

A Study on Impact of Modernization on Older People with Dementia

By mehrin jerin suzan

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**A Study on Impact of Modernization on Older
People with Dementia**

M.Phil Dissertation

This dissertation is **1**
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Philosophy (M.Phil)

Meharin Jerin Suzan

Registration No: 89
Session: 2015-2016



Institute of Social Welfare and Research
University of Dhaka
Dhaka-1205
Bangladesh

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**A Study on Impact of Modernization on Older
People with Dementia**

M.Phil Dissertation

Supervisor

Dr. Mahbuba Sultana

Professor

Institute of Social Welfare and Research

University of Dhaka

Dhaka-1205

Researcher

Meharin Jerin Suzan

Registration No: 89

Session: 2015-2016

Institute of Social Welfare and Research

University of Dhaka

Dhaka-1205



Institute of Social Welfare and Research

University of Dhaka

Dhaka-1205

January 2021 AD

Dedication

I dedicate this dissertation to my father Md Jahangir Alam, my mother Hamida Begum and my only daughter Ayana Binte Alamgir.

Declaration of Ownership

I hereby declare that this M.Phil dissertation entitled “²A Study on Impact of Modernization on Older People with Dementia” is prepared by me for the degree of Master of Philosophy under the guidance and supervision of Professor Dr. Mahbuba Sultana,¹ Institute of Social Welfare and Research, University of Dhaka, Bangladesh. I have done this research with my own effort and incorporate relevant information. I have used lots of literatures in my study and also provided accurate references. For completing the procedure of Master of Philosophy (M.Phil) in Social Welfare,¹ I am submitting this dissertation to the Institute of Social Welfare and Research, University of Dhaka, Bangladesh. I have not submitted any part of this dissertation to anywhere for any assessment.

Meharin Jerin Suzan
M.Phil Researcher
Registration No-89
¹ession-2015-2016
Institute of Social Welfare and Research
University of Dhaka
Dhaka-1205

সমাজকল্যাণ ও গবেষণা ইনস্টিটিউট
ঢাকা বিশ্ববিদ্যালয়

ঢাকা-১২০৫, বাংলাদেশ

ফোন: ৮৮০-২-৫৮৬১৬৬৬২, ৯৬৭০৪১২, পিএফিএক্স: ৯৬৬১৯০০-৭৩, ৮৪৮০

ফ্যাক্স: ৮৮০-২-৯৬৭০৪১২, ওয়েবসাইট: www.iswr.du.ac.bd

ইমেইল: iswrdu.ad@gmail.com, info@iswr.du.ac.bd



Institute of Social Welfare and Research
University of Dhaka

Dhaka-1205, Bangladesh

Tel: 880-2-58616662, 9670412, PABX: 9661900-73, Ext. 8480

Fax: 880-2-9670412, Website: www.iswr.du.ac.bd

E-mail: iswrdu.ad@gmail.com, info@iswr.du.ac.bd

Certificate of Approval

This is to certify that this research work presented in this dissertation entitled **'A Study on Impact of Modernization on Older People with Dementia'** is conducted by Meharin Jerin Suzan under my direct supervision. It is an original work. I am recommending and forwarding this dissertation to the University of Dhaka, through the Institute of Social Welfare and Research for further official formalities to complete the requirements for the degree of Master of Philosophy (M.Phil).

(Prof. Dr. Mahbuba Sultana)

Research Supervisor

Dhaka University Institutional Repository

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With Regards

Meharin Jerin Suzan
M.Phil Researcher
Registration No: 89
Session: 2015-2016
Institute of Social Welfare and Research
University of Dhaka
Dhaka-1205

Key to Abbreviations

ADI	=	Alzheimer's Disease International
ASB	=	Alzheimer Society of Bangladesh
APRO	=	Asia Pacific Regional Office
BAAIGM	=	Bangladesh Association for the Aged and Institute of Geriatric Medicine
¹⁶ BBS	=	Bangladesh Bureau of Statistics
BDHS	=	Bangladesh Demographic and Health Survey
BSMMU	=	Bangabandhu Sheikh Mujib Medical University
CPC	=	Centre for Palliative Care
^{CT} ¹⁶	=	Computed Tomography
GDP	=	Gross Domestic Product
GO	=	Government Organization
HDI	=	Human Development Index
MRI	=	Magnetic Resource Imaging
MHGAP	=	Mental Health Gap Action Programme
²⁰ NGO	=	Non-Government Organization
PAHO	=	Pan American Health Organization
PRB	=	Population Research Bureau
UNDP	=	United Nations Development Programme
UN	=	United Nations
WHO	=	World Health Organization

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Abstract

Title: A Study on Impact of Modernization on Older People with Dementia

Supervisor: Professor Dr. Mahbuba Sultana

Researcher: Meharin Jerin Suzan

Key Words: Older People, Dementia, Modernization

This study is conducted among the older people with dementia who are affected by modernization. This is based on broad objectives of exploring the present situation of older people with dementia. For attaining the broad objectives the study focuses on some important objectives to know the socio-economic condition of older people with dementia; a) to identify the socio-demographic and economic condition of the older people with dementia; b) to know the psycho-social problems of older people with dementia; c) to investigate the negative impacts of modernization; d) to explore the lifestyle which causes dementia; e) to explore the existing services for them; f) to understand the behaviour pattern and social status of dementia; g) to identify the needs of them and recommend with special reference to dementia care. This study has been followed qualitative research approach and for this purpose it selected six cases. The findings of the study have been showed that because of modernization and urbanization, extended family structure has been turned into nuclear family structure. But nuclear family structure is a curse for the older people. Due to modernization, family members are always busy and older people have to live in rural areas, as a result they are suffering from many psychological diseases like dementia. My respondents are demented person who are aged 60 or above. They are suffering from other diseases also such as diabetes, high blood pressure, depression and so on. They have many physical and mental difficulties because of dementia. Treatment cost of dementia is very high. Their family members can't bear this cost. As a result, their families have to tolerate many unwanted matters. Lack of professional caregiver is another challenge for them. There are no trained doctors to provide effective treatment. General People have no idea about this. People with dementia are being treated as an insane person in the society. It is observed that they are not aware about their rights and opportunities. Government should be generous towards them so that they can improve their situation. In this regard, government have to reshuffle the laws and formulate alternative older friendly policies and services. Besides, it will also investigate the socio-economic condition and advancement of the older people, especially people with dementia. Further, this work will also strive to ensure the facilities of the older people so that they can maintain their social status. This work will be also ensured the facilities of the dementia for the older people.

Chapter One

Introduction

1.1 Background

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1.2 Statement of the Problem

1.3 Rationality of the Study

1.4 Objectives

1.5 Operational Definition of the Key Concepts

1.6 Further Scope of Study

1.7 Construction of the Dissertation

1.8 Limitations of the Study

1.1 Background

Dementia is a rising health concern in the world. The increasing growth of longevity and decreasing growth of fertility rates are responsible to shift the age of distribution of populations towards older age groups in the world. Industrialization, modernization has been appeared in the whole world. Healthcare services, medical technology, improved sanitation as well as increased individual wealth all are contributing to increase the life expectancy. At a recent time older people are affected by so many unknown diseases as well as older people affected the non-communicable diseases like dementia. Now-a-days dementia is a socio-economic threat to a society. I read through many articles which are related to the dementia. It has been shown that dementia is a non-curable disease. There are few numbers of research have been done of the dementia. I have decided to work with dementia patient so that people will get the information and they will aware of this. At first I collected many documents of the dementia to understand the modernization and dementia. Then I made a questionnaire to collect information from the respondents. I have done six case studies to conduct my research. In my dissertation I have given my effort to find out the impacts of modernization on older people who are affected by dementia. After conducting my research I realized that there are no specific health care centre or non-government facilities towards dementia patient. I have got another thing that some facilities are being provided among the dementia patient but in developing countries like in Bangladesh, facilities are very poor. Most of the people have no knowledge about dementia in my country. Families who have dementia person they have no idea how to take care and how to handle people with dementia. I think government and non-government agency should arrange seminar, symposium about dementia to raise awareness among the people. I added another think that government and non-government organization should conduct research to collect the unknown fact of the dementia. I have made my effort to complete my dissertation successfully so that people will gather new

information towards this non-curable disease because by family support, take care, awareness can be prevented dementia.

1.2 Statement of the Problem

The world's population is increasing out of control. Bangladesh has over population. Among the whole world Bangladesh is 8th due to the amount of population. Population ageing is an emerging issue and new experience in the world (BBS, 2008). There were 9.41 million older people who are aged 60 but in 1951 it was 1.94 million (BBS, 2007).

Aging is the closing period of time in the life cycles. In this time attitudes against life, person's activities, biological capacities, physical fitness and relationships to the family and work all are confined of the particular society where she or he lives. In the new post-industrial life, older people are isolated with great number. Social programmes like marriage and employment cannot provide social security in later life and therefore the last stage of life also becomes less predictable. Society couldn't give enough facilities in this unpredictable time. The life of older people has turned into fragmented, disorderly, and unpredictable. Major events of life can't get priority as a part of a predictable or natural pattern (Sultana, 2011).

In 2011, the population census has been occurred. This census presented that in Bangladesh 7.4 percent people are older people (Awal, Majumder and Haque, 2020). But this amount has been increased in 2020 by 8 percent (Awal, Majumder and Haque, 2020). They also revealed that they have a perception that this amount will be increased in 2035 by 11.9 percent and in 2050 this will be reached 17 percent (Awal, Majumder and Haque, 2020). This is such a big number of people (Awal, Majumder and Haque, 2020).

In the last 15 years median age group have increased tremendously. During the period of 2000 and 2050, the ratio of older people and children will be increased without any doubt. It will be tripled (World Population Prospects, 2008). In Bangladesh, the life

expectancy has been increased into 68 years in 2011 from independence time (Sultana, 2011). As poverty, gender inequality, recession; ageing is now an emerging issue. In Bangladesh ageing is now a major problem because as a developing country Bangladesh has many problems such as over population, poverty, poor resources, inadequate health services, lack of social security programs and so on. Demographically, growing rate of older people is a common phenomenon. In this context Bangladesh is not exceptional due to the demographic issue of population. Due to the modernization, family structure is being changed as well as family and kinship bondage is being decreased day by day (Rahman and Nasrin, 2012).

In Bangladesh aged people treated as a valued people traditionally. But these values have been changed due to modernization and urbanization. The fertility rate is being changed such as 6.3 in 2004 and it has been almost changed in 2006 into 2.7 (BDHS, 2007).

Size of household is being changed by following a scenario that 4.7 in 2007 and in 1973 it were 5.6 (BBS, 2007). Consequently these changing issues are being brought a totally new picture of family structure like increasing of the composing of nuclear family and decreasing the composing of traditional or extended family structure as well as the role of older people in the society and family is decreasing also. Actually this scenario has been seen for the changing perception of the people about family structure. In Human Development Index (HDI), Bangladesh has been got 140th position among the 177 countries, the rising rate of older people and its negative impacts have become a concerned issue for the government (GOB, 2008; UNDP, 2007).

8 After the Second World War modernization has become a deserving issue in the world. It is an interrelated process that agrarian, rural societies turned into modern societies. The social changes have been done due to Industrial Revolution. It has occurred by social displacement and individual's adaption (Encyclopaedia, 2017). In the process of urbanization, most of the young family members leave their older family members in

rural areas. Nuclear family structure is a new family structure. Social distances have been increased in the young and the aged people due to change in intergenerational relations. As a result aged people are distressing from many mental health problems such as dementia.

Dementia is an umbrella term that develops the degenerative deviations in the brain. It is an on-going process. Dementia affects older people largely and it damaged the cognitive abilities such as it spoiled the abilities of thinking, speaking, reasoning, remembering, eating, dressing and so on.

Older people are suffering from many problems for modernization. But who are affected with dementia they have to face various problems, as a result they face lot of difficulties to adjust with his family and society.

1.3 Rationality of the Study

In Bangladesh, 9.41 million are older people (Khan, 2011). This amount is larger than some total population of the many countries (Khan, 2011). The rate of percentage has been changed between 1951 and 2007. In 1951, it was 1.94 million and in 2007 it was 6.6 million. This amount of number of older people is shocking for the Bangladesh (Khan, 2011).

Old age now regarded as an inevitable biological phenomenon and it is a normal stage of life. A person who are 60 and above he or she is considered as older people in Bangladesh. It is a new issue for the country. In the world population growth rate is alarming. These changing issues are brought western culture instead of traditional and indigenous culture, western values instead of religious values as well as this issue is brought the nuclear family trend instead of extended family structure.

Durkheim has given the concept of modernization. This concept has been showed that lack of social integration is interrelated with urbanization. Different studies have

generally acknowledged along with modernization and urbanization. These studies have showed that traditional form of family structure is suitable for providing support the older people. But this system is being changed for the increasing rate of participating in working sector of women, increasing rate of life expenditure, migration issues(rural to urban), luxurious life style, establishment of industry in urban areas.

Usually older people were leading a happy life and respectful life in an extended family but due to changing pattern of families they have to live alone in rural areas. They lost their economic and social values. Due to modernization, their family members have to live in urban areas. This situation is so pathetic and painful for the older people. They affected by many psychological problems such as dementia. Dementia is not a psychological problem it is a physical problems also. Basic necessities such as food, money, clothes, medicine, supports are not available for them in many cases. Aloneness is a common matter in every people with dementia.

Dementia is common condition in the society. Cognitive impairment has been occurred due to decline from previous level of cognitive function. It is not a short time procedure. It has no cure and no treatment. Dementia is still considered by many resource persons to be a natural part of ageing.

Caring is being challenged for the older people with dementia. Dementia is being reduced the communication abilities as well as decreased the abilities of daily activities. As a person with dementia he or she has to face in behavioural and psychological changes. They cannot response properly. So their family members have to bear many problems to take care them. People with dementia have to face so many problems such as they have to loss work, sometimes they have to loss family relationship. They cannot spend time with their friends and relatives. Among them there are some problems which are always seen like that stress, anxiety, sleep disturbance, depression and other physical problems. Caregiver and their family members have to tolerate many social problems. Stigma in

diagnosis, social isolation and personal discrimination for the person with dementia are the common problems. An older person is as burdens of society people think that. In addition to ³ people with dementia are more burdens for family members because it has social, medical and economic challenges. Older people are vulnerable, neglected and ³ older people with dementia are more vulnerable as well as abused.

³ Older people with dementia forgot everything in most of the cases. They always forget to eat and forget to dressing, they cannot make choices, they cannot express their hunger or thirsting feelings. They lost their abilities of sense of smell and taste. He or she wants taking to one kind of food which he or she wants. Even they have paranoia to refuse food in every time. They cannot think about their neutrinos.

It is not a disease; it is a symptom of other diseases. Now the dementia with older people in the world is 5 crore and by 2030 it will be 7 crore (World Health Organization, 2020). There are 4 lakh and by 2030 it will be 7 lakh people with dementia (World Health Organization, 2020).

Their family members most of the time show rude behaviour. Actually this time they deserve health care, sympathy, empathy, support, securities and so on. They want a company by whom they can share their feelings, views in easy way.

In view of this impact of modernization concerned with the older people who are affected by dementia, a need for social investigation with a view to understanding present condition of them has strongly been felt. A study has been conducted to take some other fruitful measures. Through this study two advantages may be ensured, one is to introduce impact of modernization of older people and other is services requiring to older people with dementia. This study hopefully will be pertinent sources of information for those who will be interested in caring out further research in this field.

The proposed study however will make an attempt to gather information out so that policy makers will make their policy against this situation. This study will add knowledge to make an appropriate social plan and policy. That's why I am doing this study. I hope this study will help the future researcher and increase awareness among the people from dementia and prevent the dementia from society.

1.4 Objectives

The general objective of the study is to discover the impact of modernization on older people with dementia. To understand the general objectives some specific objectives are taken in this study. These are below:

- To identify the socio-demographic and economic condition of the older people with dementia;
- To know the psycho-social problems and need of the older people with dementia;
- To investigate the negative impacts of modernization on older people with dementia;
- To explore the lifestyle which causes dementia;
- To identify the existing services for dementia with older people;
- To understand the behaviour pattern and the social status of the older people with dementia; and
- To identify the needs of older people with dementia and recommend with special reference to dementia care.

1.5 Operational Definition of the Key Concepts

Modernization

Modernization is a process of liberal transition from a traditional to a modern society. It is a continuous process of social change.

