

# Elder Abuse and Neglect: A Study on Sribordi Upazila in Sherpur District

Course No: 1004 (Thesis)

## Prepared by

Farhana Siddika Fenshe

MSS 2<sup>nd</sup> Semester

Class Roll: 507

Exam Roll: 3482

Session-2013-2014

Institute of Social Welfare and Research  
University of Dhaka



**Institute of Social Welfare and Research**  
**University of Dhaka**

# Elder Abuse and Neglect: A Study on Sribordi Upazila in Sherpur District

## **Supervisor**

Dr. Md. Rabiul Islam  
Associate Professor  
Institute of Social Welfare and Research  
University of Dhaka

## **Presented by**

Farhana Siddika Fenshe  
MSS 2<sup>nd</sup> Semester  
Exam Roll: 3482  
Class Roll: 507  
Session: 2013-2014  
Institute of Social Welfare and Research  
University of Dhaka

**Institute of Social Welfare and Research**  
**University of Dhaka**  
**2015**

The present thesis entitled “Elder Abuse and Neglect: A Study on Sribordi Upazila in Sherpur District” has been completed in partial fulfillment of the course No: 1004 of the MSS 2<sup>nd</sup> Semester Examination, 2015 in Social Welfare and Research, University of Dhaka.

## Acknowledgement

This paper is assigned among some of the students of M.S.S. of social welfare and research. Being selected by the institute I feel proud and expressed my earnest gratitude to the selection committee.

At first, I want to give my earnest gratitude to my institute supervisor, Dr. Md. Rabiul Islam at Institute of Social Welfare and Research, University of Dhaka for providing the opportunity and the facilities to carry out the thesis and for his keen interest, co-operation and eager participation in every phase of the study, needs to be acknowledge, who has supported me throughout study with his patience. His guidance, instruction, advice and enthusiastic support helped me to accomplish my thesis and develop my knowledge.

Afterwards, I am so grateful to convey my deepest gratitude to all of my teachers of Institute of Social Welfare and Research, University of Dhaka who's taught me about the research elaborately in classroom.

My special thanks to the librarians at Institute of Social Welfare and Research and the staff of the Central Library of the University of Dhaka for their co-operation to help to use the library. Also my special thanks to the librarians at Bangladesh Association for the Aged and Institute of Geriatric Medicine for providing me relevant information about the older people and their abuse and neglect.

I am grateful to the honorable authorities of elderly related books, article, publications and reports. They are unknown to me but indirectly I am helped by them and I am indebted to them.

I express my gratitude to the honorable respondents who provided me valuable information about them. I am also indebtedness to all of my well-wishers and the local people of the study area who helped me to collect data for my thesis. At last my sincere apology goes to the readers for conceptual and printing mistake, if there is any.

Sincerely

Farhana Siddika Fenshe



## **Abstract**

This empirical study focuses the different types of abuse and neglect, health status and the causes and effects of elder abuse and neglect of the people aged 60 years and older in the rural Sribordi Upazila in Sherpur district of Bangladesh. The present study attempts to find the abuse and neglect status, issues and intensity of older people. They are abused and neglected physically and psychologically, financially, treatment related issues and other issues based on their basic needs by family members and other care givers. Some of them have challenges of poverty and diseases of old age such as Asthma, hypertension, gastric, diabetics, arthritis, eye problem and fever or headache. Because of their frailty, they depend on their families and other caregivers for care and in the process are abused. Also in the absence of institutional care, adult children who are too busy to take care of their parents hire caregivers who also maltreat them. Unfortunately, the elderly are unable to challenge their abusers and have no way of reporting their abuse and so many suffer in silence. Abuse and neglect situation is very prominent in Bangladeshi society as most of the respondents were found to be neglected in different forms. For now, families continue to bear the burden of caring for their elderly members but this is increasingly difficult for them. The findings of the study should get due attention to provide secured later life of the elder people in Bangladesh and developing nation as well. We also recognize that persons, as they age, should enjoy a life of fulfillment, health, security and active participation in the economic, social, cultural and political life of their societies. We are determined to enhance the recognition of the dignity of older persons and to eliminate all forms of abuse and neglect towards them.

<b>Contents</b>	<b>Page</b>
Acknowledgement	i
Abstract	ii
<b>Chapter One</b>	<b>01-10</b>
1.1 Introduction	01
1.2 Rationale of the Study	04
1.3 Objectives of the Study	06
1.4 Conceptual Analysis of the Key Concepts	07
1.5 Methodology	09
1.6 Ethical Considerations	10
1.7 Limitations of the Study	10
<b>Chapter Two</b>	<b>11-22</b>
2.1 Review of the Literature	11
<b>Chapter Three</b>	<b>23-26</b>
3.1 Demographic and Socio-Economic Situations of the Older Persons	23
<b>Chapter Four</b>	<b>27-60</b>
4.1 Patterns of Elder Abuse and Neglect	27
4.2 Types of Elder Abuse and Neglect in the Study Area	29

<b>Contents</b>	<b>Page</b>
<b>Chapter Five</b>	<b>61-77</b>
5.1 Causes of Elder Abuse and Neglect	61
5.2 Causes of Elder Abuse and Neglect in the Study Area	64
<b>Chapter six</b>	<b>78-89</b>
6.1 Presentation of Cases	78
<b>Chapter Seven</b>	<b>90-98</b>
7.1 Discussion and Findings	90
7.2 Conclusion and policy recommendations	96
<b>Appendix</b>	<b>99-109</b>
01. Risk Factors of Elder Abuse and Neglect	99
02. Suggestive Measures for Elderly Welfare and Social Worker's Roles	101
03. Map of the Study Area	103
04. Interview Schedule	104
<b>Bibliography</b>	<b>110</b>

## List of Tables

	<b>Page</b>
Table-01: Age of the respondent	24
Table-02: Percentage distribution of the respondents according to their level of education and sex	25
Table-03: Pattern of abuse and neglect of the respondents	31
Table-04: Abuse and neglect faced by the respondents	33
Table-05: Abuser of the respondents	35
Table-06: Patterns of financial abuse and neglect of the respondents	37
Table-07: Nature of works related information of the respondents	38
Table-08: Patterns of physical abuse and neglect of the respondents	40
Table-09: Patterns of psychological abuse and neglect of the respondents	41
Table-10: Percentage distribution of the respondents according to their sex and patterns of self neglect	43
Table-11: Information about diseases faced by the respondents	44
Table-12: Information about sectors of treatment place	46
Table-13: Patterns of health related abuse and neglect of the respondents	47
Table-14: Patterns of food habit of the respondents	49
Table-15: Patterns of food related abuse and neglect of the respondents	50
Table-16: Patterns of accommodation related abuse and neglect of the respondents	52

	<b>Page</b>
Table-17: Patterns of costume related abuse and neglect of the respondents	54
Table-18: Recreation related information of the respondents	56
Table-19: Patterns of recreation related abuse and neglect of the respondents	57
Table-20: Percentage distribution of the respondents according to their sex and patterns of abuse and neglect	59
Table-21: Causes of abuse and neglect of the respondents	64
Table-22: Causes of health related abuse and neglect of the respondents	65
Table-23: Causes of food related abuse and neglect of the respondents	67
Table-24: Causes of household related abuse and neglect of the respondents	68
Table-25: Causes of costume related abuse and neglect of the respondents	69
Table-26: Causes of recreation related abuse and neglect of the respondents	70
Table-27: Percentage distribution of the respondents according to their demands Fulfillment by their family members	71
Table-28: Percentage distribution of the respondents according to their sex and patterns of family and power of decision making process	73
Table-29: Percentage distribution of the respondents according to their different types of support	75
Table-30: Opinion of the respondents to uplift the problems	76

## List of Graphs

	<b>Page</b>
Table-03: Pattern of abuse and neglect of the respondents	31
Table-04: Abuse and neglect faced by the respondents	33
Table-05: Abuser of the respondents	35
Table-07: Nature of works related information of the respondents	38
Table-09: Patterns of psychological abuse and neglect of the respondents	41
Table-11: Information about diseases faced by the respondents	44
Table-13: Patterns of health related abuse and neglect of the respondents	47
Table-15: Patterns of food related abuse and neglect of the respondents	50
Table-16: Patterns of accommodation related abuse and neglect of the respondents	52
Table-17: Patterns of costume related abuse and neglect of the respondents	54
Table-19: Patterns of recreation related abuse and neglect of the respondents	57
Table-30: Opinion of the respondents to uplift the problems	76

## **1.1 Introduction**

Elderly is a biological, social and cultural phenomenon. It is a very burning issue because of number of elderly people is increasing all over the world. Globally total fertility rate has declined from 5.0 live births per woman in 1950-1955 to 2.7 live births per woman in 2000-2005, and is expected to further reduce to replacement level, that is 2.2 live births per woman by 2045-2050 periods (UN, 2005). Also life expectancy has increased from 46.5 years in 1950 to 66.0 years in 2000-2005, and is expected to rise to 76 years by the year 2045-2050 (World Population Prospects, 2008).

Increasing number of the elderly people and the related socio-economic and gerontological aspects are gradually emerging as a population discourse in Bangladesh. Bangladesh is not an exception from the global phenomenon of demographic aging. It is a relatively new issue in the country as its demographic transition started recently. It is viewed as natural outcome of demographic transition from high fertility and mortality to low fertility and mortality. It represents the years of successful family planning and public health programs that have changed the population growth of the country (Strong, 1992).

The latest population census of Bangladesh (2011) showed that 7.4 per cent of its population is elderly. This percentage of elderly population is projected to increase 8.0 per cent in 2020, 11.9 per cent in 2035 and 17.0 per cent in 2050. The median age of Bangladeshi population is projected to increase by about 15 years over the next half century (i.e. from 2000 to 2050). The ageing index i.e. the ratio of the people aged 60 or over to children under 15 years of age will be about 5.7 times higher over the next half century (i.e. between 2000 and 2050) for Bangladesh due to the growing number of older persons and reduction of young population. Also the old-age dependence ratio will be almost triple in Bangladesh during the period between 2000 and 2050 (World Population Prospects, 2008). The life expectancy of Bangladeshi population has increased to 68 years in 2011 from only 39.93 years during the independence. All these are related to the rapid increase of the elderly population over the years.

Today, in the first decade of the 21st century, we no longer have a shared map for the course of life. The timing of major life events has become less and less predictable at all levels of society. In any case, life at old age becomes typically more fragmented, disorderly, and unpredictable. Major events of life are no longer parts of a predictable or natural pattern. Although the rigidity of the linear life plan has failed to keep up with new demographic realities, it offered a degree of security. In the new post-industrial life, people are increasingly isolated. Familiar social institutions like marriage and employment can no longer be counted on for security throughout adulthood, and therefore the last stage of life also becomes less predictable. Society has not yet come to terms with the meaning of “aging” in such unpredictable times.

The condition of the elderly in a social setting is not merely determined by the inevitable characteristics but also depends upon the cultural practices in the society which happens to be changing at a rapid pace in Bangladesh today. Culturally, Bangladesh is increasingly a youth oriented society. But in fact, demographically it is an ageing society which is reflected in the recent age structure of the population (Sattar, 1996).

Traditionally, family remains the most fundamental social unit in which elder people belong. In providing all sorts of support to elderly, family members play vital role in the society. But their roles and functions are shrinking day by day because of rapid socio-economic and demographic transitions, mass poverty changing social and religious values, influence of western culture and so on. With the change of demographic phenomena inter-alia life style, values, outlook of the young generation, and roles and functions of the family and community- thus society as a whole have also changed. This changing situation is causing problems and unhappiness to the life of many elderly and endangered their well-being and survival.

In Bangladesh, half of the population spends their lives under poverty and elderly people are considered a burden for the family and society. This is both male and female elder but especially true for elder women, who suffer from multiple disadvantages resulting from bias to gender, widowhood and elderly. They suffer from some basic human problems, viz poor financial support, senile diseases and absence of proper health and medical care facilities, exclusion and negligence, deprivation and socio-economic insecurity (Banglapedia, 2003).



In Bangladesh, the elderly people are discriminated both by prejudice and means of exploitation. Our society feels that the elderly people are incapable to carry out their duties and sometimes compel them to retire from their current positions at the age of sixty though they are capable to serve at that age. They are labeled as aged and considered as unproductive due to our social construction for age biases (Hossain & et.al, 2006). In addition data regarding elder abuse are difficult to find and interpret because elder abuse is relatively recently recognized entity, has a wide variety of definitions from state to state, and is subject to cultural interpretation (Hansberry et al., 2005). In the present circumstances the older persons are vulnerable to abuse, neglect and exploitation (Datta, 2006).

A number of adverse consequences of the abuse of the elder people have been identified in the literature including premature mortality. Some people who have been abused and neglected described their experiences as ‘devastating’ with many feeling they would never fully recovered (Rahman, 2013).

## 1.2 Rationale of the Study

Elderly is the last part of human life and is a natural process through which everyone must undergo. It is inevitable and irreversible. Now-a-days they are often treated as burden and at the same time they are abused and neglected in every sectors of life. The family, the society or the community, the states even the global sector negligence is found all around. As adults grow older they may become more physically frail, may not see or hear as well as they used to, and may develop cognitive problems such as dementia. As a result, they become increasingly vulnerable to abuse and neglect.

