect to the elderly. This feature is shown in Table No.-37

Table-37: How the respondents are welcomed while attending in social festivals

Pattern of welcome	Frequency	Percentage
With due respect	23	19.2
With moderate respect	59	49.2
Do not pay respect	38	31.7
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The correlation of co-efficient of land property with accepted with honor while attending in social occasions of the respondent is $-.386$ at the significant level of $0.01(2\text{-tailed})$.

The above table finds out approximately half of the respondents are accepted with moderate respect while attending in different social occasions. 19.2 percent respondents mention that they are accepted with due respect and honor in different occasions. A significant number of respondents (31.7 percent) opine that they are not respected at all. The correlation of co-efficient of land property with accepted with honor while attending in social occasions of the respondent is $-.386$ at the significant level of $0.01(2\text{-tailed})$. It explores that there is a highly negative correlation between these two variables which finds out that poor amount of land property or landlessness brings the poor dignity and honor of the respondents while ownership of handful land property is the symbol of honor of the elderly poor. It is observed from the table that the respect and honor to the elderly is being deteriorated day today due to changing social norms and values.

Table-38: Do the respondents participate in recreational activities

Participation in recreation	Frequency	Percentage
Yes	102	85.0
No	18	15.0
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The respondents were asked whether they participate in any type of recreational activities. According to field study, 85 percent respondents reply that they participate in recreational activities and 15 percent respondents do not

participate in recreational activities. So, majority of the rural elderly respondents have the scope to participate in any form of recreational activities.

Table-39: (If, yes), what types of recreational activities enjoyed by the respondents

Types of recreations	Frequency (N=102)	Percentage
Gossiping with neighbors	95	93.14
Gossiping with grand children	90	88.23
Watching T.V/ Listening radio	34	28.33
Local song/listening open air drama	8	6.67
Gardening	4	3.33
Attending in social meeting/co-operatives	5	4.17
Reading newspaper/ books	4	3.33

*Multiple responses were possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-39 shows that 85 percent respondents participate in any kind of recreational activities. Those respondents were asked what kinds of recreational activities are enjoyed by them. Almost all the rural respondents enjoy their leisure period gossiping with neighbors and grand children. It is found from the study that most of the male respondents gossips with neighbors in sitting in a tea stall or in local bazaar. The female respondents pass their time in caring of the grandchildren and gossiping with them. A good number of respondents (31.66 percent) spend their pass time watching the T.V/listening to radio and reading books. The rural elderly are also aware in different issues of the country. Very insignificant numbers of respondents were found who enjoy their time involving with gardening, and attending social functioning.

Table-40: Information about performing religious activities of the respondents

Participation	Frequency	Percentage
Regularly	81	67.5
Now and then	39	32.5
Not participation at all	-	-
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-40 shows that all the respondents both Muslim and Hindu perform religious activities regularly or now and then. They reply that death is the last shelter place to them and they have the deep belief to the hereafter life. 67.5 percent respondents perform religious activities on regular basis. They want to bring the mental peace through performing the religious activities. Older people feel that old age is the final stage in life, a time when religion becomes important. In most research sites old-old men and specially women, spend a significant amount of time engaged in religious activities. These religious practices of older people play an important role in the on-going religious life of the communities to which they are a part.

Table-41 (If yes), in what kind of religious activities the respondents participate

Types	Frequency (N=120)	Percentage
Five times prayer	94	78.33
Only Juma prayer	14	11.67
Milad	70	58.33
Prayer of Janaza	60	50
Going to Temple	8	6.67
Puja	11	9.17
Durga Puja/Kali Puja and others	8	6.67
Reading the Holy Quran	31	25.83

* Multiple answers were possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-41 reveals that 78.33 percent respondents perform their five times prayers on a regular basis while others participate in only *Juma* prayer. A significant number of respondents (25.88 percent) recite the Holy Quran. Many of them are illiterate but they can recite the Holy Quran. Hindu respondents go to the temple or perform *puja* at morning or evening in their houses. Many respondents mention that in some cases, they cannot perform the religious activities due to physical illness and personal cleanliness.

Chapter Seven

Health Situation of the Elderly People

Health Situation of the Elderly People

The health and physical condition of the elderly population in general are not good. Most of them possess broken and ill health. Good health depends on nutritious food, drink, proper medi-care and treatment during ailment, knowledge in health and hygiene, good sanitation, recreation, healthy environment and home. In the present socio-economic situation of the country these health requirements are found to be greatly lacking for the most elderly people in rural areas. It is also revealed that there are a good number of elderly persons who are disabled, invalid and lonely. Health conditions of most of them are alarming. The medical services in our country are very limited. The medical service facilities so far created in the country cannot be regarded adequate to meet the health care requirement of approximately 160 million people. In urban areas, elderly can take the treatment from various hospitals/health care centers. In rural areas, where about 120 million people live the medical facilities is inadequate. There are also some health centers at union level at union level but all these service centers are not properly manned with requisite health personnel. There is also shortage of medical supplies. In these situations the elderly patients are found to be more affected. The elderly people belong to such an age group that, by natural and physiological consequences, their health and physical strength are in the process of declining. They can be easily exposed to various ailments any time if proper health care is not taken time. The elderly persons with declining health, physical disabilities and depressing psychological make-up are the most vulnerable in the society. Generally, majority among the aged in Asian countries is dependents, mainly on their

sons. For the dependency elderly health becomes a critical factor. It is more important for the aged because the old age is vulnerable to diseases. Health status of the rural elderly, treatment facilities, nature of caring from the family and so forth have been described in this chapter.

Table- 42: Present physical condition/health status of the respondents

Physical condition	Good		Moderate		Bad			
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Total	Total (%)
Health status	10	8.33	50	41.67	60	50	120	100
Vision	30	25	25	20.8	65	54.2	120	100
Hearing	37	30.8	69	57.5	14	11.7	120	100
Utterance capacity	32	26.67	61	50.83	27	22.5	120	100
Movement ability	28	23.33	74	61.7	18	15	120	100
Sleep	40	33.33	50	41.67	30	25	120	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Health status: Table-42 presents the current health status of the respondents. They were asked to evaluate the health condition themselves. 60 percent respondents identify them as bad health status, 41.67 percent report that their health status is neither completely ill nor completely well and another 8.33 percent respondent's comment that they are continuing with good health. So, the general health status of the rural elderly is not good. They possess broken and ill health.

Vision/eye sight: The problem of eye sight is greatly prevalent among the respondents. 54.2 percent respondents report that they see hazy. They feel trouble in performing their daily activities. Only 25 percent respondents mention

that they possess clear eye sight and the rest 20.8 percent report that their eye sight is neither clear nor bad.

Hearing status: The overall hearing status is poor in rural areas. About 57.7 percent of the rural aged report that their hearing status is moderate i.e. neither completely ill nor good. 11.7 percent respondents are stated ill hearing condition.

Utterance capacity: About half of the respondents demands that they belong to neither good nor ill utterance capacity in rural settings. A significant number of respondents (22.5 percent) possess the good utterance ability.

Movement ability: The overall movement ability of the rural elderly is poor. 61.7 percent report that their movement ability is moderate i.e. neither is good nor bad. Only 23.33 percent report that they have the good movement ability. They can perform their daily activities without helping others. 15 percent respondents opine that they need others help for doing their daily activities. They feel trouble with a little movement.

Sleep: Overall sleep situation of the rural elderly are good and moderate. 25 percent respondents opine that their sleeping status is not sound due to illness and mental depression in family related affairs.

Table- 43: Whether the respondents suffer from any disease at present

Whether suffering	Frequency	Percentage
Yes	114	95.0
No	6	5.0
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The correlation of co-efficient of age with diseases of the respondent is .006 (2-tailed).

Table-43 shows only 5 percent respondents report that their health status is good, while 95 percent respondents are suffering from any form of ailment at the time of study. The correlation of co-efficient of age with diseases of the respondent is .006 (2-tailed). It indicates that there is a highly positive correlation between these two variables which explores that increasing level of age affects the respondents in various diseases. The overall health picture is alarming among the rural elderly. Health and diseases are inseparable. It is clear that the health problem is a kind of barrier to socio-economic condition and performing the daily activities. Diseases are the constraint threat to public health especially for elderly.

Table-44: (If yes), what types of diseases/ailments suffered by the respondents

Types of diseases	Frequency (N=114)	Percentage
Rheumatism	44	38.59
Diarrhea/dysentery	17	14.91
Diabetes	40	35.09
Blood pressure	25	21.92
Heart trouble	22	19.30
Cough/Cold/Asthma	23	20.18
Stomach problem	25	21.93
Gastric/Ulcer	44	38.60
Paralysis	7	6.25
Dental problem	35	30.70
Liver problem	5	4.39
Back pain	21	18.42
Eye problem	65	57.02
Others	10	8.77

*Multiple responses were possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-44 shows that the respondents (114 elderly people) are suffering from various kinds of diseases. In these cases, the most common ailments are eye problem (57.02 percent), rheumatism (38.59 percent), diabetes (35.09 percent), gastric/ulcer (38.60 percent) and dental problem (30.70 percent). In addition a significant number of respondents are attacked with blood pressure (21.92 percent), stomach problem (21.93 percent), heart trouble (19.30 percent), back pain (18.42 percent) and liver problem (4.39 percent). Leaving aside the prevalence of well-known sex-linked diseases (for instance, prostate gland, ulceration in uterus, venereal diseases etc. for females). There are other certain diseases found associated with elderly man or women under observation. It is also observed the rural older persons suffer from dementia, insomnia, lonely and psychosomatic disorder.

Table-45: How long have the respondents been suffering from these diseases/ailments

Years	Frequency (N=114)	Percentage
0-4	21	18.42
5-8	52	45.61
9-12	27	23.68
13-16	9	7.89
17-20	4	3.51
21+	1	.88
Total	114	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Mean: 8.07 years, Median: 7.5 years and Mode: 5 years

It is found that on an average the respondents have been suffering from various kinds of ailments for 8.07 years. Almost half of the respondents (45.61 percent) are suffering for 5 to 8 years. The mode year is 5 which indicate after

the year of 60, aging problem/ailments begin at high rate than that of other stages of life.

Table-46: From where the respondents get treatment

Treatment place	Frequency	Percentage
Hospital/clinic/health center	30	25
MBBS doctor	20	16.67
Homeopath doctor	8	6.67
Village quacks	60	50
<i>Kabiraj/Hekim/Jharfuk/Fakir/Hujur</i>	20	16.7
No treatment	4	3.3
Others	2	1.67

*Multiple responses were possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-46 shows the distribution of older persons by place of getting treatment. 50 percent respondents take the treatment from the quack physician at the time of illness. A good number of respondents (23.36 percent) still depend on Homeopath and *Kabiraj/Hekim/Fakir/Hujur*. They report that they have no financial solvency for taking treatment from specialized doctors or health care centers. Around 41 percent respondents receive treatment from hospital/clinic/health care center. It is found that 3.3 percent respondents do not take any treatment due to lack of money or lack of effort of children or spouse in the study areas. This table reveals that most of the rural older persons take shelter in traditional system for getting the treatment.

Table-47: Smoking habit of the respondents

Male			Female	
Smoking habit	Frequency (N=74)	Percentage	Frequency (N=46)	Percentage
Yes	72	97.30	10	21.73
No	2	2.70	36	78.26
Total	74	100	46	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The above table shows that almost all the male respondents have habit of smoking. Only a marginal portion (2.7 percent) does not take any kind of smoking. On the other hand, 21.7 percent female respondents have the habit of smoking. Kinds of habit of smoking are shown in the following table-48.

Table-48: Types of smoking habit of the respondents

Male			Female	
Types of habit of smoking	Frequency	Percentage	Frequency	Percentage
<i>Bidi/Sigaret</i>	60	81.08	-	-
Betel leaf with betel-nut/ <i>jarda</i>	31	41.89	7	15.22
<i>Gul</i>	6	8.11	3	6.52
<i>Hucca</i>	1	1.35	-	-
Others	1	1.35	-	-

Multiple responses were possible

Table-47 shows that 97.30 percent male respondents have the habit of smoking. Multiple responses were possible only for the male respondents. Among the male respondents, most of them (81.08 percent) smoke and the rest of them take betel leaf with betel-nut and *jarda*, *gul* and *hucca*. Among the female respondents, 21.73 percent take betel leaf and *gul*. It is found that they are less aware about the negative impact of smoking due to lack of knowledge.

Chapter Eight

Caring to the Elderly and Changing Family Pattern

Observed Information during Interview

Suggestions of the Elderly to solve the Problems

8.1 Caring to the Elderly and Changing Family Pattern

In the existing traditional social norms and values, older persons are well respected in our society. They think that family is the secured and comfortable place in their old age. They belong to the status of our grandparents, parents and uncles/aunties who once worked hard for developing their children and other dependants of their families. They have also a great contribution to social and national development. In our traditional joint family system, older people used to enjoy honorable life in the past. But today, social, economic and demographic changes have led to some changes in family structures, such as an increase in nuclear/single families. Family support is undermined due to poverty. In addition, declining of social norms and values, migration from rural to urban areas, materialistic thinking, urbanization and industrialization etc. are accelerating the pace of changing family pattern in Bangladesh. As a result, the nature of caring of the elderly is also changed. These changing situations are creating problems to the life of the elderly. This cannot be a deserving situation for the elderly who worked very hard a few days back for the family or the society. The nature of caring to the elderly, status of elderly in the family, decision making power, causes to change the family pattern; arising problems to their life due to changes etc. are described in this chapter.

Table-49: Pattern of services getting from the family of the respondents

Service	Frequency	Percent
Adequate	17	14.17
Moderate	50	41.67
Inadequate	63	52.5
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The above table shows that only 14.17 percent respondents opine that they get the available service from the family members as when they are required. 41.67 percent respondents mention that they get the service from the family neither adequate nor inadequate i.e. is moderate. But more than half of respondents (52.5 percent) mention that the family provides the adequate service to them. They are not satisfied at all to the family members. They think that the family members do not care to them according to their ability. The respondents have identified the various factors for getting inadequate service from the family which is shown in the following table-50.

Table-50: (If the answer is inadequate), what factors are behind it

Factors	Frequency (N=63)	Percentage
Unwillingness to son	9	14.28
Lack of effort of daughter	2	3.17
Lack of effort to daughter-in-law	26	41.27
Illness/inability of husband/wife	10	15.87
Death of husband/wife	14	22.22
Financial crises/poverty	40	63.49
Others	5	7.94

*Multiple responses were possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Total sixty three respondents (52.5 percent) do not get sufficient services from the family. These respondents were asked what factors are behind it to get the inadequate services from the family. Majority respondents (63.49 percent) mention that they get inadequate service from the family due to financial crisis or poverty. A good number of respondents (41.27 percent) blame the daughter-

in-laws. In addition, unwillingness to son (14.28 percent), inability to husband/wife (15.87 percent) and death of husband/wife (22.22 percent) are also influential causes for getting inadequate service. It is found from the research that the respondents are more sufferers who have no spouse or suffering from illness/physical inability.

Table-51: Who takes the respondents to health care center and buy medicine/diet during illness

Type	Frequency	Percentage
Son	75	62.5
Daughter	12	10
Grand children	22	18.33
Spouse	20	16.67
Neighbors	5	4.17
Relatives	6	5
Myself	38	31.67
Dependent on others (charity/ donation)	3	2.5
No one buys medicine and diet	4	3.33

*Multiple responses were possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The above table shows that most of the rural elderly respondents depend on their sons for taking them to the health care center and buying medicine and diet at the time of illness. It is the traditional norms and values of rural society. A good number of respondents (31.67 percent) own selves go to the health care center and buying medicine and diet. It is found from the study that such types of respondents are physically more or less fit and they have own income. 3.33 percent respondents also mention that no one buys medicine and diet at the time of illness; they have to depend on charity/donation on others. These

groups are the more vulnerable among the rural elderly. They are the direct victim of changes the social norms and values. In addition, rural elderly respondents get the help from daughter, grandchildren, neighbors and relatives.

Table-52: Information about getting assistance from government and non-government agency

Government	Frequency	Percentage	Non-government	Frequency	Percentage
Yes	78	65	-	-	-
No	42	35	120	120	100
Total	120	100			

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

As revealed by the data, 65 percent respondents get any form of assistance from the government agency (Table-52) and the rest of them do not get assistance. It is found that no one gets the help/assistance from non-government organizations in study areas. It indicates that non-government organization is not interested to invest in unproductive sector.

Table-53: Types of assistance received by the respondents

Types of assistance	Frequency (N=78)	Percentage
Old age allowance	50	64.10
Widow allowance	10	12.82
Freedom Fighter's allowance	4	5.13
VGF	10	12.82
Disabled allowance	4	5.13

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

According to field study, 65 percent elderly people get any kind of assistance from the government. Table-53 indicates that out of total assistance receivers, 64.10 percent rural elderly receive old age allowance. As observed from the

data, the coverage of the program has remained yet very limited or far below the appropriate level, leaving many eligible ones outside the purview of the program. The rural elderly opine that the amount of money is so meager according to their needs. It has also been helping to earn social prestige and honor, and draw attention, care and respect from the elderly. 5.13 percent respondents receive the Freedom Fighter's allowance and 23.08 respondents enjoy the widow allowance, VGF and disabled allowance. Widow allowance, VGF and disabled allowance are not directly for the welfare of the elderly. VGF is only for the poorest of the poor in rural areas.

Table-54: Head of the family of the respondents

Head of the family	Frequency	Percentage
Own self	40	33.3
Husband/wife	2	1.67
Son	72	60
Daughter	1	.8
Grand children	3	2.5
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

As shown by the data, son (60 percent) is the head of the household of the most families. In rural areas, older people have access to shelter and lived with sons. In rural areas, most of the older people live with a son and in some cases live with a grandson. Daughters have not traditionally provided the primary support for their parents. A good number of respondents (33.3 percent) are the head of the family. It is observed from the study, the able section of the elderly is head of the households. Generally, head of the family is main bread earner and is also decision making authority in the family. It is found that the head of

the household status is changed with increasing level of age in rural areas. 4.97 percent respondents mention that their families head are wife, daughter and grand children. It is generally found that who have no son, in these cases; they are the head of the family.

Table-55: Types of family where the respondents live in

Types of family	Frequency	Percentage
Single/nuclear family	34	28.3
Joint family	81	67.5
Extended family	5	4.2
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Most of the respondents live in joint family with their family members. A good number of respondents (28.3 percent) live in a single/nuclear family. It indicates that they live with only spouse or a small portion of their family members; usually who are the younger members of the family. Only 4.2 percent respondents live with extended family. The above table explores that the joint family/extended family is being broken gradually due to various factors and it creates a lot of problems to the life of the elderly.

Table-56: Opinion of the respondents regarding changing pattern of the family

Opinion	Frequency	Percentage
Yes	112	93.33
No	2	1.67
No response	6	5
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

As shown by the data, almost all the respondents (93.33 percent) opine that the joint/extended family is being broken gradually and turned into a nuclear/single family due to various factors which is shown in table-57. Most of the rural elderly express their deep concern about the changing of family pattern. Traditionally, family remains the most fundamental social unit in which older persons belong. In providing all sorts of support to elderly, family members play vital role in the society. With development family roles and functions are shrinking. There is a strong movement towards nucleation families and family as a unit of production is declining. These changes will gather pace as economic development and social changes proceed and will impinge upon the availability of family support. Inevitably these changes are made an impact upon the well-being of the elderly. 5 percent respondents refrain from to answer this question.

Table-57: (If yes), the factors behind changing family pattern

Factors responsible for changes in the pattern of family	Frequency (N=112)	Percentage
Poverty and financial crises	67	59.82
Over population and limitation of resources	25	22.32
Urbanization, industrialization and materialistic thinking	34	30.35
Migration from rural to urban areas	26	23.21
Deterioration of social, religious and moral values	50	44.64
Individualism	14	12.5
Impact of western culture	18	16.07
Increasing the expenses of livelihood	16	14.28
Conflict among family members	35	31.25
Lack of good relationship with daughter-in law	31	27.68
Working in another place	10	8.93
Going abroad due to employment	5	4.46
Others	3	2.68

*Multiple responses were possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

As revealed by the data, it is found that social, economic and demographic changes have led to some changes in family structures, such as an increase in nuclear/single families. The respondents who admit the evidence of existing traditional family systems are breaking they were asked to inform the factors responsible to changes in the pattern of family. They replied multiple answers in most cases. 59.82 percent feel that joint family is undermined by poverty and financial crisis. Many older men and women also report that their families cannot provide the basic needs. A significant number of respondents (58.93 percent) opine that conflict among the family members and bad relationship with daughter-in-law are most influential causes for changing the family pattern. In addition, 87.39 percent respondents feel that urbanization, industrialization, materialistic thinking and changing of social norms and values are the powerful factors for changing the joint/extended family. Caught up in rapid social changes of norms and values and technological change, in many cases, younger people feel that older people are old-fashioned and have no knowledge of the modern lives today. Besides, rural older people think that migration from rural to urban area, impact of western culture and increasing the expenses of livelihood are also responsible for changing the traditional family pattern. These changing situations are being delicate the position of the elderly in the society which is shown in table-58.

Table-58: Do the respondents feel that their positions are being delicate/fragile due to changing family pattern

Position	Frequency	Percentage
Yes	90	75
No	5	4.17
No response	15	12.5
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The above table shows that 75 percent respondents mention that their position is being delicate due to these changes. Only 12.5 percent respondents refrain from to answer the question. Generally, the elderly seem to be a diverse group more so than their young counterparts because of differences in social, cultural and economic experiences extending over a long period of life and these differences tend to increase with age. It is found from the study that the older persons suffer from maladjustment, frustration, insecurity, mental stress and loneliness due to this changing situation of the family which is shown in table no.-59.

Table- 59: Felt problems by the respondents due to changes in the pattern of family

Types of problems	Frequency (N=120)	Percentage
Lack of treatment and special services	80	66.67
Mental stress	20	16.67
Dishonor and negligence of the family members	60	50
Exclusion and loneliness	40	33.33
Social insecurity	60	50
Frustration	20	16.67
Maladjustment	8	6.67

*Multiple responses were possible, Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The respondents were asked as to whether they are facing any major problems due to changes in the pattern of family. A significant number of respondents (66.67 percent) feel lack of treatment and special services due to this changing situation. Dishonor and negligence is also a major problem of the elderly. Half of the respondents (50 percent) mention that they feel insecurity. Also a good number of respondents (56.67 percent) feel mental stress, maladjustment, exclusion and loneliness. The life style of the elderly depends upon their own family members. Strained relation in this regard makes life of the elderly miserable and distressed. The adjustment pattern of the elderly with other younger members in their family depends largely upon the norms, values and existing practices in the society.

Table -60: Major problems/Psycho-social problems faced by the respondents

Types of problems	Frequency (N= 120)	Percentage
Physical sickness	96	80
Lack of earning opportunities	50	41.67
Not get married of marriageable daughter	22	18.33
Concern over family affairs	45	37.5

*Multiple responses were possible, Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Some problems are identified as very much common to them such as physical sickness, lack of earning opportunities etc. Most of the rural respondents (80 percent) mention that physical sickness is major problem to them. With the inevitable decline in physical competence, most aged persons recognize that the future will bring about even more in-capabilities and eventually death. It is

found that older persons (18.33 percent) suffer most for not getting married of the marriageable daughter. Lack of income opportunities are identified as a problem by 41.67 percent respondents.

Table-61: Respect and honor towards the elderly by young generation.

Respect and honor	Frequency	Percentage
Yes	10	8.33
No	110	91.67
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Older people feel that respect for the elderly in society is diminishing. Table-61 shows that almost all the respondents (91.67 percent) mention that young generation does not pay honor and respects to the elderly in previous manner and the rest of them (8.33 percent) reply that the young generation shows respect to the elderly. It indicates that the honor and respect to the elderly are eroding day to day which indicates the vulnerability of the elderly. Older people have reported statements like, "your days are gone. What we have seen, you have never experienced, keep silent, you do not understand."

Table-62: (If No) reasons identified by the respondents of showing dishonor and disrespect

Reasons	Frequency (N=110)	Percentage
Change of mental attitude	54	49.10
Aggression of western culture	38	34.55
Degradation of family relationship	67	60.90
Social change	6	5.45
Degradation of norms and values	64	58.18
Population explosion	26	23.64
Social unrest	20	18.18
Others		

*Multiple responses were possible, Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The respondents (91.67 percent) were asked to inform the reasons for not showing the proper honor and respect to the older persons. As shown by the data, rural older persons have identified various reasons for not paying the proper honor and respects to the elderly by the young generation. Most of the respondents have identified the reasons of degradation of family relationship (60.90 percent), degradation of norms and values (58.18 percent) and change of mental attitude (49.10 percent). The rest of them have found out the reasons of aggression of western culture, social unrest, population explosion, materialistic thinking, high ambitious and so on.