“Modernization is ³⁵ the transformation from traditional, rural agrarian society to an urban or industrial society” (Encyclopaedia Britannica, 2021).

⁷ “Modernization refers to the multiple pathways (not only western) by which societies achieve a state of continuous self-transformation through the application of technical and intellectual means while modernity a singular concept, indicators the primacy of reason and universalistic criteria of judgement” (Schmidt, 2013).

In the light of modernization, communities’ advancement has been occurred due to the radical changes of technology and the changing form of social organization. In the present study, the term modernization is being presented the impact of technological advancement on the older people with dementia who are affected by modernization.

Older People

Older people are defined according to the characteristics of chronological age and changes of the responsibilities in the society.

“An older people id defined as a person who is ⁵⁰ over 60 years of age” (UNHCR, 2018).

In the present study, older people age is defined in an age range of 60 or above.

Dementia

Dementia is a condition that being created mental health problems such as damaging the brain functions like- memory, perceptions; it has also damaged the cognitive abilities. It has been changed the personality of affected person.

6
“Dementia is the deterioration of the mental process, usually characterized by memory loss, personality change, and impaired judgement and ability to think abstractly or systematically. Dementia is caused by physiological changes, the result of stroke, Alzheimer’s disease, substance abuse, medical conditions, or multiple etiologies” (Barker, 1995).

In the present study the term of dementia is used for the same context.

1.6 Further Scope of Study

Naturally like every other study there are some limitations in the present study, still it will expose the expectations to do the further research in future on older people with dementia who are affected by modernization.

1.7 Construction of the Study

The report is constructed into ninth chapters. The first chapter focuses on the statement of the problems, rationality of the study, objectives of the research, operational definition of key concepts, scope of this study and study limitations.

The 2nd chapter focuses on review of related literature to impact of modernization of older people with dementia. Research findings, articles, books, journals relevant to this study have been reviewed in this section.

The chapter three outlines theoretical concepts of the study which has been helped to reach the objectives of the study.

The fourth chapter demonstrates present scenario of dementia in Bangladesh related issues like challenges, problems of the older people with dementia. This chapter also includes the GO’s and NGO’s initiatives of the older people with dementia.

The chapter five deals with main method of study, area of study, population and unit of study, sampling techniques, sources and techniques of data collection, semi-structured interview guideline, interpretation and analysis of data, validity and reliability, ethical consideration of the study.

The sixth chapter outlines the presentation of cases which have done by interview schedule.

The seventh chapter shows the finding and analysis of the study. This chapter has divided into two sections. The focus of the study is to present the impact of modernization of older people with dementia. This chapter has described by two dimensions such as one is problems faced by impact of modernization on older people who are affected with dementia two is services which have to apply to prevent this disease.

Chapter eight deals the discussion of the major findings of the study. This section includes overall summing up the results in relation to the experiences and opinions of the respondents.

The final chapter (chapter 9) draws summary, recommendations and conclusions. Summary presents the overall procedure of the study in brief, recommendations demonstrate the suggestions to overcome the challenges of older people with dementia, conclusions are focused on overall study findings.

1.8 Limitations of the Study

I have required using qualitative tools to collect the data for my dissertation. But only qualitative findings are not enough to analyse the data. For this reason it needs to use quantitative approach.

In this dissertation sample size is too small to identify the research result and make relationship with data.

In this study the selection of area boundaries is not enough to collect data. It is difficult to identify the respondents and collect essential information.

In the present study these limitations are normal for research but it has further scope.

Chapter Two

24

Review of Literature

2.1 Introduction

2.2 Review of Literature

2.3 Conclusion

2.1 Introduction

Literature review occupies a specific area in any kind of research. It examines the exact subject. It outlines the information in relevant articles. Literature review is being involved in the findings of the relevant articles, analysing articles and finally clarifying them properly. Basically it deals with the published information in a specific area. It is a process of summarizing the sources or information what is relevant to the existing research. Literature review is the interpretation of the old articles or information. It is a process of evaluation. It provides handy guide to a particular topic. It aims to add the new knowledge. In the present study, some relevant literatures related to dementia and older people have been reviewed which are shown in the following sections.

2.2 Review of Literature

Dementia has an intense impact on life. It is disabled the normal life of people. It is created the brain leading problems such as understanding and judgment abilities.

Dr. Samnun Taha wrote an article on World Alzheimer's Day: Forgetting Dementia in Bangladesh, 2014 in Help Age International Blogs

In this article, a statistics have been shown that 8 percent or 12 million people are aged. Few thousand older people are suffering from dementia among 12 million older people.

According to this report, older people who have memory problems they are considered as "foolish". Often people with dementia haven't received the support. They need support from society and family. This situation is poorer in urban areas than rural areas. Social taboo, social stigmas are the common issues in the society. Younger people are shifting in urban areas for making better life as well as better carrier and leading a upper grade life style so that older people of rural areas are in distress condition especially who are affected by dementia. In addition to, older people of rural areas are not receiving modern

health and community services. They have no recreational facilities like urban areas. People aren't aware of health issues. They are not educated also.

Many older people are suffering from this kind of problem. But government have to take steps to rising awareness to prevent dementia.

According to this article the NGOs are occupied the dementia issues. Alzheimer's Disease International has been established to provide services among the older people with dementia.

In this report it has been shown that creating awareness is the first priority to prevent dementia. To take care of dementia patients, training opportunities and supporting organizations have been introduced. But it hasn't prioritized. It has many social and legal consequences.

49
US National Library of Medicine and National Institute of Health published an article of Dementia, Measuring Quality of Life of People with Pre-dementia and Dementia and their Caregivers: A Systematic Review Protocol, 2018

This review has been identified that dementia is a global issue. This review has been showed that 7.1 per cent people who have 65 years and above are affected by dementia. Alzheimer disease is a main cause of dementia. Dementia patients' need long term treatment. Caregiver is main resource to reduce dementia.

5
Journal of Cross-Cultural Gerontology, June 2001, Volume 16, and Issue 2 published the article Culture and Dementia: Accounts by Family Caregivers and Health Professionals for Dementia-affected Elders in South Korea by Yeon Kyung Chee, Sue E. Levkoff

This article has been shown how dementia is going to be a national issue and this article presented a finding result from 15 health professionals and caregivers. This study wanted

to present about the perception of caregivers towards dementia and this culture how to effect on caregivers. This article also reveals on the present condition of social services which are providing for people with dementia. According to this article, in traditional family, social norm is show the respect and provide support for older people. But this trend has been changed. There is shortage of social services for the older people in Korea.

²² **Alzheimer's Disease International associated with World Health Organization conducted a research titled ⁵⁶ Dementia: A Public Health Priority, 2012**

Increasing of ageing stands now a collective issue in the world. This research report proclaimed that due to improvements of health facilities persons can live longer life. But they have also affected by non-communicable disease like dementia. Now persons with dementia in the world are 35.6 million. This growing number of persons may be doubled by 20130 and may be triple by 20150. It have also proclaimed that dementia have been affected and changed not only lives of their but also their members. Its treatment is very costly, as well as burden. It has disabled them and their families and caregivers. Stigma and social exclusion have been seen among the people who are affected by dementia and their relations. This situation is created by impact of prevalence of economic then social factors. This report aims to encourage formulating policy and implementing the plan and programs to recover the life of people who are affected by dementia. At present ³⁹ many countries articulated strategies, implemented plan, formulated policies, provided health and social services for older people with dementia. But there are many problems to prevent the dementia due to poor awareness and poor resources. This report also demonstrated that caregivers haven't enough opportunity to get information about dementia. They have poor knowledge of care giving and they don't know how to take care of people with dementia. This research also showed that Government of every country should take steps to prevent dementia.

5

An Action Plan to Face the Challenge of Dementia: International Statement on Dementia from IAP for Health by H. Cherknow, 2018

According to this article dementia have been reduced the rational capabilities, destroying the learning capacity, damage the memory, creating impairment to language or reasoning capacity and also effected the daily task. Sleep disturbance, depression, anxiety, agitation, psychosis are common symptoms of dementia in early stage. It is a brain disease. This report showed that by increasing public awareness, implementing effective approaches, capitalizing the health facilities can be reduced dementia. Moreover general dementia plan must be implemented to prevent dementia. General plan should be followed indigenous culture, address problems and ensure the availability of resources. According to this report, investment should be increased for national research program on dementia. Risk reduction strategies should be implemented to solve malnutrition, sleep problem, education problems and trauma.

27

Dementia in the Asia Pacific Region: The Epidemic is here access Economics PTY Limited, 2006

This report has demonstrated that many countries haven't enough facilities to offer proper health services for people who are affected by dementia. Nuclear family instead of nuclear family, urbanization, modernization is responsible to increase the amount of demented people.

Dementia maintenance has two types, formal and informal. According this report, doctors are scarce and specialists are rare for the people of dementia. There are many difficulties of delivery of service of dementia among the people. In this study, families care isn't enough for the people and treatment facilities are very poor. This report also has been given prioritized on psychological approaches like counselling, educational program, supporting program for people who are demented people. In most of the countries insufficient financial resources, isolated policy which is not connected with this issue,

poor and uneducated caregivers are responsible for increasing the depression in health care sector of the patient. This report also indicates pre- measures such as healthy diet, physical exercise, community activities and comparatively poor stress can be prevented dementia. Population risk factors should be reduced to prevent dementia which is responsible to create dementia, these problems have to eliminate from the life of older people such as diabetes, smoking, hypertension and so on. Strategy and intervention should be taken to continue these exercises. According to this report, maintaining healthy life style, ensuring quality of life is wheel of the pre-dementia period.

¹⁴
Dementia in the Asia Pacific Region by Alzheimer's Disease international, Alzheimer's Australia, 2014

According to this report, dementia is syndrome due to decline of cognitive functioning such as language, judgment, comprehension, memory, thinking and learning. This report proclaimed that awareness, management and care, diagnosis can prevent dementia. According to this study, countries which have dementia people they should formulate national policies, programmes and legislation to prevent dementia. Related information has to provide to raise awareness among the communities. Risk reduction strategies have to implement providing dementia care and establish services which will support the family concerns. In Bangladesh, the Alzheimer' Society of Bangladesh (ASB) was recognised by doctors, social workers, caregivers to improve the quality of life of people who are affected by dementia. Now 9 percent people are affected by dementia, in 2050 this will be 21 percent. Low level of awareness among the people is main reason to increase the people with dementia. They are neglected by family or community. Help Age international has also operated a number of programmes and home care regarding dementia. Government provided awareness raising programmes by discussions, meetings, seminars, campaigning relating to dementia. ASB have established the library and resource centre for family care givers. They have produced a newsletter names as 'Dementia Sangbad'. ASB has also provided training for caregivers. They have provided

services of dementia people. The National Institute of Neuroscience has provided the limited service of dementia people.

12

Alzheimer's Association Campaign for Quality Care, Dementia Care Practice Recommendations for Professional Working in a Home Setting, 2009

This report proclaimed that dementia is a sickness that is being distressed the brain and damaged the abilities of daily self-care performance. Demented person is gradually losing the capability to acquire new facts, building decision and designing the upcoming facts. In early stage of dementia, people usually failed to perform daily activities such as eating, bathing, dressing and using toilet. In the last stage of dementia, sometimes they totally depend on others to get out of bed and to finish the daily activities. This report also shows that dementia makes also affecting the family caregivers, because in 24 hours, family caregivers have to think about dementia people where they go, trying to show confirmed that they are safe and well. Caregiver and their family members have to help their daily activities. A person with dementia usually requires enough time to answer the questions. So, family members have to take initiatives to help the demented people to complete their daily chores. So, providers or caregivers have to aware and show respect to the demented people.. Most people with dementia may have an anxiety, depression, sleep disturbance, emotional distress, paranoia, delusion, hallucination. According to this study, providers need training to cope up with these behaviours of dementia people. This reports revealed that medication could be effective steps to ensure the quality life of person with dementia. Demented people and caregivers require proper information from educated professional relating information to the treatment of dementia. This report also showed that people with dementia need meaningful social relationships. Environment should make like that people have no fear and confusion. This report also revealed that caregivers make person with dementia socialize. This report also showed that daily exercise can be reduced dementia. Home care includes preparing meals, taking

medication, keep money, medication reconciliation, nutrition services, palliative care which is ensured quality of life and that is helped to prevent dementia.

Social Science and Medicine Volume 41, Issue 7, October 1995 published an article on Elderly Mental Health in the Developing World by Sue E. Levkoff, Ian W, Macarthur and Julia Bucknall

This study has been revealed that in developing countries number of older people has increased as well as elderly diseases has been also increased like dementia. Demented person as well as caregivers and their family members have to fall in stress and anxiety problems. This article also revealed that mental health issues have become a common issue in the world. According to this research, modernization, urbanization, economic issues, demographic issues, educational changes, changes of family structure are responsible for creating mental health problems. Policies should be formulated; plan and programs should be introduced to improve the situation of mental health issues in the developing countries.

Standards of Care in Home Care Services: A Comparison of generic and Specialist Services for Older People with Dementia have been published by Journal Aging and Mental Health Volume 10, 2006- Issue 2 by D. Venables, S. Reilly, D. Challis, J. Hughes and M. Abendstern

This study has been published policy on England of caring system for older people and development strategies for special maintenance facilities for older people who are affected by dementia.

This report has been done survey of differences between generic home and professional facilities for demented people. This survey has been identified differences among the home care facilities, professional facilities and specialist services. According to this study, required information has been provided among the 40 percent service holders.

This finding will be helped to give the information among the people of home care services of dementia. They have provided key materials for improving the service of home care for demented people.

Status of Older People: Modernization, Encyclopaedia of Aging, Enclopadia.com, 2 Jan. 2017

This study has been shown that rising social changes, scientific development had been occurred in developed countries. Longevity has been increased and fertility rates have decreased due to increasing of awareness of public health issues among the people (Encyclopaedia, 2017). After World War II, the socio-economic and demographic changes have been seen especially in the field of social research and gerontological fields by technology advancement, changes roles and status of people, changing the modes of production (Encyclopaedia, 2017).

Industrial revolution has been brought changes in social displacement as social institutions and individual adaption (Encyclopaedia, 2017). According to the study, due to modernization social displacements have been occurred (Encyclopaedia, 2017). In the post war year, non-industrial societies had got same characteristics of industrial countries. Industrial countries encourage the non-industrial countries by exporting goods, increasing investment, advancement of education, development of technology. As a result, traditional issues and traditional practices have been changed in developing countries (Encyclopaedia, 2017). Transformed traditional things; changed agriculture societies have ensured the big amount of wealth (Encyclopaedia, 2017).

According to Cowgill's theory, advancement of health technology, improvement of medical practices and public health issues has brought the longevity which has negative impacts on older people (Encyclopaedia, 2017).

Competition is being increased in the working sector due to increasing the life expectancy (Encyclopaedia, 2017). Decreasing the income, prestige, status of elder people is the common factors of modernization theory (Encyclopaedia, 2017). They have to depend on their family members for everything.

Due to urbanization, most of the older people are staying in village. They lost their position in their family even extended family structure has been changed. Nuclear family is a new form of family structures which is being increased distance between the young and older people (Encyclopaedia, 2017).

Generation gap has been seen because members of family are emphasis on carrier, status, ensuring the modern facilities but they are neglected the traditional issues, and they aren't interested to spend with their elderly family members. Because of modernization, people want to spend time with mobile but they are reluctant to give quality time in their family.

Bhramari (Shanmukhi Mudra) Pranayama in Presbycusis and Dementia wrote about Dementia in editorial Indian journal of Otology, Year : 2016 | Volume : 22 | Issue : 3 | Page : 145-147

This study have been given information that the World Health Organization (WHO) estimates, aging populations is on the increase in developing countries and along with modernization and deafness. Dementia is going to become epidemic. Deafness is one of the most common etiological factors precipitating dementia. According to this study, 36 crore are suffering from hearing disability in the world. The WHO estimates that 1.2 million will be affected by presbycusis by 2025 who are aged in 60 or above. 50% of senior citizens above the age of 75 years are suffering from disabling hearing loss. Only 20% of these senior citizens are benefitted with the hearing aid. The hearing loss means such as leading to isolation, depression, and dementia.

This study also reveals that dementia is the general term which is being declined the mental abilities and it has hampered the daily tasks. The person with dementia has many problems such as lose goods, having mood, speaking problems, orientation of place and personality changes.