Elderly and neglect are interrelated. In Bangladesh it has been recognized as a growing problem. In our country abuse and negligence is a prime and hidden problem (Zohra, R.H.T. & et.al, 2013). There are different patterns such as physical, psychological, emotional, and financial and so on. According to the National Center on Elder Abuse, the number of older adults who are mistreated each year is close to 5 million and is rising. For being abused many old men are often seen begging in streets or asking for charity. Not a few are seen in risky work, despite their broken health, live in frustration and suffer from illness and pains without care and company (Banglapedia, 2003).

About 44.3% people live under absolute poverty both in rural and urban areas. These poor families are unable to meet the basic needs of the older people including food, health care, clothing adequate shelter and access to income or employment opportunities (). Commenting on a seminar paper, Professor Ali Akbar says, irrespective of whether they resided in urban or rural areas, a significant portion of the elderly men lived a solitary life, singly. More than two thirds of the elderly men lived in nuclear families where they were likely to be the main breadwinners (CPD, 2002). Find no other alternative to maintain their life expenses; the elderly people involve them in Beggary and someone commit suicide though the suicidal act is very insignificant in our country. From a study, it is found that 43.1% people have no income source where 86.3% involved in beggary (Hossain & et.al, 2006).

Elderly abuse and negligence spreads its root everywhere in Bangladesh especially in rural areas. About 80% of the elder live in rural areas. Their sufferings are the cumulative effects of a life time (The Daily star, 2011). Bangladesh is agriculture based rural society. It is characterized by over population, massive illiteracy, poor health, natural disaster, low agricultural productivity, undeveloped industrial base, severe unemployment etc. which are create severe poverty, changing their values and fragmented their family (Samad, 2002). This changing situation may related with elder abuse and negligence.

Studies related to abuse and neglect in Bangladesh is not common. Seldom are some studies found on their life, poverty, economic condition health support etc. But as their socio-economic and psychological aspect is concern, we need to know the intensity of the abuse and negligence and to put them planning and proper perspective. That's why I studied the issue "**Elder Abuse and Neglect: A Study on Sribordi Upazila in Sherpur District**". This study may be helpful for others related research. Besides that study results may draw the attention of lawyers, plan and policymakers, social workers, NGO workers, human rights workers, different types of relevant organizations and other interested readers.

### **1.3 Objectives of the Study**

The general objective of the study is to know the abuse and neglect towards the elderly.

**Specific objectives are as follows:**

- to know the demographic and socio-economic condition of the elderly;
- to explore the pattern of abuse and neglect towards the elderly;
- to find out the causes of abuse and neglect and
- to uplift their recommendations to solve their problems.

## **1.4 Conceptual Analysis of the Key Concepts**

### **Aging**

Aging is a natural, multidimensional process of human life. Old age is the closing period of the life of an individual. A person's activities, attitudes towards life, relationships to the family and work, biological capacities and physical fitness are all confined by the position in the age structure of the particular society in which she/he lives. Aging is generally defined as a process of deterioration in the functional capacity of an individual that results from structural changes with the advancement of age.

The term aging refers simply to the process of growing older. It is the aggregate result of the decrement processes at cellular, sub-cellular or organ level that are associated with the passage of time. It is the end of life cycle. It is of course a biological reality which (despite medical intervention) has its own dynamic largely beyond human control (Gorman, 1999). Aging causes a functional deterioration and vulnerability that also creates physical changes as well. With the increasing of his age, older people become incapable to carry out his normal functioning as he did before. Thus, aging is a social process that involves individual and population aging, biological and psychological aging, individual and social change, individual and cultural differences within and between age cohorts and cross-cultural and sub-cultural differences in values, beliefs and norms (Mcpherson, 1991). Social thinkers are mostly concerned about social factors of aging that is termed as social aging, because they can contribute to the aged in this context. Social aging is a multidimensional and dynamic force. It includes the transition into and out of roles, expectations about behavior, societal allocation of resources and opportunities, negotiation about the meaning and implications of chronological age and the experience of individuals' traveling the life course and negotiating life stages (Morgan and Kunkel, 2001).

### **Elder people**

In most gerontological literature, people above 60 years of age are considered as 'old' and taken to be the 'elderly' segment of the population of a country. United Nations has also categorized the age segments as; between 60-69 belong to 'young old', 70-79 'old old' and 80+ are 'older' respectively (Mesbah, 2005 ).

In Bangladesh, most of the older people, particularly the poor, are not defined old according to chronological age. In general older people are defined "old" according to physical characteristics and limitations that affect their ability to function in daily life in both household and income generation work. Although, there is no internationally accepted age bracket for defining the elderly population, people aged 60 years or above are considered elderly in most literature. Elderly people in the context of Bangladesh

have been defined as those who have reached 60 years of age (National policy, 2013). There are some controversy opinions among the thinkers and experts to define the duration and nature of old age (Rahman, 1998). A person belonging to the age of 60 years and above is regarded as elderly people.

### **Elder abuse**

Elder abuse is a universal problem. It is not limited to any one gender, religious, cultural, ethnic or income group. Elder abuse may occur in many different settings, including private homes, residential care settings and hospitals.

Elder abuse can be defined as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person". Elder abuse can take various forms such as physical, psychological or emotional, sexual and financial abuse. It can also be the result of intentional or unintentional neglect. It is the infliction of physical, emotional, or psychological harm on an older adult. Elder abuse also can take the form of financial exploitation or intentional or unintentional neglect of an older adult by the caregiver (American Psychological Association).

### **Neglect**

Negligence means deprivation of a person's of food, heat, clothing or comfort or essential medication and depriving a person of needed services to force certain kinds of actions, financial and otherwise. The deprivation may be intentional (active neglect) or happen out of lack of knowledge or resources (passive neglect). It can occur in the residential care, hospital or in the Nursing home. Neglect or abuse to older person comes mostly from people they know or have some type of relationship where there is a sense of trust. They could be a family member, or a friend or a paid health worker or care giver.

It means refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder. This can also refer to emotional neglect in which the emotional needs of warmth and empathic care giving are denied elderly persons (Patience Edirin, 2013).

## **1.5 Research Methodology**

### **Study area**

The present study is conducted at Longorpara village under Kharia Kazirchar Union at Sribordi Upazila in Sherpur district of Bangladesh. The area of Kharia Kazirchar Union is 17.86 square kilometers and 7398 people live in the study area. The area is taken as the basis of purposive techniques. The primary data used for the present study, collected during October, 2014.

### **Main method**

The present study is both qualitative and quantitative in nature. For that Case study and Social Survey method is used as the main method to collect data.

### **Population and units of analysis**

All the elderly people (60 years and above) living in the study area are the population of the study. All aged person above 60 years is considered in the population of the study and every older person is the unit of analysis.

### **Sampling and sample**

A purposive sampling technique is used in the present study. From the study area 56 respondents (both male and female) are selected purposively and they are considered irrespectively of race, age, color, sex and culture.

### **Techniques of data collection**

On the basis of objectives information is collected from every selected person through interview schedule and observation. To make assure that respondent can easily understand the interview schedule, which is written in lucid Bengali and comprising both structured and unstructured questions. Relevant information also collected by secondary sources i.e. literature, journal, brochures, document, newspaper etc.

## **Data analysis and presentation**

Collected information is analyzed both qualitative and quantitative way. The data has been presented through tables and charts. The diagrams have been used for a better understanding of the research problems. To strength the qualitative analysis, the direct statements of the respondents have been used.

## **1.6 Ethical Considerations**

Ethical consideration has been maintained in collecting data from the respondents. Respondents were assured that confidentially regarding collected data was be maintained and the relevant data only needed for the study. Proper informed consent was taken prior to interview. The principle of respect for persons was strictly followed.

## **1.7 Limitations of the Study**

The study is an academic study. Through this study I have tried to find out the abuse and neglect towards the elderly people. Some limitations were found in conducting the study. The limitations, which have been perceived during the time of conducting the interview and case study are as follows:

1. Respondents are older people and for that they have been unable to provide available information.
2. Respondents do not want to provide real scenario towards their abused and neglect for social privacy. Sometimes they are frightened for their offspring and for their kith and kin.
3. As the study area is in the village, so there have difficulty in data collection environment.
4. Elder abuse and neglect is a hidden issue in our country. For that respondent do not want to provide proper information.
5. Didn't get enough time to observe respondents accurately.



## 2.1 Review of Literature

Elder abuse and neglect is now a common and burning issue and it is increasing day by day. In Bangladesh it has been recognized as a growing problem. In our country abuse and negligence is a prime and hidden problem. Studies related to abuse and neglect in Bangladesh is not common. Seldom are some studies found on their life, poverty, economic condition health support etc. But as their socio-economic and psychological aspect is concern. Now some research about elder abuse and neglect are conducted by some researcher and those are helpful to know the intensity of the abuse and negligence. Some of the research related the issues are given below.

A research article entitled **Elderly Abuse: Causes and Determinants in Rural Naogan District of Bangladesh** was conducted by K M Mustafizur Rahman, Md. Ismail Tareque, Ahmed Mohammad Munsur and Md. Mostafizur Rahman (2010).

The purpose of the study was to observe the socio-economic status of the study respondents, to explore the nature and extend of elderly abuse, to find out the self-stated reasons of elder abuse and to identify more influential factors that are responsible for the abuse of elderly population.

This study was based on the data collected from 7 villages of rural areas under Naogaon district of Bangladesh and 743 elderly persons using Lahiri's method of PPS sampling. All the elderly (743 elderly) persons aged 60+ years were interviewed. Finally, a multivariate technique named as logistic regression analysis was used for determining factors that were more influential for the abuse of the elderly population.

The finding showed that 73 percent study respondents come from 60-64 years and 70+ years aged population. Highest percentage of the older male (41.2%) was in the age group 70 years and above whereas most of the older female (43.1%) was in the age group 60-64 years. There was a strong cross-gender variation in education. The largest percent with no education was in female (91.0%) and the corresponding percentage for male was only 44.5%. Most of the male elderly (44.5%) were engaged in agricultural work whereas 54.7% of the female elderly were work as

housewives. In poor setting rural Bangladesh most of the elderly (53.6%) said that their family's monthly income was below Tk. 3000. The percent of the respondents whose family's monthly income in between Tk. 3000-5999 were 25.2% and 21.3% respondents family's monthly income was Tk. 6000 and above. The largest percentage of the elderly resides with married children. Women (57.6%) are more likely than men (27.9%) to be living with married children whereas most of the male elderly (54.5%) were living with spouse (themselves).

It was also focused that the elderly population are not only affected by one types of abuse but also by two or more types. The percentage of mentally abused elderly was very high which was 76.7% for both sex and it is for male 78.7% and 75.9% for female. The percentage of mentally and economically abused elderly population was also noticeable. The percentage of other types of abuse likes physical, economical, physical and mental, and physical, mental and economical remain quite low.

Poverty is the most dominant single factor responsible for the elderly abuse, which contained 21.3% for both sex and 24.6% and 19.9% for male and female respectively. It was also observed that the combined effect of poverty, inability and dependency were highly responsible for the elderly abuse, which contains 39.1% for both sex, 36.1% for male and 40.4% for female.

The gap of the study is that it does not use multivariate table and avoid the graphical presentation to highlights data. It also does not specify the main method and sampling and data collection techniques and that's unclear.

**Another journal** entitled **Determinants of Living Arrangements, Health Status and Abuse among Elderly Women: A Study of Rural Naogaon District, Bangladesh** was conducted by Ahmed Mohammad Munsur, Md. Ismail Tareque, K. M. Mustafizur Rahman (2010).

The purpose of the study were to study the extent of socio-economic backdrops, to observe the pattern of living arrangements and factors affecting living arrangements, to observe the current health status and factors affecting health status; and to explore the nature, extent, reasons of elderly abuse and factors responsible for the abuse of the study population as well.

The study used the data collected from 7 villages of rural areas under Naogaon District. One Thana was randomly selected from this district and from all the unions of the Thana, a Union was randomly selected and from the union 7 villages were selected by using probability proportional to size (PPS) sampling. 743 elderly persons residing in the selected villages using Lahiri's method of PPS sampling and among all the respondents 330 were male and 413 were female. Finally, a multivariate technique named as logistic regression analysis was used for determining factors that were more significant for the living arrangements, health status and abuse of the elder women.

The study showed that a higher percentage of women (43.1%) were aged 60-69 years, while a lower percent of women were found in subsequent age groups due to the effect of mortality. However, as high as 32.4% of them were age 80 years and over.

Study further showed that about 9 out of every ten of the older women had not been to school, while about 8.5 % of them completed education for 1-5 years. These two levels of educational attainment account for 99.5 % of the study population, implying that a fraction of the women who had been educated for 6 years and over were very small.