Table-63: Age discrimination of the respondents

Forms of discrimination	Frequency	Percentage
Negligence	60	50
No one listens to them	15	12.5
family members rebuke the respondent in any excuse	11	9.17
No discrimination	34	28.33
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The rural elderly were asked whether they are facing any kind of victims due to old age. Table-63 shows the half of the respondents (50 percent) feel that they are victims of negligence due to old age and 12.5 percent respondents report that no one listens to them and family members rebuke them in any excuses. 28.33 percent respondents report that they are not discriminated due to old age. This table indicates that a significant number of respondents are victims on somehow due to old age. It is found from the study, discrimination against women is wide spread in Bangladesh. This is a result of a lifetime of

deprivation, lack of education, poor health and nutrition, low status and restriction on mobility and association.

Table-64: Physical and mental harassment of the respondents

Physical and mental harassment	Frequency	Percentage
Yes	22	18.33
No	61	50.83
No comment	37	30.83
Total	120	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Physical and mental harassment is the serious violation of human rights. The rural elderly were asked whether they face any types of physical and mental harassment. Table-63 indicates that only 18.33 percent respondent elderly has reported that they are physically and mentally harassed in and outside the family environment. But, majority of the respondents (50.83 percent) has not reported any type of physical and mental harassment and 30.83 percent respondents refrain from giving answer. It is observed during the field study, the respondents are not interested to focus their physical and mental harassment outside the family environment. So, the real percentage of physical and mental harassment is more than the percentage in the above mentioned.

Table-65: By whom are the respondents victimized

By whom	Frequency	Percentage
Spouse	4	3.33
Son	5	4.17
Daughter	-	
Daughter-in-law	10	8.33
Neighbors	2	1.67
Relatives	1	.83

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The reported case of physical and mental harassment is only 22 respondents in number. Among the reported cases, 8.33 percent respondents are physically and mentally harassed by daughter-in laws which indicate the bad relationship of daughter-in law with mother-in-law and father-in-law. 4.17 percent respondents are victims of physically and mentally harassment by the offspring, 3.33 percent respondents are harassed by the spouse and 2.5 percent respondents are harassed by the neighbors and relatives.

Table-66: Whether the respondents think that the support from the family, relatives, neighbors and community are gradually waning

Pattern of Support	Family		Neighbor		Relative		Community	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Yes	107	89.2	98	81.67	99	82.5	100	83.33
No	13	10.8	22	18.33	21	17.5	20	16.67
Total	120	100	120	100	120	100	120	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

As revealed by the data, almost all the respondents mention that the support of the family, neighbor, relatives and community to the elderly are gradually waning. Poverty, change of attitude, norms and values, materialistic thinking, migration from rural to urban areas and so on are responsible for this situation which are above mentioned.

Table-67: Existing relationship with the family members of the respondents

Relationship	Frequency	Percentage
Very good	10	8.3
Good	29	24.2
Moderate	50	41.67
Bad	31	25.83
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-67 shows that most of the respondents (41.67 percent) mention that the relationship with their family members is neither good nor bad i.e. moderate. 32.5 percent respondents reply the very good and good relation exists with the family members. This portion of the elderly among the respondents feels peace and happiness in their lives. It is observed during the field work. A significant number of respondents (25.83 percent) mention the bad relationship with the family members. This portion of the elderly is more vulnerable than that of other section of the respondents. They feel insecurity and loneliness in their last part of life.

Table-68: Type of family where the respondents prefer to live more comfortable

Types of family	Frequency	Percent
Single/nuclear family	19	15.83
Joint family	101	84.17
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

As revealed by the data, 84.17 percent respondents prefer to live in a joint family and they also feel comfort to live with family members. The later life of the elderly in the family depends upon their adjustment with family members. Generally, social relationship of the aged is an important factor for their living in the family. For the most part, these efforts have focused on later life and particularly, on the relationships associated with retirement and similar transitions in the life span. In this regard, the family arena has commanded considerable interest. During this period of time the family is considered both as an institution and as refuge for the older. Only 15.83 percent respondents

prefer to live in single/nuclear family. It indicates that the existing relationship is not going on well with the family members.

Table-69: Opinion of the respondents regarding decision making on family affairs

Opinion	Frequency	Percentage
Yes	69	57.5
No	51	42.5
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

As shown by the data, 42.5 percent respondents mention the family members do not take the opinion in taking decision on family affairs and the rest of them reply the family members take the opinion in family related affairs. Older people feel that decision-making authority is based on economic power within the family. Older men feel that as their opportunity to earn income decreases, their decision-making power erodes.

Table-70: How do the family members take the respondents' opinion regarding taking decision on family affairs

Type of opinion	Frequency	Percentage
Fully	45	37.5
Moderate	15	12.5
Partially	9	7.5
Not at all	51	42.5
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

As revealed by the data, a significant number of respondents (42.5 percent) mention that the opinion is not accepted at all. 20 percent respondents have the scope of giving opinion in relation to decision making of family affairs in

moderate and partially. It is also mentionable that 37.5 percent respondent rural elderly have full authority in family's decision making process. So, more than half of the sample elderly population enjoy the authority in decision making process within the family environment. Some indicators are used in taking decision on family affairs such as income earning position, savings, ownership of the property, health condition etc. These components are deteriorated in old age.

Table-71: (If No), what reasons behind it

Reasons	Frequency (N=51)	Percentage
No need more at the family	18	35.29
Inability and illness	20	39.21
Jobless	8	15.68
Economic insolvency	25	49
Others (dependency, loss of land property)	12	23.53

*Multiple responses were possible, Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

42.5 percent elderly people report that their opinions are not accepted in taking decision on family related affairs (table-70). These numbers of respondents were requested to inform what the causes behind it are. As shown by the data, 35.29 percent respondents feel that they have no need in the family. 64.68 percent respondents mention that due to their unemployment and economic insolvency, their opinion is not accepted in decision making on family affairs. 25.53 percent respondents think that they have no authority of decision making due to dependency and loss of land property. Dependency in the elderly groups can be explained by a reduced access to income earnings conditions on the part of the elderly. Individual resources decrease along with reduced physical

capacity and a probable reduction in mental capacity. Because a negative attitude towards the elderly people in our culture and a loss of their grip in socio-economic resources due to retirement or disengagement from the economic work, and the social status also declining.

Table- 72: Whether the respondents are regarded as burden to the family

Respondents opinion	Frequency	Percentage
Regarded as burden	65	54.17
No	35	29.16
No response	20	16.67
Total	120	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

The above table shows that during the field study 54.17 percent older persons feel them as a burden to the family members, while 16.67 percent respondents refrain from to answer the question.

8.2 Observed information during interview

Table- 73: Situation of residence of the respondents

Residence	Frequency	Percentage
Good	32	26.7
Moderate	70	58.3
Bad	18	15.0
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

As per observation during interview, situation of residence of the respondent is good (26.7 percent), moderate (58.3 percent) and bad (15 percent). Situation of residence depends on the socio-economic situation of the rural elderly.

Table-74: Situation of dress of the respondents

Condition	Frequency	Percentage
Clean	65	54.2
Dirty	36	30.0
Ragged and old	19	15.8
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

As per observation during interview, 45.8 percent respondents were wearing dirty and ragged and old clothes. Remaining, 54.2 percent respondents had clean clothes.

Table-75: Situation of hair of the respondents

Condition	Frequency	Percentage
Balled	10	8.33
Combed	40	33.33
Uncombed	70	58.33
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

One of the indicators of awareness of personal hygiene is hair condition. Observed information shows that the majority (58.33 percent) of the rural older persons had their hair unkempt. Only a significantly lower portion of the older persons (33.33 percent) are combed in hair and 8.33 percent are balled.

Table-76: Situation of nail of the respondents

Condition	Frequency	Percentage
Small	30	25.0
Large	26	21.7
Clean	30	25.0
Unclean	34	28.3
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

As observed from the data, among the respondents 50 percent had their nails are small and clean and 50 percent had their nails large and unclean.

Table-77: Situation of teeth of the respondents

Condition	Frequency	Percentage
Clean	41	34.2
Unclean	56	46.67
Toothless	23	19.2
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

About 19 percent respondents had no teeth. 56 percent respondents had teeth but unclean. Dirty teeth reflect a threatening situation of personal hygiene. Only 34.2 percent respondents had clean teeth.

Table-78: Situation of temperament of the respondents

Condition	Frequency	Percentage
Jolly	20	16.7
Moderate	71	59.2
Petulance	7	5.8
Avoidance tendency	15	12.5
Gloomy	7	5.8
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

From the above table, it appears that 59.2 percent respondents had moderate temperament and 16.7 percent had jolly temperament. Avoidance tendency was identified among 12.5 percent of the rural elderly. Only a few of them had gloomy and petulance in nature.

Table-79: Beard situation of the elderly people

Condition	Frequency (N=74)	Percentage
Bearded	60	81.08
Beardless	14	18.92
Total	74	100

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-79 shows that out of 74 rural male only 14 were found beardless/shaved and the rest of them were bearded.

Table-80: Situation of physical cleanliness of the respondents

Condition	Frequency	Percentage
Good	19	15.8
Moderate	88	73.3
Bad	13	10.8
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Physical cleanliness is one of the most influential indicators of personal hygiene. It is observed from the data, physical cleanliness of the most respondents (73.33 percent) had moderate i.e. neither good nor bad and 15.8 percent respondents had good and 10.8 percent respondents had bad respectively.

8.3 Suggestions of the Elderly to solve the Problems

Table-81: Recommendations by the respondents regarding taking effective steps against their problems faced by them

Recommendations	Frequency (N=120)	Percentage
Establish separate hospital and health services	93	77.5
Arrange appropriate employment opportunity	55	45.83
Increase and enhance old age allowance	100	83.33
Expand religious and moral education	35	29.17
Establish club/organization for spending leisure time of the older persons	19	15.83
Establish old age homes	10	8.33
Administer wide publicity on situation, needs and problems of the elderly	15	12.5
Others	5	4.17

*Multiple responses were possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Most of the respondents recommend increasing and enhancing the old age allowance and establishing separate hospital and health services for combating their problem. It indicates that financial crisis and health problem greatly exists among the rural elderly. 45.83 percent respondents recommend arranging appropriate employment opportunity for them. In addition, a good number of respondents recommend expanding religious and moral education (29.17 percent), establishing old age home (8.33 percent) and administering wide publicity on situation, needs and problems of the elderly (12.5 percent).

Table-82: Recommendations in preventing the breaking of joint family of the respondents

Recommendations	Frequency (N=120)	Percentage
To create income generating activities for the poor family	96	80
Administer education and training for the family members	48	40
Expand religious and moral education	25	20.83
To get priority of the poor and unable older persons in getting assistance from government and NGOs	61	50.83
To create awareness among the masses about impact of nuclear family	25	20.83
To provide the income opportunity for the able older persons	19	15.83
To arrange the allowance for unable older persons	42	35
Formulating the necessary laws in protecting elderly rights	10	8.34
Others	5	4.17

*Multiple answers were possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

As revealed by the data, it is found that poverty is the most potential threat to the life of the elderly. Most of the respondents (80 percent) recommend creating income generating activities for the poor families in rural areas. In addition, they have given some other recommendations in preventing the breaking of joint family system such as administering education and training for the family members (40 percent), expanding religious and moral education (20.83 percent), getting priority of the poor and unable older persons in getting assistance from government and NGOs (50.83 percent), creating awareness among the masses about impact of nuclear family (20.83 percent), providing the income opportunity for the able older persons (15.83 percent), arranging

and increasing the amount of old age allowance for unable older persons (35 percent), formulating the necessary laws in protecting elderly rights (8.34 percent) and conducting seminar, workshop etc.

Table-83: Respondents' opinion on the preparedness to have a sound and peaceful later life

Opinion	Frequency	Percentage
Everyone must get prepared	70	58.33
Not necessary	30	25
No response	20	16.67
Total	120	100.0

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Older persons were asked to opine on whether preparation should be taken earlier by everyone to have a sound and peaceful latter life. Most of the respondents (58.33 percent) opine that everyone should get prepared for the latter life. It indicates that older persons think about their life and age. 25 percent respondents have said not necessary to get prepared earlier by everyone to have a peaceful and sound latter life and the rest of them refrain from to answer the question.

Table-84: Suggestions in keeping a peaceful and socially dignified later life of the respondents

Suggestions	Frequency (N=120)	Percentage
Engage in religious activities	85	70.83
Should have sufficient tolerance and patience	48	40
Adapt with the changing environment	40	33.33
Not to get the priority of own opinion	15	12.5
Keep control over talking and temperament	17	14.17
Keep good relationship with all members of the family	26	21.67
Become flexible	12	10
Others	10	8.33

*More than one answer possible Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-84 depicts that most of the older persons i.e. 70.83 percent emphasize on performing religious activities regularly. 40 percent respondents suggest that the older person should have sufficient tolerance and satisfaction. Besides, rural older persons suggest adapting with the changing environment (33.33 percent), keeping control over talking and temperament (14.17 percent), keeping good relationship with the family members (21.67 percent) and becoming flexible (10 percent) for continuing peaceful and dignified latter life.

Table-85: Recommendations for elderly welfare towards the family and society of the respondents

Recommendations	Frequency (N=120)	Percentage
Every family member should be cordial	112	93.33
Services should be provided according to the ability of the family	75	62.5
Should have respect of the elderly in family and society	110	91.67
Wealthy families should come forward in helping the poor and vulnerable elderly	60	50

Source: Field Work in Baikari and Ghona Unions of Satkhira Sadar Uazilla, 2011

Table-85 explores that most of the respondents suggest that family and society can play the vital role for the well-being of the elderly. Rural older persons recommend that family members should be cordial (93.33 percent), service should be provided according to the ability of the family members (62.5 percent), respecting of the elderly in family and society (91.67 percent) and wealthy section of the society should come forward in helping the poor and vulnerable elderly (50 percent). While families remain the primary source of support, older people report some support from their communities. Poor elderly receive food, clothing and money during special religious festivals.

Chapter Nine

Case Studies

Case Studies

Case Study # 1

"In our day, we respect our elders, but today young people do not respect us."-

Azhar Ali

Azhar Ali lives at the village of Baikari under the Sadar Upazila of Sathira district. Now, he is 65 years old. He studied up to class five. He got married at the age of 15. Azhar Ali lives in a joint family. He has two sons and three daughters, all of them are married. He has also four grand children. His sons are engaged in agricultural activities. After getting married his elder son is separated from the family. He has no good term of his elder son-in law. He has half acre of agricultural land. He can't fulfill most of his basic needs. At this age, he has to work on others land as a day laborer. So, if he does not have works, he has to face economic problem. His monthly income is about 3000 Tk. When he becomes ill he has to face a lot of troubles. Family members do not come forward in accordance with their abilities and do not pay respect and honor properly to their parents. He believes that poverty, change of social values and industrialization are the core causes for changing the family structure. Today, family bondage becomes waning which affects the behavior of the family members especially to the elderly groups. In this changing situation, he has to face various problems such as economic and mental support from his family members is a far cry in most of the cases. The price of daily necessities is increasing gradually. So, sometimes, he cannot buy foods. Azhar Ali is not in good physical condition. He is suffering from illness and old age problems such as cold, cough and diabetes. Being aged sight and listening

power are reducing gradually. He has a habit of smoking. It affects his health very much. His physical condition is deteriorating day by day. At the time of illness, he usually takes treatment from the village quack. The family members hardly provide necessary services at the time of illness. Each son ignores their parents and thinks that another son may look after them. For lack of proper healthcare facilities he has to suffer much plight when he becomes ill. He gets the old age allowance which is very meager in compare with the necessities. Sometimes, he feels that his past was much good than his present status. Azhar Ali performs his religious activities regularly. Through performing the religious activities he tries to seek the mental peace. Family members don't take his opinion in decision making on family related affairs. He has a good relation with the neighbors. Sometimes, they help him. He lends money usually from the neighbors. He attends various social festivals. He was a good football player in his early days and even now he does not miss any football match that takes place in school ground. Often, he goes to his daughter's house and stays there or two days. He gossips with the neighbors and his grand children in his pastime. Sometimes, he feels loneliness. His wife serves him according to her ability. Ali thinks that his children are not doing same behaved with him that he did with his parents. They are busy with their own family business. Their indifference attitudes towards their parents hurt Mr. Ali strongly. He opines that young section of the modern society do not show proper respect to the older persons. The culture of respecting for the older people is eroding day by day. Mr. Ali thinks that lack of religion based education is a major cause for these types of malpractice. Most of the children are growing up in an environment where older persons are absent. For this, they don't know how to behave with

older persons. They are becoming adult without adequate social norms and values.

Azahar Ali believes that family can play the most important role for ensuring an elderly friendly environment. Family member especially sons need to be more careful about their parents. He opines, if adult think that they will be older as their parents, they would not ignore their parents. In our society, older persons need to consider as senior citizen and to take their suggestions in social activities. Older people are the most experienced section of a society and for that they are able to give appropriate suggestions about any matter related to society. Government can formulate proper legislative obligation by which children must have to take responsibilities of their parents. It has to create a proper safety net for them. There is an acute shortage of recreational facilities for older person in rural areas. Government and NGOs can play essential role in this regard. To ensure social rights for the elderly, government can formulate and implement requisite laws. To make old age period happy one needs to nurture his children with proper ethical base.

Case Study # 2

Mrs. Nazma begum is a housewife .She is now 61 years old. She lives at the village of Baikari under the Sadar Upazila of Satkhira District. She studied up to class three. She got married at the age of 15. Her husband died in 2010 at the age of 70. Her husband has kept 2 acre of land. Today, Nazma Begum lives with her sons in a joint family of nine members. She has two sons and one daughter. The sons are got married and are engaged in agriculture. She has no income. So, she is completely dependent on her son's family. Monthly income

of her family is about 10000 Tk. This amount of money is not enough to maintain her family. So, some basic needs are remained unfulfilled. Sometimes, her sons and daughter-in-laws quarrel with each other. She is afraid of thinking that her joint family will break down in near future and her position will become more vulnerable. At present, she feel insecure and anxiety. She opines that the traditional joint family is breaking gradually and is being turned into a single or nuclear family. This changing situation indicates the vulnerability of the elderly.

Traditional social norms and values are changing gradually in the society. She opines that joint family are breaking gradually due to changing social values, poverty, son's marriage, conflict of family members, misbehaved of son's wife and participation of woman in employment field. Poverty is one of the most powerful causes for break the family unit. For changing the family structure, she feels insecurity, loneliness and depression. She also opines that joint family is suitable and secure for the elderly. She helps her daughter-in laws in performing household activities. She passes her leisure in taking care of her grand children, gossiping with the neighbors and participating in religious activities. Sometimes, she passes her time watching T.V. She tries to find out peace and solidarity through the religious activities. She has no mental preparation of old age. Mrs. Nazma Begum informs that she is suffering from various physical problems. She suffers from weakness of eye sight, gastric, hypertension and cardiac problems. She takes treatment from the union health care center. Now and then family members take her opinion in making decision on family related affairs. She gets invitation and participates in various local functions and occasions such as marriage ceremony, *akika*, *milad* and so on.

She has good relation with the neighbors. She also opines that she is not satisfied with the new generations. They are reluctant for showing the respect to the older persons.

Nazma Begum thinks that family has the primary responsibility to solve the problems of elderly. She expects good behavior and enough care from the family members. Along with this, government, NGOs and wealthy section of the society should come forward to solve the problems of the elderly. She consumes the old age allowance. Government should increase the amount of old age allowance. Poverty and lack of health care services are the greatest threat to the life of the elderly. She opines that government and NGOs may carry out the collective programs for alleviating the poverty and health care services. She recommends that health services should be provided for all elderly. She also recommends that it is necessary to inspire the new generations about the responsibility towards the elderly.

Case Study # 3

Rokeya Begum lives at the village of Saighoria under the Sadar Upazilla of Satkhira district. She got married at the age of 14. She is a mother of 5 children during 40 years of conjugal life. Her husband died 15 years ago. At present, she is 66 years old. She looked after her two sons and three daughters with very hardship after her husband died. Anyway, she maintained her family expenditures with products of 0.5 acre of land which kept by her husband and she earned from others' houses as a maid servant. Today, Rokeya Begum lives in a joint family with ten members. She lives in a small muddy house. Two sons got married and they lead their family lives. In youth, Rokeya Begum

always did the household works and helped her husband in agriculture. Her younger daughter is 20 years. She is disappointed owing not to marry her younger daughter. The marriage proposals come from different places but the bride party demands a huge dowry. She is unable to pay dowry due to poverty. In many cases, she cannot eat and sleep for this tension. She has left this on Allah. Her faith is that Allah will do something.

Her sons cultivate this 0.5 acre of land and the rest period they work in others land as a day laborer. In this poverty stricken family, they look after their mother at their best. There is a continuous quarrelling in the family among the family members. She gets mental pain due to this type of quarrelling. She wishes that all family members live together. The eldest son and his wife look after more and do nursing. At present, the relationship with younger daughter-in-law is not doing well. She is disappointed that may be her joint family breaks down and she will become shelter less. In many cases, she cannot fulfill her most basic needs. She silently tolerates everything to keep her mouth shut. It is a great problem when Rokeya Begum becomes sick. The family has no ability to buy medicine, food and other diets. In addition, she will not get proper supports from the family members. Sound and strong health Rokeya Begum never suffered from any complicated disease. Now, she is suffering from gastric, asthma and back pain. To solve this problem, she wants help from the government and rich section of the society. A few days ago, her left hand became fracture to fall down from the homestead. She got bandage in her hand after met with a specialist doctor. Now, she is almost curing.

Rokeya Begum suffers from mental agony about thinking the future of the grand children. She prays to Allah that her sons can live in a good condition.

Though she is illiterate, she prays five times daily. She helps her daughters-in-laws in household activities. He passes her time for looking after the grand children. In leisure, she sews *katha* and gossips with the neighbors. Now and then she is invited in local occasions and social functions. She does not take part in taking decision on family related matters. Moreover, she thinks that their decision is final. She thinks that financial crisis is the main problem of rural older persons. She is happy for getting the old age allowance, but it is too little in comparison with needs. She opines that the government should increase the amount of old age allowance. Along with this government should take medicare for the welfare of the rural elderly. Rokeya Begum is affected with aging related complications. Now, she cannot move like before. She sees hazy with her eyes. After all, she is a problem stricken older woman. Rokeya Begum feels insecurity due to change social values and also changing the family structure. For this, she does not go any quarrel with the family members. She thinks that older person should maintain compromising attitude with all.

Case Study # 4

"If the house burns, residue remains. If the husband dies, nothing remains."

These are the words of Hasina Khatun, a 63 year-old widow living at Ghona, located in Satkhira district. Married at the age of thirteen she had her first child at 16 and was widowed at 17. When Hasina's husband died, he left one 10 decimal piece of land and a muddy house. With no support, Hasina's life was difficult. She could not remarry. Without any means, she was compelled to lease the land for acquiring credit to start a small business weaving mats from date leaves and baskets from bamboo. She would wave 2 or 3 mats or baskets

per day, but could not sell it in the local market since women were prohibited from going to the market. So, she had to go door to door in the village community to sell her goods and did not receive the right market price.

When her daughter, Halima Khatun, grew older, she began to assist her mother by selling the baskets and mats in the village market, which improved their economic situation. Poverty hindered Hasina to send her daughter to the school. Instead, she arranged a marriage for Halima who was 16. Hasina was happy because she made the arrangement of this marriage without any dowry and felt she had done well. However, within three years, her new son-in-law demanded her only assets, a small piece of land and a house. Then, she began to torture Halima mentally and physically and threatened to kick both her and her small daughter out of his house. Halima worried about being a further burden to her mother so she tolerated the situation silently and stayed with her husband. Then one day, her husband threw both her and her daughter, Ruksana, out.

When Halima and her small daughter, Ruksana returned to mother's house, she was shocked and could not help but compare her sad situation to that of her daughter's. She felt that if her husband were still alive, Halima would not have had to return. While telling her story, Hasina mentioned that without a husband she is in a miserable situation. It is now 20 years since Halima and Ruksana came to live with Hasina. They continue to earn a living by selling mats and baskets in the weekly village market. Today, both Hasina and Halima's thoughts have turned to Ruksana's future. They wonder if she will follow the same way as her mother and grandmother. Now, Hasina sees a hazy future. It creates trouble to make baskets and mats. She thinks that she will not continue

this work for a long day. As a result, her position will become more vulnerable in near future. Besides, she has been suffering from gastric and back pain for three years. She gets the treatment from a village quack but it produces no result. Without the husband a woman is neglected and exploited in the society. She does not get invitation in local occasions and functions. She gets the old age allowance but she thinks that the amount of money should be increased.