Deafness is the one of major cause of dementia according to this study. There is no significant treatment or cure of old age dementia in modern medicine. The prevention of deafness is possible by yoga, lifestyle changes such as taking diet food, taking balanced food, and avoiding toxic drugs and chemicals. Yoga is an ancient discipline which is helped to maintain the life and brought a healthy physical, mental, spiritual, and emotional dimensions of the individual.

World Congresson Healthy Ageing Kualampur, Malaysia conduct a research which title is Predictors of Institutionalization among Dementia Patients in Malaysia, 2012

This article has been given data about dementia that proper care is more suitable for dementia patient than treatment by using medication. This article revealed that care management is essential in giving servicing sector of dementia and home care services should be institutionalized. Government hospitals and nursing home should be worked simultaneously to provide services among the older people. This study judges the institutional treatment procedures which have given among the demented people. By the experimental method many information have been collected from demented people who are staying in government hospitals and nursing home.

2.3 Conclusion

The review of literature of this study has been proclaimed that dementia is a serious issue in Bangladesh. But people are not aware of this. Government have taken some steps to decrease the number of patients of dementia. But these are not enough to handle this situation.

Chapter Three

Dementia and Related Issues

3.1 Introduction

3.2 Concept of Dementia

3.3 Rates of Dementia

3.4 Risk Factors

3.5 Types and Causes of Dementia

3.6 Symptoms

3.7 Common Forms of Dementia

3.8 Impact of Dementia

3.9 Diagnosis

3.10 Modernization and Aging Theory

3.11 Conclusion

3.1 Introduction

Dementia is a situation that cognitive and functional abilities will be declined. It will be occurred abnormal behaviour, depression and many other psychosocial problems among demented people. Now it is a common condition for the elderly people. It is mostly connected with older people. It is also as an epidemic that is increasing day by day.

3.2 Concept of Dementia

Dementia is one kind of disorder which spoiled the cognitive function like people who are affected by dementia they are lost their thinking capacity. It destroyed the mental abilities like thinking, memory, comprehension, learning capacity, orientation, calculation, language, and judgement. Demented people have lost their controlling the emotional issues and they are usually unable to show their social responsibility and behaviour like other normal people.

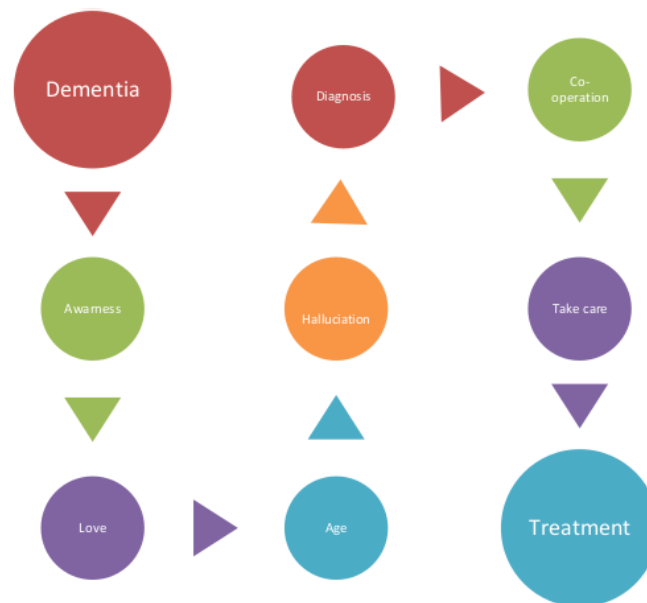


Figure 1: Concept of Dementia

Source: Researcher

It affects mainly the elderly person. Dementia is being declined the people capabilities as a normal person. By this it is also being declined the person's skill, intellectuality. In Bangladesh demented people are 60 or over 60 years. Gradually it declined the progressiveness of brain. It is a terminal illness and it also destroyed the brain functioning and increasing physical disability and increasing the dependency on others. Care and regularity maintain of food and exercise, giving recreational facilities to be mentally fresh can cure dementia. Actually dementia is a clinical diagnosis requiring the basis of cognitive decline. It is common phenomenon in our aging population.

Older people who are affected by dementia have become more dependent and worse position in socially, physically and mentally. It is a new health era of presenting the challenges to society and to our healthcare systems. Clinical diagnosis can be difficult of older people with dementia due to physical frailty, comorbid psychiatric symptoms like depression and unable to fulfil their responsibilities of spouses and family. Even family members are unaware of the clinical diagnosis of the dementia.

3.3 Rates of Dementia

In the worldwide 50 million are demented people where developing countries have 60% (World Health Organization, 2020). Every year 10 million older people are affected by dementia (World Health Organization, 2020). People who are aged 60 basically this group of people are affected by dementia in most of the time (World Health Organization Report, 2020). In 2030, people with dementia will be reached at 82 million and it will be 152 million in 2050 (World Health Organization, 2020). By following this statistics it can be said that in a certain time huge people have to affect by dementia if people may not follow the healthy life style. Especially this rising rates will be seen in developing countries (World Health Organization, 2020).

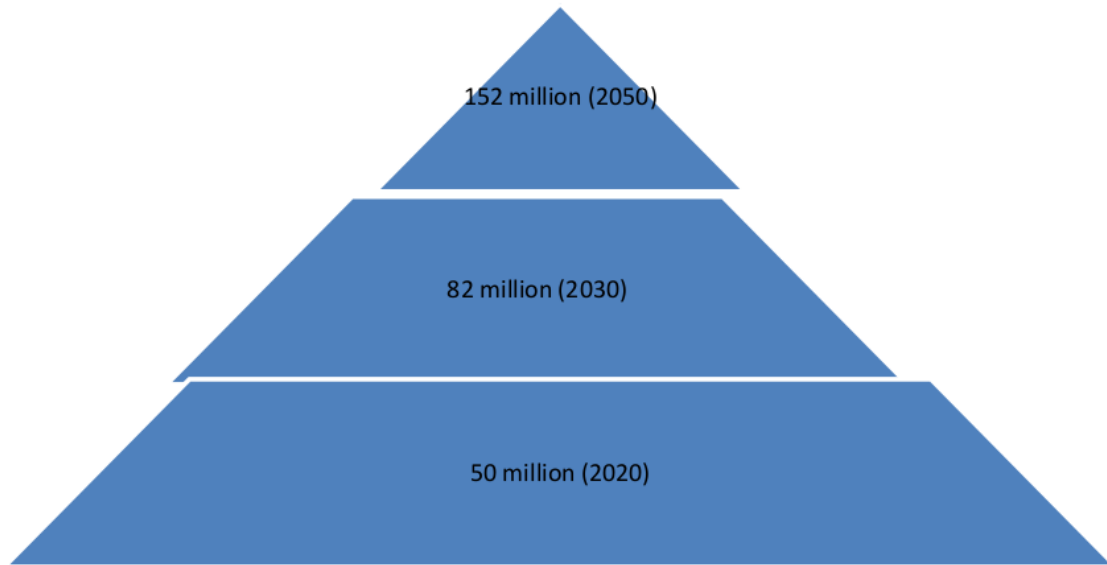


Figure 2: Rates of Dementia (Developing Countries)

Source: World Health Organization, 2020

World Alzheimer Report, 2015 showed that-

In most of the cases dementia affects the older people. People who are aged 65, they are affecting with dementia about 5% and who are aged 85 this statistics is 20%. Another statistics showed that, in every year 9.9 million are being added as demented people. It can be said that new case is entered in every 3.2 seconds. It has been presented as bellow:

Statistics of Dementia

Year	People with Dementia (million)
2015	46.8
2030	74.7
2050	131.5

Table 1: Statistics of Dementia
Source: World Alzheimer Report, 2015

In 2018, 818 billion economic costs were being consumed for treatment of people with dementia (World Alzheimer Report, 2018).

3.4 Risk Factors

There are many factors which will be contributed to develop this condition such as-

- High blood pressure
- Age and a strong family history of dementia
- Smoking and being overweight
- Diabetes



Source: Livingston et al. A, et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission

www.alz.co.uk



Figure 3: Risk Factors of Dementia

Source: Alzheimers New Zealand retrieved from alzheimers.org.nz

By applying different methods or phases dementia can be prevented. Such as-



Figure 4: Preventive Methods of Dementia

Source: Alzheimers New Zealand retrieved from alzheimers.org.nz

3.5 Types and Causes of Dementia

There are many conditions which creates the symptoms of dementia.



Figure 5: Causes of Dementia

Source: Haque, Rahman and Haque, 2018

Some other causes such as-

- Brain tumor
- Head-injury
- Alcohol intoxication
- Thiamin and Vitamin B12 deficiency
- Syphilis and HIV infection are rarely responsible for dementia.

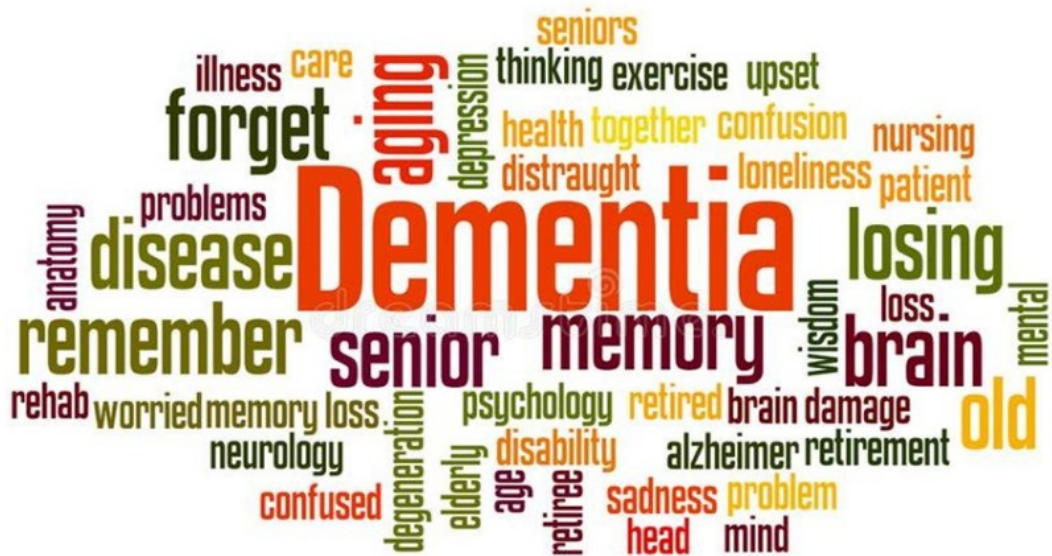


Figure 6: Causes of Dementia

Source: dreamstine.com

Types of Dementia

According to Timothy (2017)-

Dementia is a symptom of other diseases. There are many types which are responsible to create (World Health Organization, 2020). These are given below:

Disease of Alzheimer's

As a type of dementia Alzheimer is very much common type of dementia. six or 80 percent demented people gave Alzheimer dementia. Actually people have affected by this types of dementia in mostly (Timothy, 2018).

Type of Vascular

Decreasing the blood circulation of a brain of people is a reason to affect by this type of dementia. It is called brain stroke (Timothy, 2018).

Lewy Body Dementia

Protein deposits in nerve cells can be prevented the brain from sending chemical signals (Timothy, 2018). This results include lost messages, delayed reactions and memory loss (Timothy, 2018).

Disease of Parkinson's

By disease of Parkinson's can be developed dementia (Timothy, 2018). Problems with reasoning and judgment, increased irritability, paranoia and depression problems are symptoms of this type of dementia (Timothy, 2018).

Frontotemporal Dementia

Many people are affected by this type of dementia (Timothy, 2018). This type of dementia has affected in front and side parts of the brain. Language problems, behaviour problems, loss of inhibitions are the symptoms of this type of dementia (Timothy, 2018).

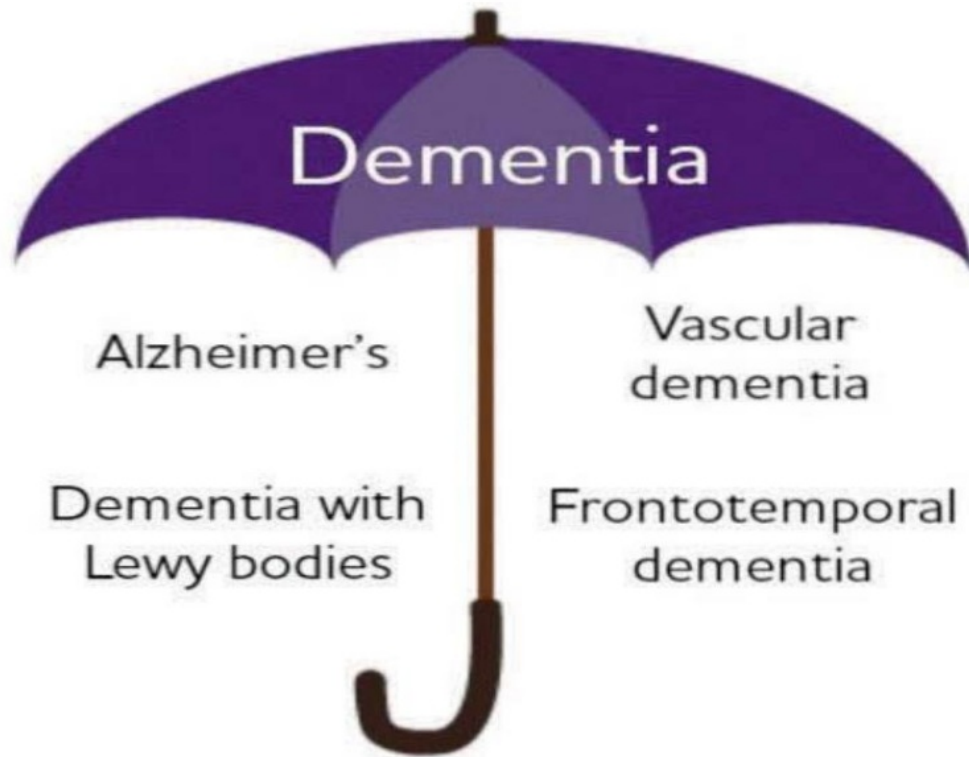


Figure 7: Types of Dementia

43

Source: Alzheimer's Association, 2019 retrieved from alz.org

3.6 Symptoms

Dementia is being destroyed the intellectual function of the people. Now it is a global impairment and it is linked with cognitive function. It is the most progressive and non-reversible condition that will uncontrolled. It is a result of other diseases. Most of the cases it is being destroyed the brain functions.



Figure 8: Common Symptoms of Dementia

Source: Janssen (2013) retrieved from dementia.com

Dementia can be made people disabled. It also made person as a depended person on other for everything. People who are affected and their family members have to face many challenges for dementia. Different person has different symptoms according to their personality. Symptoms and signs are seen on the basis of personality and existence of disease among the affected people.



Figure 9: Symptoms of Dementia

Source: Dementia Care at Home: A Guide for Family Caregivers

WHO proclaimed some common symptoms of dementia.