The overwhelming majority of the women were not satisfied with their economic condition (76 %); only 24 % of them were satisfied in their economic condition. Furthermore, 76 % of the older females are economically dependent, more than three times those who were economically independent. About 67%, 58%, 09% and 12.30% of the elderly females were living with their

children, married children, and their husband and living alone respectively. It also showed that highest numbers of abuse occurred due to poverty (27.6%), followed by dependency (19.9 %), inability to do any activity (14.9 %). About 5 of every 10 respondents were unhealthy while 36.8% were fairly healthy. Only 13.6 % respondents reported that they were healthy. Though the respondents were suffer from various diseases, among them highest percentage of the respondents were suffer from arthritis (77.5 %), followed by gastric, eye problem, blood pressure and so on.

Almost same findings were declared in recent research on Bangladesh that a majority of the elderly persons suffer from arthritis related illness (Ahmed et al., 2003; Kabir et al., 2003).

The gap of the study is that it only focuses the data analysis method but does not clear the main method. It also use only invariant table. In present study all the relevant gap may be fulfilled.

**A Study on Quality of Life of Elderly Population in Bangladesh** is a research titled and that was conducted by Md Nuruzzaman Khan, Md Nazrul Islam Mondal, Nazrul Hoque, Mohammad Shariful Islam, Md Shahiduzzaman (2014).

A cross-sectional study was conducted in three villages of Malonchi union in Pabna district, Bangladesh from May 20-June 15, 2013. 250 elderly populations were interviewed using structured questionnaire to collect information on socio-demographic characteristics and morbidity pattern. The World Health Organization (WHO) WHOQoL-BREF scale contains 26 questions related to physical, psychological, social and environmental domain was used to give assessment of QoL. Here WHOQoL-BREF means World Health Organization Quality of Life-BREF and QoL means Quality of life.

The study findings showed that among the total elderly population, 82 (32.80%) were females and 168 (67.20%) were males. The results revealed that a vast majority (79.60%) of the elderly populations belong to the age  $\leq 70$  years (males = 84.10%, females = 77.40%). Most of the elderly populations (81.20%) were still in formal partnership and only 18.80% were currently

partner less (unmarried, divorced, widowed, widower). Almost all (89.28%) male elderly were found to be the less than half (47%; males = 48.21%, females = 45.12%) of the elderly populations live in the joint families and more than half (53%; males = 51.78%, females = 54.88%) of the total elderly populations live in the nuclear families. The average household size was found 6.

About three-fifth (60.0%) of the total elderly were illiterate (males = 57.70%, females = 64.60%) and only 40% of the total elderly population were literate (males = 42.30%, females = 35.40%). In case of cultivated lands, 56.40% respondents had <100 decimals land (males = 54.20%, females = 61.0%) and only 43.60% had >100 decimals land (males = 45.80%, females = 39.0%). Majority of the elderly population (62.80%) live in clay made houses (males = 63.10%, females = 62.20%) and 37.20% live in others type of houses (males = 36.90%, females = 37.80%).

The study also focused that insomnia (39.20%) was found the most common problem for both males (33.92%) and females (48.78%). The second common problem of the elderly population was eye problem (37.60%) and female elderly populations were more sufferers (39.03%) than that of males (36.90%). The third and fourth common diseases of the elderly populations were arthritis (28%) and joint pain (21.20%). Also diabetes (16.80%), heart diseases (8.40%), high blood pressure (5.20%), asthma (4.80%), waist/ back pain (6.4%), and ulcer (6.40%) are found the some other common health problems.

The gap of the article is that it does not specify the objectives in proper way. At the same time it does not use multivariate table and avoid the graphical presentation to highlights data. But the overall situations of the findings are helpful to know about the present situations of elderly people in Bangladesh.

Another Research article entitled **Unnayan Onneshan Policy Brief on Present Social Context and Elderly Population in Bangladesh** was conducted by K. M. Mustafizur Rahman.

The manuscript was focused that the process of ageing in Bangladesh is taking place at a time when the pattern of life is changing, kinship bonds are weakening and family composition is undergoing a rapid transformation. In the patrilineal joint family, sons are expected to care for and provide assistance to parents in old age but the traditional joint family structure in rural Bangladesh (where majority of our elderly are living) is breaking down over last few decades due to poverty, attitudes of self-interest, quarrels, maladjustment and so on and is gradually being replaced by nuclear families (UNESCO, 1992). The growing number of older persons and reduction of young population increase the index of ageing reflecting the change in the age structure composition of population of Bangladesh. The index of ageing was 16.4 in 1950, 12.2 in 1975 and 12.8 in 2000 respectively.

As a result of the elderly population left to live alone and to face socio-economic, health and emotional problems on their own. It was also focuses that although, the percentage of the elderly population is increasing but, their participation in the labor force is decreasing. Which, decreased from 62.5% in 1950 to 46.6% in 2000 and expected to further decrease 42.9% by 2010 (WPP, 2009). This may demand a sound economic security at the later stage of life. Illiteracy, unhealthy physical condition, utmost economic dependence of the already poverty-stricken family makes the elderly susceptible to elder neglect and abuse. (Rahman, et al. 2010).

In Bangladesh many older people spend their lives in poverty and ill health which is major risk for the elderly population. Poverty and exclusion are the greatest threats to the well being of older people. This is especially true for older women, who suffer from multiple disadvantages resulting from biases to gender, widowhood and old age (Munsur, et al. 2010). The elderly become mentally sick feeling unwanted by the society. They feel insecure due to lack of financial support either from the family or the state. The old-age dependency ratio might be almost triple (from 5.4 to 16.2) in Bangladesh during the next half century (i.e. from 200 to 2050). This ratio remains quite similar between 1950 and 1975, but decrease for next 25 years and stood at 5.4.

**Dynamics of Health Care Seeking Behaviour of Elderly People in Rural Bangladesh** is a Research article and that was conducted by Priti Biswas, Zarina Nahar Kabir, Jan Nilsson & Shahaduz Zaman (2006).

The purpose of the study was to explore the underlying aspects of health care seeking behavior of older people in rural Bangladesh. Drawing upon qualitative evidence from rural Bangladesh, the paper focused on coping strategies of elderly people in case of illness and the contributing factors in determining their health-seeking behavior.

The evidence in the paper was drawn from a qualitative baseline study which was a part of a multi-country health care intervention study, Primary Health Care in Later Life: Improving Services in Bangladesh and Vietnam (PHILL). The project was conducted in the south-eastern part of Bangladesh, in four villages in Chandpur district.

The sample for this study consisted of elderly men and women aged 60 years or older and their caregivers. 09 Focus Group Discussions (05 with elderly groups and 04 with caregivers with an average of five individuals per session) and 30 interviews with elderly people (15 men and 15 women) were conducted.

The heterogeneous nature of the existing primary health care services in rural Bangladesh as well as the unique socio-cultural characteristics of the rural population was explored in this qualitative methodology.

Findings indicated that old age and ill-health are perceived to be inseparable entities. Seeking health care from a formally qualified doctor is avoided due to high costs. Familiarity and accessibility of health care providers play important roles in health-seeking behavior of elderly persons. Flexibility of health care providers in receiving payment is a crucial deciding factor of whether or not to seek treatment, and even the type of treatment sought. A number of respondents classified specific health crises as old age illnesses, such as cataracts, toothache and gastric pain, body pain and arthritis, fever, uterine problems, loss of appetite, and general weakness. The perceived severity of old people's health problems is another key factor affecting health care seeking behavior, and we sought to define the threshold at which an illness is considered severe enough to be treated. The data showed that sudden dramatic deterioration of a

regular health problem is considered severe. For instance, if someone who has chronically experienced a feeling of “unwellness” suddenly falls and loses consciousness, it is treated as a severe condition. The overall tendency is to avoid going to qualified doctors with formal medical training because they are expensive and hence not consulted unless the situation deteriorates too much. Even if MBBS doctors are consulted, follow-up visits are rare due to financial constraints. The mobility and accessibility of older people are also critical. Especially for older women, a cultural stigma is attached to visiting a male doctor who is not directly a family member. In such cases, even if it is possible to take the doctor to the patient, that is not always an option for the older women patients. If the doctor insists on seeing the patient, he may have a counter-productive effect, such as deeper anxiety of the older patient.

Most significantly, old age is found to be an accepted explanation of ill health and the decisions taken to seek health care are influenced by factors such as perception of severity of illness, familiarity and accessibility to health care providers, and financing of health care. In the absence of specialized knowledge in geriatric health care, multiple sources of health care, such as allopathic care, *kabiraji* and homeopathic care are sought by the elderly people as also reported in an earlier survey on health-seeking behavior of adults in rural Bangladesh (Ahmed et al. 2005).



A research article entitled **Expectations, Realities and Coping Strategies of Elderly Women in a Village of Bangladesh** was conducted by Tamima Sultana (2011).

The paper was focused on the socio-economic status of elderly women, based on 20 elderly women in the village North-Doulatpur in Phulgazi Sadar Upazila, Bangladesh. For that information was collected through in-depth interviews, and then, on the basis of interviews, seven case studies were prepared. The main method of the research was qualitative research.

The major findings of the research were that poverty has an important role in the life of elderly village women and that women are more vulnerable than men in their old age, partly because of a patriarchal social structure. They expected a happy old age, which did typically not materialize. Most of the elderly women suffer from various chronic diseases like back pain, nerve disorder, insomnia, joint pain and pelvic relaxation with uterine prolepses. Despite their sufferings, most of them do not get proper care. None of the women in this study get any government allowance or other necessary services from the government. Elderly women follow various strategies for survive, though some of them could be categorized as negative coping mechanisms.

It showed that the major findings from the case studies and in-depth interviews, examining eight topics: (1) poverty, (2) vulnerability, (3) elderly women's expectations, (4) health problems, (5) psychological problems, (6) lifestyle within the family and treatment by family members, (7) the role and acceptance of elderly women within the community, and (8) coping mechanisms of elderly women.

The article focuses that 20 percent of the respondents were between 50-54 years old, 35 percent were between 55-59 years old, 15 percent were between 60-64 years old and 30 percent were between 65-69 years old. Far more than half (65 percent) of the women were illiterate, 70 percent were widows, and 60 percent did not receive any assistance under government health care provisions.

**Socio-Economic Status of Elderly of Bangladesh: A Statistical Analysis** is a Research title and that was conducted by M. Taj Uddin, Md.Nazrul Islam, Md.Johurul Alam and Gias Uddin Baher (2010).

The study was based on data collected from three selected districts (Sylhet, Mymensingh and Noakhali) of Bangladesh. A questionnaire was adopted and a pilot survey was taken to make reliable and concise questionnaires. Personal interview approach was followed for data collection from the field. The districts and areas within the districts were selected purposively and random sample was collected from the selected areas of each district. Finally a sample of 300 elderly people were selected for interview where 100 from each district. The data were analyzed by SPSS.

The findings showed that among the respondents 73.3% were male and 26.3% were female. Among the three study sites with respect to level of education, about 30% of elderly were found educated up to S.S.C. where 8% of them were found that they were able to read only the religious books the Holy Quran, the Geta etc. Hence, it also showed that among three hundred elderly respondents 45% of them were illiterate.

The study showed that 33% of them were their previous occupation was agriculture whereas, a very few of them were engaged in fishing. It was also found that 22% elderly were engaged in business and 15.3% were in Government services.

Among the 300 elderly people in the study sites 53.7, 33.3 and 13% of them were living in joint, unitary and extended respectively. Most of the family (43.3%) had the total member between three and five and only 16.7% of them had up to two members. It was observed that respondents of these three study sites in respect of level of looking after family among them 44% were found that still they are able to supervise their family and in 45.3% cases son of the elderly people lead or take care of their family. A very few cases (2.3%) daughter take care of their family.

It was observed that among the three study sites 80% respondents had number of son not more than three in the total sample where only 4% of the respondents were found with having number of sons six or more. About 86% respondents have number of daughters not more than three.

About 49% of the elderly were found with monthly income between 1000-5000 taka where only 10% were found with monthly income and expenditure around 1000 taka. Only 11% of the respondents had monthly income and expenditure more than 10000 taka. About 66% of them were dwellers of tin shade house followed by 21% in building and slightly more than 8% in semi-building. Approximately 93 and 84% of them had their own house and land respectively. Most of the respondents (66%) had electricity facilities.

Finally the paper recommended some strategies to their betterment of life and these were to ensure the financial solvency of the elderly people, proper regulations should be developed, employment opportunity should be made for the elderly people according to their physical and mental fitness, educational qualification, needs and preferences, separate ward or unit in a hospital or clinic need to establish and poor elderly people should be involved in the development and implementation of programs and policies according to their minimum needs.

A Thesis article entitled **The emerging elderly population in Bangladesh: aspects of their health and social situation** was conducted by Zarina Nahar Kabir (2001).

The aim of the thesis was to establish a knowledge base about aspects of the health and social situation of elderly people in rural and urban Bangladesh. It also aimed to adapt existing instruments assessing health status in terms of gender sensitivity and cultural relevance in the cultural context of Bangladesh.

A multi-stage sampling method was used to select the study sample of elderly men and women aged 60 years and older (N=786) for a multi-dimensional survey. With a non response rate of 10.8% (urban: 17.9%; rural: 2.5%), 701 elderly persons were interviewed

The findings showed that a high proportion of men (app 90%) were married while women were widowed (67%); 98% of all elderly people reported having children; intergenerational co-residence with sons was common; and more than 70% of elderly men reported being in paid work while elderly women reported unpaid work.