Case Study # 5

Ruhat Bibi lives at Saighoria in Satkhira Sadar Upazila. She is a daughter of a rich family. She got married at the age of 13. Her husband was a *Matbar* of the respective region. Her husband died in 1970. Since then Ruhat Bibi starts her life struggle with one son and one daughter. Now, she is 80 years old. Ruhat Bibi's husband was the only son of his parents. At the time of his departure, he left behind 15 acres of agriculture land. So, after the death of her husband, she did not face any hardship. Others cultivate her land. She got half of the crops and earned a considerable income through which she could expense of the family. One of the neighbors tried to occupy her properties forcefully. But she said, with the help of Allah, I got free from all conspiracies. Ruhat Bibi is regretful for her failure in giving children sufficient education. She has got married her daughter in a well off family. The daughter is happy in husband's family. The son is also got married and has started family life. Ruhat Bibi lives in a joint family with six members. She stays in a *pucc* house. Ruhat Bibi maintained the family for a long time. Now, her son performs all the duties and responsibilities of the family. Her late husband gave registration $\frac{1}{2}$ acre agriculture land in her name. Her husband married her by giving this land. She

said, 'that time women were respectable, bridegrooms would give dowry to bride.'

She passed her days as a house wife. But after the death of her husband, she passed her days as the chief of the household. At present, she helps her daughter-in-law in household activities. Today, Ruhat Bibi has no income; the monthly income of the family is approximately 10000 Tk. She is satisfied with the service provided by the family members. The son still considers mother's opinion in taking any decision of family. The daughter-in-law serves her well and respects her. But she has many objections about the present generation. The present generation pays no longer respect and honor to the older persons. She suffers from mental agony as her grand children do not obey her. Her grandchildren tell, 'my grandmother is old fashioned.' Most of the times, she passes her time through sitting and lying in the house premises. She gets happy when the neighbors come to visit her. She takes the news of the neighbors. All the people of her area respect her as the older woman. She gives advises them. She gets invitation in different local occasions and functions.

Now, Ruhat Bibi is attacked with old age complicated problems. She hardly moves. She becomes tired with this little movement. She cannot see well. She uses spectacles according to the prescription of eye specialist. In addition, she has been suffering from gastric and asthma for a long time. So, she is now under the treatment of a physician. The daughter and grand children serve her at the ill time. But there is no specialist doctor in the village, so she cannot take treatment at proper time. She has to go a long distance for treatment. She thinks that it is almost impossible for many rural elderly for taking treatment to

go 14 miles long distance, Satkhira Sadar Hospital from the village. The older woman, Ruhat Bibi is now thinking death in silent. Though she does not know the way of prayer, yet she performs prayer five times a day. She expects government's financial support and health service for poor older persons. She thinks that government and family can play an important role for the welfare of the older persons. She thinks that joint family is the secured place for older person. She opines that everybody should prepare for the aged life. Besides this, older persons should leave social and religious superstitions for making the elderly life more comfortable and sound.

Case Study # 6

"I am no longer important to my family or society, so I want to die."-Momtaj Miah.

Momtaj Miah lives in a village named Ghona under Sadar Upazila of Satkhira district. Now, he is 65 years old. He is illiterate but he can recite the holy Quran. Every morning, he recites the holy Quran after Fazar prayer. Momtaj Miah has always led a struggle throughout his life. When he was 17 years his father died leaving two sons and two daughters. He is the eldest son of his parents. As a result, burden became intensified and he had to work hard to maintain all expenses of the family. Momtaj Miah got married at the age of 18. Now, he is a father of 7 children all of whom are got married. His wife is still alive. He has passed the conjugal life of 62 years. He has eight grandchildren. Now, Momtaj Miah lives in a single family. In past, Momtaj Miah lived in a joint family when his sons were unmarried. But after being marriage they became separated from

their parents. For being separated, he and his wife are the only members of his family.

Momtaj Miah was engaged in cultivation. He has 4 acres of cultivable land. Through the income of this land he maintains the family expenses. In many cases, he cannot fulfill his basic human needs. His two sons have passed the H.S.C and B.A from local schools and colleges respectively and are engaged in government services. Other sons are engaged in cultivation. His physical condition does not permit the agricultural activities. But sometimes, he has to work in his land. His monthly income is about 5000 Tk. The price of daily necessities is increasing day by day. So, it is becoming hard to meet the needs through this income. When he becomes ill he has to depend on family members who are usually respectful to their parents but live in distant. So, he does not get the proper care and services from the family. Besides, his wife does not perform proper care to her husband due to physical inability. She needs other helps. He believes that change of social values, migration from rural to urban areas, poverty and materialistic thinking are the core causes for changing family structure. Family bondage of today's world becomes very poor and it affects the older persons on their nursing and services.

Momtaj Miah is suffering from various old age complicated problems. Though he is 65 years, his eye sight and listening power are still strong. He suffers from gastric, diabetic and cold. He has a habit of smoking. His physical condition is deteriorating day by day. At the time of illness, he usually takes treatment from village doctors and private healthcare center. His daughters are very much conscious about their parents. Sometimes, he gets services from his daughters at the time of illness. Now and then, he visits sons and daughters house.

Momtaj Miah feels that his past was better than his present status. He thinks about here-after-life. He leads a religion based life. He takes his prayers timely. Now and then, the family members take the opinion in family related affairs. He has a good relation with his neighbors. They often help him. As an older person, he attends various social festivals. He was a good *ha-du-du* player in his early life. He gossips with his neighbors and passes time to sit at a tea stall near the road. Sometimes, he faces mental dissatisfaction for his loneliness. His sons have not enough time to serve him. They are busy with their own family. In his childhood, he was always eager to serve the older persons. But now, this practice has become a history. He believes that traditional family structure is being changed radically. For this changing situation, various types of problems are arising out in our daily day to day life. Family members, especially the older persons are facing a difficult situation. They are depriving from proper services in their old age. Sometimes, they have been regarded as a burden of the family. He says that young section of the modern society do not show the proper respect to the elderly. The culture of respecting for the elderly is eliminating day by day. Social values are not being properly maintained in today's society. Lack of religion based education is a major cause for these types of malpractice. Most of the children are growing up in an environment where older persons are absent. Momtaj Miah believes that family can play the most important role for solving the problems of the elderly. Family members need to be more careful about their parents. He opines that if the children think that they will be older as their parents in future they would not ignore their parents. In our society, aged people need to consider as senior citizen. Older persons are the most experienced section of a society and for that they are able to give appropriate suggestions about any matter related to society.

Government can create proper legislative obligation by which children must have to take responsibilities of their parents. There is an acute shortage of recreational facilities for older persons in the society. Government and NGOs can arrange the recreational facilities such as library, old age club and so forth in this regard.

Case Study # 7

Sukzan Bibi is 90 years old. She replies five score of age as soon as anyone asks about her age. She lives at Baikari under Sadar Upazila of Satkhira District. It is unanimous that in this area people who belong to her birth cohort are no more alive. At the age of fourteen, she got married. Her husband died in 1971. She passed a long widow life for 51 years. She is the mother of four sons and one daughter. Once she looked after 20 grand children. Sukzan Bibi possessed a sound physique in her youth. Her married life was happy. Hardly there was any quarrel in their life. Her husband maintained the family in a well off manner with cultivating 4 acres of land. After the death of her husband, her children became separated with their land. After distributing the land, she gets a piece of land of 0.30 acre. At last, she takes shelter in the family of the youngest son. Her youngest son has six children. In this poverty stricken family, she bears silently with the all sorrows and sufferings. Sukzan Bibi tells, 'in the past there was peace in the society and people was not so selfish like today.'

Many demands are remained unfulfilled due to poverty. Moreover, the daughter-in-law does not look after her properly. Youngest son has registered this 0.30 acre of land in his own name forcibly. As a result, the intensity of negligence increases upon her by family members. Daughter-in-law expresses

her inability to serve her. So, she is being compelled to go into the family of her eldest son's family. The eldest son has no land. He has been suffering from paralysis for a long time. She stays in the family of his eldest son in starvation or half starvation. As there is no shelter anywhere, she was compelled to again come back to the family of her youngest son. Now, Sukzan Bibi is not able to do the work. She always passes her days by sleeping or lying in *Barandha* of a small *muddy* and dirty house. She responds to natural call in her bed. Daughter-in-law cleans her bed one time a day.

She is attacked with gout, diabetes, gastric along with other old age diseases. She gets the treatment from a village *kabiraj* and it is only limited *jhar-fuk*, *tabij* and *vesoj*. Neighbors do not come to visit her as she always remains unclean. She sleeps all day long and sheds her tears. She has no demand. Now, she desires food and care. She suffers in mental agony because of being unable to say her prayer. She wishes death in silent. When I visit her and talk to her, she says, "Brother, pray for me so that I may be taken away by the Almighty quickly." Sukzan Bibi is an old woman beset with many problems. Her sufferings know no bounds. She has no any objection to any person. She only thinks that it is the fate of life. She thinks that all her problems will be solved through death.

Case Study # 8

Abdul Hamid Mollah lives at the village of Majherpara in Ghona Union under sadar Upazila of Satkhira district. He is about 70 years old. He is a father of seven children. Now, he is widower. Her wife died ten years ago. All of her children are got married. He was a farmer. He had 1½ acres of land including

residence. Though he was a farmer, he was expert in making handicrafts. He would make the fence of house, granary with bamboo, cane etc. His monthly income was about Tk. 4000. As a result, he had no economic hardship in his family. When her wife was alive he led his life with peace and happiness. At present, he has no income. He is dependent on the family members. He helps his son in agricultural activities. Many times, he becomes unable for doing this work due to the physical inability. Now, he is living in a small dirty house alone. He has a lot of stories in his memory which he tells to the grand children. He is staying in the family in negligence. His sons are engaged in cultivation. As he is a man of hot temper, his daughter-in law expresses her inability looking after for thinking that she would not get her recognition of her services.

He stays in a dirty mat, which gives bad smell. His daughter-in-law sends foods three times a day. Now and then, his son looks after him. Though all land-properties are in his name, most of the basic needs are remained unfulfilled in his life. The negligence of the family members troubles him. When he is laid up in bed due to ill, he has to face many problems. He feels urgently need of foods and medicine at the time of illness. Sometimes, his daughter looks after him coming from her husband's house. He expresses his sorrows that if his wife had alive, perhaps he would not have so much trouble. He is suffering from different kinds of old age complicated problems. He is losing power of eye sight, power of hearing and ability to speech gradually. In addition, he is suffering from gout, cough and gastric. He gets the treatment from the village quack but it produces no result. Though he is illiterate, he recites the Holy Quran. Today, he cannot read the Quran due to cataract. He actively takes part in religious activity five times a day in Mosque. He attends the religious meeting

and *milad-mahfil*. He gossips with grandchildren and neighbors. Sometimes, he visits the daughter's house. He often sits on a tea stall at local *bazaar* and takes a cup of tea. He does not take part in decision making process of family related affairs. He thinks that his words are valueless in the family. He thinks former days were better than the present time. He is invited in different local occasions, functions and ceremony. He always cannot attend such a function due to physical inability. He gets the old age allowance. He opines that the amount of old age allowance should be increased. He has a lot of objections about the present generation. Today's generation does not show the proper respect to the older persons. They are indifferent in caring of the older persons. He wishes financial assistance and health care from the government and NGOs for the welfare of the older persons. He also desires to come forward of the wealthy section of the society for the welfare of the elderly.

Chapter Ten

Findings and Discussions of the Study Conclusions and Policy Recommendations

10.1 Findings and Discussions of the Study

The sample size is consisted of 120 respondents of which 61.7 percent are male and 38.3 percent are female. These respondents have been selected by applying random sampling technique. Almost all the respondents i.e. 90.8 percent belong to Muslim community and the rest 9.2 percent belong to Hindu community. In data collection area neither Buddhist nor Christian respondent was available. From the study, it has been revealed that 50 percent of the elderly are in the age group of 65 to 79 years. It exhibits the highest number, while the 'old-old' (80+years) is the lowest i.e. 4.17 percent. The second highest percentage (35.83) of the respondents' age group is 60-64. The respondents in the age group of 70-74 and 75-79 represent 10 percent. The average age of the respondent is 67.02 years which is very close to the average national life expectancy rate of 68 years as revealed by Bangladesh Economic Survey, 2010. The proportion of 60 and above aged people has started showing an increasing trend in the total population. This finding indicates that the average life expectancy is increasing gradually in our country. Development of medical science, awareness of the people and better health and sanitation facilities has decreased the mortality rate and increases the life expectancy. Majority of the rural elderly have no any formal education. Most of the respondents are illiterate (68.3 percent). Comparing the level of literacy between the male and female in rural areas, it is found that literacy rate is almost zero for the elderly women. Only 5.83 percent female respondents are literate and their educational status ranges from class 1-5 level. No female respondent could exceed the primary level of education in the study areas. Though they have no formal education but they are knowledgeable. They can

manage everything with their own knowledge and experiences. Only 6.67 percent male respondents have passed the SSC, HSC and Graduation level. The historical development of formal education in the area indicates that before the 1950's education was primarily confined to the upper strata in the society. Formal education was perhaps out of the reach of the lower segment, especially in the remote areas. Nearly same result is found in another study of Rahman (2002).

All the respondents are married. It is found that a large number of female elderly are living in their families as a widow. The study shows that 13.33 percent female elderly are widow, while only 3.3 percent are widower. Usually the status of a widower in the family is much better than that of a widow in rural areas. In Bangladesh, now a day, widows are considered as a burden in the family. The plight of widowhood is more severe among women and consequently they suffer more than widowers (Help Age, 2000). Generally, in respect of remarriage of men there is hardly any bar but widows do not have similar social sanction in our society. The issue of widowhood is significant because a woman's marital status is of primary significance to her survival and well-being. Once a woman is widowed, she is then, in most cases, loses her right to have access to resources left by her husband which may be distributed among the family members as per hereditary law or to an assigned male relative. As a result, widows hardly have any security and are dependent on sons/family. Since they have little or no ability to contribute to their families, they are bound to face worst as members of the most vulnerable group in society. This is an indication of the discrimination against women and the low status given to them in our society.

Almost all the female respondents (89.1 percent) got married before reaching 18 years. The average age at marriage of female is approximately 15 years where as the male counterpart is 18.9 years. So, it is noted that early marriage was the tradition and norm of our society in 1960s. The early marriage has its concomitant bearings the high fertility as well as high mortality rate. It is found that females are more victims of early marriage than the males. This is identical to another study titled "Social and health status of the aged in Bangladesh" conducted by Professor Samad Abedin (1999). The number of children of the most respondents (72.5 percent) is seven or above which indicates the high fertility rate among the rural elderly. On an average, there are 8 children at every family which is almost similar to the national statistics. It also indicates that almost all the couples did not follow the instruction of family planning program during their conjugal lives. It is also found that the respondents who are educated up to SSC or above have fewer children in study area.

It is revealed that 95 percent respondents got married once and 5 percent elderly got married twice in their life time. Not a single female respondent was found getting married twice in the study areas. It is found that 47.5 percent rural elderly respondents are engaged in agricultural activities. Generally, female respondents perform the household activities and they are totally dependent on offspring. Activities done by older persons in Bangladesh are mostly agricultural work and household chores. Household tasks, described as non-earning work, are for the most part performed by females. Physical characteristics can be pointed out as the major cause for them not being engaged in earning activities outside homestead.

About fifty percent (50.88 percent) respondents have no income to eke out living. While 4.17 percent respondents earn less than 1000 Tk. per month, 26.67 percent respondents earn in the range of Tk. 1000 to 2999 per month and 18.33 percent respondents earn Tk. 3000 and above per month. The average income of the respondents is approximately Tk. 1504. This meager amount of income of the elderly can hardly be enough for their living. This means that the elderly respondents in rural areas live in poverty or below poverty line. They cannot meet their basic needs through their income. Female respondents have no income. Older persons face age barriers to employment opportunities. Many older persons have reported that they wanted to continue to work; but employers are unwilling to hire them as day laborers due to their age. Older women face both age and gender barriers in finding out means of earning. They are limited due to social and cultural barriers that stand in the way of their employment.

Land property is the most important deciding factor that points out the prestige and honor of the elderly in social hierarchy. About seventy percent (70.83 percent) respondents have land property while 29.17 percent have no land of ownership. Among the land owner respondents, the data shows that 11.76 percent male respondents have less than 20 decimal of agricultural land. 51.76 percent belong to the range of 20 to 100 decimal of agricultural land. Only 12.94 percent female respondents have a small amount of land property. Almost all the rural female elderly have no access to ownership of land property which indicates the extent of their vulnerability and dependency. The average land area owned by the respondents is 60.4 decimal of land which is very meager to meet the basic needs.

The study explores that the living condition of the rural elderly is not healthy and secured at all. It is found that 42.5 percent respondents live in *jhupri*, straw and *katcha* houses. Living in this type of houses is also risky. They are the poorest of the poor in study areas. 25 percent respondents live in *tin-shed/tally* houses. The walls of such houses are built by mud. 24.2 percent respondents live in *semi-pucca* houses. This section represents the middle class group in rural areas. Only 8.3 percent respondents live in *pucca* houses which indicate the wealthy and well-off section of rural society. Majority of the respondents (59.17 percent) live in *barandha* which is a separate place but attached to the room. Rural elderly choose this place for living due to large family size showing love and affection to other family members. 16.67 percent respondents live together with their family members and 7.5 percent respondents have no separate places to live in. As a result, most of the elderly cannot keep their privacy. Only 16.67 percent respondents have separate rooms to live in.

The majority of the older people lives in poverty in rural areas and is deprived of their most basic needs including food, health care, clothing, shelter and access to income/employment opportunities and sanitation facilities. Majority respondents (78.3 percent) have no sufficient income for meeting their basic need and they can hardly manage to have three times meal a day. Only 21.7 percent respondents have mentioned that they meet their basic needs through their income. Food is the top priority to the rural elderly. The second priority is treatment/health care. Almost all the older people (90.83 percent) have expressed concern about their health as it directly impacts their ability to engage in income generating and household activities. The health status of older people is poor and they do not have access to health care facilities when

they need it. Primary barriers to health care access in rural areas include cost, physical access, lack of specialized doctors and poor quality or inappropriate services.

Almost all the respondents get assistance from the offspring. Children are the primary sources of economic and mental support in old age. In present study, significant change is observed in their relationship between father and son. It is revealed through the observation that the relationship between generations has undergone substantial change. Older people have requested to inform whether they get invitation in local social functions. It is somewhat discouraging that only 19.2 percent respondents have replied that they are invited regularly. A majority group of respondents (45.8 percent) are invited occasionally and 11.7 percent respondents are invited very irregularly in different local functions. A significant number of respondents (23.3 percent) are not invited in different local functions. It shows that the honor and respect to the elderly are eroding gradually from the rural society than before.

It is found that almost all the rural respondents enjoy their leisure period gossiping with neighbors and grand children. Most of the male respondents gossip with neighbors in sitting in a tea stall or in local market. The female respondents pass their time in caring of the grandchildren and telling stories with them. A good number of respondents (31.66 percent) pass their time watching the T.V/listening to radio and reading books. The rural elderly are also aware about different issues of the country. All the respondents both Muslim and Hindu perform religious activities regularly. They reply that death is the last shelter place to them and they have the deep belief to the life hereafter. Older

people feel that old age is the final stage in life, a time when religion becomes important.

Deterioration of one's physical well being is a natural part of ageing and a major concern of old age. In old age, some of the most common health problems in Bangladesh are stomach ache and diarrhea, followed by asthma, peptic ulcer, blood pressure, diabetes, cardiac, dental and eye problems. They also suffer from urinary disease, mental disorder and malnutrition. Blood pressure, diabetes and cardiac disease, rheumatism, respiratory problems are more common in rural elderly. The study shows that the respondents have been suffering from various kinds of diseases. The most common ailments are eye problem (57.02 percent), rheumatism (38.59 percent), diabetes (35.09 percent), gastric/ulcer (38.60 percent) and dental problem (30.70 percent). In addition, rural elderly are suffering from blood pressure, stomach problem, heart trouble, back pain and liver problem (21.92 percent, 21.93 percent, 19.30 percent, 18.42 percent and 4.39 percent respectively). Leaving aside the prevalence of well-known sex-linked diseases (for instance, prostate gland, ulceration in uterus, venereal diseases etc. for females).

From the study it is found that 50 percent respondents take the treatment from the village quacks when they fall ill and 23.36 percent still depend on traditional system such as homeopath and *Kabiraj/Hekim/Fakir/Hujur*. They report that due to financial insolvency, they cannot take treatment from specialized doctors or health care centers. Around 41 percent respondents receive treatment from hospital/clinic/health care center. It is found that 3.3 percent respondents cannot take any treatment due to lack of money nor can they have any support from any one of the family member in this regard. Study indicates that the

elderly suffer from tension and anxiety for a variety of socio-psychological causes including the death of spouse, presence of an unmarried daughter of marriageable age, changing family pattern and increasing tendency of indifference and disobedience towards them by younger generations.

In the existing traditional social norms and values, older persons are well respected in our society. Old age raises their images as being of grandparents, parents and uncles/aunties who once worked hard for developing their children and other dependants of their families. In our traditional joint family system, older people used to enjoy honorable life in the past. But this situation is being changed gradually due to various social and cultural factors. Poverty, declining of social norms and values, migration from rural to urban areas, materialistic thinking, urbanization and industrialization etc. are accelerating the pace of changing family pattern in Bangladesh. As a result, the nature of caring to the elderly is also being changed. These changing situations are creating problems to the life of the elderly. This cannot be a deserving situation for the elderly who contributed a lot while they were agile and active a few days back for the family or the society.

Assistance and support to the elderly from the family are waning gradually in our society. The present study explores that 14.17 percent respondents get the available services from the family members as and when they require and 41.67 percent respondents opine that services that they get from the family are neither good nor bad i.e. is moderate. But more than half of respondents (52.5 percent) reply that the family does not provide the adequate service to them. They are getting the inadequate services from the family due to financial crisis or poverty, indifferent attitude to son/daughter, inability to husband/wife, death

of husband/wife etc. Despite change in the family structure from joint family system to nuclear family system an overwhelming majority of elderly men and women in Bangladesh continue to live with their children. Son and daughter are the primary source of support to the elderly. Most of the rural elderly respondents depend on their sons for taking them to the health care center and buying medicine and diet at the time of illness. Most of the respondents get support from their children. 2.5 percent respondents have also mentioned that no one buys medicine and diet at the time of illness; they have to depend on charity/donation on others. These groups are the more vulnerable among the rural elderly.

Cordial relationship among the family members are of importance to the elderly especially as it will help them to overcome their loneliness. The study confirms that significant difference exists between the solvent and non-solvent elderly with reference to their relation with other members in the family. The study reflects that majority of the financially solvent elderly has cordial relationships with their family members, as against the low economic status of the non-solvent elderly. As revealed by the data, 65 percent respondents get any form of assistance from the government organization such as old age allowance, widow allowance, Freedom Fighter's allowance and VGF. It is found that no one gets the help/assistance from non-government organization in study areas. Among the assistance receivers, 64.10 percent rural elderly people receive old age allowance. As observed from the data, the coverage of the program has remained yet very limited or far below the appropriate level, leaving many eligible ones outside the purview of the program. The rural elderly opine that the amount of money is so meager according to their needs.

As shown by the data, son (60 percent) is the head of the household of the families. The responsibility of care taking for the older population is predominately taken on by children or by spouse. The study shows that negligible fractions of the aged population live alone and a large portion live with kith and kin. A good number of respondents (38.3 percent) are the head of the family. Generally, head of the family is the main bread earner and is also decision making authority in the family. It is found that the head of the household status is being changed with increasing level of age in rural areas due to withdrawal of the elderly from the earning related activities.