World Health Organization have given the opinion of symptoms-

These symptoms and signs are divided into three types (World Health Organization, 2020)-

Early Stage

There are some general symptoms of early stage. These are following-

- Down the memory
- Tumbling of track or time
- Forgetting the familiar places

Middle Stage

Symptoms have been seen basically in middle stage. It includes-

- Unable to memorize of recent events and known people
- Misleading at home
- Decreasing the communication level with others
- Requiring help from others for personal care
- Changing rapidly in wandering and repeated questioning

Late Stage

There are some symptoms of late stages. These are following:

- Unconscious about the time and disremembering the place
- Unable to identify the friends and unable to distinguish relatives properly
- Unable to fulfil their own need
- cannot walk as a normal person
- Unable to take personal care

- Facing performance changes like aggression

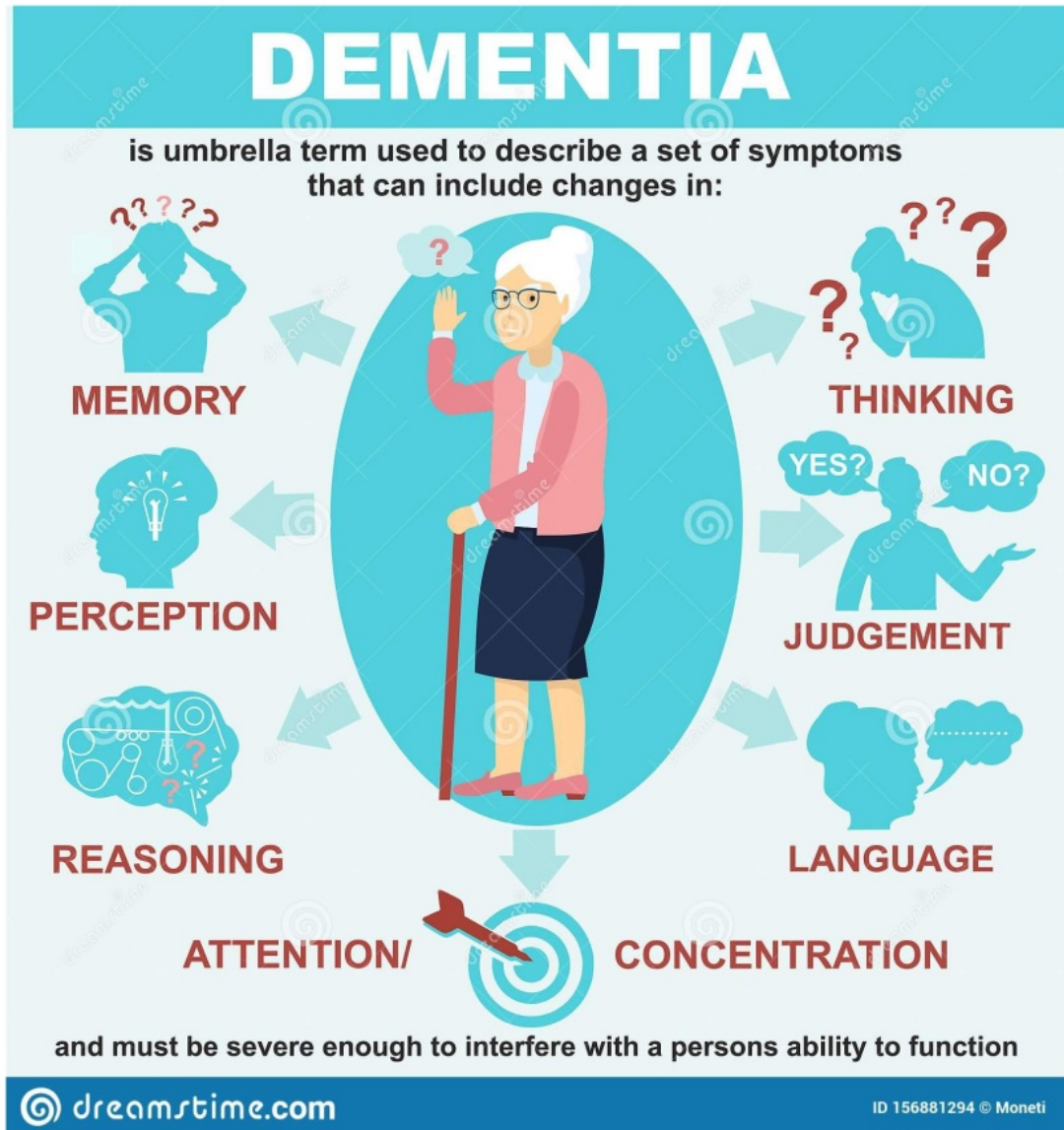


Figure 10: Common Symptoms of Dementia

Source: www.dreamstime.com

3.7 Common Forms of Dementia

Dementia of vascular, lewy bodies, disease of Alzheimer are common forms of dementia (World Health Organization, 2020).

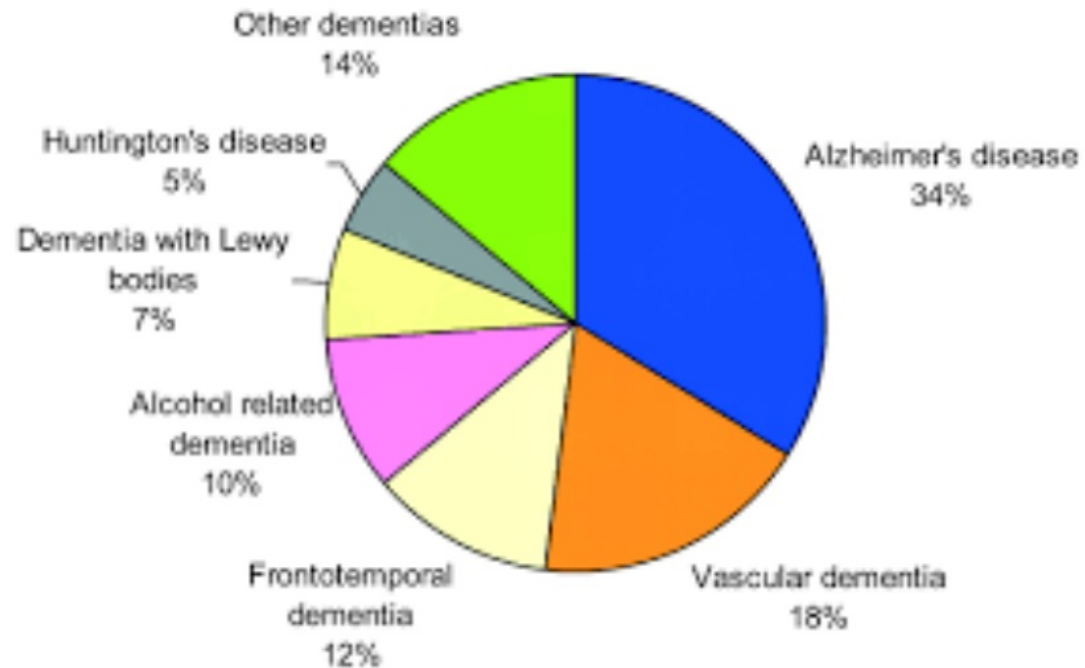


Figure 11: Common Forms of Dementia

Source: Practical Neurolog, 2009

Symptoms have seen dissimilarities among the forms of dementia. Symptoms are following:

- * Loss of memory
- * Unable to complete familiar responsibilities
- * Unable to express their feeling by using language
- * Losing the decision making abilities

- * Variations in behaviour
- * Fluctuations of character

Source: Alzheimer's Association, America

Alzheimer's Association 2021 stated some symptoms of dementia-

- (1) Loss of memory that hampers daily activities;
- (2) Facing Challenges such as organizing and planning for something;
- (3) Facing obstacles to complete daily activities such as manage money;
- (4) Losing the tract of time (forgetting the location of their own home);
- (5) Obstacle to read and write properly;
- (6) Unable to participate in a conversation;
- (7) Misplacing items and unable to complete the steps;
- (8) Facing problems in judgment (providing away money or valuable things to unfamiliar people or organisations);
- (9) Withdrawing them from social activities; and
- (10) Facing personality changing problems such as depressed, anxious, fearful and suspicious problems.

3.8 Impact of Dementia

Economic and Social Impact

A dementia patient required enough care and treatment from hospitals and family. So they need social and economic support.

Effect on Carers and Families

Families and carers of the affected people may fall in vulnerable condition. Families and carers have to tolerate the emotional, physical and financial pressures which created the great stress among the family members and carers. They required health, legal, social and financial support.

Human Rights

Demented people are gradually losing their rights and unable to keep their independences. By considered the appropriate and supportive environment, government have to ensure the treatment and proper care for them.

3.9 Diagnosis

Diagnosis of dementia is a way to provide the treatment or cure among the people with dementia. Some test should be done to research to screening this condition-

- MRI
- Blood Tests (erythrocyte sedimentation rate, liver function tests, glucose)
- Computer Tomography

Other symptom must be diagnosed willingly such as-

- Memory Loss
- Depression
- Urinary Function
- Vitamin Deficiency
- Brain Tumour (Source: Wimo, Guerchet, Claire, Wu, Prina, Winblad, Jönsson,, Liu and Princed, 2017)



Figure 12: Diagnosis of Dementia

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Source: Dementia Care Practice Recommendations for Professionals Working in a Home Setting, Alzheimer's Association

3.10 Modernization and Aging Theory

In developed and developing countries, modernization and Aging Theory has been proclaimed the framework for the older person. Now-a-days “Abandonment” is a common word in the industrial society. It includes the lack of support of family for the elderly person.

Modernization and aging theory also indicates that position of the older person in family is declined and maintained of them are poorer compare to past. People are more westernize now in both developed and developing world.

Burges (1960) described that-

Older people do not get the moral, economic and legal facilities by the children. He is most unimportant person in the world as thinks their family members. Their children prioritized if people fell into any chronic disease then he or she will be admitted into the hospital than provide care at home (Burges, 1960).

Modernization and abandonment concept had become gerent logical debate in the developing world. At first its debate had well known to the people by UNO in 1982 in Vienna as first assembly on ageing.

UNO stated that (1982)-

The traditional care and support of ageing is decreasing day by day. In traditional societies, an old person has got higher position, respect, consideration, status, authority. But influencing of modern society this position of older people is going to be diminished. But it is time to bring the positions of older people (UNO, 1982).

In another word by UNO-

The extended to nuclear family, migration, urbanization and other socio-economic changes are going to diminishing the position of older people. These issues are being taken away them from economic, social and cultural sectors, so traditional issues are going to diminishing (UNO, 1982).

3.11 Conclusion

This chapter describes the concept of dementia; it also describes types, symptoms, diagnosis method of the dementia. Dementia can be made disable the older people in later life. No treatments are available to cure fully dementia.

Chapter Four

Challenges of Dementia: Global and Bangladesh Perspectives

4.1 Introduction

4.2 Present Scenario of Dementia in Bangladesh

4.3 Future Aging in Bangladesh

4.4 Impediments to Diagnosis of People with Dementia

4.5 Treatment and Care

4.6 The Future Challenges of Dementia

4.7 Government and Non-Government Initiatives to Cure Dementia

4.8 Problems to Prevent Dementia

4.9 Conclusion

4.1 Introduction

Now-a-days dementia is the most common issue in the world. Not only developed countries but also developing countries are facing this issue tremendously. Dementia is being damaged the cognitive functions. In Bangladesh a large number of people are affected by dementia.

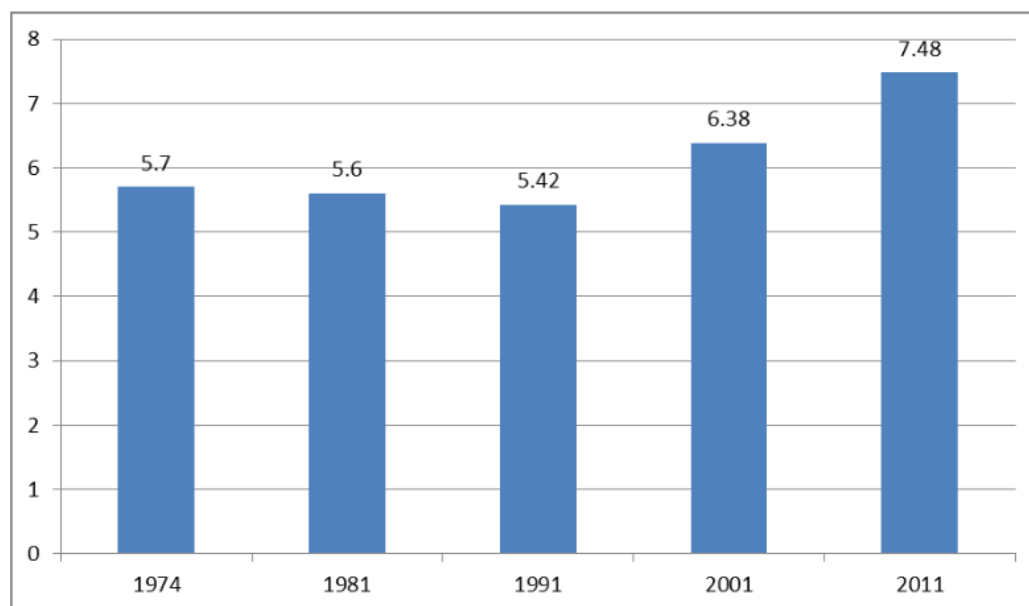
4.2 Present Scenario of Dementia in Bangladesh

Growing rate of ageing is a common picture in the Bangladesh. But support facilities of the older people are very poor. Even support facilities of the older people are decreasing day by day due to huge older population of Bangladesh. Most of the older people welcomed in this situation as a burden and now it is an alarming situation.

Bangladesh is entered in a phase of rapid population. Actually like developed countries, mental and physical problems are increasing day by day in later life and even in near future these problems will be increased. Various researches report has been showed that 12 million people have aged 60 years. Among 12 million people, few thousand older people are suffering from dementia (Barikdar, Ahmed and Lasker, 2016).



Figure 13: Present Scenario of Dementia in Bangladesh
Source: Alzheimer Society of Bangladesh, 2019



4
 Figure 14: Trend in Percentage of Elderly Population in Bangladesh
 Source: Barikdar, Ahmed and Lasker, 2016

The rights of older person have been introduced by the Constitution of Bangladesh. Constitution of Bangladesh has been included ensuring social security as basic necessities by article 15 in section 2. These provisions are education facilities, food and clothing, accommodation, health care. In fiscal year 1997-1998, old age allowance was introduced to ensure social security and socio-economic development for the older people. It is also ensured the dignity of older people within family and community. This allowance is being also improved the mental health facilities through medicate and nutritional support. But treatment of dementia hasn't given anymore. The total budget was 125 million in 1997-98(FY) and 100 taka for per person and total recipient were 40,311. But in 2015-16, per head allowance has been increased by 400 taka and in 2015-16 allocated was 14,400 million among the older people and beneficiary were 3 million. But for the dementia care, there is no allowance from five year plan of Bangladesh Government. Bangladesh has also pension policies for retire government officers to ensure social security on old age.

Bangladesh government introduced many programs, plans which are implementing to ensure the mental health and health care facilities. But at this age, dementia has been attacked among this aged of people. But there is no plan to implement for people with dementia.

Parental Care Act 2013 has been formulated to give guarantee the physical and mental health facilities that children have to take care and provide all required facilities among the older people. But there is no section for demented people.

But in the present time, there are many welfare organizations which are involved in providing services among the older people. Among these some organizations are trying to provide the mental health services, such as ⁵⁵ Retired police Officers Welfare Association (Dhaka), ⁴ Probin Hitoishi Sangha, Bangladesh Association for the Aged and Institute of Geriatric medicine (BAAIGM), Senakalayan Sangstha, Elderly Development Initiative (Manikganj) and so on.

Government, non-government organizations have taken many programmes to ensure the facilities of older people but no facilities are available for older people with dementia.

4.3 Future Aging in Bangladesh

Older people have to face so many problems such as economic, social problems. They have faced challenges because of their ageing problem. In the social context and the lawfully, women haven't got enough money or land from their husband and their fathers family. When they become older they have to depend on their children. This is very common scenario in the Bangladesh. People don't respect the elderly people.

In Bangladesh traditional pattern have changed due to changing of norms and values of families to the older people. For this reason, older people have to suffer so many problems. They haven't got enough social respects from the community. They have to face accommodation problem also. Older people are suffering many kinds of problems

like diabetes, asthma, high blood pressure, malnutrition, body pain, lack of calcium, joint pain and obesity and so on. Dementia is also a disease like these diseases but people are not aware of this. Even dementia is a common disease but people are totally unaware of this. In these situation people need care and need hospitalization but family members are reluctant to give these facilities.

In 20th century pattern of Bangladesh population age is young but entering the 21st century the intermediate level of ageing is introduced. In 21st period between fresh and old ratio will be increased according to the tendency of growth of aged population rate. Half of the population will be 40 at the end of the 21st century. By 2031 century, amount of older people will be increased. This situation has been confirmed that Bangladesh will be an aged nation but economic growth mayn't rich and socio-economic condition will be worst.