More than 95% of the elderly people reported experiencing health problems and most reported multiple health problems. More health problems were reported by women compared to men and in the rural region compared to the urban. Socio-economic factors were found to have little influence on reporting of health problems. In terms of provision of support, support from family members in old age is found to be strong in Bangladesh. The role of providers of support, i.e. emotional, practical or material, is primarily shared between spouse, daughter, son and daughter-in-law. While elderly people reported receiving support from their family members, they also reported providing support in the functioning of their own households, both financially and with household activities.

### **3.1 Demographic and Socio-Economic Conditions**

Aging is one of the emerging problems in Bangladesh. This problem has been gradually increasing with its far reaching consequences. A clear indication of increasing Bangladesh demographic aging process has been found in the works of (Nath and Nazrul, 2009) and (Islam and Nath, 2010). The majority of them are illiterate; economic facilities and job opportunities are limited. More than half of the elderly are widowed, divorced or single. A large proportion of elderly men are still in labor force both in rural and urban areas (Abedin, 1996). Most of the elderly people in Bangladesh live in rural areas where health and recreation facilities are very limited.

The present study is conducted at Longorpara village under Kharia Kazirchar Union at Sribordi Upazila in Sherpur district. The total area of the union is 17.86 square kilometer and in that area 22806 people are living. There are 13 villages in the union and among the villages Longorpara is the study area and now 7398 people are living there (census, 2011, K.K. Char Union Parishad).

The level of education in the study area is not up to the mark. Most of the older person especially the older women are illiterate. In prior to there have prejudice in women education and now-a-days the situation is changing gradually but not rapidly. The literacy rate of the study area is 23.59% (Education Survey, 2011, K. K. Char Union Parishad,) where the literacy rate of our country is 59% (National Economic review, 2014).

Most of the people lead a miserable life with financial insolvency and older person the top most vulnerable position in the study area. Most of the people in the study area engaged with agriculture based activities and some of them are service holder, small businessmen and so on. Their income is so limited. For that most of the people live with hand to mouth and they lead their live with hardship. The older people's sufferings of the study area are knows no bounds. They do not fulfill their basic needs and most of the older person are abused and neglected in different issues. To fulfill their basic needs older people bound to do different types of risky works. In fine it can be said that most of the older people's socio-economic condition is so miserable and they leads their livelihood with hardship.

**Table-01: Age of the Respondent**

Age Limit	Frequency	N=56	Percentage
60-64	14		25.00
65-69	13		23.21
70-74	16		28.60
75-79	10		17.86
80-84	01		01.80
85-89	01		01.80
90-94	01		01.80
Total	56		100

Source: Field work, 2014 ( Sribordi Upazila, Sherpur).

- Average age- 70.04

This table shows that most of the respondents (28.60%) age range is 70-74 years. Second highest (25.00%) age range is 60-64. The other 23.21% and 17.86% respondent's age range are 65-69 years and 75-79 years respectively. The respondent's minimum (01.80%) age range is 80-84 years, 85-89 years and 90-94 years respectively.

The average life expectancy of the respondents is 70.04 years and that nearly close to the average national life expectancy (69.00) of our country.

In 2001 the average national life expectancy is 61.00 years (Census, 2001) and in today's situations the average national life expectancy is 69.00 years (Census, 2011). So between the two census reports it is showed that the average national life expectancy is increasing in our country day by day because of proper medical and health care, controlled food, people's awareness and the continual innovation in medical service.

**Table-02: Percentage Distribution of the Respondents According to Their Level of Education and Sex**

Level of Education	Sex			
	Female N=28	Percentage	Male N=28	Percentage
Illiterate	20	71.43	12	42.70
Read only Religious book	03	10.70	03	10.70
Primary	03	10.70	03	10.70
Class vi-x	01	03.60	02	07.14
S.S.C	01	03.60	05	17.86
H.S.C	00	00.00	01	03.60
Graduation	00	00.00	02	07.14
Total	28	100	28	100

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

The level of education in the study area is not up to the mark. Most of the older person especially the older women are illiterate. In prior to there have prejudice in women education and now-a-days the situation is changing gradually but not rapidly. The literacy rate of the study area is 23.59% (Education Survey, 2011, K. K. Char Union Parishad,) where the literacy rate of our country is 59% (National Economic review, 2014).

The demographic study shows that approximately 71.43% women respondents are illiterate and 42.70% older men are illiterate and that is the common scenario of our rural Bangladesh. The findings show that there are no women who H.S.C or other higher level of education but at the same time 03.60% and 07.14% men is achieved the H.S.C. and graduation. About 03.60%, 10.70% and 03.60% women are achieved the primary, class v-ix and SSC respectively and 10.70% can read only religious book. On the other hand approximately 10.70%, 07.14%, 17.86%

men have passed the primary, class v-ix and SSC respectively. Some study shows that the old age literacy rate is very poor in our rural sides.

A study shows that in our country 40% older women are literate, 42.24% has some school education below SSC that is 10 grades, 8.97% passed SSC, 9.25% passed HSC and only 0.06% is found graduates (Rahaman, 2013).

The other study shows that in our country the literacy rate is more male than female specially the rural area. The study focuses that about three-fifth (60.0%) of the total elderly are illiterate 57.70% are males and 64.60% females and 40% of the total elderly population are literate in where 42.30% are male and 35.40% females (Nuruzzaman & et al ,2014).



## 4.1 Types of Elder Abuse and Neglect

Elder abuse and neglect is a growing problem. Elder abuse is defined as a knowing, intentional, or negligent act to a vulnerable adult. Laws to protect and prosecute the elderly vary from state to state and from country to country. Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder or the failure on the part of an in-home service provider to provide necessary care.

Neglect typically means the refusal or failure to provide an elderly person with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials included in an implied or agreed-upon responsibility to an elder.

There are mainly two types of neglect and these are-

1. Active neglect
2. Passive neglect

With active neglect the caregiver intentionally fails to meet his/her obligations towards the older persons. With passive neglect, the failure is unintentional. With both neglect the caregiver fails to meet the physical, social and emotional needs of the older person. There are other types of neglect which is called self neglect. With that neglect the older person fails to meet their own physical, psychological and social needs.

There are different types of abuse and neglect. The most common are defined below.

1. Physical abuse
2. Psychological abuse
3. Financial abuse
4. Self neglect
5. Treatment related abuse

### **Physical Abuse**

Physical abuse is defined as the use of physical force that may result in bodily injury, physical pain or impairment. Physical abuse may include but is not limited to such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. In addition, inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind also are examples of physical abuse.

### **Psychological Abuse**

Psychological abuse is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts. Psychological abuse includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating an older person like an infant; isolating an elderly person from his/her family, friends, or regular activities; giving an older person the "silent treatment;" and enforced social isolation are examples of psychological abuse.

### **Financial Abuse**

Financial abuse is defined as the illegal or improper use of an elder's funds, property, or assets. Examples include, but are not limited to, cashing an elderly person's checks without authorization or permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document and the improper use of conservatorship, guardianship, or power of attorney.

### **Self-neglect**

Self-neglect is characterized as the behavior of an elderly person that threatens his/her own health or safety. Self-neglect generally manifests itself in an older person as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. It excludes a situation in which a mentally competent older person, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice.

## **4.2 Types of Abuse and Neglect in the Study Area**

In present context the older person of our country are vulnerable and they faces different types of abuse and neglect. Now abuse and neglect is the common scenario in rural Bangladesh. Most of the time they are abused to fulfill their basic needs which are represents in the study area.

Among the different types of abuse and neglect the most noticeable is financial abuse and neglect because they have no power in their family and their society. For that the offspring and other relatives of the respondents neglected them through forcible capture of land. They also mentioned that because of their old age and illness their family members sometimes stealing their property. They also neglected through discriminate in getting old age allowance and other basic needs which are committed to fulfill the government.

The respondents of the study area are abused and neglected physically but the situation is not so acute. But with a great sorrow they noticed that they like to death even physical torture from their near and dear ones.

In the study area most of them abused and neglected psychologically. For that they do not adjust with themselves even with the family and society people. Also there have created the conflict and raised indignation. In some situations the older persons do not care the issues as those are usually occurred with them. They think that the psychological abuse and neglect during the old age are now universal in their society.

In the study area the older person is affected different types of diseases and they are abused and neglected in that situation. In some they have to do some household work and sometimes they seem burden. In today's situation is that they are neglected through providing of insufficient, unhygienic and innutritious food. They are also neglected through serving food in separate place and also food discrimination.

In the study area most of the older people live with less facility and they are abused and neglected in that sector by the local power structure. Because many of the older people who are needy do not get facilities, but those who are acquainted with them get different types of government facilities and those facilities are insufficient. In Kharia Kazirchar union only 07 older people out of 33 people get Vulnerable Group Feeding (VGF) facilities (Union Parishad, Kharia Kazirchar, 2014) or that they do not fulfill their food related demand in proper way and with balance diet.

In the study area they are bound to live in kitchen, balcony, also in other people's house and receive insufficient facilities. In some situations they are affected willingly though the facilities are available. In some situations the family members do not provide them new cloths willingly and sometimes they do not emphasize their demand. At the same time the respondents explained that now-a-days their offspring provide them a few cloths to hold the positive impression in the society and that is so shame for us.

In general the elder people want to live together with their family members and they spend their leisure time with them for mental satisfaction. But in the study area the recreational facilities especially television, radio, park, library are insufficient. In some situations there have no facilities for their recreation. For that most of the respondents in the study area spend their time in house and sometimes gossip with the neighbor.

Finally it is said that most of the people of the study area live with poverty and most of the people are illiterate. For that the older people in the study area are abused and neglected most of the cases. But when they are abused intentionally their sufferings knows no bounds and they can't tolerate that and as a results they are faced different types of psychological problems.

**Table-03: Pattern of Abuse and Neglect of the Respondents**

Pattern of abuse and neglect	Frequency	N=56	Percentage
Willingly	40		71.43
Unwillingly	22		39.3

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

Most of the people of the study area live with hardship and they are mainly engaged with agriculture. In prior to there have joint family and there have good relationship and strong bondage. But the today's situation is that the nuclear family is raising and loses the family bondage. With the fragile family system and the financial insolvency the respondents are abused and neglected in different situations.

Table-03 shows that about 71.43% older people are willingly abused and neglected and 39.30% older person are abused and neglected unwillingly. This table shows that in recent time older people are abused and neglect willingly and the rate is increasing day by day because of breakdown of family patterns, rural-urban migration and economic insolvency of rural people.

A study shows that about 67%, 58%, 09% and 12.30% of the elderly females are living with their children, married children, and their husband and living alone respectively. It also shows that highest numbers of abuse occurred due to poverty (27.6%), followed by dependency (19.9%) and 14.9% are enable to do any activity (Rahaman 2013). For that perspective it is showed that due to poverty, attitudes of self-interest, quarrels, and maladjustment the family member's breakdown their bondage and elder people are neglected sometimes willingly and sometimes unwillingly.

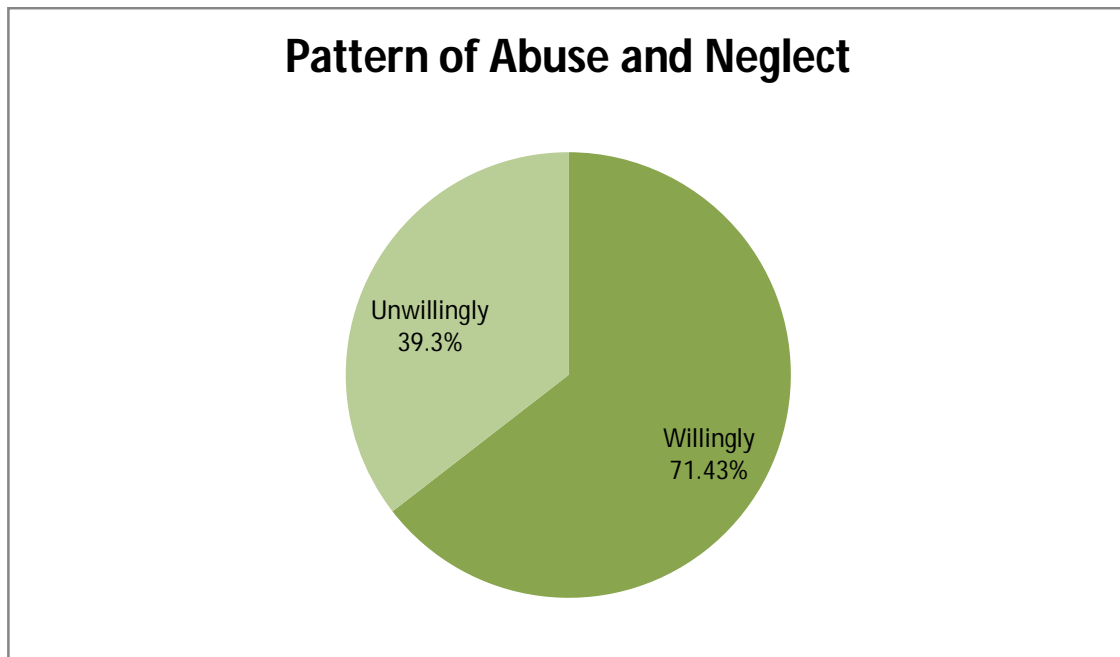


Figure: Patterns of abuse and neglect

- Multiple answers were possible

**Table-04: Abuse and Neglect Faced by the Respondents**

Situation of abuse and neglect	Frequency	N=56	Percentage
Faced	45		80.4
Not faced	11		19.6
Total	56		100

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

In present context the older person of our country are vulnerable and they faces different types of abuse and neglect. Now abuse and neglect is the common scenario in rural Bangladesh. Most of the time they are abused to fulfill their basic needs which are represents in the study area.