Most of the respondents live in joint family with their family members. A good number of respondents (28.3 percent) live in a single/nuclear family. As shown by the data, almost all the respondents (93.33 percent) opine that the joint/extended family is being broken gradually and turned into a nuclear/single family. Most of the rural elderly express their deep concern about the changing of family pattern. With development family roles and functions are shrinking. There is a strong movement towards nucleation families and family as a unit of production is declining. These changes will gather pace as economic development and social changes proceed and will impinge upon the availability of family support. Inevitably these changes are made an impact upon the well-being of the elderly. As revealed by the data, it is found that social, economic and demographic changes have led to some changes in family structures, such as an increase in nuclear/single families. A large number of older people (59.82 percent) feel that joint family is undermined by poverty and financial crisis. A significant number of respondents (58.93 percent) opine that conflict among the family members and bad relationship with daughter-in-laws are most influential

causes for changing the family pattern. In addition, 87.39 percent respondents feel that urbanization, industrialization, materialistic thinking and changing of social norms and values are the powerful factors for changing the joint/extended family. Rural older people also think that migration from rural to urban area, impact of western culture and increasing the expenses of livelihood are also responsible for changing the traditional family pattern. The study shows that due to this changing pattern of family rural elderly feel insecurity, loneliness, anxiety, mental stress and depression. Caught up in rapid social changes of norms and values and technological change, in many cases, younger people feel that older people are old-fashioned and have no knowledge of the modern lives today.

An overwhelming majority (75 percent) of the respondents mention that their position is being delicate due to these changes. It is mention worthy that almost all the respondents have stated that they are suffering from dishonor and negligence of the family members. Study finds that almost all the respondents (91.67 percent) mention young generation does not pay proper honor and respect to the elderly in previous manner. It indicates that the honor and respect to the elderly are eroding day to day which indicates the vulnerability of the elderly. Older people have reported statements like, "Your days are gone. What we have seen, you have never experienced, keep silent, you do not understand."

As shown by the data, rural older persons have identified various reasons for not paying the proper honor and respects to the elderly by the young generation. Most of the respondents have identified the reasons of degradation the family relationship (60.90 percent), changes of social norms and values

(58.18 percent) and change of mental attitude (49.10 percent). The rest of them have found out the reasons of aggression of western culture, social unrest, population explosion, materialistic thinking, high ambitious and so on. More than half of the respondents (51.66 percent) feel that they are victims of negligence due to old age and 20 percent respondents report that no one listens to them. It is found from the study that discrimination against women is wide spread in rural area. This is a result of a lifelong of deprivation, lack of education, poor health and nutrition, low status and restriction on mobility and association.

Physical and mental harassment is the serious violation of human rights. The rural elderly are asked whether they face any types of physical and mental harassment. 18.33 percent elderly have reported that they are physically and mentally harassed in and outside the family environment. 8.33 percent respondents are physically and mentally harassed by daughter-in laws and 4.17 percent respondents are physically and mentally harassed by offspring which indicates lack of good relationship with the family members. It is observed during the field study that the respondents feel shy on focusing their physical and mental harassment outside the family environment. So, the real percentage of physical and mental harassment is high than that of the aforesaid portion of harassment. As revealed by the data, almost all the respondents mention that the support of the family, neighbor, relatives and community to the elderly are gradually waning. Nearly forty two percent (42.5 percent) respondents mention that the family members are reluctant to take the opinion in taking decision on family affairs. Waning capacity to earn in old age decision-making power erodes. Generally, income earning position, savings,

ownership of the property, health condition etc. are the determining indexes in taking decision on family affairs. More than fifty percent (54.17 percent) respondents feel that they are considered as burden to the family members and 16.67 percent respondents refrain from to answer the question.

From the case study, it is found that most of the rural older people live in poverty. Food and health care services are the top priority to them. In most cases, they cannot fulfill the basic needs. Widows are more sufferer than that of widowers. An older woman opines *"if house burns residue remains, if husband dies nothing remains."* In many cases, older persons are neglected by the family members as well as by the society. An older man mentions, *"I am no longer important to my family or society, so I want to die."* Almost all the rural elderly suffer from various kinds of diseases. Majority of the rural older people take treatment from the village quacks and village pharmacy. Most of the rural elderly people feel that the joint family/extended families are turned into a single/ nuclear family. Due to the changes in the pattern of the family they feel insecurity, loneliness and mental unrest.

Most of the respondents recommend increasing and enhancing the old age allowance and establishing separate hospital and health care services in combating their problems. It indicates that financial crisis and health problem greatly exists among the rural elderly people. Nearly fifty percent respondents recommend arranging appropriate employment opportunity befitting their age. In addition, a good number of respondents suggest expanding religious and moral education for the younger generation so that they can understand their obligation to the older ones. In addition, they have given some other

recommendations in preventing the breaking of joint family system such as administering education and training for the family members, priority to the poor and unable older persons in getting assistance from government and NGOs, creating awareness among the masses about negative impact of nuclear family, proper management and increasing the amount of old age allowance for unable older persons, keeping good relationship with the family members and becoming flexible for continuing peaceful and dignified ending part of life, family members should be cordial towards the elderly, wealthy section of the society should come forward in helping the poor and vulnerable elderly and enacting the necessary laws in protecting elderly rights.

The assumptions of the study are: a) nature of forms of caring for the aged are being changed due to changing family pattern; b) aged people are more sufferers in respect to their socio-economic and health conditions than before; and c) older persons are considered as burden to the family members at present. A thorough review of the findings clearly provides information to the extent that the assumptions formulated in relation to the study sound pertinent to the underlying message of the guiding assumptions.

10.2 Conclusions and Policy Recommendations

Old age is the last part of life. Though the elderly are experienced, skilled and knowledgeable section of the society, they, in most cases, do not get proper respect, attention and even sometimes they are seriously neglected by the family members and the society as well. They are not safe and secured in the transitional period of family pattern since the functions of the family as a social institution are also getting changed gradually. In fact, they are the senior citizens of the society. We can visualize that they have spent their whole life to shape a better tomorrow for the generation. But in return the nature of treatment that they are getting for their survival at present, in many a case is nothing but a shameful index of regretful facts. The situation of the elderly is getting from bad to worse. Conclusions may be drawn from the study that

- Poverty and exclusion are the greatest threat to the well-being of the elderly. The majority of rural older people in Bangladesh cannot meet their basic needs.
- Most of the rural elderly have no formal education. A significant part of the elderly has no income and the average amount of land owned by the respondents is very poor for leading the life.
- Majority of the respondents are somehow fully or partially detached from the employment opportunities. Physical inability and illness are the major causes of unemployment of the respondents and they are out of earning activities.
- The health status of rural older people is poor and they lack access to basic health care. Majority of the respondents visit village quacks and

village pharmacy in case of physical illness. In addition, a good number of respondents depend on *kabiraj/jhar-fuk/hekim*.

- Most of the rural elderly are dependent on family. Older women are more dependent on their families for survival than older men, which increase the vulnerability. Women without families and widows are the most vulnerable.
- Most of the elderly are attacked with various types of diseases and old age complications. Declining eye-sight, physical weakness, gastric, back pain, less hearing, fever, loss of memory, stomach disease, diarrhea, paralysis, tooth ache, mental illness, asthma, cardiac problem, liver problem, high/ low blood pressure, skin disease, gynecological problem etc. are the common problems of the elderly.
- Most of the rural elderly feel that joint family or traditional family is being turned into a nuclear family due to change of social norms and values, poverty, migration from rural to urban areas, marriage of the son, conflict among family members, materialistic thinking, high ambitious, high cost of living materials, industrialization and so on. Owing to this changing pattern of family they feel lack of services, insecurity, anxiety, mental stress and loneliness.
- Most of the elderly reported that family members do not show the proper respect and honor to the elderly. In many cases, the elderly are regarded as burden to the family members and even sometimes they are seriously neglected by the family members and the society as well.

In view of the personal experiences of the researcher during field work as well as the findings of the study the following measures can be taken to address the old age problem in Bangladesh.

1. As this study revealed, most of the older persons are poverty-stricken in both rural and urban areas in our country. The concerned families, especially, the poor ones require to have economic support to meet the basic needs. In this regard, government and NGOs/INGOs can extend support through special rationing system or otherwise. The government and NGOs/INGOS may also carry on co-ordinated programs for poverty stricken elderly people.
2. The government has introduced a new pension scheme (old age allowance) for the poor and helpless elderly. It is a remarkable step. This social safety net program may be gradually expanded for wider coverage with increased amount of money to cater to actual needs of helpless elderly. Moreover, other schemes like personal savings, family support, social insurance, occupational pensions and special grants and credits.
3. Older persons are the high-risk group in society. Health services should be provided for all elderly and special mobile health services program should be introduced for them. To ensure easy access to health services, a section/corner may be introduced at every hospital for the elderly. In addition, the government may issue 'health card' for the elderly for providing medical treatment free of cost or at subsidized rates in all hospitals and clinics. In this regard, the Health Ministry and the Department of Social Services can take up prime responsibility.

4. Elderly should be given priorities while formulating policies and planning and chalking out programs relating to development sectors. The local government organizations may be involved in designing the plans and programs for the welfare of the rural elderly. Such programs will be effective and properly implemented if the local government is actively participated.
5. Inter generation conflict should be addressed properly. Family education and motivation program may be introduced at the family level for developing the strong sense of family bondage. There is a need for home care service system for the elderly.
6. To arrange the proper recreational arrangements for the elderly. For this purpose, in every community center of the urban area and organization of local government of the rural area there may be a different corner for elderly where recreational instruments and library should be provided.
7. Generally, the families of the rural elderly are dependent on agriculture. So, they need to support in agricultural production. In such situation, the agro-loan is essential in purchasing the necessary elements of agriculture e.g. seeds, fertilizer, pesticides, irrigation etc. In addition, such agricultural elements may be supplied at subsidized rate. In this case, Krishi Bank and NGOs/INGOs can play the important role for the credit of the elderly.
8. Most of the elderly feel comfort in living within the family environment. They do not want to detach from the family members. So, family bondage system should be protected by the society and the state. The government and non-government support should be provided for the poor families of the elderly so that the family members get inspired to look after the older persons.

9. Awareness raising program for care and recognition of the elderly are to be initiated through mass media, social movement and education system. The Ministry of Information can play the vital role in this regard. The Ministry of education can introduce a compulsory chapter on aging population and the role of family for caring the elderly in the curricula of primary, secondary and higher secondary level so that the younger generation is aware and motivated to live in a joint family and be respectful and obligated to the elderly. Moreover, in university level, it is necessary to arrange the study in gerontology. Since care and service to the elderly is the sacred dictum for all the religions, it is necessary to inspire the new generation about their responsibility towards the elderly.
10. With a view to ensuring the effective service and keeping unity at family level, research and exploration work on various aspects can be conducted at regional and national levels. Besides, seminar, workshop, meeting, discussions etc. can be arranged at different occasions at different places for drawing attention of all concerned corners.

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Appendices

Appendices

Appendix-1

Interview Schedule
Institute of Social Work and Research
University of Dhaka

[Research questionnaire for "A Study on Old Age Problem in Changing Families of Bangladesh" will be used for collecting information from the selected respondents. Anonymity of the collected information will be preserved and only be used for the purpose of research].

A. Primary Information

1. Name of the respondent:-----
2. Village/Mohalla:-----
3. Union:-----
4. Upazila:-----
5. District:-----

B. Demographic information of the respondents

6. Sex: 1. Male 2. Female
7. Age (in completed years):-----

8. Religion: 1. Islam 2. Hindu 3. Buddhist 4. Christian 5. Others (specify)-----

9. Educational qualification: 1. Illiterate 2. Class 1 to V 3. Class VI to VIII 4. Class IX to X 5. S. S. C 6. H. S. C 7. Graduation 8. Post Graduation 9. No formal education but literate 10. Can read Holy Quran 11. Others (specify)-----

10. Marital status: 1. Married 2. Unmarried 3. Widow 4. Widower 5. Divorced 6. Separated

11. Total number of your family members-----

12. How old you were when you get married?

Husband	-----years
Wife	-----years

13. When did your wife/husband die?

Widower	-----years ago
Widow	-----years ago

14. What was/is the duration of your conjugal life-----years.

15. How many children do you have?

Alive at present	-----Number
Dead at present	-----Number

16. How many times you get married in your life time?

Husband	-----times
Wife	-----times

17. Did you (husband/wife) use any contraceptive method throughout your marital life?

1. Yes 2. No

C. Economic information of the respondents

18. What is your profession?

1. Farming 2. Farm labor 3. Service (governmental) 4. Service (non-governmental) 5. Retired 6. Unemployed 7. Business 8. Industrial labor 9. Day labor 10. Others (specify)-----

19. (If unemployed), what are the causes to refrain from the income generating activities?

1. Physical inability 2. No need to work 3. No found suitable work 4. Mandatory retirement 5. No eager for doing work 6. Others (specify)-----

20. What is your monthly income? -----Tk.

21. What is your monthly family income?-----Tk.

22. Do you have any land of your own?

1. Yes 2. No

23. (If the answer is yes), how much land do you have of your own?

1. -----decimal 2. -----bigha 3.-----acre

24. Do you dependent on others?

1. Yes 2. No

25. (If the answer is yes), whom does she/he dependent on?

1. Husband/wife 2. Son 3. Daughter 4. Relatives 5. Neighbors 6. Old age allowance 7. NGOs credit 8. Others (specify)-----

26. What are the basic needs of your life?

1. Food 2. Housing/shelter 3. Cloth 4. Health/treatment facilities 5. Recreation 6. Others (specify)-----

27. Do you have sufficient income to meet your current basic needs?

1. Yes 2. No

28. (If the answer is no), what are the unmet basic human needs of your life?

1. Food 2. Housing/shelter 3. Cloth 4. Health/treatment facilities 5. Recreation 6. Others (specify)-----

29. Do you get assistance from others to meet your requirements?

1. None 2. Son 3. Daughter 4. Grand children 5. Relatives 6. Neighbor 7. Borrowing 8. Others (specify)-----

30. When and how you receive such needed assistance?

1. Regularly 2. Irregularly 3. As and when required 4. No response

31. Are you facing any financial crises today?

1. Badly 2. Moderate 3. Not at all

32. How many hours did you work at average before and at present?

1. Before-----hours 2. At present-----hours 3. Does not work
0 hour

D. Social information of the respondents

33. What is the type of your house?

1. Jhupri 2. Straw house 3. Kutcha 4. Tin-shed 5. Adha pucha 6. Pucha 7.
Others (Specify-----)

34. What type of room where do you live?

1. Separate room 2. Living with the family members 3. *Barandha* 4. No
specific room for living 5. Others (specify)-----

35. Do you get invitation in different local (marriage, *milad*, *acica* and so on)
occasions and functions?

1. Regularly invited 2. Very irregularly invited 3. Now and then invited 4. Not
invited

36. Do you participate in the organizational activities and socio-cultural function
when you are invited?

1. Regularly 2. Very irregularly 3. Now and then 4. Do not participate

37. Are you accepted with honor while attending in social festivals?

1. With due respect 2. With moderate respect 3. Do not pay respect

38. Do you participate in any kind of recreation?

1. Yes 2. No

39. (If yes), what types of recreations/how do you spend your leisure time?

1. Gossiping with neighbors
2. Gossiping with grand children
3. Watching T.V/ Listening radio
4. Reading newspapers/books
5. Attending in co-operative society/social meeting
6. Local song/listening open air drama (*jatra*)
7. Gardening
8. Read the Holy Quran and Islamic books
9. Others (specify)-----

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40. Do you perform regularly in religious activities?

1. Yes
2. No

41. (If the answer is yes), in what kind of religious activities do you participate?

1. Five times prayer
2. Only *Juma* prayer
3. *Milad*
4. Prayer of *Janaza*
5. Going to temple
6. *Puja*
7. Durga *Puja*
8. Others (specify)-----

E. Health related information

42. Would you please tell me about your present physical condition?

Physical condition	Good (1)	Moderate (2)	Bad (3)
Overall health status			
Vision			
Hearing			
Utterance capacity			
Movement ability			
Sleep			

43. At present, are you suffering from any disease?

1. Yes
2. No

44. (If yes), which type of disease/ailment are you suffering from?

1. Rheumatism 2. Diarrhea/dysentery 3. Diabetes 4. High blood pressure/low blood pressure 5. Heart disease 6. Cough/Asthma 7. Stomach problem 8. Gastric 9. Paralysis 10. Tooth pain 11. Liver problem 12. Back pain 13. Others (specify)-----

45. How long have you been suffering from these diseases/ailments?

-----years

46. From where are you getting treatment?

1. Hospital 2. MBSS doctor 3. *Homeopath* doctor 4. Quack physician 5. *Kabiraj/Hekim/Jharfuk/Fakir/Hujur* 6. No treatment 7. Others (specify)-----

47. Please tell me what are the causes not to take the treatment?

1. Lack of money 2. Lack of specialized doctor 3. Lack of effort of the children 4. Lack of effort of husband/wife 5. Others (specify)-----

48. At present, do you smoke or take tobacco?

1. Yes 2. No

49. (If yes), what are the types of smoking/ tobacco?

1. *Bidi/sigarate* 2. Betel leaf with betel-nut/*jarda* 3. *Gul* 4. *Hucca* 5. Others (specify)-----

F. Service related information

50. Do you think that the service getting from the family is adequate?

1. Adequate 2. Moderate 3. Inadequate

51. (If the answer is inadequate), what are reasons behind it?

1. Lack of effort of son 2. Lack of effort of daughter 3. Lack of effort of daughter-in-law 4. Illness/inability of husband/wife 5. Death of husband/wife 6. Financial crises 7. Others (specify)-----

52. Who looks after you at the time of your illness?

1. Son 2. Daughter 3. Grand children 4. Husband/wife 5. Relatives 6. Neighbors 7. Others (specify)-----

53. Who takes you to the health care center in your physical illness?

1. Myself 2. Son 3. Daughter 4. Grand children 5. Husband/wife 6. Relatives 7. Neighbors 8. Others (specify)-----

54. Who buys the medicine and diet at the time of your illness?

1. Myself 2. Family members 3. Relatives 4. Neighbors 5. Husband/wife 6. Dependent on others (Donation/charity) 7. No one buys medicine and diet

55. Do you get assistance from any governmental and non-governmental agency?

1. Yes 2. No

56. (If the answer is yes), what kind of assistance do you get?

1. Old age allowance 2. Widow allowance 3. Freedom Fighter's allowance 4. VGF 5. Disabled allowance 6. Others (specify)-----

57. Do you think that such type of governmental assistance is adequate?

1. Adequate 2. Moderate 3. Inadequate 4. Do not get assistance

58. (If the assistance is non-government organization), what is the name of this organization and what type of assistance do you get?

Name of the organization-----

1. Financial benefit 2. Loan 3. Allowance 4. Others (specify)-----

59. Do you think that this non-governmental assistance is adequate?

1. Adequate 2. Moderate 3. Inadequate 4. Do not get assistance

G. Information relating to present family structure and changing pattern of family structure

60. Would you tell me who the head of your family is?

1. Myself 2. Husband/wife 3. Son 4. Daughter 5. Grand children 6.

Others (specify)-----

61. At present, which of the following families do you live in?

1. Single/nuclear family 2. Joint family 3. Extended family

62. What is the relation with the head of the family where do you live in?

1. Myself 2. Son 3. Daughter 4. Grand children 5. Others (specify)-----

63. Do you think that at present, joint family/extended family is breaking day by day?

1. Yes 2. No 3. No comment

64. (If the answer is yes), what are the reasons behind it?

1. Poverty and financial crises 2. Over population and limitation of resources 3. Urbanization, industrialization and materialistic thinking 4. Migration from rural to urban areas 5. Deterioration of social, religious and moral values 6. Individualism 7. Impact of western culture 8. Increasing the expenses of livelihood 9. Conflict among family members 10. Bad relationship with

daughter-in law 11. Working in another place 12. Going abroad due to employment 13. Others (specify)-----

65. Do you think that this changing situation is being delicate/ fragile your position in the family?

1. Yes 2. No 3. No comment

66. (If the answer is yes), what type of psycho-social problems are you facing due to changes in the pattern of family structure?

1. Lack of treatment and special services 2. Mental unrest 3. Frustration 4. Social insecurity 5. Dishonor and negligence of the family members 6. Exclusion and loneliness 7. Maladjustment 8. Others (specify)-----

67. At present, what types of major problems do you feel?

1. Physical illness 2. Lack of treatment and special services 3. Mental stress 4. Dishonor and negligence of the family members 5. Loneliness 6. Social insecurity 7. Lack of income opportunities 8. Not get married of the offspring 9. Family matters 10. Others (specify)-----

68. Do you think that at present, young generation respects the elderly in previous manner?

1. Yes 2. No

69. (If the answer is no), what are the reasons behind it?

1. Change of mental attitude 2. Aggression of western culture 3. Degradation of family relationship 4. Social change 5. Degradation of values 6. Population explosion 7. Social unrest 8. Others (specify)-----

70. Do you feel that you are regarded as burden in your family?

1. Being regarded as burden 2. No 3. No response

71. Do you face any discrimination due to old age?

1. Negligence 2. No one listens to me 3. Family members rebuke me in trouble
4. No discrimination

72. Do you face any physical and mental harassment?

1. Yes 2. No 3. No comment

73. (If the answer is yes), by whom are you victimized?

1. Husband/wife 2. Son 3. Daughter 4. Daughter-in-law 5. Neighbor 6.
Relatives 7. Others (specify)-----

74. Are you being neglected by your family members, relatives and neighbors?

Member	Yes (1)	In some cases (2)	No (3)
Family members			
Relatives			
Neighbors			

75. Do you think that the support of the family, relatives, neighbors and community to the elderly are gradually waning?

Member	Yes (1)	No (2)
Family members		
Relatives		
Neighbors		

Community		
-----------	--	--

76. (If the answer is yes), what are the reasons behind it?

1. Desire to luxurious life
2. Poverty
3. Change of mental attitude
4. Social change
5. Materialistic thinking
6. Migration from rural to urban areas
7. Others (specify)-----

77. How relation exists with the members of your family?

1. Very good
2. Good
3. Moderate
4. Bad

78. Which type of family you prefer to live more comfortably?

1. Single/nuclear family
2. Joint family
3. Alone

79. Is your opinion ~~is~~ regarded in taking decisions on family affairs?

1. Yes
2. No

80. How far your opinions are regarded in taking decisions on family affairs?

1. Fully
2. Moderate
3. Partially
4. Not at all

81. (If the answer is no), what are the reasons behind it?