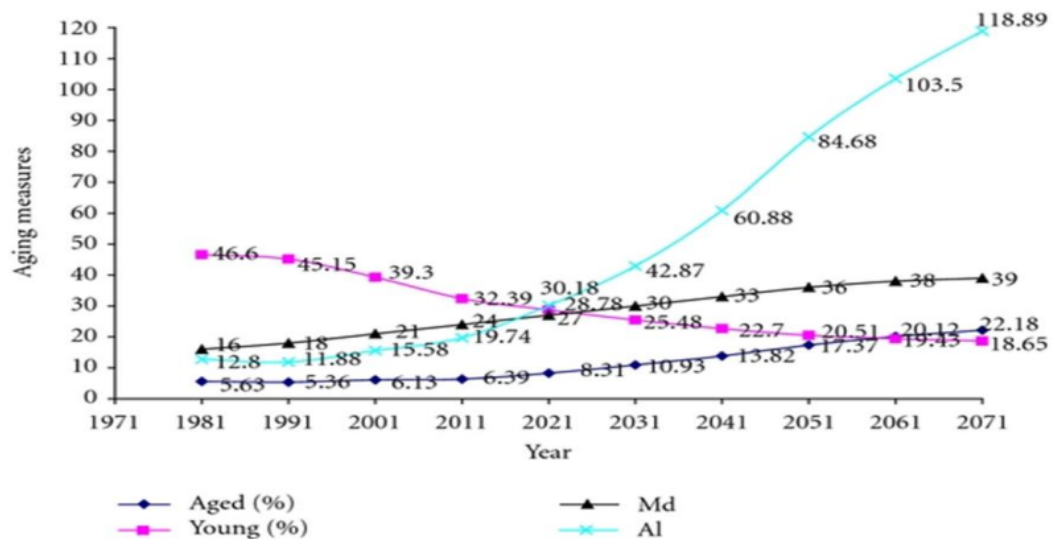


Figure 15: Aging Measurement in Bangladesh

Source: Aging Measures of Bangladesh Population, 1981–2071

Older people are suffering from many mental disturbances because I think in every stage of life when they are reached in old age, they cannot receive required support from family, community and government.

4.4 Impediments to Diagnosis of People with Dementia

To diagnosis the dementia, there are so many reasons which are responsible to create problems. These are given below:

- i) Lack of health related knowledge
- ii) Inadequate health maintenance services
- iii) Ignorance attitude to the people of dementia

People cannot diagnosis and cannot get requiring treatment or services because they cannot identify between cognitive, behavioural or physical signs and diseases. People cannot get proper care and treatment due to lack of awareness. Even this type of ignorance is exists among the educated people and professionals. So professionals are unable to diagnosis dementia for limited information about dementia.

Sometimes diagnosis might have not possible. People have common opinion that about dementia it is a common condition for older people. People are deprived of receiving treatment due to knowledge of this disease.

People always like to belief traditional practices in every stage in life and even in problem solving process they may apply the traditional belief and practices in Bangladesh.

4.5 Treatment and Care

Actually there is no specific treatment to diminish the dementia. Primarily there are so many investigations have been done to give treatment but these weren't successful to

cure dementia. Some initiatives have taken to give support of the older people with dementia. Some cares among them are given below:

- Providing best management for demented person
- Enhancing the cognition activity, physical health
- Identifying the physical other problems
- Diagnosis behavioural and psycho-social obstacles
- Providing knowledge, support, care to caregiver, families and communities



3

Figure 16: Treatment and Care for Older with Dementia

Source: Alzheimer's Disease International, London, 2014

Drug treatments can be effective for older people. If anyone affected by type of Alzheimer dementia, cholinesterase inhibitors can slow progression. But these treatments are not effective for everyone. Effective management of hypertension is suitable for people with vascular dementia and vitamin replacement is also effective to toxic

dementias. To alleviate the dementias symptoms psychotropic drugs can be useful strategy. This therapy may decrease the disturbance of sleep and perception of mood changes.

Actually practical and emotional support are effective than drug treatments. Some treatments are common, as following:

- Giving proper treatment besides raising awareness dementia may be prevented;
- Taking good care of body and mind;
- Eating healthy diet, avoid smoking or alcohol;
- Drinking loads of water;
- Exercising regularly;
- Developing reading habits;
- Keeping the brain in engaged;
- Pursuing hobbies that make people happy;
- Prohibiting the negligence;
- Managing the proper attention.

Source: Suzanne, Sam, Kallmye and Zimmerman, 2018

2018 DEMENTIA CARE PRACTICE RECOMMENDATIONS



alzheimer's  association®

Figure 17: Dementia Care Practice Recommendations

Source: Suzanne, Sam, Kallmye and Zimmerman, 2018

4.6 The Future Challenges of Dementia

With increasing the rate of growth of the older people dementia patients are increasing also. It is now a global issue. By eradicating brain diseases dementia can be controlled in largely.

There is very little consciousness and familiarity regarding dementia among the people of Bangladesh. Because of stigma people haven't got proper care and most of the cases they

have remained isolated. The country is being faced a big challenge. Everyone should come forward to address this issue. Regarding awareness of dementia is still low in Bangladesh. This is a country of young generation but when this younger people will be older some diseases like dementia may affect them.

Dementia is a public health issue and it is a burning and challenging concern not only in the global people but also in the developing countries like Bangladesh. They have become the social and economic burden and it creates negative effects on their family members or caregivers. Dementia has no topographical, economic, collective, cultural boundaries. Actually dementia affects by behaviour, emotion memory and thinking.



Figure 18: Good Care can Improve Quality of Life

Source: Haque, Rahamn and Haque, 2018

There is a common allegory that dementia happens only to older people but it happens to all ages of people. Dementia doesn't follow rules; it doesn't know any religion, power or money. It can be happened to anyone that may be an age group, may be genetic line (Alzheimer's Disease International, London, November 2014).

Appropriate treatment, care and compassionate can recover the life of demented people. Better recognition and enclosure of demented people with families and relatives can cure dementia. By these process other physical difficulties can be removed and ensure the better life of demented people and their family members.

⁵
Fundamentals of an Action Proposal to Diminish the Limitations of Dementia

An action proposal can be alleviated the challenges of dementia. Some initiatives like policies, social attachment, care, plan, chains of actions are the action proposal to diminish the dementia.

General Strategies must be accepted towards Dementia

National strategies revealed that in 2005, there are 29 countries where dementia has been familiarized. WHO has been developed a universal plan to diminish dementia. Pan American health organization has been published a first regional strategy to diminish dementia in 2015.

There are some initiatives to cure dementia such as general plan for dementia, complement the worldwide strategies, allocate the financial assistances, confirm the use of capital, organize additional asset.

As a first step, national dementia plan has been approved in many countries. In this report some issues has been added like that-

- Dementia types
- Risk factors

- Comorbid disorders
- Relaxing methods
- Maintenance structure

I think doing research is essential to create asset and protective factors relevant to dementia so that health facilities, maternal issues, nutrients education, vaccines should be ensured. Besides smoking, poor housing, poor diet, overweight must be abolished from the life of every person.

4.7 Government and Non-Government Initiatives to Cure Dementia

Dementia affects all cognitive activities such as orientation, memory, learning capacity, thinking, judgement, language and other various functions.

Help Age International is a non-governmental organisation which works with older people to help improve their quality of life.

There are 47.5 million demented people in worldwide (World Health Organization, 2018). Every year 7.7 million people are added with this amount (World Health Organization, 2018). The WHO identified dementia is a public issue (World Health Organization, 2018).

According to the WHO-

In 2018, 14,340 dementia patients were died which was 1.85% of total death (World Health Organization, 2018).

It is predictable that 35% males and 65% females are suffering from dementia. The situation will be worsening due to an increase of isolation and loneliness in the society.

Therefore understanding dementia as a disease and dementia care is needed for giving provision for demented people and family members as well as caregivers.

Every 3 seconds an older person with dementia is being added in world population (Alzheimer's Association report, America 2019). Presently around 50 million people are affected with dementia in globally among these 62% are in developing countries but by 2050 this will increase to 68% (Alzheimer's Association report, America, 2019).

The first explosion of dementia was in the Asia Pacific which was published. Then initiatives were announced which were country based and specific countries were introduced specific policy, plan. Finally Asia Pacific Regional Office (APRO) was established based on 18 countries membership in 2013 and Alzheimer's disease International (ADI) was also introduced to provide the dementia care. APRO is basically based on Singapore.

In December 2013, Asia Pacific Regional meeting was being arranged in Hong Kong. Then this organization introduced some recommendations, such as-

- i) Providing information for administrators
- ii) Building awareness among the people to eradicate the stigma towards dementia
- iii) Giving information about the plan, care, strategies for reducing dementia (Alzheimer's disease International, 2014).

There are 18 members which consists of ADI in Asia pacific region, Bangladesh is one the members of this organization (Alzheimer's Disease International report, 2013).

Government have to formulate policy and implement the plan to ensure adequate treatment and services for demented person (Alzheimer's disease International report, 2005). Amount of older people is increasing and, as a result, dementia is an emerging issue in palliative care (Biswas, 2015).

There is a workshop which has arranged for raising awareness among the people with dementia, such as-

- Increasing awareness and raising awareness among the people to acquire knowledge about dementia,
- Focusing on the needs of older people
- Examining the tasks for demented people
- Ensuring the comforting maintenance for people who are affected by dementia

There are many institutions which are providing services for demented people such as national institute of neuroscience have provided knowledge; mental health related departments are being provided therapeutic care; Bangladesh Probin Hitoishi Sanga provides medical services and so on. These institutions are being provided awareness programme among the people and caregivers (Alzheimer's disease International Report, 2014).

Bangladesh Dementia Action Alliance Foundation (BDAAF) has provided services to diminish dementia.

Among the people of dementia, depression is a common issue and anxiety is also a common issue. Research showed that among the people with dementia one-third have depression and anxiety problems and half of them have Alzheimer's dementia.

In developing countries, depression has been seen in later life among the older people in most of the cases. Specialists cannot find the actual cause of dementia but they identified one thinks that increase the stress hormone in the human body can occur with depression which damaged the long-term memories.

It is find out that psychotherapy is a way to back memory of demented people. To decrease dementia, harmful feelings have to diminish and positive feeling have to grow up among the demented people.

Psychiatrists and geriatricians are managing many services for diminishing cognitive difficulties and they are giving psychotherapy also.

Government take initiatives to provide facilities among the people of dementia. On the basis of self-financing some services is being gone.

In 42 areas of Bangladesh, some services towards older people are being provided. Government allots amount of budget for older people but in this dementia has not found prioritized. Government have taken initiatives to provide mental health services.

World Health Organization considered that dementia becomes a international health issue. An international assemble has been arranged in 2017 to reduce dementia by making a world-wide action policy. There are many international organizations and delegates of the various countries have been participated in this assembly.

World Health Organization, 2020 recommended following issues-

- Dementia regarded as a public health issues
- Raising awareness among the people
- Ensure friendly environment for demented people
- Decreasing the risk factors of dementia
- Diagnosis should be ensured
- Treatment have to confirm
- Care should be provided
- Information systems for dementia;
- Arrange seminar and do the research with dementia issues (World Health Organization, 2020)

4.8 Problems to Prevent Dementia

Now-a-days guaranteeing the better quality of dementia care is difficult due to sufficient knowledge of dementia care. Misunderstanding opinions of dementia care, lack of knowledge, insufficient knowledge of dementia are responsible of misdiagnosis, unsatisfactory care and late misdiagnosis of dementia.

A recent review of the literature relating to college students knowledge of dementia showed that lower knowledge of dementia care is responsible for the causes of dementia. For example medical students got higher scores on disease assessment, nursing students had positive attitude than other university students. Increasing time spent in dementia linked coursework is connected with the increasing knowledge of dementia. Limited diagnosis of dementia is responsible for increasing the dementia care.

Inadequate appearance of health issues is a common problem. There is no concept for dementia and there are no specific cure methods of dementia. There are many problems such as inadequate numbers of personal and community facilities, excess cost of medical services and long term process for appointments are general obstacles. Sometimes older people who have dementia they have to travel long distance then he or she lost the interest to diagnosis of their diseases and they have to deprive from the treatment. Even in the transportation they have no extra facilities for their physical limitations. Another problem is the carer of the dementia people fair to give services because there is no effective treatment of dementia which has introduced to provide the services among the dementias. Expensive drug is also a cause of reluctant to receive the treatment of dementia. Sometimes on the basis of their condition they have to stay in hospital, but due to their economic condition they're unable to continue their treatment.

One of the most common barriers in the worldwide of diagnosis of dementia is social stigma. For this demented person and their families have to suffer in most of the cases. Most of the people have wrong perception and opinion of dementia and it is common condition in poor regions because they are unable to fulfil their basic needs.

Neglect, various abused (physical and mental), loss of respect of their family members, shortage of resources, lack of treatment and care are the common problems among the older people who are affected with dementia. Sometimes Caregiver shows negative attitude to the people of dementia. Another issue is that older people are neglected in the

worldwide and older people with dementia are facing more negative attitudes from the family and community. Poor access of healthcare is another cause of deprivation of treatment of dementia.

No one give preference on the impact of treatment among the patients, caregiver and health professionals. Sometimes their family members haven't given preference on the treatment because they think that these types of behavioural change and cognitive changes are common of the older age and they treat this as normal change and normal behaviour of this stage of age. Most of the cases of dementia have seen that especially marital breakdown people, suicide tendency and depressed people are affected by dementia. Sometimes they haven't any treatment and services towards dementia for the spiritual and religious beliefs, superstition and so on.

Discrimination and exclusion is a common criterion of the condition of dementia people. So allocation of research fund has to increase for increasing treatment facilities, clinical investigation, biomedical investigation and the change the health care systems and research should be done for presenting the effective pharmaceutical treatment.

Investments should be increased to manage the supporting knowledge, support the unique population who are poor, deprived of their basic needs and those are living in the rural and remote areas are basically deprived of their basic needs.

The psychological and behavioural changes of dementia patient have to give extra attention to ensure the quality of life and give extra care also on their caregiver, family members. Their treatment procedure has to very much institutionalize by giving therapy as dementia patient is needed.

Risk factors are different from communities to communities because they have different culture. But treatment is common for the all types of dementia patients. This is a big problem of providing services of the dementia patient. So it can be said that suitable

effective preventive and health strategy should be introduced within the health policy and medical, psychological, environmental and social support have to provide dementia patient and their caregivers.

Shortage of risk reduction of the treatment procedure of dementia is another obstacle to provide the treatment facilities. Lack of public support is another problem to give the treatment of the dementia. Risk reduction minimizes the problems such as obesity, smoking, depression, diabetes, high calorie diets, HIV related dementia. Even risk reduction strategy can minimize trauma, malnutrition, illiteracy, tension and physical inactivity problems which are responsible to develop dementia in the older age.

The WHO has been launched a plan for demented people in 2013-2020. Limited education, children malnutrition is also responsible to develop the dementia.

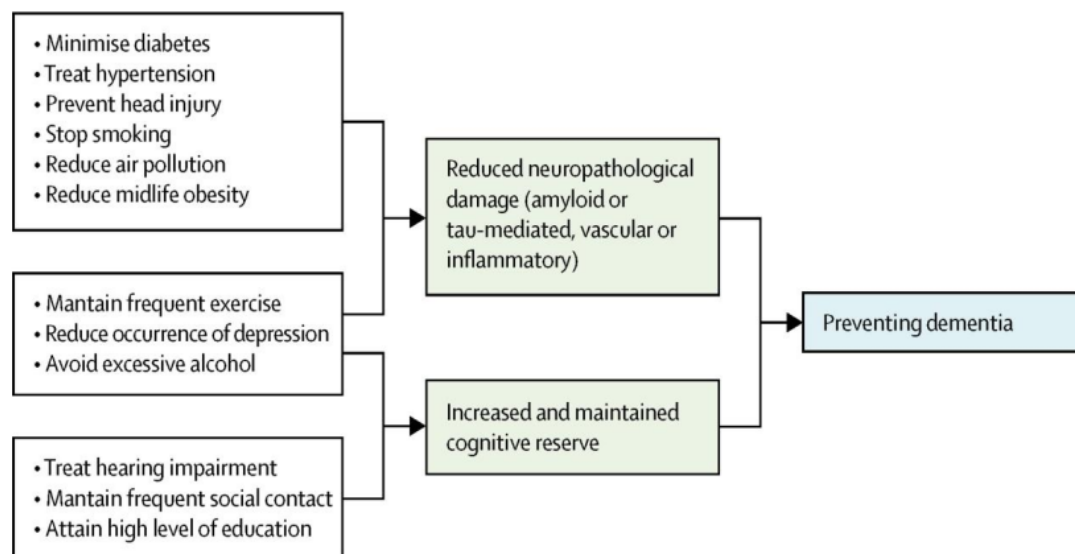


Figure 19: Different Ways to Prevent Dementia

Source: Alzheimer Disease International retrieved from alzint.org

4.9 Conclusion

This chapter describes the present scenario of dementia in Bangladesh; it also describes the obstacles to diagnosis of dementia, treatment and care of dementia, challenges of dementia; initiatives by government and non-government organizations for older people with dementia and existing problems which is considered as impediment to cure fully dementia. By raising public awareness towards dementia and understanding the factors which are responsible for increasing the risk of dementia can be decreased the number of people with dementia.