It is found from the table-04 that approximately 80.40% older people are affected by abused and neglect and only 19.60% are not affected with that situation. Abuse and neglect is the common situation in our country specially the rural area because of financial crisis, family disorganization, illness and so on.

A study shows that a total number of 72% older women have accepted that they are somehow neglected, only 12% said that they are not neglected and 12% older women remained silent (Rahman, 2013) which represent the whole older person's abuse and neglect.

The respondents of the study area noticed that the abuse and neglect is a common scenario in the study area because of financial crisis, family disorganization and illness and so on. With a great sorrow some respondents said that without any issues they are abused and neglected by their offspring, relatives especially their son's wife without any issues, also they are physically tortured. Even they do not want to see their shadow and that is so much pathetic.

The situations of the abused and neglect of the respondent are given below.



Figure: Situation of abuse and neglect



**Table-05: Abuser of the Respondents**

Abuser	Frequency	N=56	Percentage
Husband	05		8.9
Wife	03		5.4
Family members	40		71.43
Self neglect	20		35.7
Caregivers	02		3.6

Source: Field work, 2014 ( Sribordi Upazila, Sherpur).

- Multiple answers were possible

In the study area the respondent noticed that they are wanted to live with family members. But because of neglect they try to separate from them even though there have great crisis. They told that among the respondents the female women respondents are more abused than the male and the behind cause of the issue is that there has no power in their family than the male respondents. From their statement it is focused that most of them abused by their family members, in some cases by their husband, wife and their caregivers. They mainly abused and neglected because of frustration and in some cases ignorance.

The above table shows that most of the respondents 71.43% are abused and neglected by their family members. Approximately 08.90%, 05.40% and 3.6% older people are abused and neglected by their husband, wife and caregivers respectively. The table also shows that about 35.70% older person are abused and neglected by themselves.

A study shows that 57.60% older women and 27.90% older men live with joint family and 54.5% live with spouse ( Rahman & et al,2010).

The other study shows that 45% respondents are neglected by spouse, 37% are adult child and 7% are neglected by their neighbors (Rahman, 2013). As the maximum older person depends on family members and relatives, they are abused and neglected in some situations by willingly or unwillingly. The remarkable tradition of our society is that most of the older person depends on

their sons' family and for that in some cases the wife, children and other members of the family neglected them intentionally or unintentionally.

The graphical statement of the issues is given below.

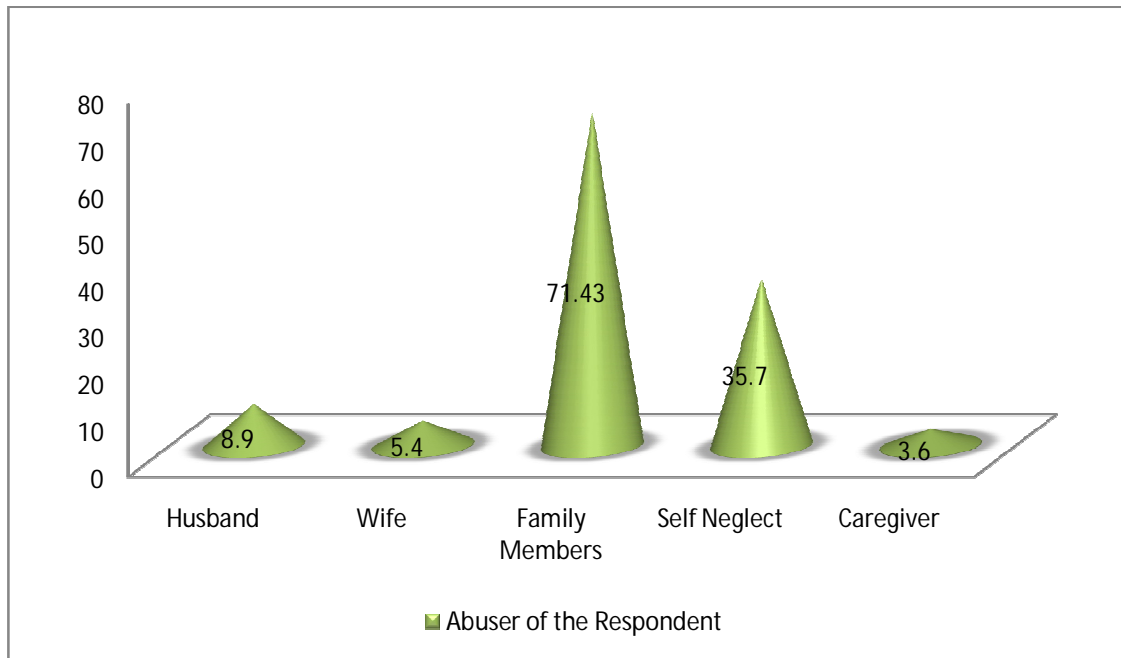


Figure: Abuser of the respondent

- Multiple answers were possible

**Table-06: Patterns of Financial Abuse and Neglect of the Respondents**

Patterns	Frequency	N=56	Percentage
Impeding property consumption	18		32.15
Stealing money	04		07.14
Forcible capture of land	07		12.50
Apathy towards fulfill demands	27		48.21
Discriminate in getting old age allowance	12		21.43
No problems	15		26.80

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

The respondents of the study area mentioned that in old age they are abused in different ways because of their family disorganization and crisis. Among the different types of abuse and neglect the most noticeable is financial abuse and neglect because they have no power in their family and their society. For that the offspring and other relatives of the respondents neglected them through forcible capture of land. They also mentioned that because of their old age and illness their family members sometimes stealing their property. They also neglected through discriminate in getting old age allowance and other basic needs which are committed to fulfill the government.

This table shows that most of the respondents (48.21%) are abused and neglected financially with the patterns of apathy towards fulfill their demands. 32.15% are impeding property consumption. Approximately 12.50%, 7.14%, 21.43% respondents are affected financial abuse and neglect with the patterns of forcible capture of land, stealing money, discriminate in getting old age allowance. About 26.80% respondents are not facing any problems. In our country

maximum older person are affected by financial crisis and the different types of financial abused and neglect because of their limited income source, decreasing their power and their older stages.

**Table-07: Nature of Works Related Information of the Respondents**

Nature of work	Frequency	N=56	Percentage
Selling property	05		08.93
Agriculture	15		26.80
Day laborer	04		07.14
Begging	07		12.50
Maid/Servant	03		05.36
Shopkeeper	05		08.93
No work	17		30.36
Total	56		100

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

The village of Longorpara at Sribordi Thana is mainly agriculture based. For that most of the respondents try to survive their life through proper use of land and agriculture based activities. Some of the respondents survive their life from hand to mouth through begging and day laborer. In some situations they bound to sell property because of their loss of strength, illness and for having no work. With satisfaction some of the respondents said that their family members fulfill their financial crisis. Most of the respondents focuses that due to financial crisis they are abused and neglected and to work over sixty years for manages the money is so burden for them.

The table shows that almost 26.80% respondent's engaged with agricultural activities to manage their financial crisis because we know that our country is agriculture based country. The other respondents approximately 07.14%, 12.50%, 05.36% and 08.93% works as a day laborer, begging, maid/servant and shopkeeper respectively to fulfill their financial crisis. Approximately 08.93% respondents are selling their properties to manage their problems. 30.36% respondents have no financial problems so they have nothing to do any kinds of works.

In rural area older people have to do different types of work to maintain their lifestyle and some older have no ability to manage financial crisis because of their very old stage (Rahman, 2013). The other study shows that 17.96% respondents works as agricultural activities 06.63% respondents works as a day laborer and 44.75% have no work to manage their financial crisis (Faquerul & el al 2007). So it shows that their working activities are increasing day by day because of independence.

The distribution of the respondent's nature of work is drawn below.

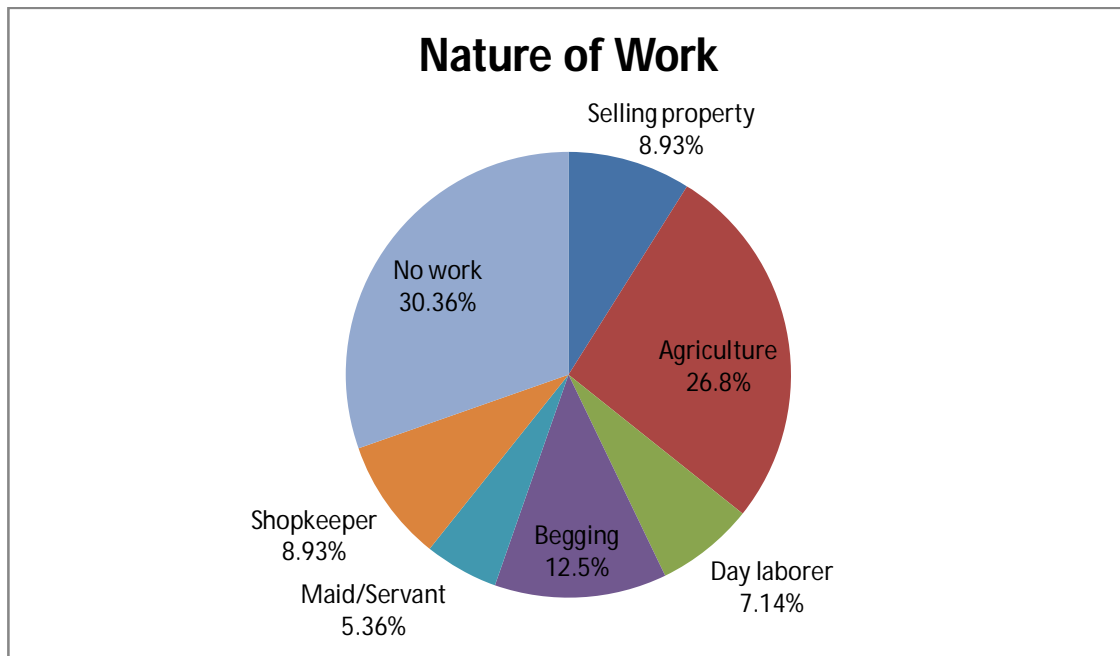


Figure: Nature of work of the respondents

**Table-08: Patterns of Physical Abuse and Neglect of the Respondents**

Patterns	Frequency	N=56	Percentage
Hitting without any cause	08		14.30
Shook	05		09.00
Slap	01		01.80
Push	03		05.40
Kick	02		03.64
No problem	45		80.40

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

The respondents of the study area are abused and neglected physically but the situation is not so acute. But with a great sorrow they noticed that they like to death even physical torture from their near and dear ones. For that they feel inferiority complex and sometimes they want to make suicide. At the same time they do not want to leave the world with the direction of God for religious respects. For the different types of abused and neglected they think that old age is curse for them.

The older person in rural area physically abused and neglected in some cases and most of the time they are abused by their offspring, husband and other members of the family. For that they are frustrated and sometimes they are separated from their family members and live alone.

The above table shows that maximum 80.40% respondents have not faced any kinds of physical abuse and neglect. Approximately 14.30% faced physical abuse and neglect without hitting any cause, 09% abused by shook, 01.80% faced slap, 05.40% abused and neglect by push and 03.64% respondents faced physical abuse and neglect by kick. From the table it showed that in our country's culture most of the family members do not neglected them physically but in rural areas it is occurred in most time than urban area.

**Table-09: Patterns of Psychological Abuse and Neglect of the Respondents**

Patterns	Frequency	N=56	Percentage
Rebuke	07		12.5
Devaluation	19		34
Hinder from express opinion	30		53.6
Loneliness	35		62.5
Unexpected behavior	31		55.4
Threat to punishment	03		5.4
No problems	09		16.1

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

The respondents of the study area noticed that most of them abused and neglected psychologically. For that they do not adjust with themselves even with the family and society people. Also there have created the conflict and raised indignation. In some situations the older persons do not care the issues as those are usually occurred with them. They think that the psychological abuse and neglect during the old age are now universal in their society.

It is found from the above table that respondents faced different types of physical abuse and neglect. Most of the respondents (62.50%) feel loneliness, 55.40% face unexpected behavior 53.60% hinder from express opinion and 34% faced by devaluation. About 12.50% and 05.40% face rebuke and threat to punishment respectively. Only 16.10% respondents do not face any kinds of psychological problems.