1. No need more you at your family
2. Your inability and illness
3. Jobless
4. economic insolvency
5. Others (specify)-----

H. Information relating recommendation in solving the problem

82. What are the steps would you recommend against the problems that the elderly face?

1. Establish separate hospital and health service for the elderly
2. Arrange appropriate employment opportunity
3. Increase and enhance old age

allowance 4. Expand religious and moral education 5. Establish club/organization for spending leisure time of the older persons 6. Establish old age homes 7. Administer wide publicity on situation, needs and problems of the elderly 8. Others (specify)-----

83. Please tell me your recommendations in preventing the breaking of joint family-

1. To arrange the income generating activities/employment opportunities for the poor families 2. Administer education and training for the family members for encouraging in providing the services of the elderly 3. Expand religious and moral education 4. To get priority of the poor and unable older persons in getting help from government and NGOs 5. To create awareness among the mass about bad impact of nuclear/single family through mass media, workshop, seminar and so on 6. To provide the income opportunity for the able bodied older persons 7. To arrange the allowance for unable older persons 8. Others (specify)-----

84. Do you think that preparation should be taken earlier by everyone to have a sound and peaceful elderly life?

1. Everyone must get prepared 2. Not necessary 3. No response

85. What older persons themselves should do to have a peaceful and dignified later life?

1. Adapt with the changing environment 2. Should have sufficient tolerance and patience 3. Not to get the priority of own opinion 4. Engage in religious activities 5. Keep control over talking and temperament 6. Keep good relationship with all members of the family 7. Others (specify)-----

86. What steps would you recommendation of the family and society to be done for the welfare of the elderly?

1. Every family member should be cordial in caring of the elderly 2. Services should be provided according to the ability of the family 3. Should have respect of the elderly in family and society 4. Wealthy families should come forward in helping the poor and vulnerable elderly 5. Others (specify)-----

87. Observation of the field workers during interview

1. Situation of the residence: 1. Good 2. Moderate 3. Bad

2. Dress: 1. Clean 2. Dirty 3. Ragged and old

3. Hair: 1. Balled 2. Combed 3. Uncombed

4. Nail: 1. Small 2. Large 3. Clean 4. Unclean

5. Teeth: 1. Clean 2. Unclean 3. Toothless

6. Temperament: 1. Jolly 2. Moderate 3. Petulance 4. Avoidance tendency 5. Gloomy

7. Beard: 1. Bearded 2. Beardless

8. Physical cleanliness: 1. Good 2. Moderate 3. Bad

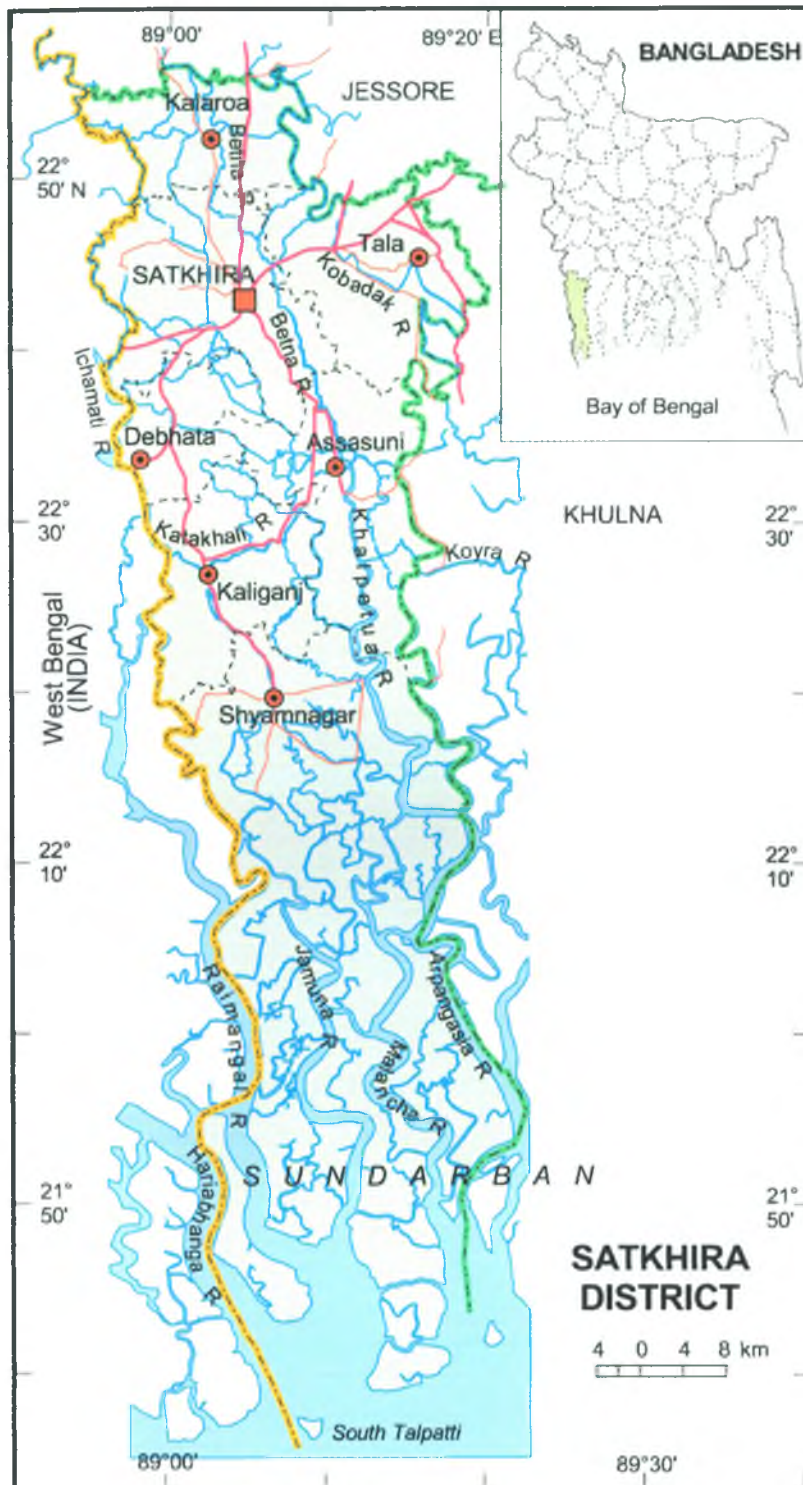
Thank you for giving us time and information

Signature of the interviewer

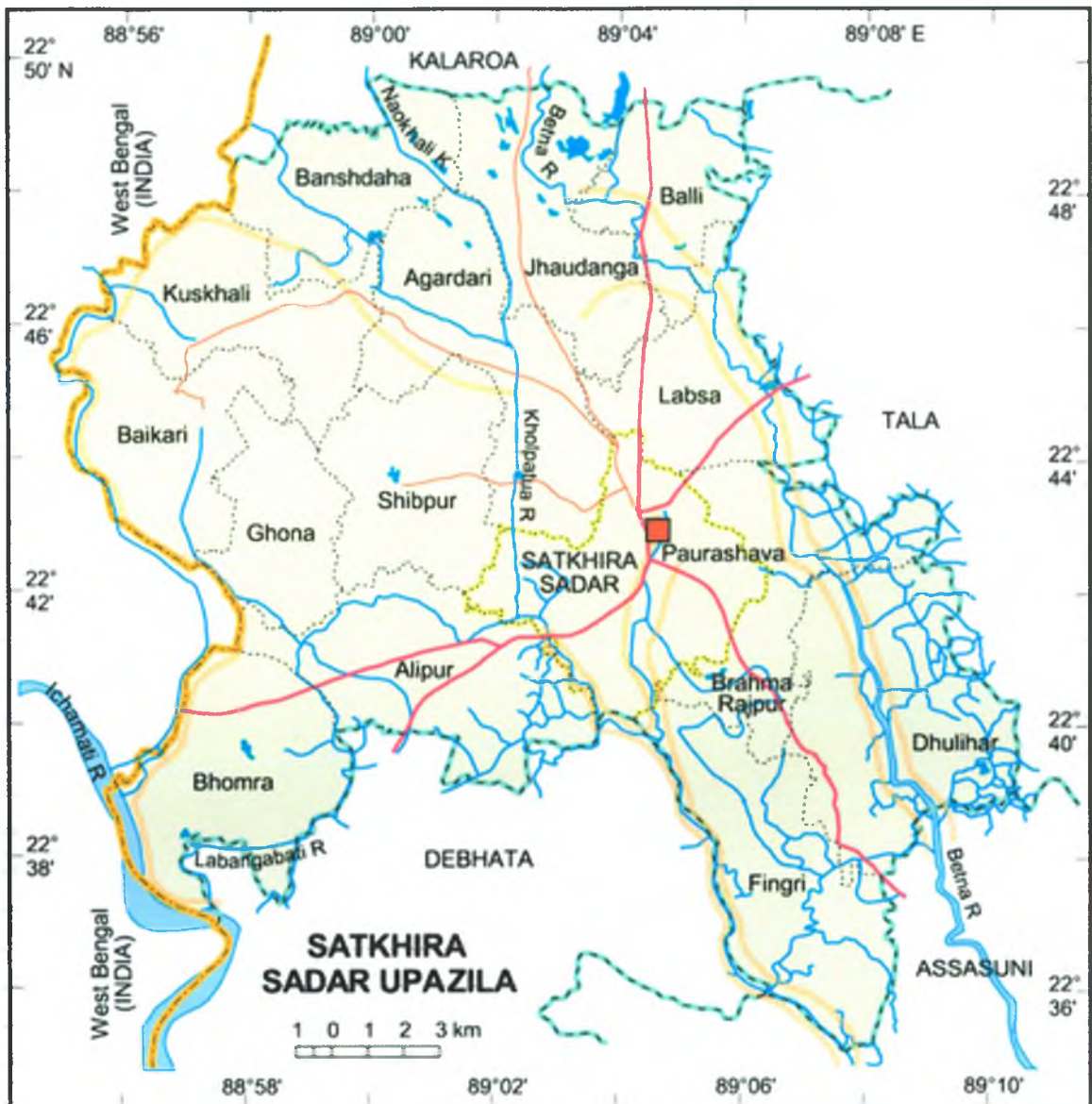
Map-1: Bangladesh Map



Map- 2: Satkhira District Map



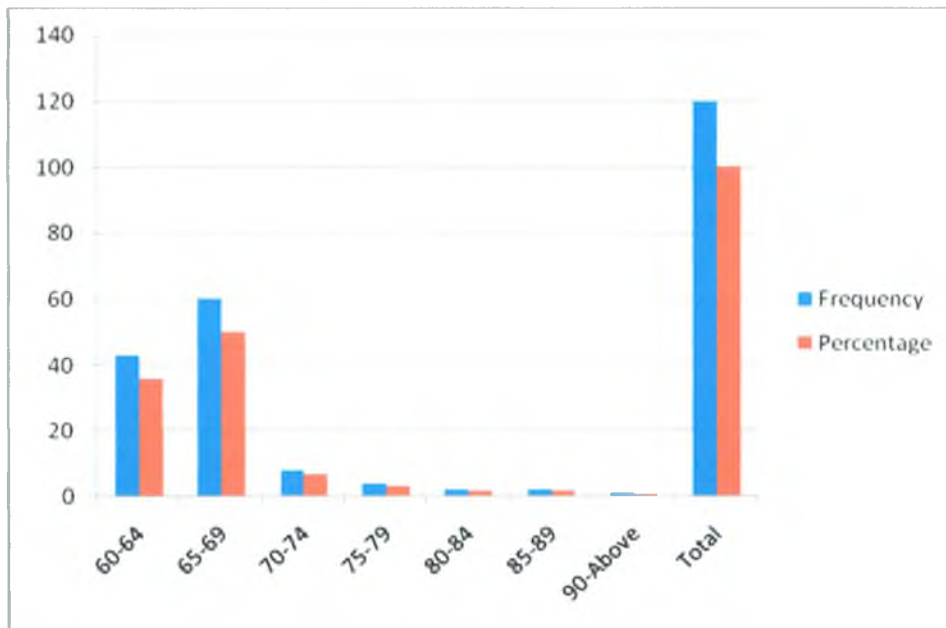
Map- 3: Satkhira Sadar Upazila Map



[N. B: The study areas are Bakari Union and Ghona Union of Satkhira Sadar Upazila]

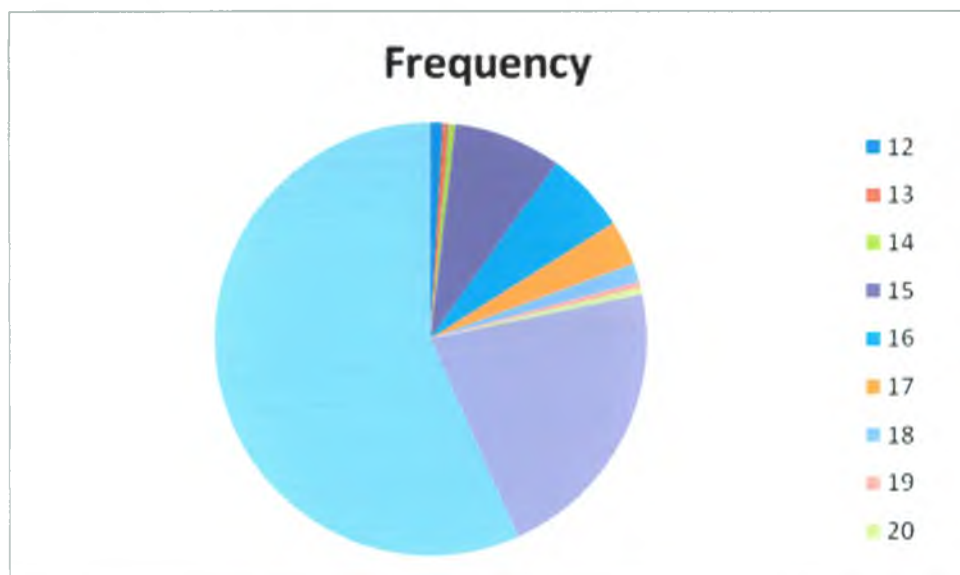
Appendix-3: Graphical Presentation of Data