Chapter Five

Methodology

5.1 Introduction

5.2 Main Method

5.3 ⁹ Area of the Study

5.4 Population and Unit of the Study

5.5 Sampling Techniques

5.6 Sources and Techniques of Data Collection

5.7 Semi-Structured Interview Guideline

5.8 Analysis and Interpretation of Data

5.9 Validity and Reliability

5.10 Ethical Consideration of the Study

5.11 Conclusion

5.1 Introduction

This research has been given emphasis on situation of older people who are affected by dementia. For this dissertation I have selected qualitative research approach. The main source of this study is literature review. Literature has been reviewed by using different hard sources and online libraries. This chapter has been presented the explanation of the research methodology of my study. I have given explanation every pros and cons of my study in this chapter. I have used purposive sampling to collect data and I have chosen case study method. In this chapter I have also presented how I have taken interview and which ethical consideration is being followed by me. I have also revealed in this chapter how I have used validity and reliability in my study. This chapter have been explained the method adopted by this research. This chapter have been mentioned every component of the sampling techniques which is used for the interview.

5.2 Main Method

According to the aims and objectives of my study qualitative approach has been selected by me as qualitative data is richer and is generally grounded in a subjective perspective. Case study method has been used as a main method to conduct my research.

Shank (2002) said about qualitative research is that, it is a one kind enquiry which is identified the meaning of research.

Denzin and Linclon (2005) said that research methodology is clarified by research question. There are two research styles in social research- one is qualitative and other is quantitative.

Qualitative research deign is the one kind of explanation of social phenomena. This design has been given explanation of the social phenomena. It deals with the opinion, practices, skills and feelings of the specific subject. Usually, there are six types of

qualitative research. Those are the narrative model, historical method, case study method, phenomenological model, ethnographic model, grounded theory model.

Denzin and Lincoln (2000) claimed that qualitative approach is a natural approach. It has own ordinary setting, made a sense and interpreting the phenomena to bring real things.

In the present study qualitative approach has been used in nature to investigate the research phenomenon in a desired way, I have been able to disclose my respondents experience, feelings and thoughts.

5.3 Area of the study

In a research, selection of the study area is very important stage. The part of different areas prioritizing ²⁹ Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka ⁵⁴ Medical College Hospital, Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM), others different hospitals, old home of Dhaka city of Bangladesh have been selected as areas of the present study.

5.4 Population and Unit of the Study

In the research area, all the older people of age group 60 and above with dementia have been considered as population for this study and each of them have been considered as unit of analysis..

5.5 Sampling Techniques

Purposive technique is applied to select the sample of the study so that respondents were expressed their opinion in an easy way. To draw a purposive sample first I have set my mind in specific perspectives to observe and seek out thesis participants to cover my full range of perspectives.

I have used purposive sampling to apprentice my respondents so that they could provide in-depth and detailed information which I needed. It is highly subjective and determined criteria which have helped me to collect data from the participants.

5.6 Sources of Data and Techniques of Data Collection

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From both primary and secondary sources, data is being collected by me. Source of primary data is my respondents (older people with dementia). A semi-structured interview schedule has been prepared by me for data collection. It is a close and open ended interview schedule. I have applied observation technique to collect data from my respondents. Their verbal expression and emotional status have been also observed on that time of interview.

The source of secondary data is research paper, daily newspaper, web information, government reports, official statistics, different national and international journals which are relevant to dementia with older people.

5.7 Semi-Structured Interview Guideline

Data have been collected through in-depth interviews in my study and I have been used semi-structured interview schedule to collect data from my respondents. Semi-structured interview method is completely a planned interview so that I have made a friendly relationship with my respondents. I have collected actual opinion about their problems as well as I have collected detailed notes of their situation by this method. I have explored their expression, feelings and thoughts with their problems. I have arranged an interview to gather information about them. I have also explored the sensitive issues such as their conjugal life issues, economic and family bonding issues follow the ethical consideration so that I have able to collect reliable data from the respondents.

To complete my interview session, at first I have written down what I wanted to obtain from the participants which will be being helped to collect data. Then I have set a

schedule from my study area to collect data. I have used my interview schedule to collect data properly and then all of the information has been recorded to analysis the data.

The case study method has been helped me to clarify the data so that the opinion of my respondents has been presented clearly in my report. In this way I have built rapport with my respondents and I have acquired trust of my respondents. So my respondents and their family members could be shared their experience in a positive environment. To conduct the present study, semi structured interview schedule was very useful methods to keep the interviewers thought on a particular way as it helps to express the conceptions on the particular topic in more detail. It was the most suitable method for answering my research questions in this particular topic. It allowed me focused, conversational, two-way communication and to receive reliable, comparable qualitative data.

5.8 Analysis and Interpretation of Data

To analyse the data I have done some procedures such as collecting, transforming, cleaning and modelling data to discover the unknown information. Attaining results have been communicated, suggested conclusions and supported decision-making. Qualitative analysis is very time-consuming and demanding process. Qualitative data is consisting of words and observations, not numbers. I have done analysis and interpretation to bring order and understanding of my data.

Neuman and Kreuger (2003) stated that qualitative approach is not a form of calculation and numbers it has analysed the qualitative data. So I have analysed my data according to concepts of my study, themes of my study. Then I have been checked and organized the information which has given my respondents. Therefore, I have identified the differences inconsistency and consistency of data.

Recorded words were written out to understand the respondent's exact and actual view. Obtained information was organized in different ways according to the objectives.

Findings of my study have been presented in six, seven and eight chapters.

5.9 Validity and Reliability

Validity

I have used two criteria of validity in my study which have helped me to ensure the qualitative inquiry such as differentiation and explication as a primary criteria and demonstration of credibility, authenticity, integrity, vividness as a secondary criteria. By these criteria I have able to add appropriateness of the tools, data and process in my study. I have found actual results of my study by validity. To validate my study, I have used four aspects of trustworthiness such as steadiness, real values, impartiality and applicability. By these I am able to recognize the behaviour pattern of my respondents.

As a result, I have encountered many difficulties during the data collection. I have used some methods to increase validity of my research such as 1st triangulation (of investigators), 2nd triangulation of (source, theories); well documented check trial of materials and processes, multidimensional analysis, respondent's verification. To validate my study, I have investigated, theorized of my data and it has been ensured the qualitative inquiry. I have tried to validate my study by maintaining prolong engagement and persistent observation of my respondents and I have built up rapport to my respondents.

Reliability

I have used reliability to find out the exact results of my study. By designing the data, evaluating and analysis the findings and arbitrating the standard of my study; I have ensured reliability in my study. Reliability has been helped me to ensure the analytical procedures of my study.

5.10 Ethical Consideration of the Study

I think in qualitative research ethical consideration is very much crucial. I have followed several ethical considerations to conduct my research in an appropriate manner. The participants have willingly participated in the interview session. I have kept anonymous of my respondent's identity. Their family members have helped a lot to collect the data. In this study I have acquired trust of my respondents that their information will remain confidential. I have followed some basic aspects of ethical consideration such as building trust and confidentiality with the respondents, knowing the local culture of the respondents. I have also followed ethical issues in data collection, data processing, data analysis. I have taken six interviews in separately and this has been arranged a quiet place. I have taken interviewed without any type of influencing of my respondents. I was also aware of the different cultures of the different participants. Through semi-structured interview I have taken interview and respondents have answered all of my questions. I have also record their consent to record the interview. I have given best priority of my six cases on keep their dignity so that they could easily give the information for my study. I have tried to avoid to deception and exaggeration. In my interview session I have taken interview with honesty and transparency. My respondents have provided explicit, active and singed consent. To rapport build up firstly I have gave my identity, my intent of the research so that they could give the information without any hesitation. In my study, the participants and their family members participated in interview session willingly, I haven't given force on my respondents to participate in my interview session. I explained of my purpose and process of my study with my respondents. I have given option to my respondents that they can stop and withdraw the interview session. I have faced ethical challenges in all stages of the study, from designing to reporting. I have used different ethical strategies like that anonymity, keep information in confidential way.

The following are some basic aspects of ethical consideration which have been used in my study:

- To follow ethical concerns in data collection
- To obey ethical concerns in data processing
- To maintain ethical issues in data analysing
- To maintain confidentiality
- To provide security
- To avoid deception

As a student of social welfare, I followed the ethics that are mentioned in the code of ethics of social work. Interviewers' interest, prosperity and willing have to give priority to achieve the result of the study.

5.11 Conclusion

This chapter focuses on main method, ⁹ area of the study, population and unit of the study. It also presents the sampling techniques which I have used in my study to collect data from the respondents. This chapter describes the sources and techniques which I have used in my study. Then it focuses on interview guideline and presents the ethical consideration which I have maintained during my data collection.

Chapter Six

Findings (Presentation of Data)

6.1 Introduction

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6.2 Case 1

6.3 Case 2

6.4 Case 3

6.5 Case 4

6.6 Case 5

6.7 Case 6

6.8 Conclusion

6.1 Introduction

Case Study is a mostly using research method. It has been used mostly in fields of psychology, social welfare, sociology, anthropology, political science and so on. It is a complete study of a specific subject such as a person, place, event, group, community, organization or phenomenon. Basically it usually used in qualitative research. To acquire actual appropriate in-depth knowledge about a specific subject of my research, I used case study is as an appropriate research design. It explores the key characteristics, meaning and implication of my cases. I think it is a good choice for my dissertation. Case study has been largely used in social sciences especially in practice based fields such as social work. There are six case studies in my dissertation which have done for identifying the problems of participants.

6.2 Case 1

‘A’ is a 60 years old who lives with his wife. According to his wife, he has a one son and one daughter. His education level is very poor, he is an illiterate. He came from Kotalipara, Gopalganj. His wife is a 49 years old. His son is studying with B.S.C in one of the college of Gopalganj. His daughter is a student of one of another college of Gopalganj. His religion is Islam. He was diagnosis with dementia 2 years ago from Dhaka Medical College and Hospital. Before diagnosis dementia, he got lost and sometimes picked up to the home at that he was messy and shabby. Usually he failed to recall his children’s name.

Although he is a dementia patient he is still working as a caretaker of agriculture farm. But his salary is very poor. His son does the tuition to continue his study. His daughter does the same thing. So the economic condition of the ‘A’ is not good. His monthly income is not enough to fulfil their basic requirements. Sometimes his relatives give money to him to fill up the basic need or educational requirements.

At first he came to know about dementia from Dhaka medical college and hospital. From 2 years ago, one day he got heart attack. Then his son admitted to the Dhaka Medical. On that time his family know about the dementia. He is in the first stage of dementia. Sometimes he forgot his own name, address and so on.

He has taken admission for his uncontrolled sugar level in the hospital and he has heart disease also. 'A' is gradually decreasing his patience and tolerance as well as his behaviour is negative, hostile, impulsive or slow to respond. His wife said that-

"He can't follow the conversation and he can't answer properly."

Sometimes he cannot move easily. He need take care and rest. But he had to work hard because of his economic condition of his family.

He said that,

"I can't take rest because I have to work; my economic condition is not good. Allah gives disease, no need of treatment and it will be fine after some days."

His son and daughter are very busy with their education. His wife is also working in the house. She cultivates the vegetables and carries out the pet animals. So she always busy with her work. He seems to be more social as he has a good relation with his relatives. He is very much amicable and affable. Sometimes he visits their relatives' house and sometimes he communicates with them by phone. His relatives and neighbour sometimes invites him to attend the social functions. He has no recreational facilities. As he is so poor he has no capacity to buy any instrument of recreation. He has a good relation with her neighbours. He passes her leisure time with her neighbours. But most of the time he remains very busy with his work, actually ha have no leisure time.

'A' with his wife and two children are staying in his own home. They stay in a small house. They stay in a house that is not neat and clean. In the meantime sufficient light and breath is not available in their house. Proper sanitation and toilet facilities aren't remained here.

Now his health condition is good because he have maintained the doctor's advice and rules and regulations. Now he feels better from before. Respondent said that-

"My son and wife made my life happy."

But for poverty he cannot eat healthy food so he has caught by malnutrition. He is suffering from various diseases. He cannot also get the good service from the doctor for poverty. Sometimes he feels lonely and depressed. He has sleeping disturbance also. But he is able to handle his daily work. He has received some services from government hospitals to prevent his various diseases and dementia; it is not enough for him. Now he is following these rules. But he is not happy with these services. He needs counselling also. He deserves more services, free medicine from the government. His son said that-

"I think he needs long term care and he needs proper treatment to prevent dementia."

6.3 Case 2

'B' is 62 years old. He has come into hospital with his brother for fever. On that time 'B' know about the dementia. He has possible cognitive impairment. He cannot take food properly.

He is in early stage of dementia. So he is comparatively normal and he has a good memory. He has some difficulty in language, decision making and judgement.

Sometimes he cannot complete his daily activities. He forgot how to cook and how to manage money.

Respondent stated that-

"I have physical difficulties and I can't use toilet properly. I can't collect water from tube well and I have to face difficulties to get up from bed. I need support from others but sometimes when I call them to help me, usually they delay to response. It becomes worse when I need to go toilet."

Sometimes he became aggressive, uncooperative and unpredictable. He got into with hallucinations and delusions. His brother is also with him. So he got these points why his behaviour was gradually changing.

His brother said that-

"My brother was leading a happy life but because of dementia, he cannot memorize everything about his past memories, sometimes he cannot memorize his name."

He is married but separated. His education level is not satisfied. He can read and write only. He has no family members. He has a one servant. He does not communicate with his wife. His wife married again. Actually he has an own house in Dhaka which house is

his father's house. On that house in another flat his one of his brother and brother in son are living there. Sometimes they asked to his health condition. But he is unable to recognize them.

'B' is staying in his own house. He gives the house rent. He is staying in a building, that the house is neat and clean. In the meantime sufficient light and breath is available in their house. Proper sanitation and toilet facilities are remained here. His servants stated that-

"He is in depression because he has no child."

His economic condition is good. He gets the house rent. His monthly income is taka 20,000. But because of dementia, he cannot memorize properly of his past life. So he cannot lead a happy life. He holds a good social status. Now he is mentally upset and he is depressed.

In his house television and other recreational facilities like internet (Wi-Fi) are available. Sometimes he enjoys different types of programs on television and sometimes he does face booking. But most of the time he forgets to how he does face booking. His neighbours are very well. When he is invited form their relatives and neighbours, he cannot response them properly.

He has recently known about dementia. So he cannot understand how he will cope with this disease. He need take care of their relatives but because of modernization everyone is busy with his work. He has to live with servants. Hospitals facilities are not enough to take care of him and he is not satisfied to this facilities.

6.4 Case 3

'C' lives at Jatrabari. He is an illiterate. He is 60 years old. He is married and he has one son. His wife is housewife and she is 55 years old. His son is a driver. His monthly income is 15000 taka. He has attacked by different kinds of old age diseases. He caught by diabetes from 20 years ago. He has many other diseases. Now he has no work but he gets house rent money. So he has no economic problems. He can fulfil his basic needs. Sometimes his son gives money to him. But nowadays he cannot keep his money; he cannot do his daily activities. He forgot most of the things what had to do. He attacked by dementia. At first his family knew about dementia by the doctor. One day his diabetes has been grown up and blood pressure is being also uncontrolled. He could not breathe properly. His son and wife called the ambulance and took him to hospital. Then doctors did some medical test. On that time he and his family knew about the dementia. Then his family members made out that why he forgot everything and why he did same work in repeat way. His wife said that-

"He is always making me confused. He uses less words to express his feeling."

He cannot do any household chores. But his family members helped in every situation. He has depression and weakness also. He cannot walk properly. Sometimes he cannot memorize his name, his address and his father's, mother's name. Even he cannot memorize that he has one son also. Always he looks at the face of his wife and his son.