In old age most of the elderly people are not affected by one type of abuse but also two or more types. Among the different types of abuse psychological or mental abuse is one of them. The previous study shows that psychologically abused older people's ratio is very high which is 76.70% for both sex and it is for male 78.70% and 75.90% for female (Rahman & et al, 2010).

The figure around the issues is given below.

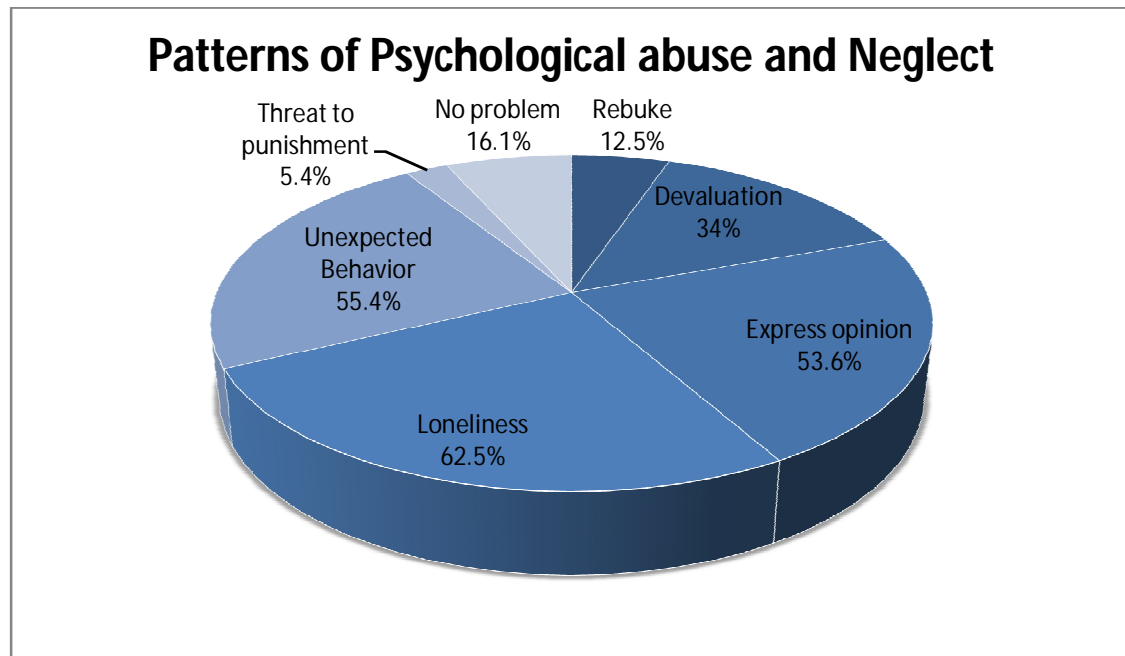


Figure: Patterns of psychological abuse and neglect

- Multiple answers were possible



**Table-10: Percentage Distribution of the Respondents According to Their Sex and Patterns of Self neglect**

Patterns	Sex			
	Male N=28	Percentage	Female N=28	Percentage
Separation from others	06	21.43	02	07.14
Depression	08	28.61	12	42.86
Inferiority	05	17.86	08	28.61
Angry for without any cause	04	14.30	03	10.71
Health carelessness	06	21.43	09	32.14
Irregular food habit	02	07.14	07	25.00

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

Older person are affected by different types of psychological abuse and neglect and for that they are separated from others and affected by self neglect especially the older women. In some cases they are neglected by themselves because of lack of knowledge and their soft corner attitudes towards their family members. The respondents of the study area mentioned that for the indignation towards the family members, relatives and also with the society people they are abused and neglected by themselves. At the same time they confess that in some situations they are responsible for self neglect.

The table shows that both male and female older person faced different types of self neglect such as separation from others, depression, inferiority, angry for without any cause, health carelessness, and irregular food habit. Most of the male respondents (28.61%) feel depression; on the other side most of the female respondents (42.86%) feel depression. 21.43% male respondents separate them from others and health carelessness, in where 07.14% separate them from others and 32.14% neglected through health carelessness by themselves. Approximately 17.86%, 14.30% and 07.14% male respondents neglect by themselves through inferiority, angry for without any cause and irregular food habit. On the other hand about 28.61%, 10.71% and 25%

female respondents neglect by themselves through inferiority, angry for without any cause and irregular food habit. From the above findings it is showed that most of the female respondents faced self neglect than male respondents.

The other study shows that 30.39% older male respondent and 35.91% female respondent are abused by depression 04.70% male and 12.15% female abused through inferiority complex (Faquerul & el al 2007).

**Table-11: Diseases Faced by the Respondents**

Diseases	Frequency	N=56	Percentage
Fever/Headache	12		24.43
Asthma	14		25
Teeth problem	23		41.1
Weakness of eyesight	35		62.5
Hypertension	12		21.43
Diabetes	07		12.5
Arthritis	15		26.8
Cardiac diseases	07		12.5
Gastric	18		32.14

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

The table shows that in older people suffer from various types of diseases. Fever/headache, asthma, gastric, weakness of eyesight, hypertension, diabetes, arthritis, cardiac diseases, and teeth problem and so on is the common diseases in old age. Among the respondents 62.50% have weakness of eyesight, 41.10% have teeth problem, 32.14% gastric, 26.80% face arthritis, 25% have asthma, 24.43% face fever/headache, 21.43% affected hypertension and 12.50% respondents are affected by the disease of cardiac and diabetes.

In the study area most of the people live with poverty and they pass their daily life from hand to mouth. So the unhygienic environment and malnutrition are the common elements for their sickness. For that they are affected different types of diseases especially the female respondents. They think that diseases are the daily parts in old age.

The other study shows that only 13.6 % respondents reported that they are healthy. Also diabetes (16.80%), heart diseases (8.40%), high blood pressure (5.20%), asthma (4.80%), waist/ back pain (6.4%), and ulcer (6.40%) are found the some other common health problems ( Nuruzzaman & et al, 2014).

The present study represent that the older people suffer from different types of diseases and the ratio is increasing day by day because frustration, family violence and conflict, unhygienic food consumption and environmental issues which are proof from the previous study. The study shows that in previous only 03.86% older person affected by diabetes, 11.33% and 04.69% affected by gastric and cardiac diseases respectively (Faquerul & et al, 2007).

The statistical figure is representing below.

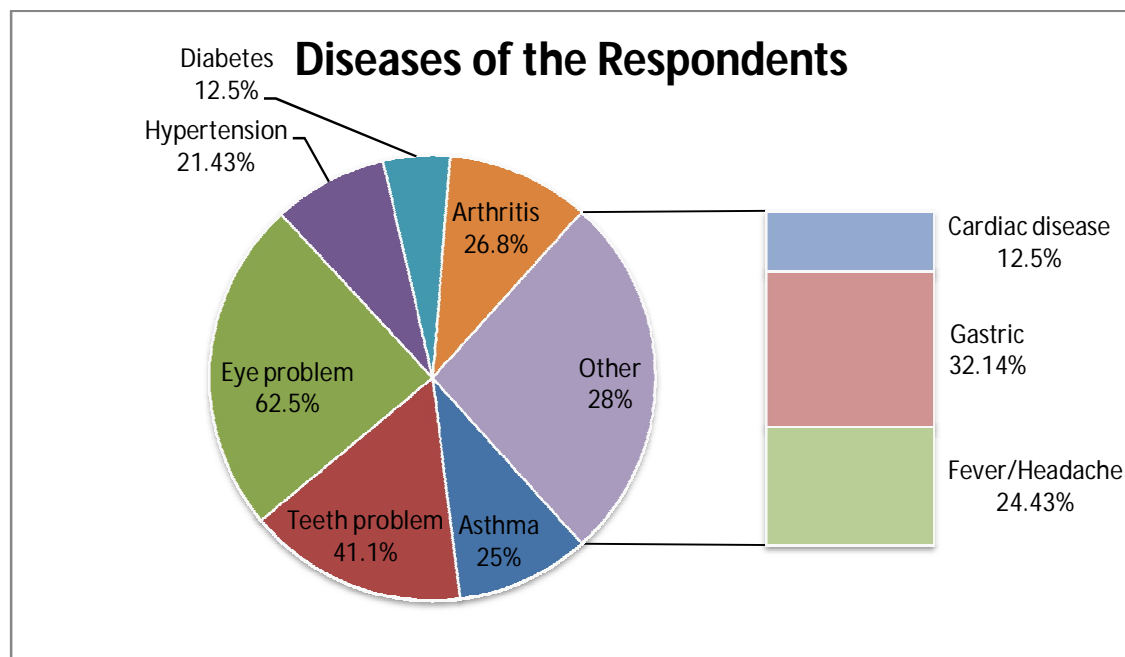


Figure: Patterns of diseases of the respondents

- Multiple answers were possible

**Table-12: Information about Sectors of Treatment place**

Different sectors	Frequency	N=56	Percentage
Government hospital	49		87.50
Private hospital/Doctor	17		30.40
Dispensary	15		26.80
Religious term ( <i>Kabiragi</i> )	21		37.50
Homeopathic	20		35.71

Source: Field work, 2014 ( Sribordi Upazila, Sherpur).

- Multiple answers were possible

In the study area most of the older person checks their health in government hospital, private hospital/doctor, dispensary, homeopathic sometimes used different types of religious term. Even some of the respondents do not want to go to the doctor because of their financial crisis. Because of their superstitious and ignorance they think that diseases are the last after of reversion for them.

The above table shows that about 87.50% respondents checks their health problems in government hospital, 30.40% in private hospital/doctor, 26.80% from dispensary, 37.50% takes homeopathic and 37.50% of the respondents use different types of religious term to cure their diseases and improve their health condition. But in some situations older person do not take any treatment or sometimes do not want to go to hospital or doctor.

The other study focuses that approximately 04% older person do not receive any kinds of medical procedures (Bardhan, 2013).In present situations medical science technology and awareness among the people is increasing day by day. But above the table it is focused that some people specially the rural area do not cope with the modern medical procedures they still receive religious term and superstitious to protect their health from the get rid of illness.

**Table-13: Patterns of Health Related Abuse and Neglect of the respondents**

Patterns	Frequency	N=56	Percentage
Negligence towards disease	16		28.60
Reluctant to go to doctor	26		46.43
Unwilling to buy medicine	18		32.14
Reluctant to attend on	37		66.10
Forcible work	02		03.60

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

The respondents of the study area noticed that when they are able to work in middle age the members of their family and relatives are look after of them. But now at their old age they do not want to care of them (Respondents), even in some situations they seem burden and also desire their bad wills. For that when they are affected any kinds of diseases to do not want to make any crisis towards their family members and relatives. In some situations they bound to do some household work. One of the widow female respondents noticed that during her diseases her family members do not take any steps and come round her diseases and do not provide nutritious food willingly with the existence capabilities of themselves and that is so pathetic for a older person especially for a mother.

The table shows that most of the respondents (66.10%) affect health related abuse and neglect through reluctant to attend on by their family members. 46.43% respondents neglect patterns is reluctant to go to doctor.32.14%, 28.60% and 03.60% respondents neglect patterns are unwilling to buy medicine, negligence towards disease and forcible work respectively.

Elder people are affected various types of diseases. A study shows that more than 95% of the elderly people reported experiencing health problems and most reported multiple health problems. More health problems are reported by women compared to men and in the rural region compared to the urban (Zarina & et al, 2006).So as they unable to proper care by themselves,

they depend on others and neglected by their family, relatives and sometimes society people by forcible work during illness, reluctant to attend on, to buy medicine and to go to doctor.

The information about the issues is focused through diagram in below.

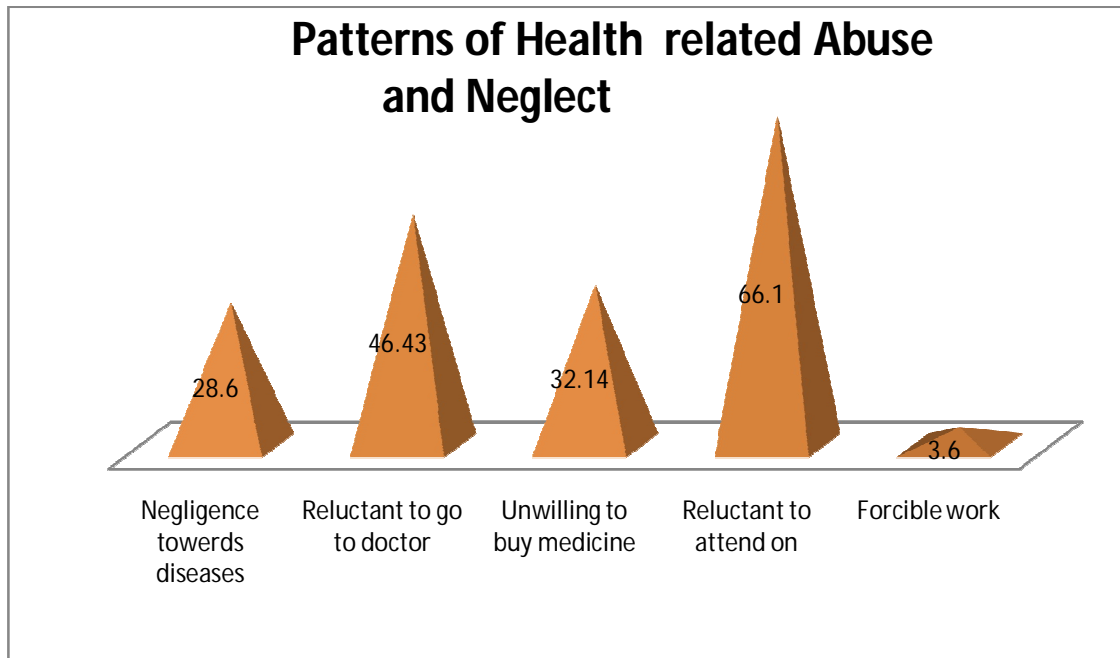


Figure: Patterns of health related abuse and neglect

- Multiple answers were possible

**Table-14: Patterns of Food Habit of the Respondents**

Patterns of food	Frequency	N=56	Percentage
Rice	56		100
Bread	14		25.00
Vegetables	56		100
Fish	41		71.21
Meat	24		42.86
Milk	18		32.14
Egg	27		48.21
Fruit	15		26.80

Source: Field work, 2014 ( Sribordi Upazila, Sherpur).