Figure-6: Age-group of the respondents



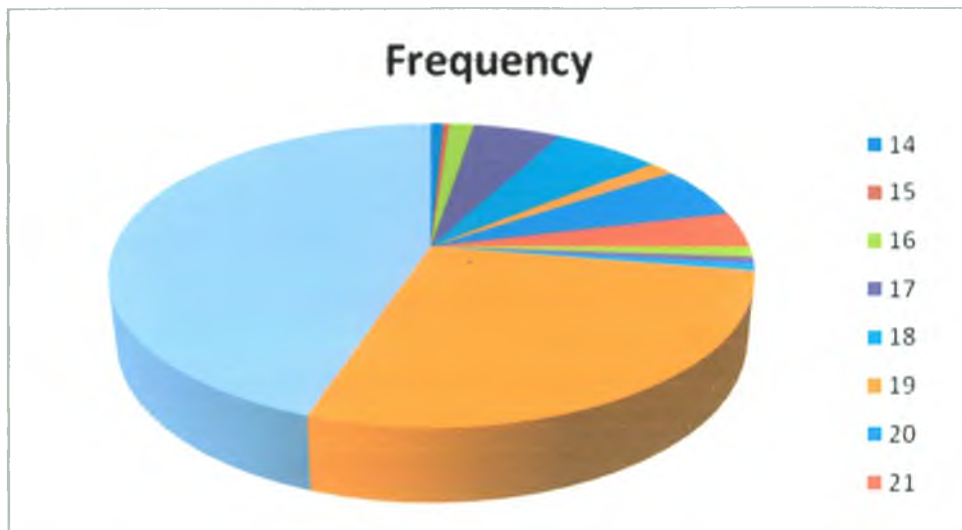
Ref: Table No. 8, Page No. 94

Figure-7: Marriage age of the female respondents



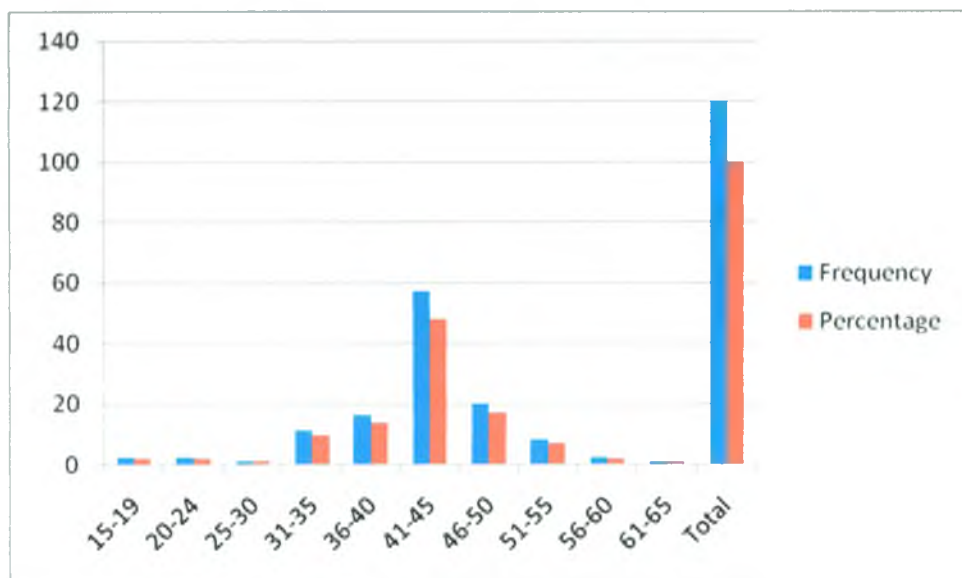
Ref: Table No. 12, Page No. 97

Figure-8: Marriage age of the male respondents



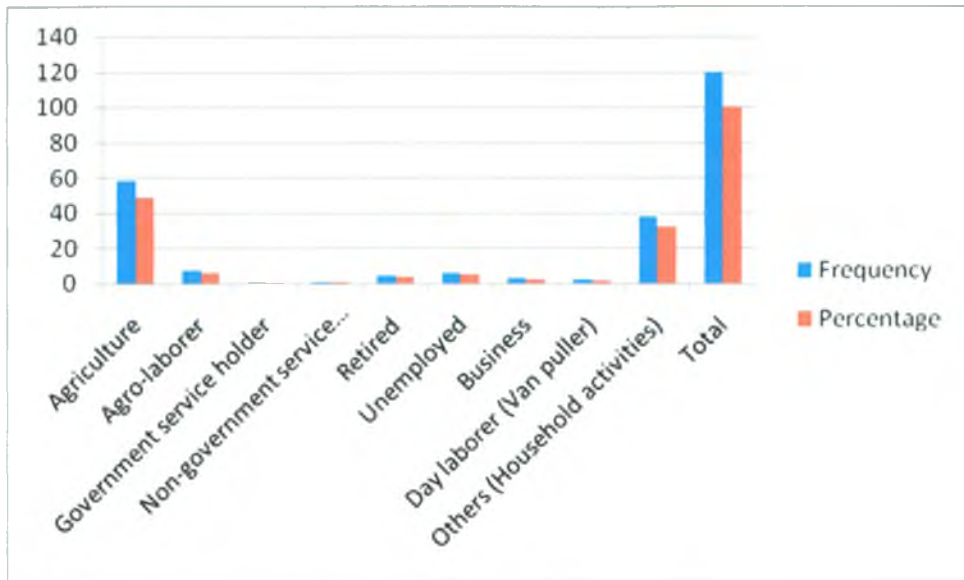
Ref: Table No. 13, Page No. 98

Figure-9: Conjugal life duration of the respondents



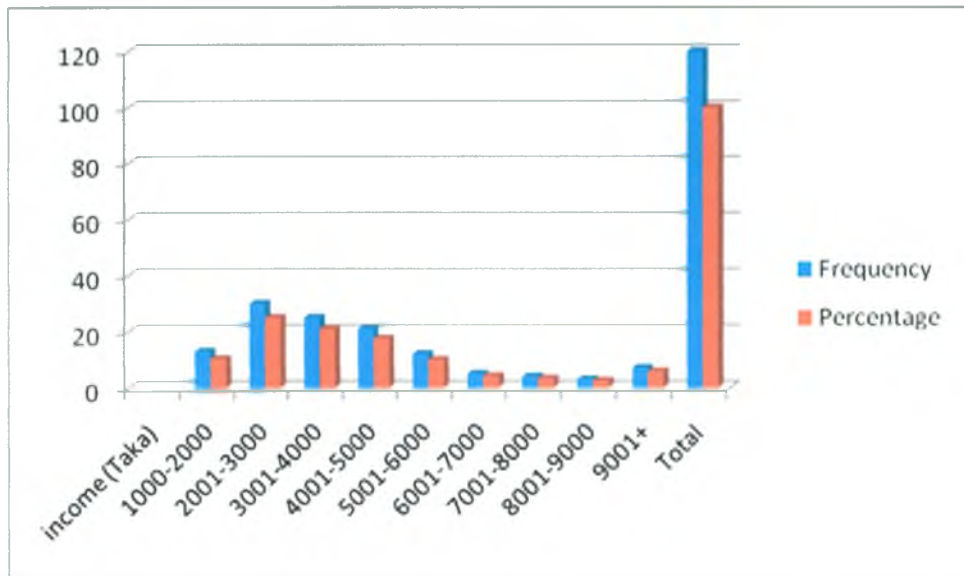
Ref: Table No. 17, Page No. 102

Figure-10: Occupational status of the respondents



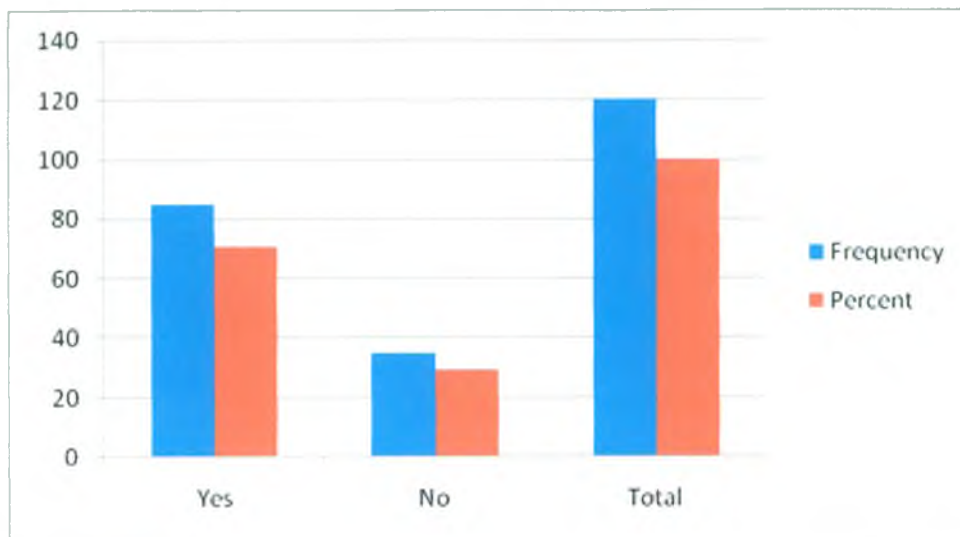
Ref: Table No. 19, Page No. 103

Figure-11: Monthly family income of the respondents



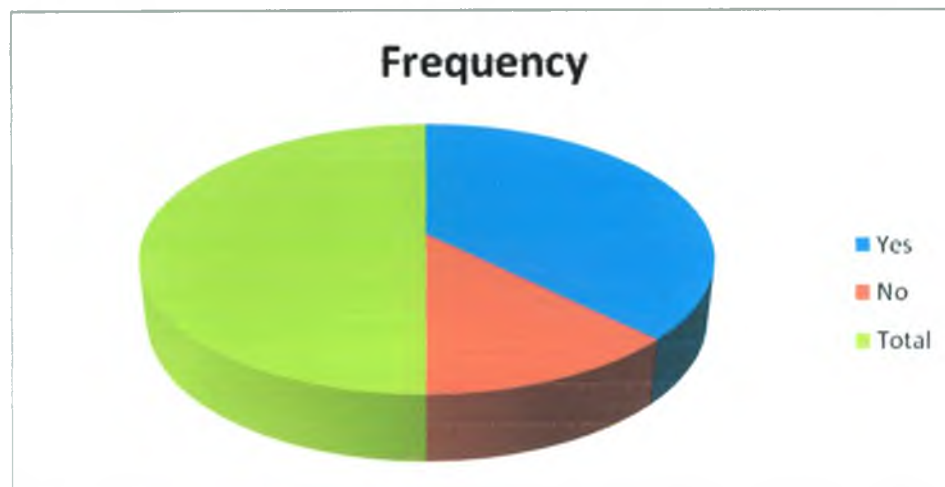
Ref: Table No. 21, Page No. 106

Figure-12: Pattern of land ownership of the respondents



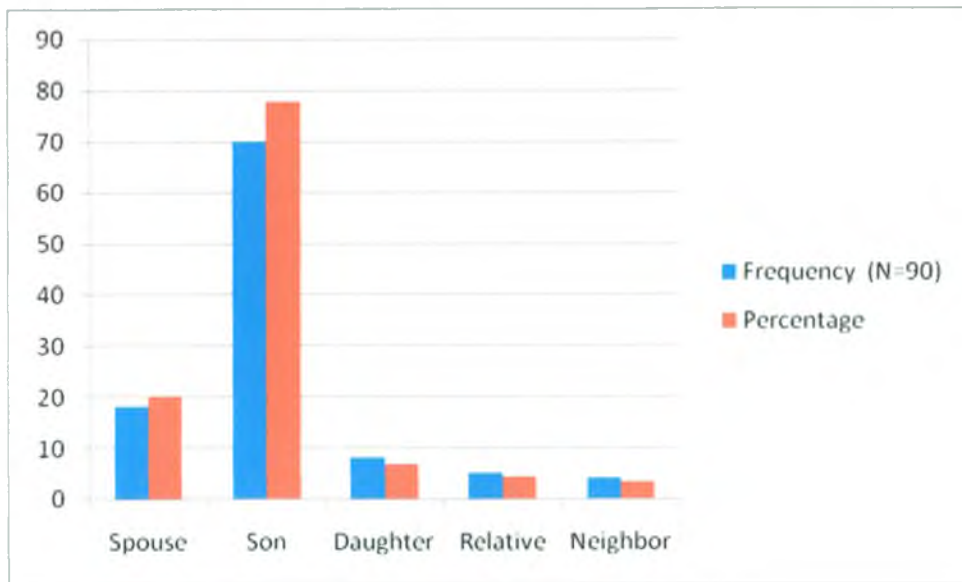
Ref: Table No. 22, Page No. 106

Figure-13: Whether the respondents are dependent on others



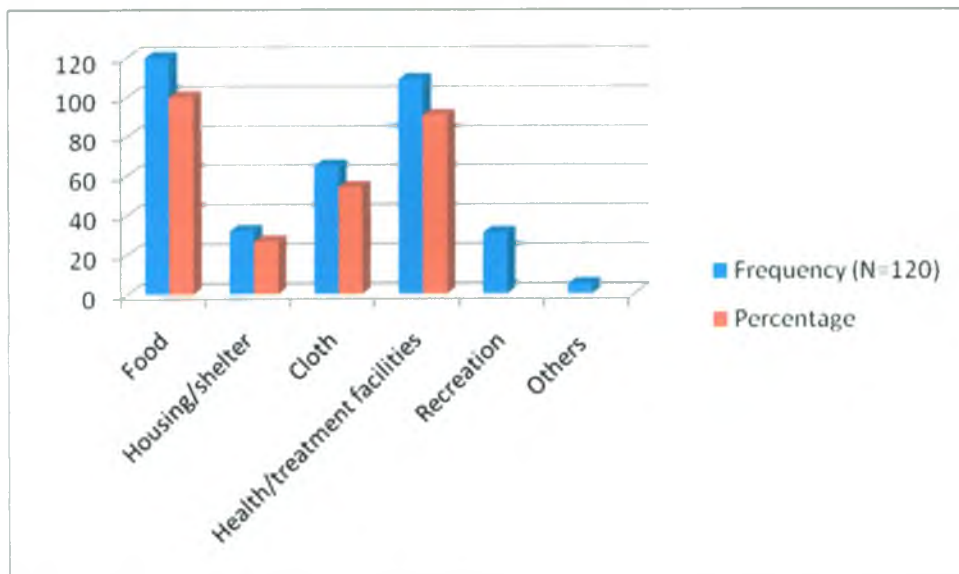
Ref: Table No. 24, Page No. 108

Figure-14: (If the answer is yes), on whom the respondents are dependent



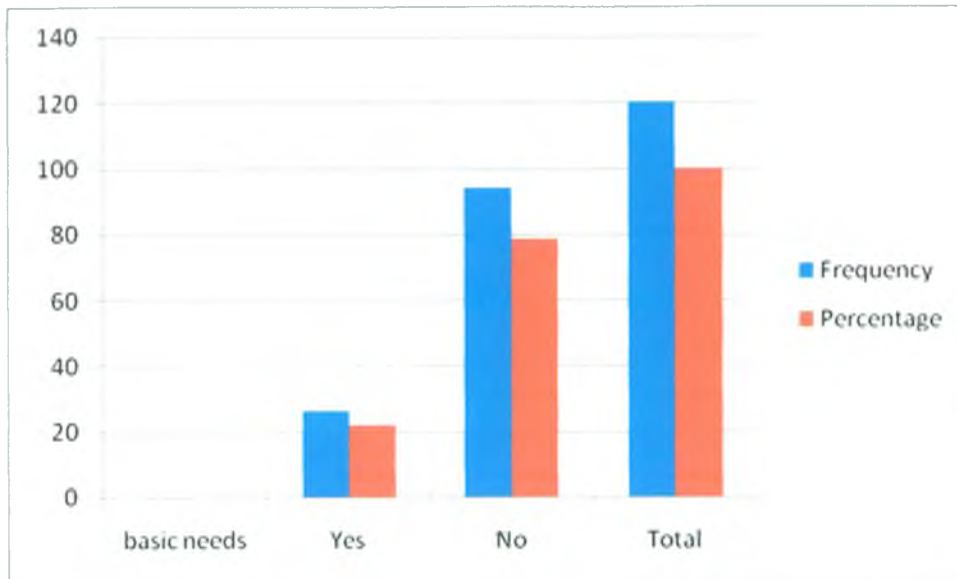
Ref: Table No. 25, Page No. 109

Figure-15: Basic needs of the respondents



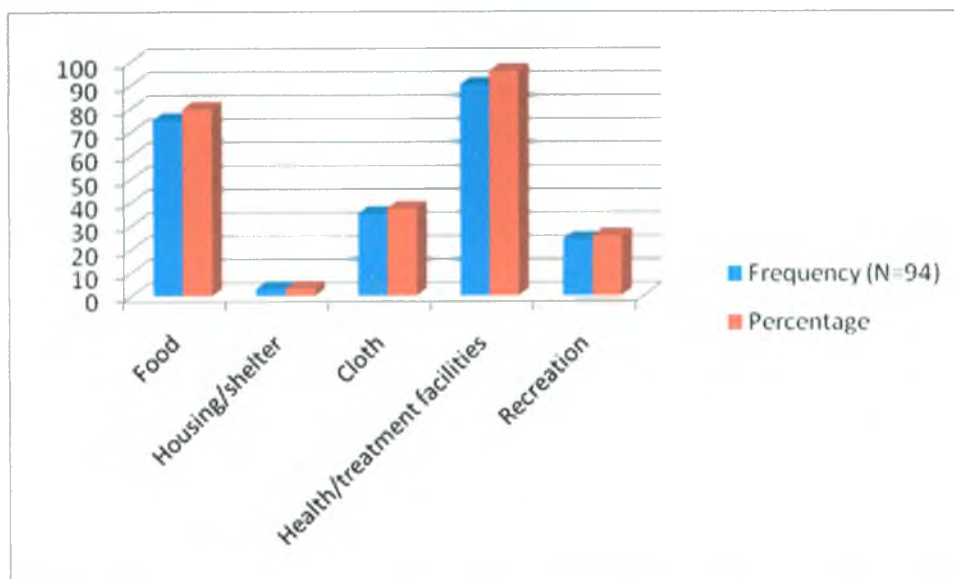
Ref: Table No. 26, Page No. 110

Figure-16: Have the respondents' sufficient income to meet their basic needs



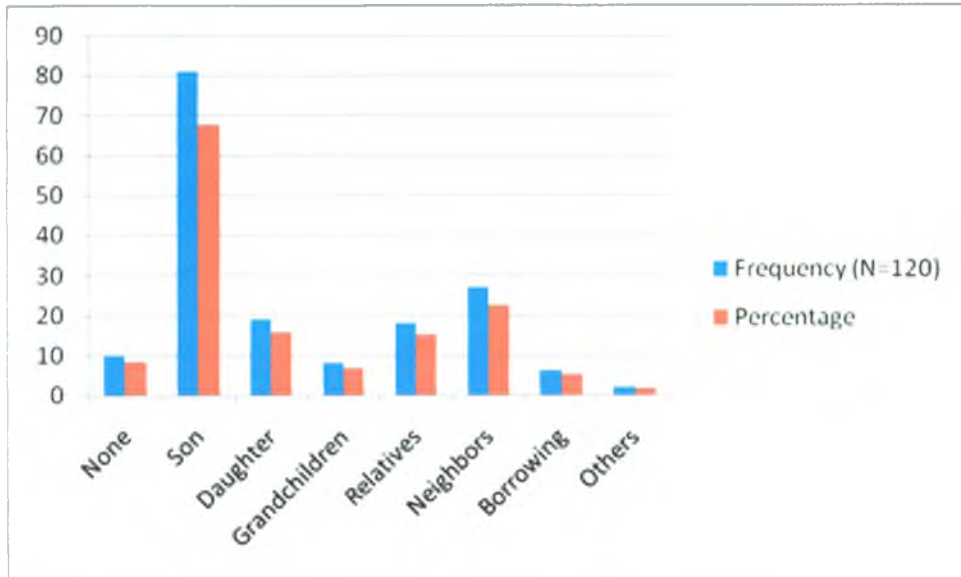
Ref: Table No. 27, Page No. 110

Figure-17: (If the answer is no), the unmet basic needs of the respondents



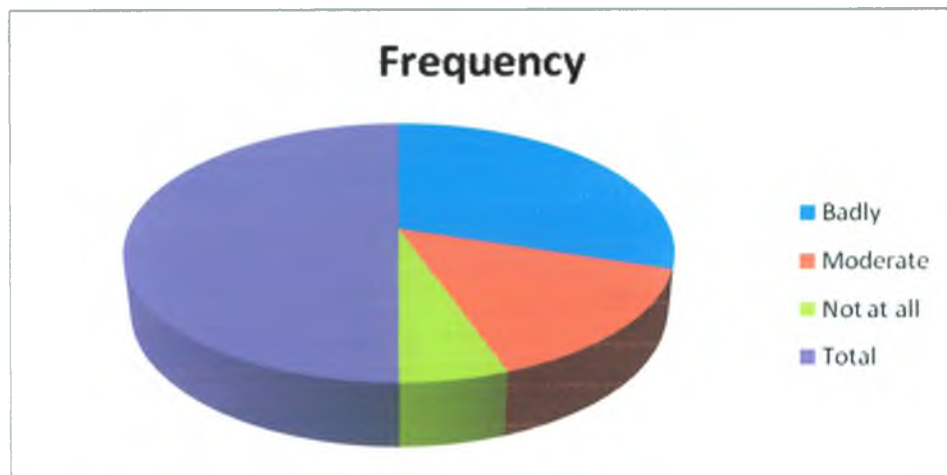
Ref: Table No. 28, Page No. 111

Figure-18: From whom the respondents get any assistance to meet their needs



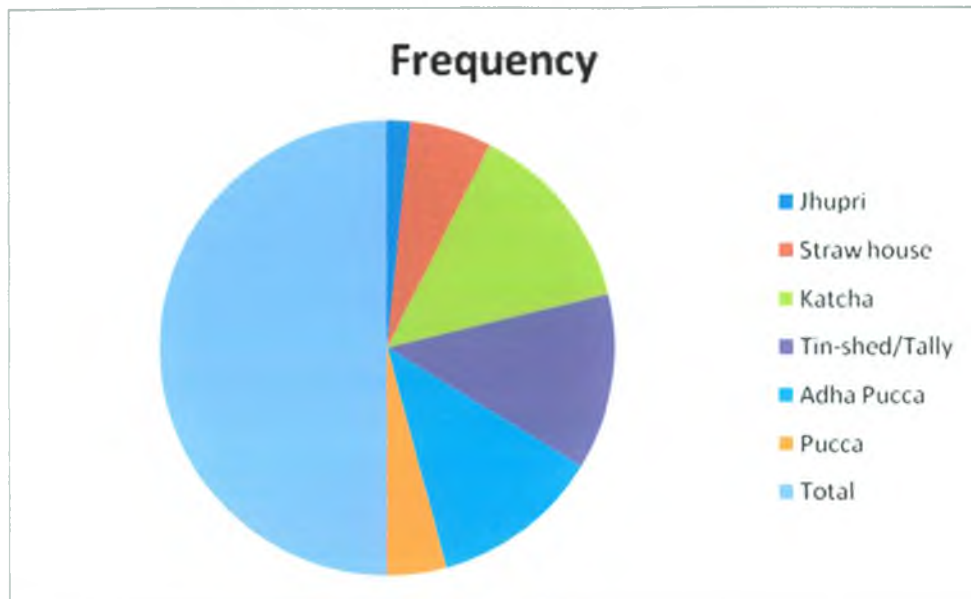
Ref: Table No. 29, Page No. 112

Figure- 19: Status of the financial crisis of the respondents



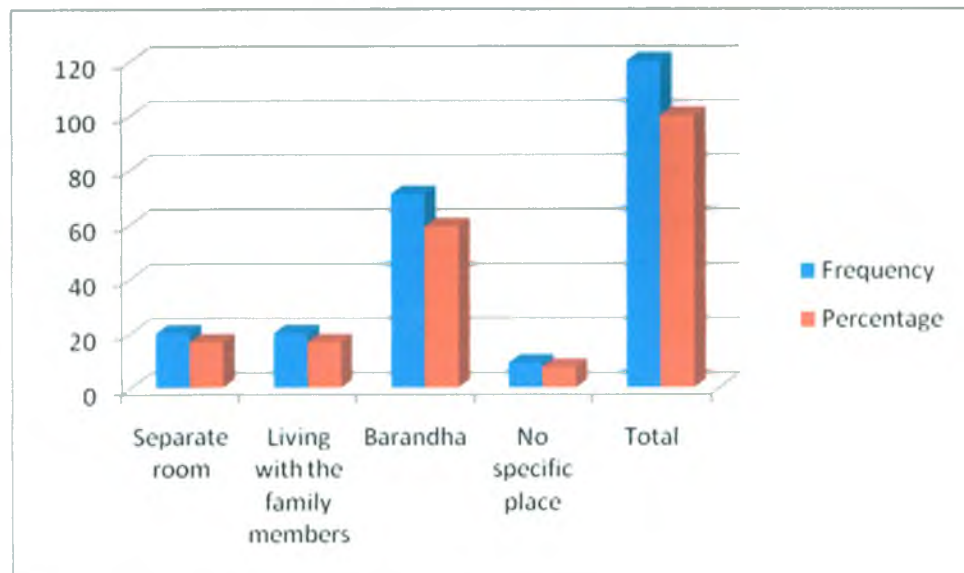
Ref: Table No. 31, Page No. 114

Figure-20: Type of housing of the respondents



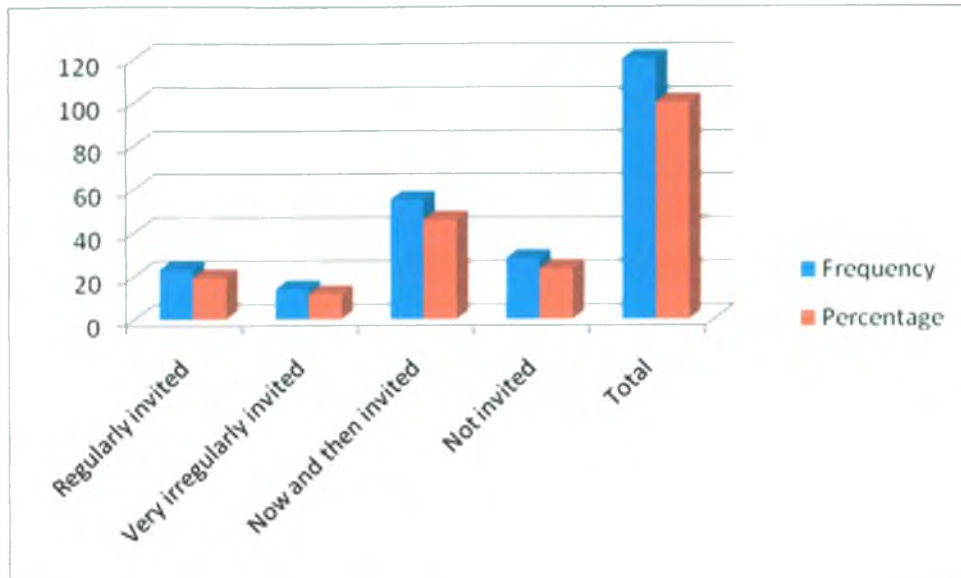
Ref: Table No. 33, Page No. 116

Figure-21: Type of living place of the respondents



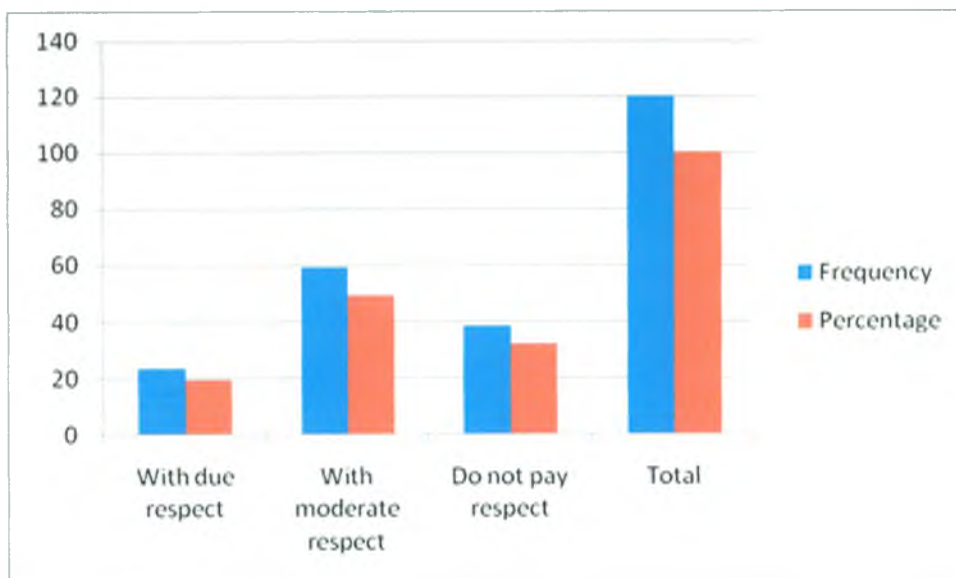
Ref: Table No. 34, Page No. 117

Figure-22: How do the respondents receive the invitation in various social festivals



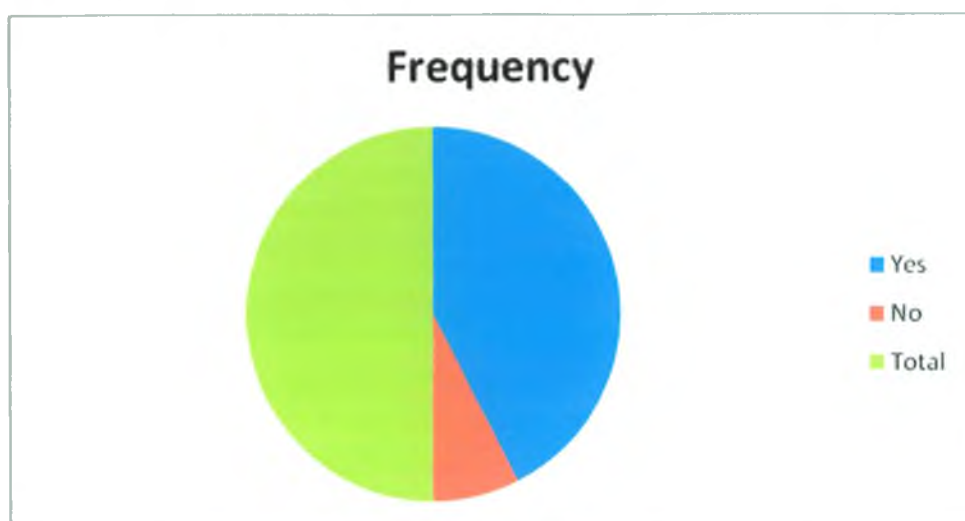
Ref: Table No. 35, Page No. 117

Figure-23: How the respondents are welcomed while attending in social festivals



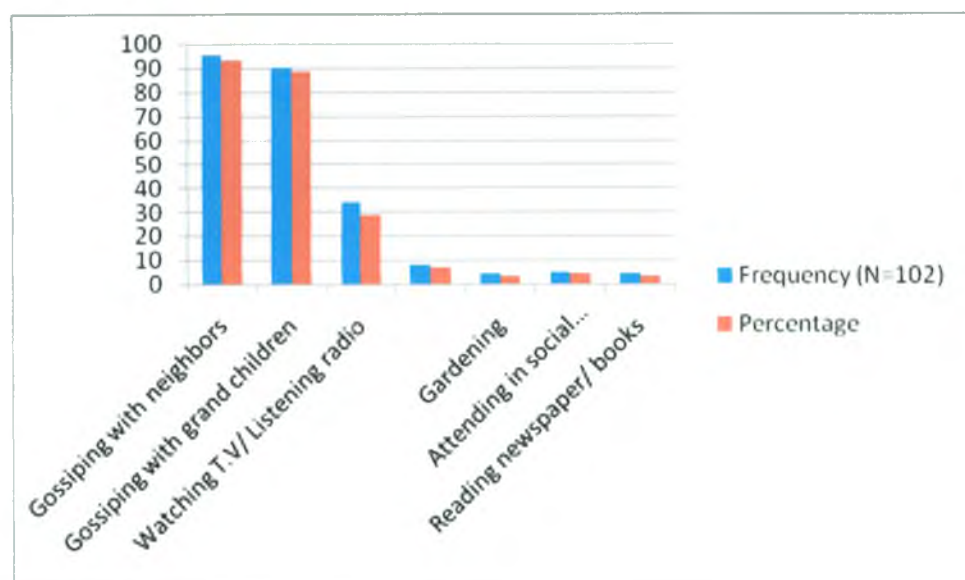
Ref: Table No. 37, Page No. 118

Figure-24: Do the respondents participate in recreational activities



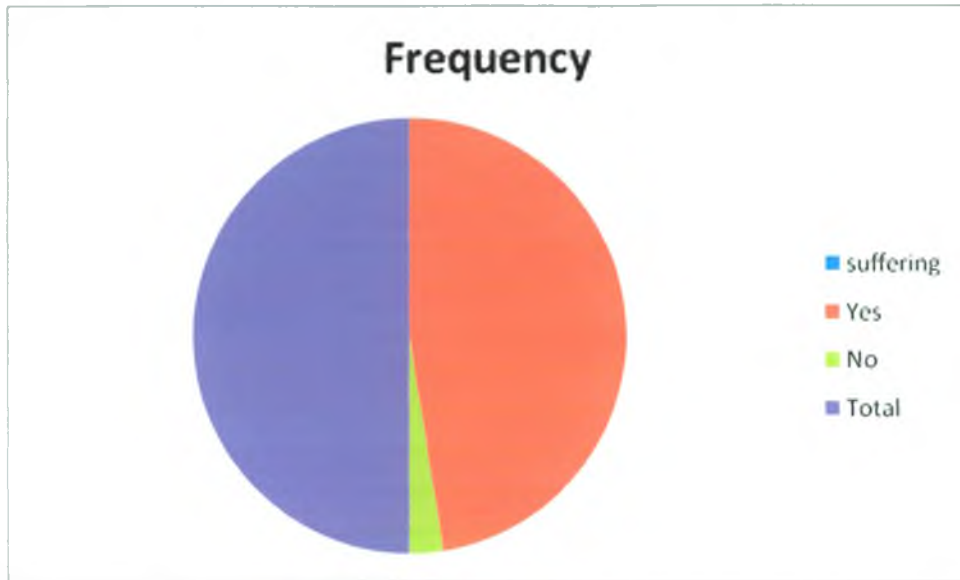
Ref: Table No.48, Page No. 119

Figure-25: (If, yes), what types of recreational activities enjoyed by the respondents