His wife stated that-

"He requires help to do his personal care and he has difficulties to walk properly. Sometimes he can't remember what he said a few minutes ago. He is unable to recall the common words which he mostly used in his past. He can't even remember his favourite TV show and can't remember his favourite rules of game. Even day by day he is going to be violent also."

Sometimes relatives have come to see him. But he cannot recognize them. Now he need rest and take care but his wife and son always with different kinds of work. They are always busy with face book. They have no time to take care of him. He cannot visit his relative's house. Sometimes he can memorize his past life information. His family provides him proper medicine, pocket money. Most of the time he is sleeping and moving one place to another place. One day he was missed. He felt lonely. His wife also said that-

“He needs treatment from professional doctor and he needs also a caregiver who can understand his behaviour and he will be able to give proper care to prevent the dementia.”

But he cannot get enough services to prevent dementia. He does not get any facilities from the government to prevent dementia. His family is not satisfied with the services of dementia.

6.5 Case 4

'D' is 70 years old. Last month, he took admission in the Dhaka Medical College Hospital because he was laid in the toilet. His leg is being fractured. When he came into hospital, he diagnosed as a heart disease and he has dementia. He has been residing in rent home in Barishal for 70 years. He is unmarried. He is residing with his two sisters and one brother. He is not well educated. He maintains his own life by house rent money. He has an economic problem. Respondent said that-

"I couldn't work for the last 6-7 years. I am unable to work because of my physical problems and diseases. Sometimes I need support from my sister and brother. I am not in a sound health condition."

He has affected by Alzheimer's disease. He has diabetes and he use insulin. He has high cholesterol and his triglyceride is also high. He always needs help to other people to assist him to manage his tasks. He can walk slowly for short distances.

He needs someone to prepare his food. He needs a help from others for taking medicine. His sister gives his insulin, it's a daily activities.

Participant said that-

"I need support to complete my daily activities but my family members neglect me. My family members can't support as I demand."

Doctors said that he needs rest and special care. He also needs a professional and trained caregiver to take care of him.

His brother and sisters always take care of him. But it is not enough for him. His neighbours also take care of him. Sometimes he visits with his sisters to other relatives'

house. He communicates to his relatives by phone. Sometimes he and his sisters attend in different kinds of social function.

In leisure time he watched TV. But most of the time he spends his time by reading Quran, hadith and pray his prayer.

Therefore he doesn't obey any rules and regulations which have given by doctor to continue his treatment. His sister said that-

“He is required more services from government to lead a happy life.”

6.6 Case 5

'E' is a 60 years old. She is a lady and he lives with his family. Her education level is very poor. According to E's husband-

"They have two sons and one daughter. She could recall everything. She liked to travel. But after sometimes she started to forget about her past life. After that doctor provided some medical test then she was diagnosed with dementia from 6 years ago. Gradually she is forgetting everything."

E's Husband stated that-

"She can't memorize her address. She has become confused with time and place. She always missed doctor's appointments. She is unable to recall her son's and daughter's name."

Her husband also stated that-

"I have taken appointments from a psychological centre. She is taking treatment from this."

She needs always support of her husband. Even sometimes she cannot complete her daily activities such as cooking, taking medicine, using toilet. She has a sleeping disturbance and she is suffering from depression. Sometimes she behaves roughly with her husband. Her husband is also irritated with her behaviour.

As a result 'E' feels lonely and she has also weakness. Sometimes she visited her relatives' house with her children. She communicates also to her relatives by phone also.

In leisure period he recites the Holy Quran and passing time with neighbours and children. Respondent's said that-

“I am unable to complete my daily chores such as preparing food, handling financial issues. I have to depend on my husband support. But sometimes I can easily do my own work but most of the time I can’t.”

But her children are always busy with mobile phone. They do not give enough time to recover him. She won’t be able to get proper treatment due to poverty.

Respondent stated that...

“I can’t sleep properly in every night. I think it has affected me.”

She is becoming physically and orally violent with her husband day by day. Her husband cannot adjust with her behaviour. Her condition is worsening gradually so that her husband wants to keep her in the hospital. There is currently no cure for dementia. She needs counselling. She requires more medical and social services to cure the dementia. More government and non-government services needed to improve her condition.

6.7 Case 6

'F' lives at Tongi under the district of Gazipur. He is now 62 years old. He have completed by HSC. He married at 22 years old. Father of one son 'F' is now widower. Having enjoyed a conjugal life of 37 years, it has been nearly 5years that his wife died.

He was very diligent in his youth. He used to work from sun rise to sun set. When he is ill, he has to face problems. Because of not having wife, he has none to look after him except his son. But his son is busy, it is his impossible for to look after him much. He has servants who take care of him. He is invited in many occasions and functions. His neighbours respect him very much. Sometimes he Visited relatives' houses with his son. Respondent said that-

"I feel lonely because my family members are always busy with their work."

At first he was diagnosed dementia in a hospital. He has many physical problems.

The loneliness and anxiety of him is also remarkable. He is also weak. He cannot memorize properly of his past life. Respondent said that-

"I have lost my mental abilities; it has spoilt my life,"

He has always worried his son's future. He is passing his days through different kinds of problems. He has been suffering from diabetes and asthma. He sometimes expects death to God observing all these perplexed problems and his own crucial situation. He couldn't continue his treatment because of poverty,

Respondents said that-

"I can't take medicine properly, it is tough to me to complete my medicine course because, I have to depend on my care giver because

my son is always busy and my servant is uneducated, he cannot read of the name of medicine.”

He is always invited by the neighbours in different kinds of social problems. He smokes and is addicted tobacco. He cannot give up this habit even after trying hundreds of time. He says prayers for some times in order to get rid of this problem. In his leisure period he watched TV. He cannot get proper treatment to prevent dementia. He needs more services towards dementia.

6.8 Conclusion

By concluding this chapter it can be said that case study is a method of discovering the unknown things into well-known boundaries. In my study, it has been involved in the documented the history of participants and then it complete the comprehensive analysis of concerning subjects. It let me as a researcher to closely examine the data within a specific subject.

Chapter Seven

Finding and Analysis

7.1 Introduction

A.7.2 Problems of the Older People with Dementia

A1.1. Shortage of Family Income

A1.2. Shortage of Health and Other Services

A1.3. Affected by Chronic Diseases and Indigenous Tradition

A1.4. Lack of Communication Skills for Health Care Professionals

A1.5. Misperception with Time or Place

A1.6. Problems to Understand the Pictorial Things

A1.7. Trouble with Words in Speaking or Writing

A1.8. Removal from Work or Social Actions

A1.9. Variations in Mood and Character

A1.10. Unemployment and Encumbrance

A1.11. More Treatment Cost

A1.12. Difficulties in Resolving Problems and Developing Plan

A1.13 Trouble with Complete the Accustomed Tasks at Home, at Work

A1.14. Unable to Memorize and Down the Capacity to Repeat Stages

A1.15 Poor Judgement

A1.16 Depression

A1.17 Malnutrition

A1.18 Many Other Problems

B.7.3 Preventive Measures

B2.1. Individualize Maintenance

B2.2. Protect People with Dementia

B2.3. Manage Neuropsychiatric Symptoms

B2.4. Awareness Building

B2.5. Social Isolation Need to Prevent

B2.6. Manage Risk Factors

B2.7. Need to Proper Diagnosis

B2.8. Supervision and Carefulness

B2.9. Person-Centred Dementia Care

B2.10. Applicable Precaution

B2.11. Psychosocial Interventions have to Applied

7.4 Conclusion

7.1 Introduction

Bangladesh is going through a phase of rapid demographic aging. Elderly people are suffering many illnesses such as dementia is a new era in the world. It declined the cognitive abilities like decision making, thinking and learning abilities. Now it is an international issue. Gradually, the issue became prominent and come to the forefront from behind the screen. The more the society is developed the more focus on such issues are became get preference. This chapter presented the findings and analysis of the data of my study.

Review of Findings

I have collected information from my six cases through in-depth interview.

I have used a in-depth interview which is allowed me to get adequate answer to complex questions helped uncover relevant information needed for the study. For effective analysis I have designed two categories of my information. One category is problems which are faced by my respondents who are affected by dementia on the impact of modernization.

7.2 Problems of Older People with Dementia

Problems are many among the older people with dementia. My respondents are not except from others. These are given below:

A1.1. Shortage of Family Income

Families of my respondents unable to provide proper medicine, care to my respondents. They are very vulnerable who have no retirement benefits and have no pension. Their expenditure pattern also have shown that they have been spending mostly on basic necessities of their consumption and some of them are not even to spend for their treatment. Absence of any social security system, poor resource base, and lack of

employment opportunities and above all, gradual diminution of traditional social support system are the major problems of my respondents. One of my respondents said that-

“My financial condition is very poor. I have no money to bear my treatment cost. I will be faced my difficulties by grace by Almighty Allah.”

A1.2. Shortage of Health and Other Services

Most of the respondents wanted to diagnosis by a doctor but there is no trained and experienced doctor of the dementia. There are shortages of specialists’ doctor of the dementia patient. Respondents and their families’ haven’t any seriousness to show the doctor to identify the physical problems. Respondents and their families thought that he or she have no severe sign of physical deterioration of the dementia. Difficulties of service delivery are existed among the patient of dementia people because of acute mental problems. Family members of one of my respondents said that-

“He can’t receive any health services from any NGO or government services to prevent dementia.”

A1.3. Affected by Chronic Diseases and Indigenous Tradition

Most of my respondents were affected by other diseases like diabetes, heart diseases, back pain, cardiovascular disease, high cholesterol or bad habits like physical inactivity, taking junk food, smoking and so on. These diseases and bad habits were increasing risk of dementia. Especially diabetes and hypertension have contributed to affect by dementia. High blood pressure is increasing the risk of dementia also. One of my respondents was seriously affected by dementia because he is widower. I think depression have been contributed to raise the risk of dementia as well as other diseases. One of my respondent’s brothers stated that-

“My brother affected by many diseases like diabetes, heart diseases and kidney problems and now dementia have affected by him. The life of my brother has become hell due to dementia.”

A1.4. Lack of Communication Skills for Health Care Professionals

There are no trained professional caregivers of my respondents. Care giver has no idea how to handle this type of patients. They have no professional knowledge of the take care of dementia patient.

One of family members of my respondents stated that-

“When I took him to the hospitals, this hospital has no professional skilled persons who could be able to give him a proper treatment to prevent dementia.”

A1.5. Misperception with Time or Place

Most of my respondents cannot memorize the dates, time, name of the months. My respondents face any matter of understanding in time. Sometimes they forget where they live or how they go there. One of my respondents cannot memorize the name of day and dates. One of my respondent's wives said that-

“My wife has misperception of time and place. Always she forgot her date of birth and she forgot also our anniversary date, she could not find their daily necessary cosmetics.”

A1.6. Problems to Understand the Pictorial Things

Most of the respondents have determined the colour. He or she cannot identify the colour combination. Sometimes my respondents passed away in the mirror but cannot identify of him. They cannot understand the place distance and unable to take decision.

One of my respondent's daughters said that-

“My father can't determine the colour and they can't read or write properly.”

A1.7 Trouble with words in Speaking or Writing

My participants cannot continue conversation. If someone talked with them they usually have to stop in the middle of conversation, it's like a habit. They cannot memorize the word to use their conversation. Most of my respondents forgot how to read and write.

A1.8 Removal from Work or social Actions

A1.8. Removal from Work or Social Actions

I was realized that they are started to change their behaviour. Most of my respondents left their work and social engagements. Even they cannot practice their hobbies. Sometimes they have to face uninterested feeling in family or social obligations. One of the sisters of my respondents said that-

“He always set behind alone and he felt lonely, he reluctant to meet the guest.”

A1.9. Variations in Mood and Character

Participants have personality alteration problems because always they have confusion, depression, suspicion. They sat in their room with disappointed mood. One respondent stated that-

“I always confused with my decision making.”

A1.10. Unemployment and Encumbrance

Two or three participants of my study are unemployed. Their family accepted them as a burden. One of respondents wants to die for their economic condition.

A1.11. More Treatment Cost

My participants have affected by many diseases. For these diseases, they need proper treatment as long term procedure. More treatment cost is needed for long term disease. As a demented people they need also extra care like nursing care. They need also good food. But due to economic condition they cannot bear the more treatment cost. One of my respondents' wives stated that-

“We can't bear the treatment cost of my husband, so he deprived of getting proper treatment.”

A1.12. Difficulties in Resolving Problems and Developing Plan

Most of my respondents do not develop a plan to complete their any tasks. Even they cannot solve their own small problems and they cannot give concentration than before on any activities.

A1.13. Trouble with Complete Accustomed Tasks at Home, at Work

My respondents cannot do their daily activities. They forget the rules of their favourite game and forget to manage the budget. They need help to use microwave or memorize the favourite television show. One of my respondent's servants said that-

“He is unable to do any work without helping of me.”

A1.14 Unable to Memorize and Down the Capacity to Repeat Stages

My respondents always forget where he or she kept their daily necessary things. They cannot search properly to get back their things. Sometimes with unawareness mind he or she steals others things. Family members of respondent said that-

“He always forgets to take his daily medicine and forgets to keep his medicine in proper place.”

A1.15. Poor Judgment

My respondents cannot take decision properly to do any type of activities. Sometimes he or she makes wrong decision. They cannot deal with financial issues properly. One of respondent's sons said that-

“My father gives more money when he buys something from the market.”

A1.16. Depression

Depression is a problem of my respondents. It has been lost their memory. Depression is being helped to brain failure which is responsible for dementia. Dementia and depression can bring more complications for dementia patient. My respondent's mood is being changed, they become anxious, irritated with small matter of their family. They think negatively and they are becoming hopeless day by day. They lost their feel of appetite. Sister of the one of respondent said that-

“After becoming dementia patient, he is almost depressed.”

A1.17 Malnutrition

Malnutrition is associated with dementia. My respondents have economic problem also they cannot fulfil their daily demands. In present cases; they cannot get proper psychological support and proper treatment. They cannot maintain their rules and

regulations due to lack of caregivers and irresponsible role of their family members. There is a most common problem among the cases in research is low knowledge of the dementia of the family members and relatives. Government do not give proper treatment to the dementia people.

A1.18 Many Other Problems

Many other problems include-

- Lack of regular exercise
- Lack of hygienic sleep
- Lack of balanced diet
- Cardiovascular disease
- Uncontrolled diabetes
- Uncontrolled blood pressure
- Obesity
- Smoking
- Repeated traumatic brain injuries

These are the other problems among the people with dementia.

B7.3 Preventive Measures

According to aims and objectives second category is preventive measures, these are given below:

B2.1. Individualize Maintenance

For any demented person, care or maintenance is first priority. They need individualize care and family members have to give priority to provide care and help to follow the maintenance rules of treatment.

B2.2. Protect People from Risk of Dementia

My respondents require risk management therapy. They have to manage the vulnerable situation of them. They have to try to complete their daily task.

B2.3. Manage Neuropsychiatric Symptoms

My every respondent has to manage the challenges of neuropsychiatric symptoms. They need psychotherapy to manage psychological and social problems. They need also pharmacological help to manage the neuropsychiatric.

B2.4. Awareness Building

People have miss perception about dementia and they have also stigma to the demented people. People cannot accept this dementia is a condition that affected person has to maintain the rules and regulations. Doctors, professionals, caregiver have to take training to give proper treatment of the demented people. Seminar, symposiums have to arrange more for raising awareness among the people. Publications have to increase related to dementia issues. In addition to, demented people have to conscious their legal rights to having facilities from government, communities and families.

B2.5. Social Isolation Need to Prevent

My respondents have isolated due to dementia problems. In our societies, government and communities have to take steps legally to preserve their rights. Social engagement of demented people has to increase to diminish their mental problems. Familiar environment should be arranged for demented people so that they feel better. They have to always keep happy.

B2.6. Manage Risk Factors

Among the demented people risk factors have to eliminate such as obesity, smoking, use of alcohol. Many physical problems which have to be eliminated like hypertension, high cholesterol and so on.

B2.7. Need to Proper Diagnosis

My respondents have not get diagnosis facility in proper time. They were diagnosed dementia after the required time for this they had to affect by many others diseases. Earlier diagnosis can enable my respondents to take decision about their treatment. Various therapy can be improved their condition like psychotherapy is effective for them. These therapies can be removed their cognitive impairment and improve their quality of life. But diagnosis has to be done by professional staff or trained doctor.