- Multiple answers were possible

The real scenario of Longorpara village is poverty, superstitious, lack of awareness and lack of knowledge about balance nutrition and proper health care among the people. For that most of the respondent takes rice and vegetables, sometimes they only take pepper and salt with rice to fulfill their food related demand where have financial crisis and family disorganization. But in some cases the respondents give positive opinion about the issue.

In that situations the table represents that most of the respondents (100%) take rice and vegetables as their daily food.71.21% respondents eat fish, 48.21% take egg, 42.86% take egg, and 32.14% drink milk. Among the respondents 26.80% take fruit and 25% take fruit and bread respectively.

In prior to the older person do not take meal three times per day, but now-a-days their sufferings are reduced but some of the respondents noticed that though they have no financial insolvency, they are provided two times food per day. In some situations they have enough wealth but they are not allowed to take nutritious food and that is so pathetic.

**Table-15: Patterns of Food Related Abuse and Neglect of the Respondents**

Patterns	Frequency	N=56	Percentage
Insufficient food	30		53.60
Unhygienic/Innutritious	26		46.43
Separation for food	10		17.86
Away from serving time	05		08.93
Late serving of meal	01		01.80
Food discrimination	10		17.86

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

Traditionally, family remains the most fundamental social unit in which the older person belongs. They are seemed to be an asset the previous time and they are provided special care, good, nutritious and sufficient food by their family members, relatives. But the today's situation is that they are neglected through providing of insufficient, unhygienic and innutritious food. They are also neglected through serving food in separate place and also food discrimination.

The table shows that 53.60% of the respondents take insufficient food, 46.43% take unhygienic/innutritious food 17.86% respondent's patterns of food related abuse and neglect are separation for food and food discrimination, 08.93% abuse through away from food serving time and 01.80% respondent's patterns of food related abuse and neglect is late serving of meal.

In the study area the real scenario is that most of the people live with poverty. In Kharia Kazirchar union only 07 older people out of 33 people get Vulnerable Group Feeding (VGF) facilities (Union Parishad, Kharia Kazirchar, 2014) or that they do not fulfill their food related demand in proper way and with balance diet. The older person is so vulnerable in that issue. They do not get any priority for taking any meal. They are discriminated and noticed that the best food are not provided them especially fruits, milk by their family members or their relatives. Some of the respondents noticed that they are not allowed to eat with family members due to



illness, in some cases because of their dependency. One of the female respondent noticed that when her husband was alive she got special priority by their offspring, but now when she take some favorite meal to her son and daughter-in-law, both of them refused that and in some cases they insulted her as they have enough property and facilities. In spite of that the respondent pray for her son and for his family members and that is so touching. The scenarios of the above discussion are presented through bar diagram.

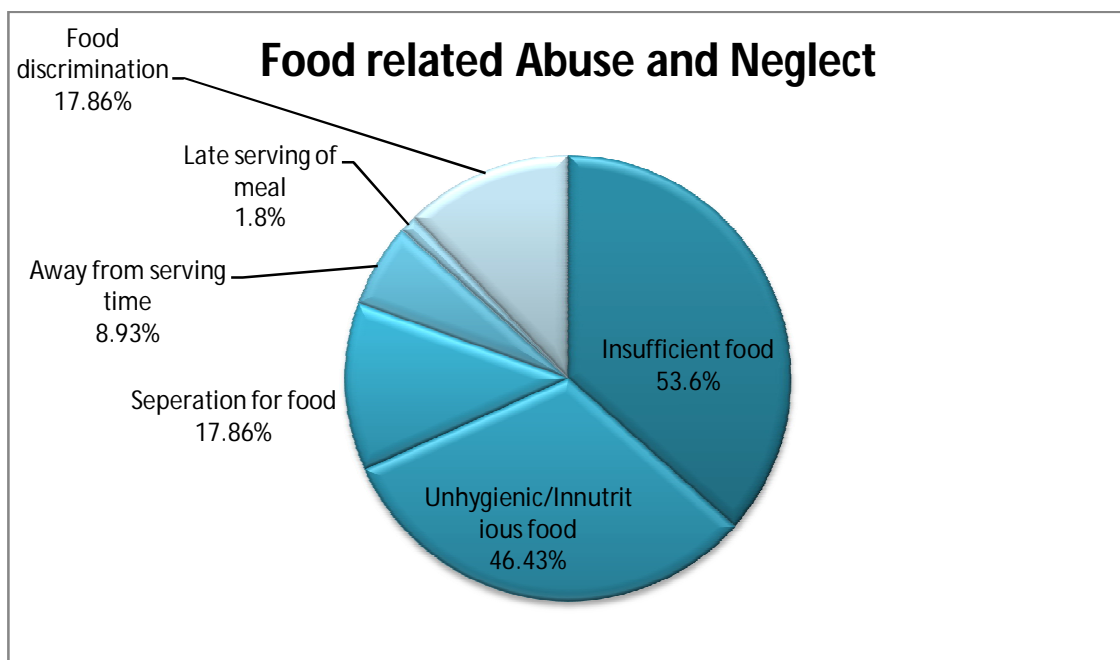


Figure: Food related abuse and neglect.

- Multiple answers were possible

**Table-16: Patterns of Accommodation Related Abuse and Neglect of the Respondents**

Patterns	Frequency	N=56	Percentage
Kitchen	07		12.5
Other people's house	01		1.8
Balcony	06		10.71
Insufficient facilities	15		26.8
No problems	32		57.14

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

Among the different types of basic needs the most important is accommodation facilities. None can think to live without accommodation system. In the study area the accommodation system is miserable and they bound to live in cottage with low facilities because of their financial crisis and in some situations the unwillingness of their family members though they have sufficient facilities.

It is found from the above table that from the study area 57.14% respondents have no household related problems. Among them 26.8% have insufficient facilities to live smoothly, 12.50% live in kitchen, 10.71% respondents stay at balcony of house and 01.80% respondents live in other people's house.

The older person of our country is vulnerable in that issue. In rural area when the offspring of the older person got married and separated the older person do not make another house for them due to financial crisis. For that they bound to live kitchen, balcony, also in other people's house and receive insufficient facilities (BAAIGM, 2013). In some situations they are affected willingly though the facilities are available.

The other study shows that 89.50% older person live in their own house, 06.90% live with relative's house, 00.56% older person live with neighbors. But the real scenario is that they live with vulnerable and unhygienic environment (Faquerul & et al, 2007).

Finally it is said that some of the respondents of the study area are vulnerable in somehow. In the present situations the economic solvency is increasing and for that most of the respondent tries to solve the problem as a first priority. At the same time there is acute problem for some respondents and that is willingly or unwillingly. The situations of the issue are presented through the issues in below.

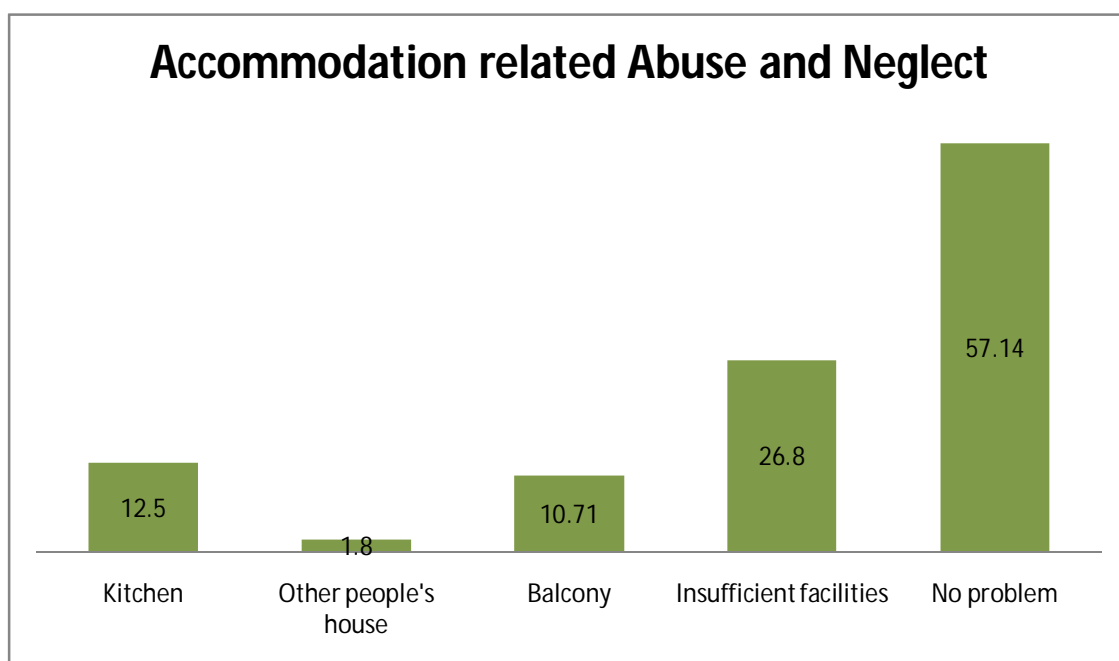


Figure: Accommodation related abuse and neglect

- Multiple answers were possible

**Table-17: Patterns of Costume Related Abuse and Neglect of the Respondents**

Patterns	Frequency	N=56	Percentage
Insufficient	28		50.00
Low quality	22		39.30
Old/Useless cloths	06		10.71
Unwilling to give cloths	05		08.93
Insufficiency to protect cold	13		23.21

Source: Field work, 2014 ( Sribordi Upazila, Sherpur).

- Multiple answers were possible

In the study area the joint family are breakdown and the nuclear family are increased. For that the offspring of the respondents emphasis their own family and neglected their parents willingly or in some cases unwillingly. In some situations because of their daughter-in-law their son's can't maintain good relationship with their parents and do not fulfill their demand.

The above table shows that among the respondents 50.00% have insufficient costume, 39.30% respondents have low quality of cloths, 23.21% have insufficient cloths to protect clod, 10.71% respondents wear old cloths and 08.93% face the problems because their family members do not want to give them cloths.

Older person's attitudes and demands like to be a child. For that they want sufficient and attractive dresses. But for the tradition of our society especially the rural area they are neglected in that issue and they are neglected even for the color of dresses (BAAIGM, 2013). In our society it is established that older person are not allow to wear colorful dress instead of they are provided insufficient and low quality of clothes and that is represents in the study area.

Finally it is said that the respondents of the study area are abused and neglected by their family members and relatives in the issue. In some situations their daughter-in-law provide them such poor cloths that are used by them and in some cases they are provided low quality of cloths.

Some of the respondents noticed that they are not provided any cloths in spite of having sufficient property and that is touching. The situations are presented through the diagram in below.

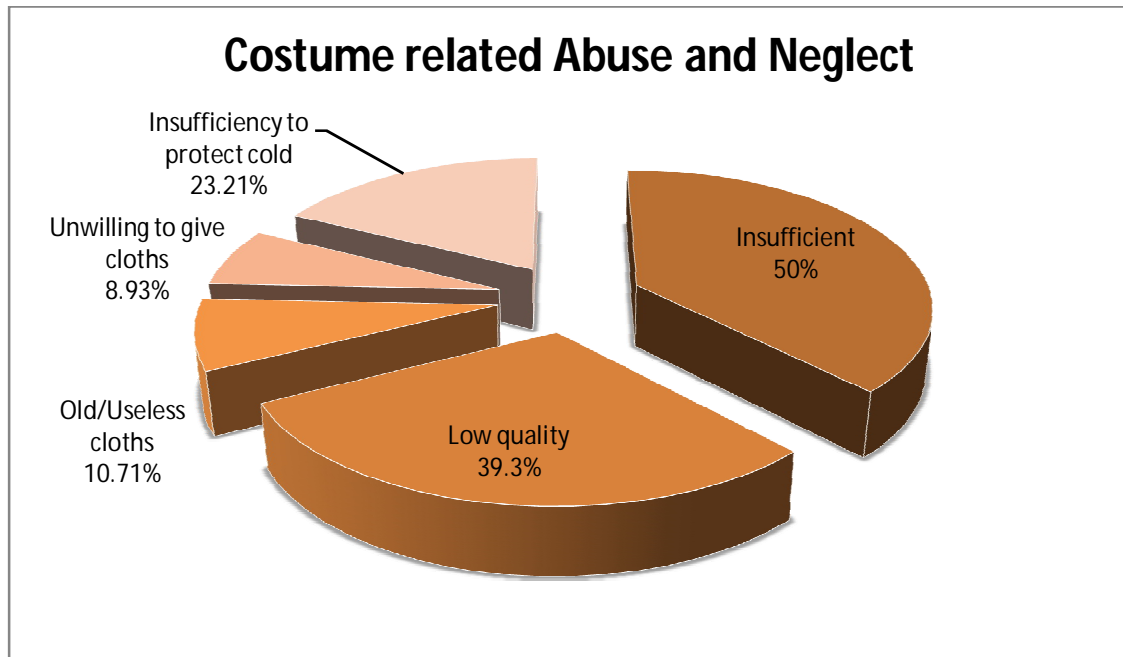


Figure: Costume related abuse and neglect.