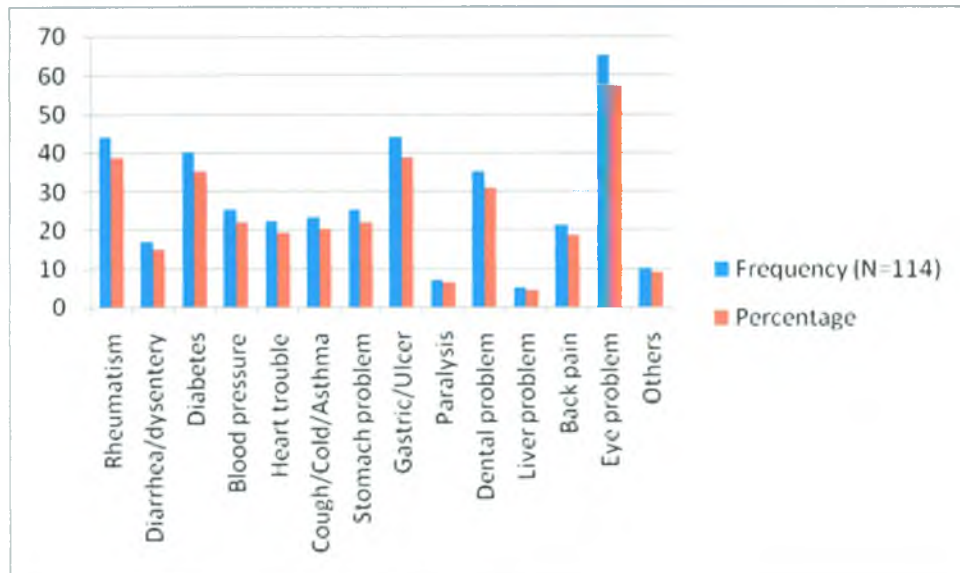
Ref: Table No. 39, Page No. 120

Figure-26: Whether the respondents suffer from any disease at present



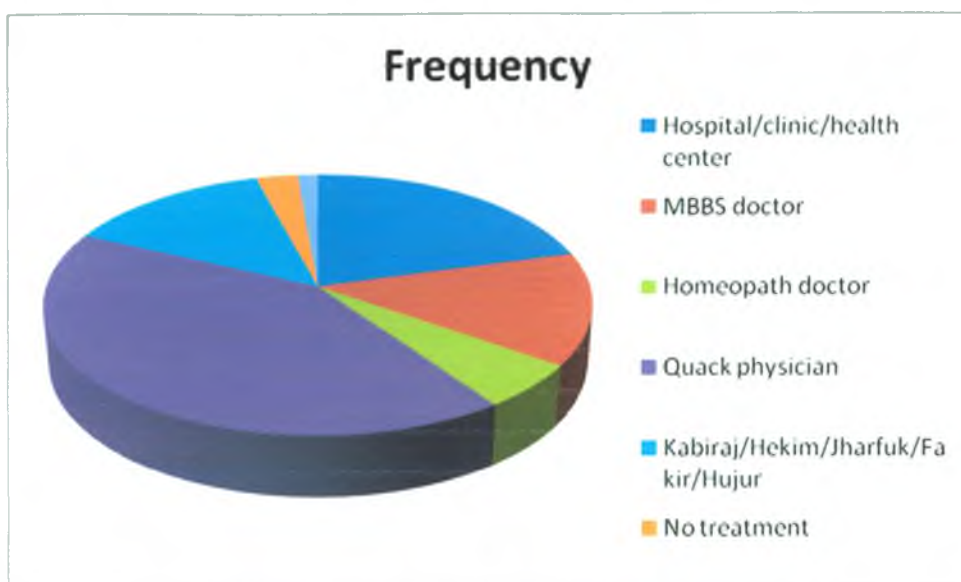
Ref: Table No. 43, Page No. 125

Figure-27: (If yes), what types of diseases/ailments suffered by the respondents



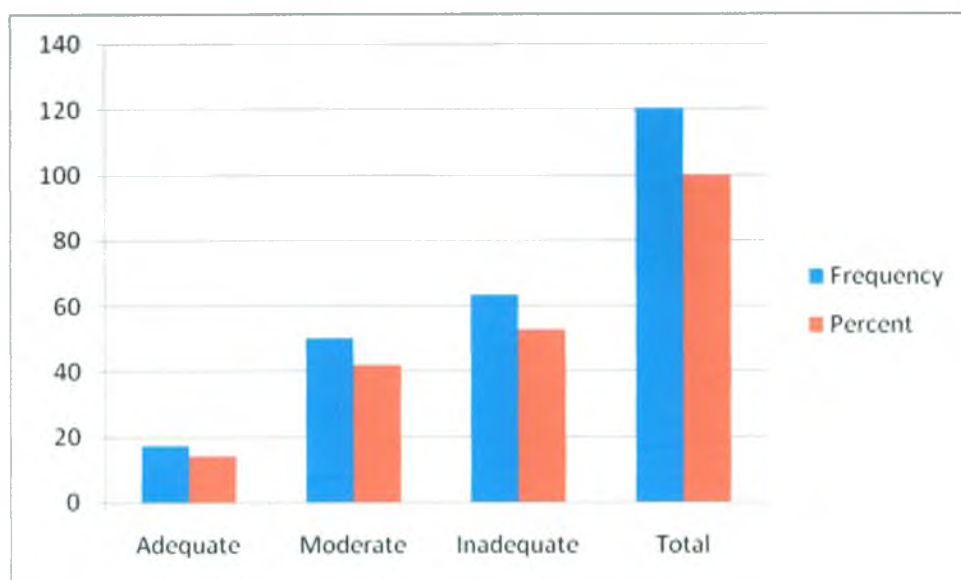
Ref: Table No. 44, Page No. 126

Figure-28: From where the respondents get treatment



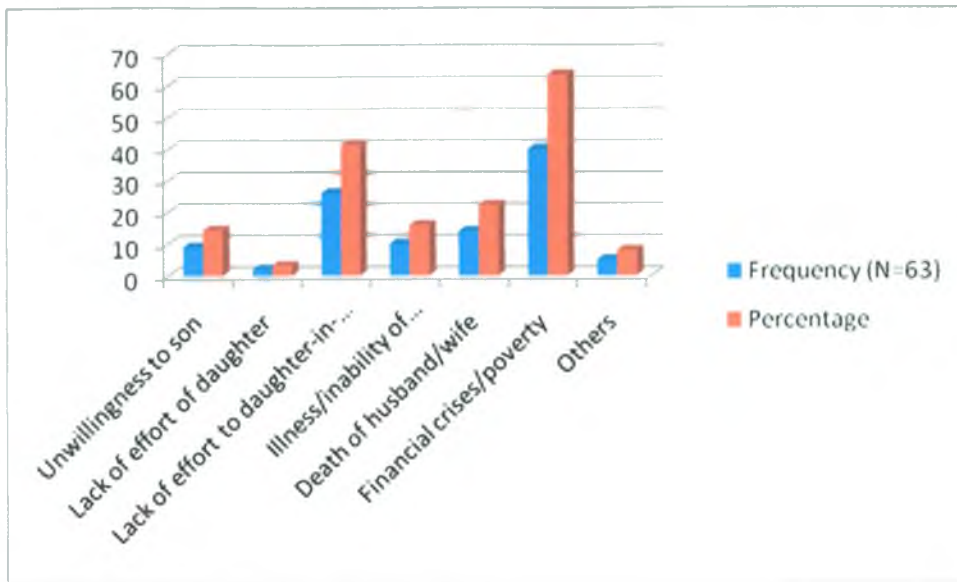
Ref: Table No. 46, Page No. 128

Figure-29: Pattern of services getting from the family of the respondents



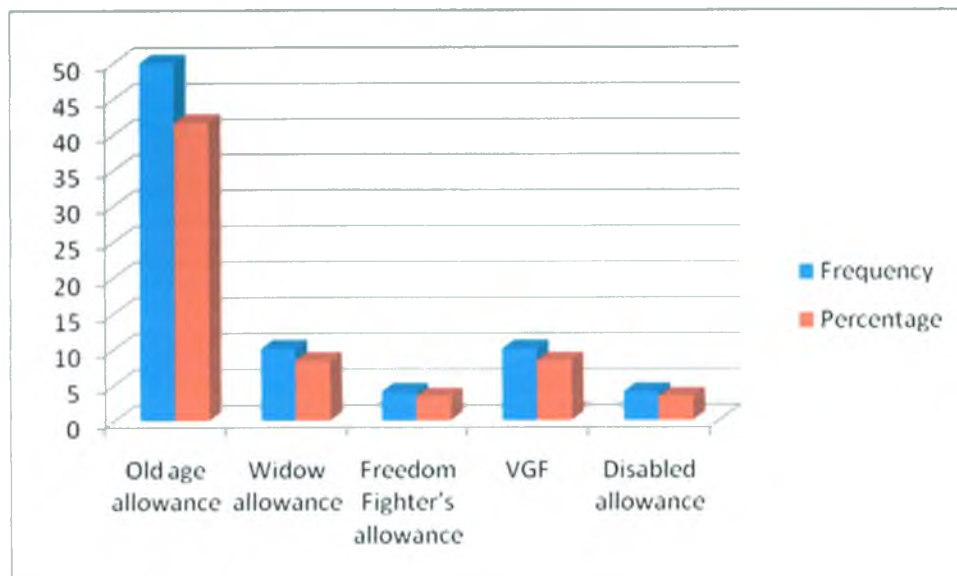
Ref: Table No. 49, Page No. 130

Figure-30: (If the answer is inadequate), what factors are behind it



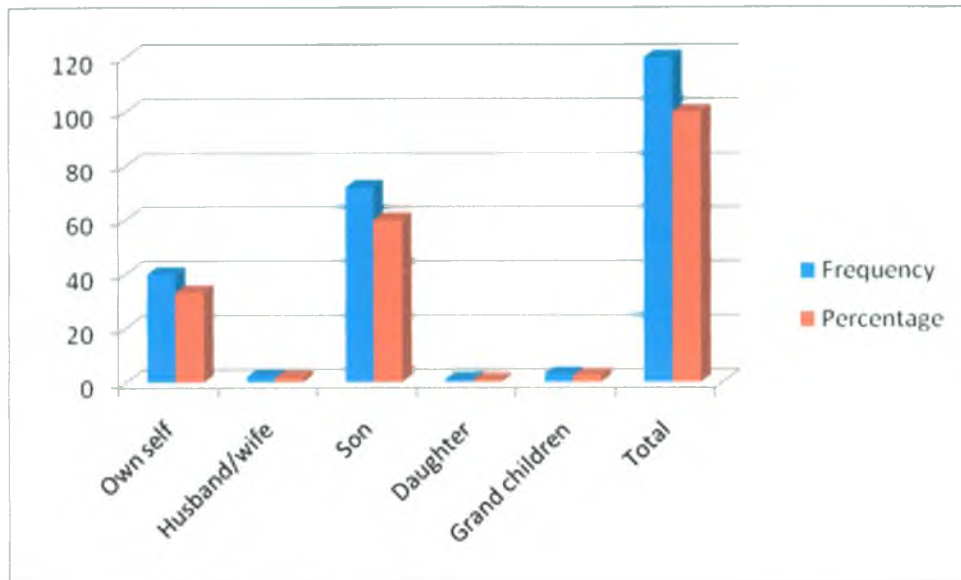
Ref: Table No. 50, Page No. 131

Figure-31: Types of assistance received by the respondents



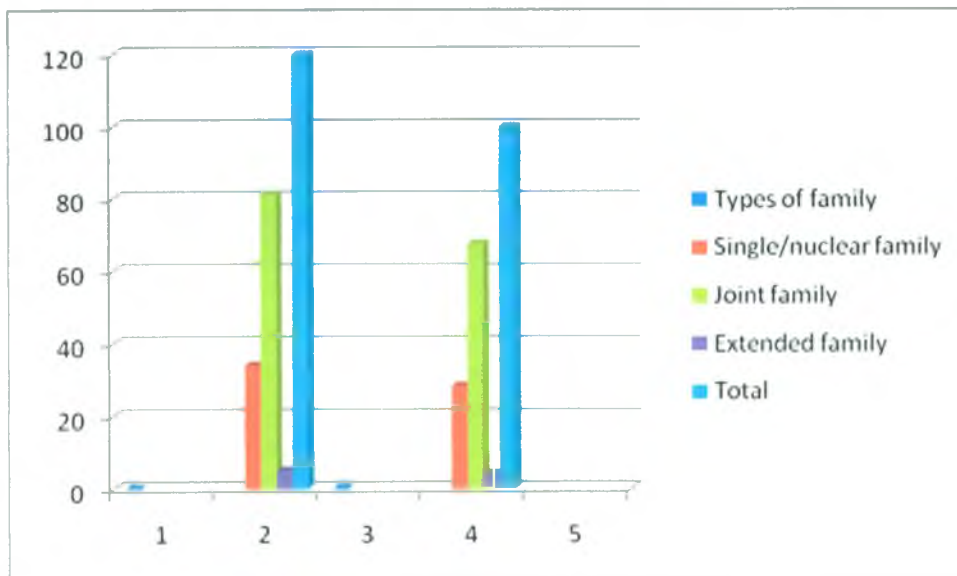
Ref: Table No. 53, Page No. 133

Figure-32: Head of the family of the respondents



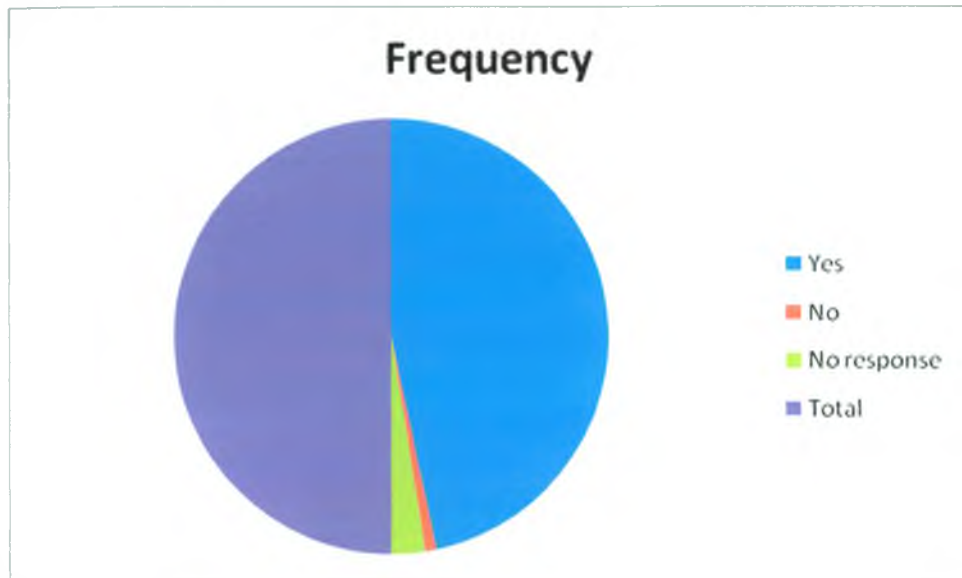
Ref: Table No. 54, Page No. 134

Figure-33: Types of family where the respondents live in



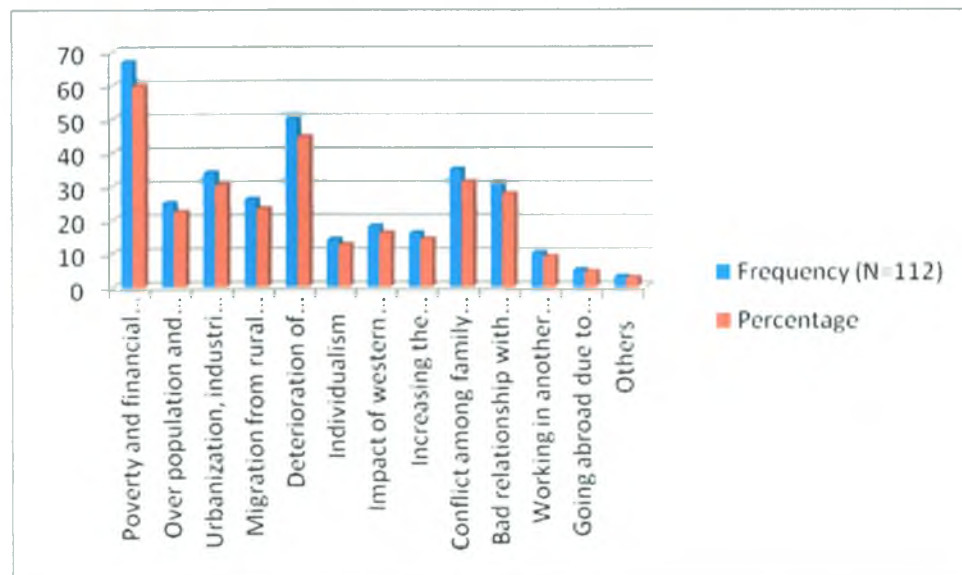
Ref: Table No. 55, Page No. 135

Figure-34: Opinion of the respondents regarding changing pattern of the family



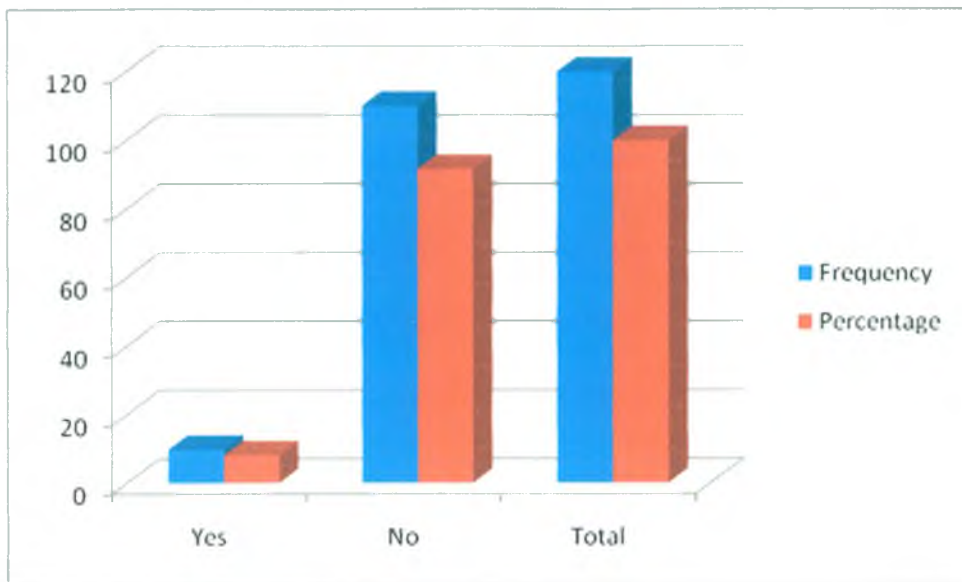
Ref: Table No. 56, Page No. 135

Figure-35: (If yes), the factors behind changing family pattern



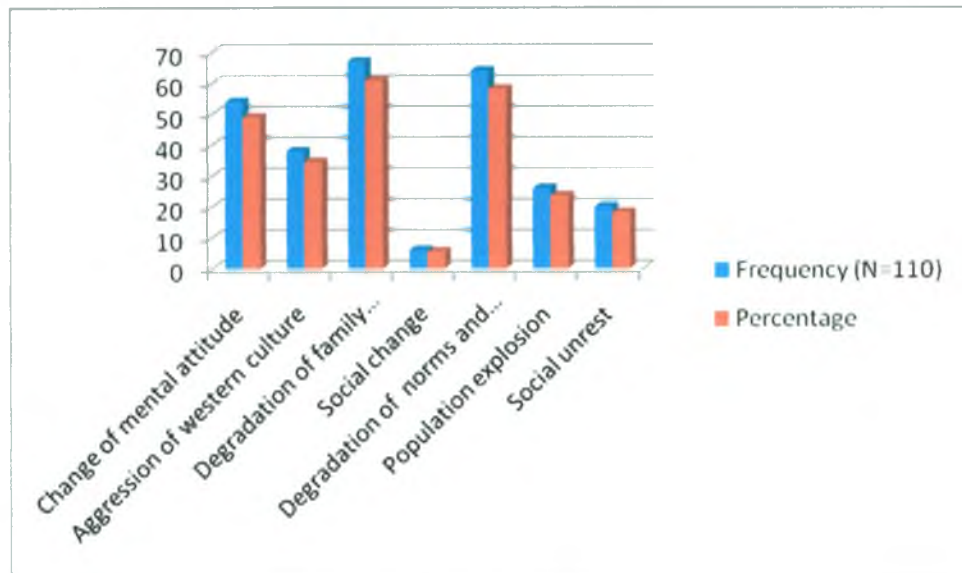
Ref: Table No. 57, Page No. 136

Figure-36: Respect and honor towards the elderly by young generation



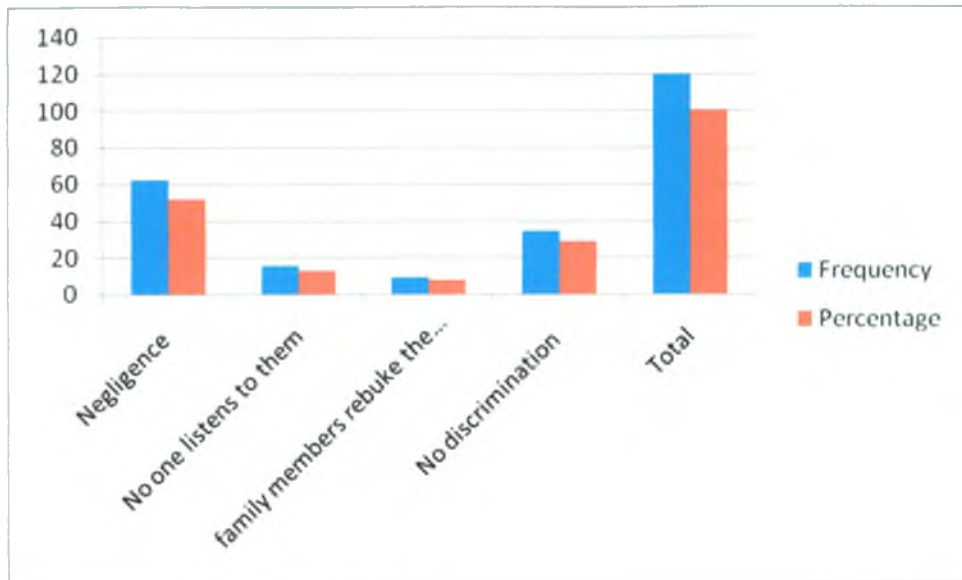
Ref: Table No. 61, Page No. 140

Figure-37: If No) reasons identified by the respondents of showing dishonor and disrespect



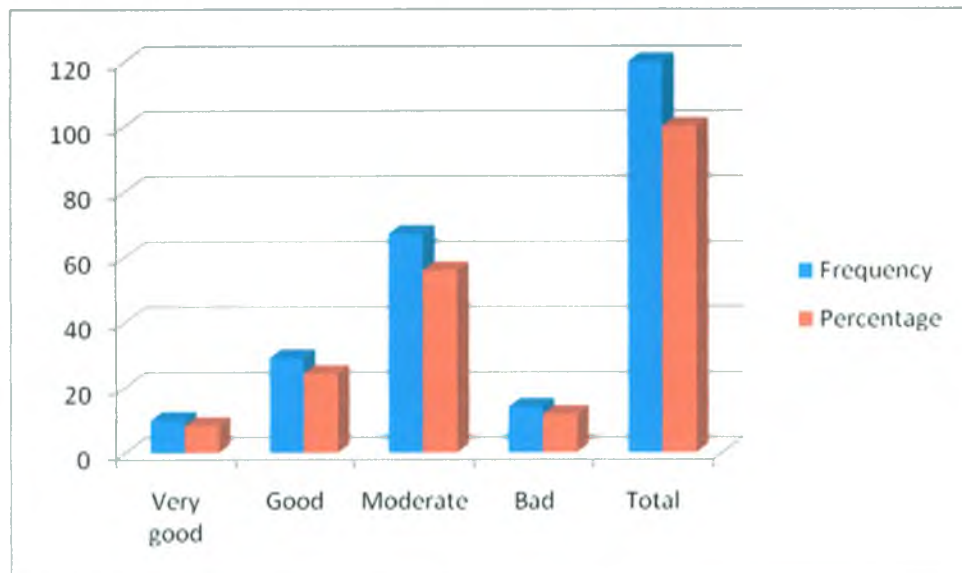
Ref: Table No. 62, Page No. 140

Figure-38: Age discrimination of the respondents



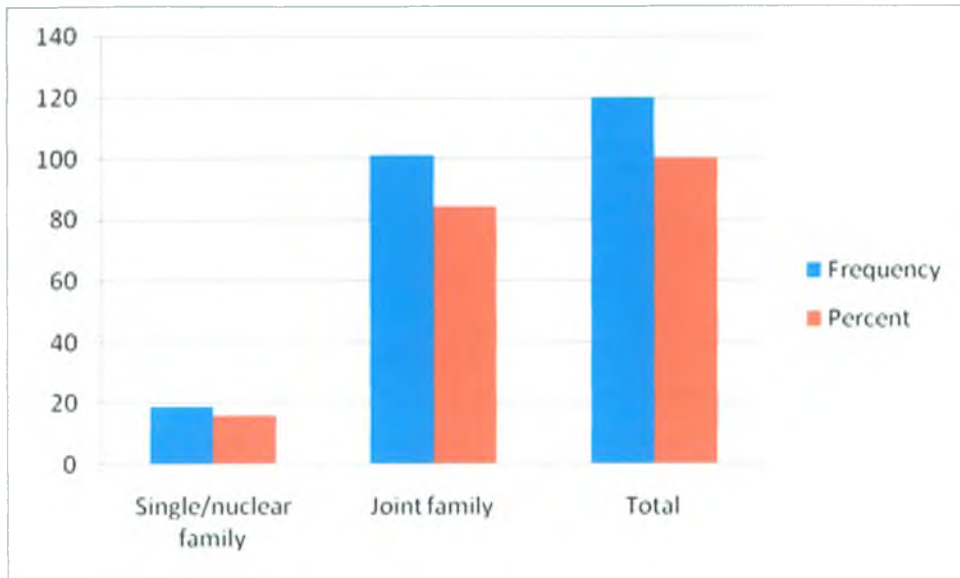
Ref: Table No. 63, Page No. 141

Figure-39: Existing relationship with the family members of the respondents



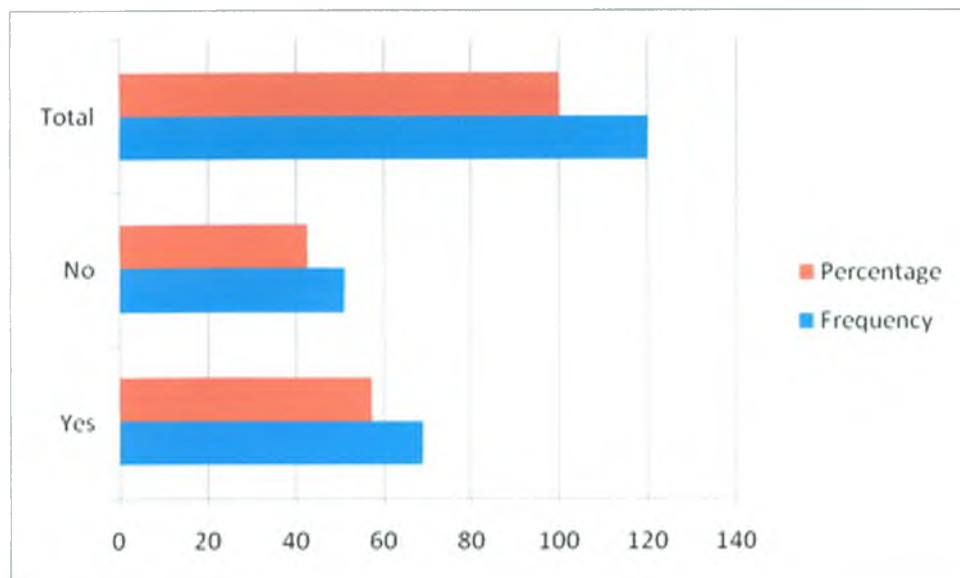
Ref: Table No. 67, Page No. 143

Figure-40: Type of family where the respondents prefer to live more comfortable



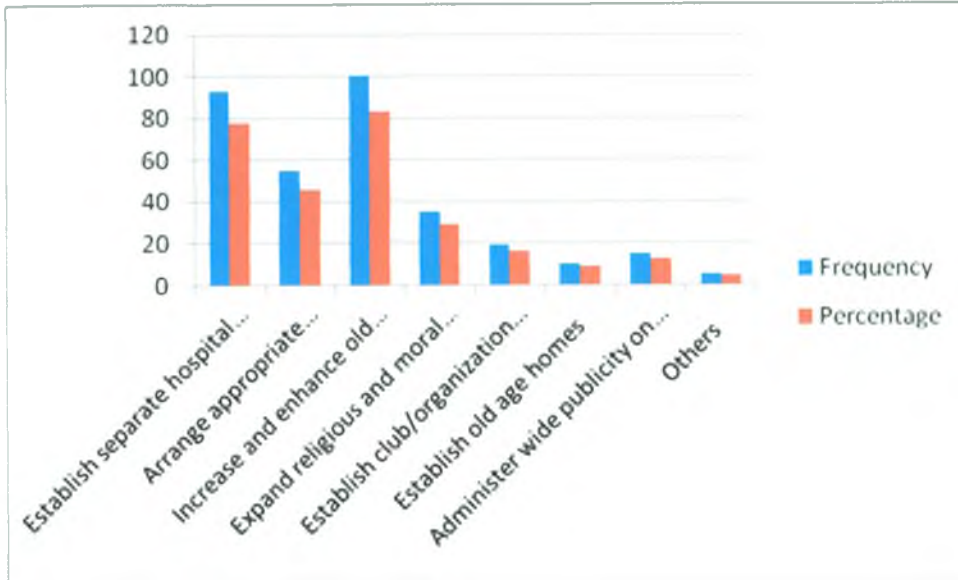
Ref: Table No. 68, Page No. 144

Figure-41: Opinion of the respondents regarding taking decisions on family affairs