B2.8 Supervision and Carefulness

My respondents require getting proper care and management. They have to keep themselves under supervision. Supervisor can be a caregiver or doctor or family members. My respondents have right to take support, care from government and their family members have also right to get financial support.

B2.9. Person-Centred Dementia Care

My participants need support to adjust their own behaviour. Psychotherapy is very much needed to recover from this situation. To ensure their social activities, they need proper care personally.

B2.10. Applicable Precaution

My respondents need follow applicable precaution. It is essential to confirm the treatment in hospital or by professional doctors or trained caregiver. One of my respondents has to

face these types of problems that when he caught in illness he admitted in a general hospital where he couldn't find treatment facilities towards dementia. So he could not get proper treatment as he demand.

B2.11. Psychosocial Interventions have to Applied

Psychosocial interventions can reduce the disability in dementia. Psychosocial interventions indicate cognitive training, cognitive stimulation, behavioural therapy and activities of daily living training. My respondents need to psychosocial interventions to ensure caregivers quality of life, reduce anxiety or depressive symptoms, understanding the needs of the caregivers.

7.4 Conclusion

Medical, economical, emotional and social issues are responsible to vulnerable situation of demented people. It is a common phenomenon in the society. Shortages of knowledge of dementia, lack of specialists' doctor of dementia, lack of social security, excess medical cost are common challenges for demented person. Older people are experienced person so that they have enough knowledge. But people cannot accept this. So, people have to play vital role to bring their position.

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Chapter Eight

Discussion

8.1 Introduction

8.2 Discussion

8.3 Conclusion

8.1 Introduction

Dementia is a condition that spoiled the all abilities of any person. It is an international public health issue. Globally, there are 50 (million) demented people and in 2030 its amount will be 82(million) and in 2050 it will be 152 (million) [Alzheimer's disease International, London, 2015].

8.2 Discussion

Dementia is a debilitating syndrome that a great impact on individuals and societies. But there are limited services to prevent dementia. People have no knowledge how to improve their life condition. Even caregivers have no academic training to overcome the disease. Awareness level is very low to develop their condition. Depression, stress, sleeping, disturbance, obesity, diabetics other psychological problems are the main reason of affecting dementia. Specific interventions have not been introduced for recovering the demented people. Diet intervention, nutritional services, psychological exercise can control this disease. Actually there is no cure for dementia. So, people of the society as well as government should take initiative to prevent this disease. Governments have to also formulate policy, law which is relating to prevent of dementia. Plan should be implemented as well as resources should be allocated to prevent dementia as early will possible.

²² Alzheimer's Disease International associated with World Health Organization conducted a study as 'Dementia: A Public Health Priority' showed that dementia is not a curse for them but their family members have to suffer with them badly. Its treatment cost is very high. They and their caregiver have not enough knowledge to prevent this illness. Government is trying to take initiatives to formulate policy and trying to implement strategies.

Findings of my study revealed that dementia is a societal issue. It needs ¹² to address the people with dementia. Strategies and their implementation have to introduce to prevent dementia. But due to lack of awareness of people of dementia, lack of knowledge of dementia care, lack of dementia doctors, caregivers, treatment facilities are the obstacles to prevent dementia.

⁵ H. Cherknow (2018) conduct a research named An Action Plan to Face the Challenge of Dementia: International Statement on Dementia. He showed that demented person has lost their intellectuality. It is being damaged the brain functions gradually by stage by stage. Memory loss is common symptom of dementia. It damaged the mental health. Sleeping problem is very much related to dementia. Public awareness, proper care, training of caregivers, psychotherapy can prevent this. Government should allocate resources to address the people of dementia.

My study showed that my respondents have cognitive problems, they cannot memorize the past. Sometimes they forget their name and address they have sleep disturbance, anxiety. They haven't found any facilities to prevent their disease. . Government has to introduce national dementia plan to prevent dementia.

Dementia in Asia Pacific Region named a study which is revealed that due to urbanization, industrialization extended families turned into nuclear families is the reason of leaving the ⁵³ older people in rural areas. They have to live without their sons/daughter. They are starting feel lonely. They are affected by various diseases, dementia is one of them. They are suffering from malnutrition. They need counselling and proper care as well as support. This report also showed that by health promotion, health maintenance; continue the physical exercise can prevent the dementia.

³⁸ My dissertation showed that dementia has dramatic effects on the lives of the people. It has no cure. My respondents are suffering many problems due to impact of social, economic, financial issues of dementia. Facilities are very poor to continue treatment of

the people with dementia. People have no choice that they have to depend on government facilities but government haven't enough facilities to prevent dementia.

Alzheimer's association conducted a research on dementia care practices. This report has been showed that dementia is an illness that damaging our mental ability. Person with dementia lost their cognitive abilities. They are always feeling fear and they are confused with every decision making. This study revealed that person with dementia has many mental problems like hallucination, delusion, and paranoia and so on. So, caregivers have to acquire deep information about how to take care and how to handle person with dementia. Maintaining healthy diet, physical exercise can prevent dementia. Caregivers have to take training to give services among the people with dementia.

My study also showed that respondents cannot do their own daily task. They have also so many mental problems. But they have no caregiver to support them properly. Even her or his family members don't know the services, diagnosis system and service system.

Through the discussion of above literature I get the ordinary miserable scenario of older person with dementia in the cases. Most of my respondents have same situation. At the last part of life, they are helpless in society. Older people had enjoyed more in their extended, joint family structure. They had gotten honour and respect as they demand. But present situation is being changed due to modernization and urbanization. Economic hardships, declining social values, changes of the culture are also responsible for this situation. This altering environment is being created many socio-economic and psychological problems of older people. They are suffering from various diseases like dementia. It is world-wide problem. It is the reason of changes of brain function. Unknown information has been revealed by doing 6 case studies by qualitative research in my dissertation.

Most of the dementia people are 60 and above 60. All of them are suffering many diseases like diabetics, high blood pressure, sleeping problems, nervousness, sadness and

many other physical problems. Social distance and stigma are responsible to deprived of identifying the dementia.

The sign and symptoms are varied from person to person of dementia because family background, life standard are not same of the people.

My respondents are some common behaviour like that-

- Restlessness
- Aggression
- Agitation,
- Restlessness
- Aggression
- Agitation hallucination
- Misconception
- Phantasm

Most of my respondents have lost the work and they have lost their family bondage. My participant's family relationship is being weaker than before.

Caring is a challenging issue for the demented people. Due to dementia, my respondents are unable to communicate with others. They cannot response properly. As a result their family members have to suffer by many problems. Most of my respondents lost their memory but sometimes they recall their past. They are often confused what to do and how to do. They are remained puzzled in all time. My respondents use negative words rather than positive words. They like to say no rather than yes. Besides family members, government and communities have to take steps to cure dementia from the society.

8.3 Conclusion

WHO includes Dementia is being created disability and dependency. As a concluding this chapter it can be said that older people are mostly affected by dementia. My respondents are older and they are suffering many physical and mental problems as well as dementia. Globally, steps should be taken to prevent this illness.

Chapter Nine

Summary, Recommendations and Conclusions

9.1 Summary

9.2 Recommendations

9.3 Conclusion

9.1 Summary

In the 21st century, dementia is a challenge for health sector. Dementia is being affected by older people mostly. Dementia affects the person, their families and the community. The summary of the study findings and their analysis have focused on the various assumptions of the study which has been presented in this section. I have taken interview from six demented persons who are affected by modernization also. The age of my respondent is 60 or more than 60 years. The economic condition of four respondents is not good among the six respondents but other two respondents have good economic condition. Among the six respondents, five respondents have poor educational level and one is HSC passed. All respondents have malnutrition problem. They didn't take balanced diet food. Most of the respondents of this study have memory problem, they couldn't memorize their past life properly, and their family members have helped to collect data. Sometimes they forgot their own identity. Most of them they are unable to complete their responsibilities properly; they have confusion with time and place always. They couldn't continue the conversation with anyone, sometimes in middle of the conversation they have stopped himself. In this study most of my participants have known about dementia by taking admission in hospital for other diseases. They are gradually decreasing their patience and tolerance abilities, even their family members are gradually decreasing their same abilities. Most of the respondent couldn't take rest due to their economic condition because they have to work hard to earn money. Most of my participants have good relation with their relatives and neighbour. Neighbours and relatives are very much co-operative with them. Sometimes they helped of my respondents financially and mentally. Due to poverty, they couldn't enjoy the recreational facilities. Most of the respondents of my study do not obey the doctor's advices and don't follow the rules and regulations of the doctors which have given them to prevent dementia. There is no professional caregiver to take care of the dementia patient. Even they couldn't continue their treatment in the hospital for other diseases which have ben

attacked due to the old age. Most of my respondents feel lonely and they are depressed also. All of my respondents have sleeping problem due to dementia. They couldn't handle their daily activities. Most of my respondents always need help to complete their daily chores even they need help others to take the medicine. Most of them have hallucinations. According to the family members of my respondents, they didn't get enough government facilities to continue their treatment to prevent dementia. They have taken the treatment from private hospitals but there were no professional and trained doctors and staffs to give the treatment of preventing the dementia. Even there was no diagnosis system to identify dementia patient. Government need to take necessary steps to prevent dementia in our country. Awareness should be raised among the people so that people will get the treatment facilities to prevent dementia. Especially psycho-social treatment facilities have to ensure among the older people.

9.2 Recommendations

Older people are increasing due to improvement treatment, raising awareness of people about health issues, availability of modern health facilities.

Some measures should be taken to prevent dementia:

- Adequate support and healthcare facilities in many countries are not prepared for this disease, so adequate support and healthcare facilities should be taken to improve the challenges of dementia
- Separately dementia policy should be formulated to prevent dementia
- To give the treatment and diagnosis facilities of dementia specialized hospitals should be established

Dementia has economic, social and cultural impacts. It has also legal impacts also. So raising awareness among the all level of people is the first priority to prevent dementia. Taking care of dementia patients in Bangladesh hasn't get priority. Dementia care hasn't

added with national health care planning and health care budget. So awareness should be increased tremendously. Comprehensive awareness and management program should be introduced in syllabus of different kinds of classes. Some other steps are-

- Emphasis on plan and strategies to take care of demented person and risk factors have to diminish to provide primary care
- Implement a comprehensive plan to ensure effective care and future prevalence of dementia
- To allocate the part of national budget to fund the dementia initiative
- To combat the dementia epidemic political or community commitment should be introduced.

Different types of steps should be taken to keep the body and mind fresh and everybody should be followed these steps-

- To arrange timely diagnosis and manage the services for demented people
- To establish primary care system and progress the proposals of diagnosis system
- To stimulate people to know the way to communicate with the people with dementia
- To develop hospital services of caring dementia patient
- To manage the specialist of dementia
- To identify dementia patient who are in risk level of dementia
- To provide the facilities to ensure the quality of life

Some measures are also following their-

1. Arrange dialogue about the proper care of dementia patient among the family members and caregivers of dementia patient
2. Arrange training opportunities among family members and practitioners

3. Provide education facilities to develop their knowledge of health care
4. Encourage the aged people to participate different programmes of social organization
5. Steps should be taken to include elderly care issues in text book
6. Arrange the recreational family programmes
7. Provide home based and institutional base health care for people with dementia
8. Increase outdoor and indoor health care services of NGO
9. Retirement age should be increased to get financial help and to receive respect and priority from the family and society
10. Increase the social security programmes such as pension, allowance. Government should increase the old age allowance and give the transport facilities for the older people with dementia

9.3 Conclusion

Dementia is a well-known illness in the present world and ageing is a common problem in the world. ²⁵ There are a big number of older people who are suffering from many diseases. They are suffering from psychosocial problems and mental problems also like that dementia is one of them. Due to economic condition of the country older people can't get proper care. Women empowerment is now a common matter in the world and they are participating in all development sectors. The new form of family structure nuclear family structure is a popular. For this people are shifting in urban areas and older people are staying in rural areas. This is a common scenery in the whole world like Bangladesh. It's a perfect time to include a long term policies to give the care and treatment in the old age. In five year planning this policy have to add.

Preventive measures are failed to cure dementia. All of the therapy of dementia patient is expensive. It is difficult to bear them due to poor economic condition. However funding agencies are trying to provide services for demented person. But it is not enough for such a huge number of affected people. Government have taken some steps to cure dementia but this is so limited for the people with dementia.

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Appendices

Appendix 1

Letter of Informed Consent

Appendix 2

Interview Schedule

Appendix 1

Letter of Informed Consent

Study Title: A Study on Impact of Modernization on Older People with Dementia

This research is a part of M.Phil dissertation, Institute of Social Welfare and Research, University of Dhaka, Bangladesh. And as a part of it, the following is a presentation of data collection procedure and principles to be followed during and after the interviews to maintain high ethical values for a good research.

I strongly inspire to participate in this study, but you have to read following clarification before participate in this research. This clarification presented the aims, methods and procedures of the research. I want to tell you that you have the right to dismiss the interview session in anytime.

This research is considered to inspect the impact of modernization on older people with dementia. I am conducting this research to acquire the knowledge about this although it has been much studied in past. I will ask you some basic questions about you and your family members. If you have time, you can participate in face to face interview. Interview will be taken by me and data will be recorded. Your information will be remained confidential and your name and identity will not publish in anywhere. Your information will be destroyed after the completion of the research. This research will be a source of knowledge for the people to know about the demented person. Actually participation in this research is intended. You have right to ignore, skip of any question without any explanation.

If you have any query or questions about the research you can contact to me and my supervisor.

(e-mail address below)

Supervisor's Name and E-mail
Dr. Mahbuba Sultana
mahbubaaiswr@gmail.com

M.Phil Researcher's Name and E- mail
Meharin Jerin Suzan
dumehrin@gmail.com

Appendix 2

Interview Schedule

2

A Study on Impact of Modernization on Older People with Dementia

INSTRUCTIONS:

Kindly respond to all questions

NB: All information gathered will be kept confidential.

Biographic Data

30

1.Age				
2.Gender				
3.Educational Level				
4.Marital Status	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
5.Family Background				
6. Address				
7. Religion				

Economic Status

8. Tell me about your employment.
9. Say something about your working place.
10. Tell me about your sources of income.
11. Say something about your satisfaction with your income.
14. Talk about the fulfilment of basic needs of you and your family members.
15. Tell me about the survival way of your family.

Psycho-Social Problems

16. Describe about your Family Members.
17. What about your relatives and friends.
18. Give your opinion about the reason of visiting your relatives or friends house.
19. Tell me the reasons to come your house of your relatives.
20. Give me your opinion, sometimes or regularly.
21. Tell me your communication system to your relatives.
22. Say something about your desire status from your family.
23. Give your recommendation how you get respect when the friends of your son and daughter come in your home.
24. Say something which social programme gave you invitation to attend the programme.
25. Tell me about your invitation who did invite you
25. Tell me the problems which you faced because of your old age.
26. Give your opinion about the support system from your family members.
27. Describe how they support you.

28. If you are not getting social supported from your family tell me what are your concerns about the lack of social support.

29. If you get formal support then tell me who give you the formal support.

Accommodation

30. Tell me who are living with you.

31. Tell me about your living place.

32. If you get citizen opportunities then tell me the citizen opportunities which you get from the government.

Impact of Modernization on Older People

33. Describe about your leisure time.

34. Tell me about your recreation facilities from your family members.

35. Mention the way of your recreation which you are getting from your family.

36. Tell about your problems because of modernization and old age when your family members abandoned you.

37. Talk about your behavioural changes because of modernization or old age.

38. Give your recommendation about your feeling.

39. If you have depressed and lonely feelings then tell me.

Background of Dementia

38. Give your opinion about Dementia.

39. If you have any test report which is proved that you have dementia then show me.

Impact of Dementia

- 40. Tell me about your past life.
- 41. Say something about your sleeping condition.
- 42. Tell me how you complete your daily activities.
- 43. Say about your helping hand.
- 44. Mention your visual problems if you have.
- 45. Mention your following the rules and regulations of family and doctors causing the old age.

Services of Dementia

- 46. Mention your services what you have got to prevent dementia.
- 47. If you receive the services tell me the source of getting services.
- 48. Give your recommendation about the services.
- 48. Give your opinion about the government services towards the dementia.

Subject's Signature

Date:

Signature of Investigator

Thank you so much for your kind cooperation in this interview.

A Study on Impact of Modernization on Older People with Dementia

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