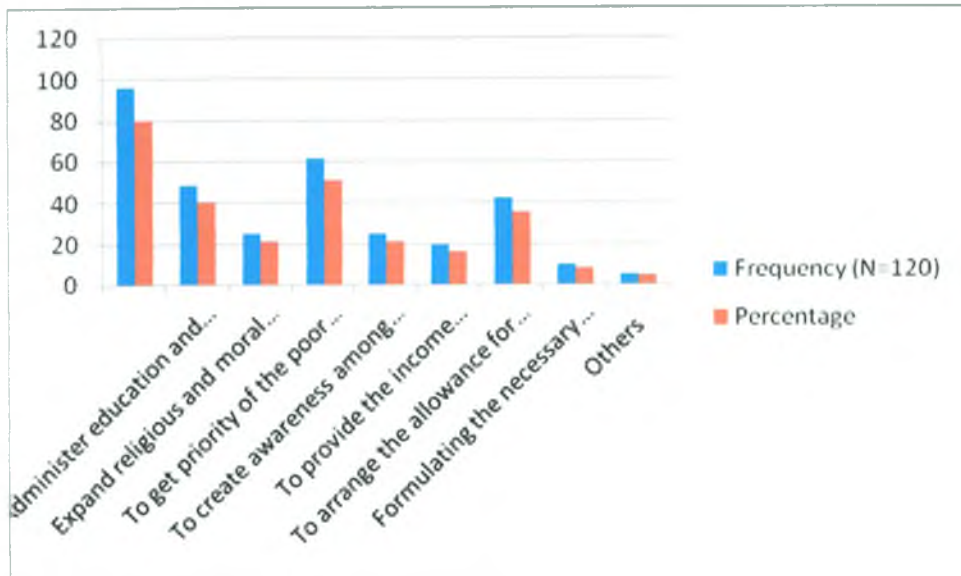
Ref: Table No. 69, Page No. 145

Figure-42: Recommendations by the respondents regarding taking effective steps against their problems faced by them



Ref: Table No. 81, Page No. 151

Figure-43: Recommendations in preventing the breaking of joint family of the respondents



Ref: Table No. 82, Page No. 152

Appendix-4

United Nations Principles for Older Persons

Adopted by General Assembly Resolution 46/91 of 16 December 1991

The General Assembly,

Appreciating the contribution that older persons make to their societies,

Recognizing that, in the Charter of the United Nations, the peoples of the United Nations declare, inter alia, their determination to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small and to promote social progress and better standards of life in larger freedom,

Noting the elaboration of those rights in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights and other declarations to ensure the application of universal standards to particular groups,

In pursuance of the International Plan of Action on Ageing, adopted by the World Assembly on Ageing and endorsed by the General Assembly in its resolution 37/51 of 3 December 1982,

Appreciating the tremendous diversity in the situation of older persons, not only between countries but within countries and between individuals, this requires a variety of policy responses,

Aware that in all countries, individuals are reaching an advanced age in greater numbers and in better health than ever before,

Aware of the scientific research disproving many stereotypes about inevitable and irreversible declines with age,

Convinced that in a world characterized by an increasing number and proportion of older persons, opportunities must be provided for willing and capable older persons to participate in and contribute to the ongoing activities of society,

Mindful that the strains on family life in both developed and developing countries require support for those providing care to frail older persons,

Bearing in mind the standards already set by the International Plan of Action on Ageing and the conventions, recommendations and resolutions of the International Labor Organization, the World Health Organization and other United Nations entities,

Encourages Governments to incorporate the following principles into their national programs whenever possible:

Independence

1. Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.
2. Older persons should have the opportunity to work or to have access to other income-generating opportunities.
3. Older persons should be able to participate in determining when and at what pace withdrawal from the labor force takes place.

4. Older persons should have access to appropriate educational and training programs.
5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
6. Older persons should be able to reside at for as long as possible.

Participation

7. Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.
8. Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
9. Older persons should be able to form movements or associations of older persons.

Care

10. Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.
11. Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
12. Older persons should have access to social and legal services to enhance their autonomy, protection and care.

13. Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.
14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Self-fulfillment

15. Older persons should be able to pursue opportunities for the full development of their potential.
16. Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

Dignity

17. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
18. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

Appendix-5

UN Economic, Social and Cultural Rights of Older Persons, 1995

1. Introduction

1. The world population is ageing at a steady, quite spectacular rate. The total number of persons aged 60 and above rose from 200 million in 1950 to 400 million in 1982 and is projected to reach 600 million in the year 2001 and 1.2 billion by the year 2025, at which time over 70 per cent of them will be living in what are today's developing countries. The number of people aged 80 and above has grown and continues to grow even more dramatically, going from 13 million in 1950 to over 50 million today and projected to increase to 137 million in 2025. This is the fastest growing population group in the world, projected to increase by a factor of 10 between 1950 and 2025, compared with a factor of six for the group aged 60 and above and a factor of little more than three for the total population.
2. These figures are illustrations of a quiet revolution, but one which has far-reaching and unpredictable consequences and which is now affecting the social and economic structures of societies both at the world level and at the country level, and will affect them even more in future.
3. Most of the States parties to the Covenant, and the industrialized countries in particular, are faced with the task of adapting their social and economic policies to the ageing of their populations, especially as regards social security. In the developing countries, the absence or deficiencies of social security coverage are being aggravated by the emigration of the younger

members of the population and the consequent weakening of the traditional role of the family, the main support of older people.

2. Internationally endorsed policies in relation to older persons

4. In 1982 the World Assembly on Ageing adopted the Vienna International Plan of Action on Ageing. This important document was endorsed by the General Assembly and is a very useful guide, for it details the measures that should be taken by Member States to safeguard the rights of older persons within the context of the rights proclaimed by the International Covenants on Human Rights. It contains 62 recommendations, many of which are of direct relevance to the Covenant.
5. In 1991 the General Assembly adopted the United Nations Principles for Older Persons which, because of their programmatic nature, is also an important document in the present context. It is divided into five sections which correlate closely to the rights recognized in the Covenant. "Independence" includes access to adequate food, water, shelter, clothing and health care. To these basic rights are added the opportunity to remunerated work and access to education and training. By "participation" is meant that older persons should participate actively in the formulation and implementation of policies that affect their well-being and share their knowledge and skills with younger generations, and should be able to form movements and associations. The section headed "care" proclaims that older persons should benefit from family care, health care and be able to enjoy human rights and fundamental freedoms when residing in a shelter, care or treatment facility. With regard to "self-fulfillment", the Principles that

older person should pursue opportunities for the full development of their potential through access to the educational, cultural, spiritual and recreational resources of their societies. Lastly, the section entitled "dignity" states that older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse, should be treated fairly, regardless of age, gender, racial or ethnic background, disability, financial situation or any other status, and be valued independently of their economic contribution.

6. In 1992, the General Assembly adopted eight global targets on ageing for the year 2001 and a brief guide for setting national targets. In a number of important respects, these global targets serve to reinforce the obligations of States parties to the Covenant.
7. Also in 1992, and in commemoration of the tenth anniversary of the adoption of the Vienna International Plan of Action by the Conference on Ageing, the General Assembly adopted the Proclamation on Ageing in which it urged support of national initiatives on ageing so that older women are given adequate support for their largely unrecognized contributions to society and older men are encouraged to develop social, cultural and emotional capacities which they may have been prevented from developing during breadwinning years; families are supported in providing care and all family members encouraged to cooperate in care giving; and that international cooperation is expanded in the context of the strategies for reaching the global targets on ageing for the year 2001. It also proclaimed the year 1999 as the International Year of Older Persons in recognition of humanity's demographic "coming of age."

8. The United Nations specialized agencies, especially the International Labor Organization, have also given attention to the problem of ageing in their respective fields of competence.

3. **The rights of older persons in relation to the International Covenant on Economic, Social and Cultural Rights**

9. The terminology used to describe older persons varies considerably, even in international documents. It includes: "older persons", "the aged", "the elderly", "the third age", "the ageing", and, to denote persons more than 80 years of age, "the fourth age". The Committee opted for "older persons" (in French, personnes âgées; in Spanish, personas mayores), the term employed in General Assembly resolutions 47/5 and 48/98. According to the practice in the United Nations statistical services, these terms cover persons aged 60 and above (Eurostat, the statistical service of the European Union, considers "older persons" to mean persons aged 65 or above, since 65 is the most common age of retirement and the trend is towards later retirement still).
10. The International Covenant on Economic, Social and Cultural Rights does not contain any explicit reference to the rights of older persons, although article 9 dealing with "the right of everyone to social security, including social insurance", implicitly recognizes the right to old-age benefits. Nevertheless, in view of the fact that the Covenant's provisions apply fully to all members of society, it is clear that older persons are entitled to enjoy the full range of rights recognized in the Covenant. This approach is also fully reflected in the Vienna International Plan of Action on Ageing. Moreover, in so far as respect for the rights of older persons requires

special measures to be taken, States parties are required by the Covenant to do so to the maximum of their available resources.

11. Another important issue is whether discrimination on the basis of age is prohibited by the Covenant. Neither the Covenant nor the Universal Declaration of Human Rights refers explicitly to age as one of the prohibited grounds. Rather than being seen as an intentional exclusion, this omission is probably best explained by the fact that, when these instruments were adopted, the problem of demographic ageing was not as evident or as pressing as it is now.
12. This is not determinative of the matter, however, since the prohibition of discrimination on the grounds of "other status" could be interpreted as applying to age. The Committee notes that while it may not yet be possible to conclude that discrimination on the grounds of age is comprehensively prohibited by the Covenant, the range of matters in relation to which such discrimination can be accepted is very limited. Moreover, it must be emphasized that the unacceptableness of discrimination against older persons is underlined in many international policy documents and is confirmed in the legislation of the vast majority of States. In the few areas in which discrimination continues to be tolerated, such as in relation to mandatory retirement ages or access to tertiary education, there is a clear trend towards the elimination of such barriers. The Committee is of the view that States parties should seek to expedite this trend to the greatest extent possible.
13. Accordingly, the Committee on Economic, Social and Cultural Rights is of the view that States parties to the Covenant are obligated to pay particular

attention to promoting and protecting the economic, social and cultural rights of older persons. The Committee's own role in this regard is rendered all the more important by the fact that, unlike the case of other population groups such as women and children, no comprehensive international convention yet exists in relation to the rights of older persons and no binding supervisory arrangements attach to the various sets of United Nations principles in this area.

14. By the end of its thirteenth session, the Committee and, before that, its predecessor, the Sessional Working Group of Governmental Experts, had examined 144 initial reports, 70 second periodic reports and 20 initial and periodic global reports on articles 1 to 15. This examination made it possible to identify many of the problems that may be encountered in implementing the Covenant in a considerable number of States parties that represent all the regions of the world and have different political, socio-economic and cultural systems. The reports examined to date have not provided any information in a systematic way on the situation of older persons with regard to compliance with the Covenant, apart from information, of varying completeness, on the implementation of article 9 relating to the right to social security.
15. In 1993, the Committee devoted a day of general discussion to this issue in order to plan its future activity in this area. Moreover, it has, at recent sessions, begun to attach substantially more importance to information on the rights of older persons and its questioning has elicited some very valuable information in some instances. Nevertheless, the Committee notes that the great majority of States parties' reports continue to make

little reference to this important issue. It therefore wishes to indicate that, in future, it will insist that the situation of older persons in relation to each of the rights recognized in the Covenant should be adequately addressed in all reports. The remainder of this General Comment identifies the specific issues which are relevant in this regard.

4. General obligations of States parties

16. Older persons as a group are as heterogeneous and varied as the rest of the population and their situation depends on a country's economic and social situation, on demographic, environmental cultural and employment factors and, at the individual level, on the family situation, the level of education, the urban or rural environment and the occupation of workers and retirees.
17. Side by side with older persons who are in good health and whose financial situation is acceptable, there are many who do not have adequate means of support, even in developed countries, and who feature prominently among the most vulnerable, marginal and unprotected groups. In times of recession and of restructuring of the economy, older persons are particularly at risk. As the Committee has previously stressed (General Comment No. 3 (1990), para. 12), even in times of severe resource constraints, States parties have the duty to protect the vulnerable members of society.
18. The methods that States parties use to fulfill the obligations they have assumed under the Covenant in respect of older persons will be basically the same as those for the fulfillment of other obligations (see General Comment No. 1 (1989)). They include the need to determine the nature

and scope of problems within a State through regular monitoring, the need to adopt properly designed policies and programs to meet requirements, the need to enact legislation when necessary and to eliminate any discriminatory legislation and the need to ensure the relevant budget support or, as appropriate, to request international cooperation. In the latter connection, international cooperation in accordance with articles 22 and 23 of the Covenant may be a particularly important way of enabling some developing countries to fulfill their obligations under the Covenant.

19. In this context, attention may be drawn to Global target No. 1, adopted by the General Assembly in 1992, which calls for the establishment of national support infrastructures to promote policies and programs on ageing in national and international development plans and programs. In this regard, the Committee notes that one of the United Nations Principles for Older Persons which Governments were encouraged to incorporate into their national programs is that older persons should be able to form movements or associations of older persons.

5. Specific provisions of the Covenant

Article 3: Equal rights of men and women

20. In accordance with article 3 of the Covenant, by which States parties undertake "to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights", the Committee considers that States parties should pay particular attention to older women who, because they have spent all or part of their lives caring for their families without engaging in a remunerated activity entitling them to an old-age pension,

and who are also not entitled to a widow's pension, are often in critical situations.

21. To deal with such situations and comply fully with article 9 of the Covenant and paragraph 2 (h) of the Proclamation on Ageing, States parties should institute non-contributory old-age benefits or other assistance for all persons, regardless of their sex, who find themselves without resources on attaining an age specified in national legislation. Given their greater life expectancy and the fact that it is more often they who have no contributory pensions, women would be the principal beneficiaries.

Articles 6 to 8: Rights relating to work

22. Article 6 of the Covenant requires States parties to take appropriate steps to safeguard the right of everyone to the opportunity to gain a living by work which is freely chosen or accepted. In this regard, the Committee, bearing in mind that older workers who have not reached retirement age often encounter problems in finding and keeping jobs, stresses the need for measures to prevent discrimination on grounds of age in employment and occupation.
23. The right "to the enjoyment of just and favorable conditions of work" (Covenant, art. 7) is of special importance for ensuring that older workers enjoy safe working conditions until their retirement. In particular, it is desirable, to employ older workers in circumstances in which the best use can be made of their experience and know-how.
24. In the years preceding retirement, retirement preparation programs should be implemented, with the participation of representative organizations of

employers and workers and other bodies concerned, to prepare older workers to cope with their new situation. Such programs should, in particular, provide older workers with information about: their rights and obligations as pensioners; the opportunities and conditions for continuing an occupational activity or undertaking voluntary work; means of combating detrimental effects of ageing; facilities for adult education and cultural activities, and the use of leisure time.

25. The rights protected by article 8 of the Covenant, namely, trade union rights, including after retirement age, must be applied to older workers.

Article 9: Right to social security

26. Article 9 of the Covenant provides generally that States parties "recognize the right of everyone to social security", without specifying the type or level of protection to be guaranteed. However, the term "social security" implicitly covers all the risks involved in the loss of means of subsistence for reasons beyond a person's control.
27. In accordance with article 9 of the Covenant and the provisions concerning implementation of the ILO social security conventions - Convention No. 102 concerning Social Security (Minimum Standards) (1952) and Convention No. 128 concerning Invalidity, Old-Age and Survivors' Benefits (1967) - States parties must take appropriate measures to establish general regimes of compulsory old-age insurance, starting at a particular age, to be prescribed by national law.
28. In keeping with the recommendations contained in the two ILO Conventions mentioned above and Recommendation No. 162, the

Committee invites States parties to establish retirement age so that it is flexible, depending on the occupations performed and the working ability of elderly persons, with due regard to demographic, economic and social factors.

29. In order to give effect to the provisions of article 9 of the Covenant, States parties must guarantee the provision of survivors' and orphans' benefits on the death of the breadwinner who was covered by social security or receiving a pension.
30. Furthermore, as already observed in paragraphs 20 and 21, in order fully to implement the provisions of article 9 of the Covenant, States parties should, within the limits of available resources, provide non-contributory old-age benefits and other assistance for all older persons, who, when reaching the age prescribed in national legislation, have not completed a qualifying period of contribution and are not entitled to an old-age pension or other social security benefit or assistance and have no other source of income.

Article 10: Protection of the family

31. On the basis of article 10, paragraph 1, of the Covenant and recommendations 25 and 29 of the Vienna International Plan of Action on Ageing, States parties should make all the necessary efforts to support, protect and strengthen the family and help it, in accordance with each society's system of cultural values, to respond to the needs of its dependent ageing members. Recommendation 29 encourages Governments and non-governmental organizations to establish social

services to support the whole family when there are elderly people at home and to implement measures especially for low-income families who wish to keep elderly people at home. This assistance should also be provided for persons living alone or elderly couples wishing to remain at home.

Article 11: Right to an adequate standard of living

32. Of the United Nations Principles for Older Persons, principle 1, which stands at the beginning of the section relating to the independence of older persons, provides that: "Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help". The Committee attaches great importance to this principle, which demands for older persons the rights contained in article 11 of the Covenant.
33. Recommendations 19 to 24 of the Vienna International Plan of Action on Ageing emphasize that housing for the elderly must be viewed as more than mere shelter and that, in addition to the physical, it has psychological and social significance which should be taken into account. Accordingly, national policies should help elderly persons to continue to live in their own homes as long as possible, through the restoration, development and improvement of homes and their adaptation to the ability of those persons to gain access to and use them (recommendation 19). Recommendation 20 stresses the need for urban rebuilding and development planning and law to pay special attention to the problems of the ageing, assisting in securing their social integration, while recommendation 22 draws attention to the need to take account of the functional capacity of the elderly in order

to provide them with a better living environment and facilitate mobility and communication through the provision of adequate means of transport.

Article 12: Right to physical and mental health

34. With a view to the realization of the right of elderly persons to the enjoyment of a satisfactory standard of physical and mental health, in accordance with article 12, paragraph 1, of the Covenant, States parties should take account of the content of recommendations 1 to 17 of the Vienna International Plan of Action on Ageing, which focus entirely on providing guidelines on health policy to preserve the health of the elderly and take a comprehensive view, ranging from prevention and rehabilitation to the care of the terminally ill.
35. Clearly, the growing number of chronic, degenerative diseases and the high hospitalization costs they involve cannot be dealt with only by curative treatment. In this regard, States parties should bear in mind that maintaining health into old age requires investments during the entire life span, basically through the adoption of healthy lifestyles (food, exercise, elimination of tobacco and alcohol, etc.). Prevention, through regular checks suited to the needs of the elderly, plays a decisive role, as does rehabilitation, by maintaining the functional capacities of elderly persons, with a resulting decrease in the cost of investments in health care and social services.

Articles 13 to 15: Right to education and culture

36. Article 13, paragraph 1, of the Covenant recognizes the right of everyone to education. In the case of the elderly, this right must be approached from two different and complementary points of view: (a) the right of elderly persons to benefit from educational programs; and (b) making the know-how and experience of elderly persons available to younger generations.
37. With regard to the former, States parties should take account of: (a) the recommendations in principle 16 of the United Nations Principles for Older Persons to the effect that older persons should have access to suitable education programs and training and should, therefore, on the basis of their preparation, abilities and motivation, be given access to the various levels of education through the adoption of appropriate measures regarding literacy training, life-long education, access to university, etc.; and (b) recommendation 47 of the Vienna International Plan of Action on Ageing, which, in accordance with the concept of life-long education promulgated by the United Nations Educational, Scientific and Cultural Organization (UNESCO), recommends informal, community-based and recreation-oriented programs for the elderly in order to develop their sense of self-reliance and the community's sense of responsibility. Such programs should enjoy the support of national Governments and international organizations.
38. With regard to the use of the know-how and experience of older persons, as referred to in the part of the recommendations of the Vienna International Plan of Action on Ageing dealing with education (paras. 74-76), attention is drawn to the important role that elderly and old persons still

play in most societies as the transmitters of information, knowledge, traditions and spiritual values and to the fact that this important tradition should not be lost. Consequently, the Committee attaches particular importance to the message contained in recommendation 44 of the Plan: "Educational programs featuring the elderly as the teachers and transmitters of knowledge, culture and spiritual values should be developed".

39. In article 15, paragraphs 1 (a) and (b), of the Covenant, States parties recognize the right of everyone to take part in cultural life and to enjoy the benefits of scientific progress and its applications. In this respect, the Committee urges States parties to take account of the recommendations contained in the United Nations Principles for Older Persons, and in particular of principle 7: "Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations"; and principle 16: "Older persons should have access to the educational, cultural, spiritual and recreational resources of society".
40. Similarly, recommendation 48 of the Vienna International Plan of Action on Ageing encourages Governments and international organizations to support programs aimed at providing the elderly with easier physical access to cultural institutions (museums, theatres, concert halls, cinemas, etc.).
41. Recommendation 50 stresses the need for Governments, non-governmental organizations and the ageing themselves to make efforts to overcome negative stereotyped images of older persons as suffering from

physical and psychological disabilities, incapable of functioning independently and having neither role nor status in society. These efforts, in which the media and educational institutions should also take part, are essential for achieving a society that champions the full integration of the elderly.

42. With regard to the right to enjoy the benefits of scientific progress and its applications, States parties should take account of recommendations 60, 61 and 62 of the Vienna International Plan of Action and make efforts to promote research on the biological, mental and social aspects of ageing and ways of maintaining functional capacities and preventing and delaying the start of chronic illnesses and disabilities. In this connection, it is recommended that States, intergovernmental organizations and non-governmental organizations should establish institutions specializing in the teaching of gerontology, geriatrics and geriatric psychology in countries where such institutions do not exist.