- Multiple answers were possible

**Table-18: Recreation Related Information of the Respondents**

Recreational elements	Frequency	N=56	Percentage
Television	11		19.64
Radio	05		09.00
Religious program and prayers	42		75.00
Reading book	02		03.60
Gossip	47		83.93

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

In general the elder people want to live together with their family members and they spend their leisure time with them for mental satisfaction. But in the study area the recreational facilities especially television, radio, park, library are insufficient. In some situations there have no facilities for their recreation. For that most of the respondents in the study area spend their time in house and sometimes gossip with the neighbor.

The above table shows that among the respondents 83.93% respondents have a good interaction between their neighbors and they spend their time by gossiping, which refresh their mind. There is a inter relation between age and religion so that's why a large number of the respondents (75.00%) spend their time through religious programs and prayers. On the other hand 19.64% respondents spend their leisure time and recreated them through watching television and 09.00% respondents enjoy radio. The literacy rate is very low in the study area. Among them 03.60% respondents spend their time through reading book.

The other study shows that 17.96% older person spend their leisure time through watching television or listening radio and 77.35% spend their time through praying (Faquerul & et al, 2007), that is reflected in the study findings.

**Table-19: Patterns of Recreation Related Abuse and Neglect of the Respondents**

Patterns	Frequency	N=56	Percentage
Deter from watching religious programs	17		30.36
Debar from gossiping	09		16.10
Unwilling to take them outside	25		44.64
Reluctant to provide recreational tools	08		14.23

Source: Field work, 2014 ( Sribordi Upazila, Sherpur).

- Multiple answers were possible

In the study area in previous time the joint family was the main centre for recreation of the older person. In that time the family members spend their time with work, gossip and at the same time different types of traditional festivals and from that sources the older person are recreated. But the today's situation is that the joint family is break down and the single family is increasing day by day. For that the offspring are busy with their own family and do not priority their parents recreation related demand.

The table shows that among the respondents 44.64% do not go to outside to travel or other relative's house due to their financial crisis and at the same time the reluctance of their family members and the respondent's illness. On the other hand 30.36% respondents family members deter them watching religious programs, 16.10% respondents are debar from gossiping and 14.23% respondents family members focus reluctance to provide them recreational tools such as television, radio, books and so on.

From the study area it is focuses that the recreational related abuse and neglect are not acute in rural areas than the urban areas. The main elements of recreation in rural area is gossiping and the rural older people are free from the issues accept some critical incidents. But the most important problem is that they are not allowed to take outsides with the family members and

relatives for recreation and some of the respondents focuses that their family members are reluctant to provide them recreational tools such as television, radio, books and at the same time they are not allow to talk with their grandson and granddaughter and that is so pathetic and touching. The situations are focuses through the diagram in below.

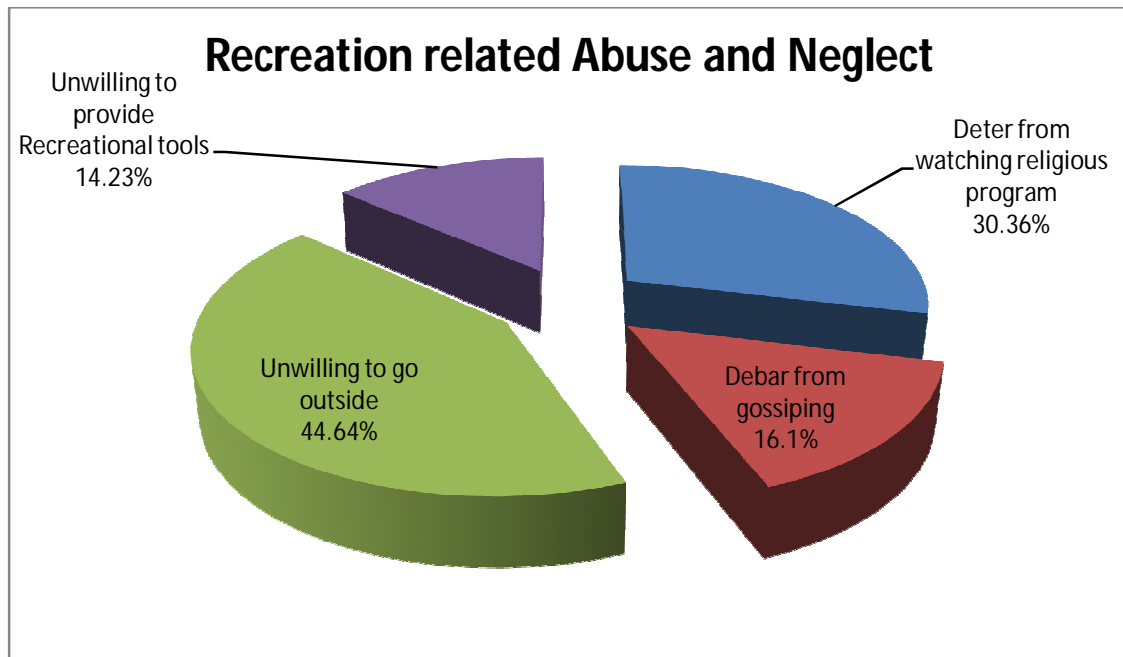


Figure: Recreation related abuse and neglect.

- Multiple answers were possible



**Table-20: Percentage Distribution of the Respondents According to Their Sex and Patterns of Abuse and Neglect**

Types	Sex and patterns of Abuse and neglect							
	Male N=28				Female N=28			
	Yes	Percentage	No	Percentage	Yes	Percentage	No	Percentage
Physical	03	10.71	25	89.29	05	11.86	23	82.14
Psychological	20	71.43	08	28.60	24	85.71	04	14.30
Financial	21	75.00	07	25.00	25	89.29	03	10.71
Self-neglect	07	25.00	21	75.00	13	46.43	15	53.57
Treatment	18	64.30	10	35.70	19	67.86	09	32.14
Food	16	57.14	12	42.86	20	71.43	08	28.60
Costume	15	53.57	13	46.43	15	53.57	13	46.43
Accommodation	11	39.29	17	60.70	14	50.00	14	50.00

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

In Bangladesh elder abuse and neglect is a prime but hidden problems (Zohra R.H.T & et al, 2013), especially in rural area elder people are neglected and abused and they are in acute positions than the urban areas. It comes in many forms including physical, psychological, financial, self neglect, treatment related and so on.

The table focuses that among the respondents female respondents are more abused than male respondents. Among the male respondents 75.00% are face financial abuse, 71.43% are abused psychologically, 64.30% respondents are abused and neglected treatment process. The table also focuses that 57.14%, 53.57%, 39.93%, 25.00% and 10.71% male respondents are abused and neglected in food related issues, costume, accommodation related issues, self neglected and physically respectively.

On the other hand 89.29%, 75.00%, 60.70%, 46.43%, 42.86%, 35.70%, 25% and 28.60% male respondents do not face any problems through physically, self neglect, accommodation related issues, costume, food related issues, treatment process, psychologically and financially respectively.

Among the female respondents the table also focuses that 89.29%, 85.71%, 71.43% and 67.86% respondents are abused and neglect financially, psychologically, food related issues and treatment process respectively. 53.57%, 50.00%, 46.43% and 11.86% female respondents are abused and neglected in costume related issues, accommodation related issues, self neglect and physically abused and neglect respectively.

The table also focuses that 82.14%, 53.57%, 50.00%, 46.43%, 32.14%, 28.60%, 14.30% and 10.71% female respondents do not face any problems through physically, self neglect, accommodation related issues, costume, treatment process, food related issues, psychologically and financially respectively.

The other study shows that 02.90% older women abused by physically, 33.40% faced mental abuse and 06.80% are abused economically (Tareque & et al, 2010).

Finally it is focused that the socio-economic condition of the study area is so vulnerable and family structure is breakdown. For that they are abused and neglected and the miserable situations are increasing day by day and that is so pathetic.

## **5.1 Causes of Elder Abuse and Neglect**

Elderly abuse and neglect spreads its root everywhere in Bangladesh, especially in rural areas. In the study area the poverty is acute. At the same time rural-urban migration is increasing day by day. Basically breakdown of family system in the study area are responsible for elder abuse and neglect.

There are many reasons that an individual might engage in abusing an elderly individual. Abusers can be spouses, children, caregivers, or any other adults with whom elderly individuals have contact. While not an all inclusive list of reasons for why elder abuse occurs, a few factors commonly attributed to it include family situations, such as domestic violence that has been lifelong or a cycle of violence; caregiver problems, including personal problems of the abusers; and cultural issues, in which certain societal attitudes, such as lack of respect for adults or social acceptance of mistreatment of women, make abuse less of an issue.

There are many reasons why elder abuse occurs and these may vary with each incident. In some circumstances it is an opportunistic act, perpetrated by someone who takes an opportunity that arises. In other cases it is premeditated and calculated. In still other situations it is caused by prejudices or by the environment that creates institutional attitudes and approaches. In all cases there is an element of power and control exercised by the perpetrator over the abuser.

Some abuse however is caused by ignorance, lack of skills or lack of external support. This is particularly the cases with passive neglect, where there is no intent to harm but is caused by unintentional failures. Some common causes behind the elder abuse and neglect are given below.

### **Poverty**

Poverty is the main problem for the older person's abuse and neglect. In the study area most of the people live with poverty. Their main occupation is land based and day laborer. For that they spend their life from hand to mouth. The main reason of their poverty is illiterate. In the study area only 23.59% are educated. Because of low education most of the older people do not good job and the older people's situations are so vulnerable because of poverty. In old age there have

no income and there have no adequate government and non-government facilities for the older people.

### **Family stress**

The addition of an elderly individual into a family member's home, the struggle to care for an elderly adult, or the financial burden of caring for an elderly adult can cause stress on caregivers, which can manifest itself as abuse.

### **Caregiver problems and stress**

Abusers may be dependent upon their victims for support, financially or otherwise. In addition, they may have problems with chemical dependency, mental illness, or psychological issues. When individuals with these problems live with elder adults, the risk for abuse can increase. Caregivers can be burdened by caring for an elderly adult who is sick, physically impaired, or mentally impaired. Caregivers can feel helpless or trapped, unsure of what resources they can turn to for assistance. Each year, millions of older adults are abused, neglected, or financially exploited (Lifespan of Greater Rochester et al., 2011; Acierno & et al., 2010). In 2009, an estimated \$450 billion was spent on providing care for older individuals (Feinberg et al., 2011). Burdened caregivers who do not have adequate support and resources often experience stress. In addition, the cost of caring for older adults with physical or mental impairments can create a financial problem or physical problem for caregivers. Without necessary resources to provide thorough care, the risk of abuse can increase.

### **Family situations**

Domestic violence that has occurred between spouses or different generations can continue into old age. Spouses constitute a large percentage of abusers in elder abuse cases.

### **Cultural Issues**

Some individuals or communities hold a lack of respect for elderly people. Some ethical or religious belief systems permit the mistreatment of family members, and in particular, of women. Members of these belief systems may not view certain actions as abusive, and victims of the abuse many not recognize their mistreatment as abuse.

### **Dependency**

It has been argued that as an older adult's dependency increases, so does the hatred and stress of the caregiver. Studies have shown that individuals in poor health are more likely to be abused than individuals who are in relatively good health. Furthermore, caregivers who are dependent on the elder financially are also more likely to perpetrate abuse. This may be to counteract the feelings of powerlessness that may be experienced by the caregiver.

### **Personal Problems of the Abuser**

Some caregivers may be at risk for abusing elders as a function of their own difficulties. For example, a caregiver who suffers from such problems as alcoholism, drug addiction, and/or an emotional disorder (e.g. a personality disorder) is more likely to become an abuser than an individual who does not suffer from such problems.

## 5.2 Causes of Elder Abuse and Neglect in the Study Area

In the study area most of the older person is vulnerable and they are abused and neglected and those are increasing day by day because of poverty. Sometimes they are abused and neglected because of lack of awareness and carelessness of their kith and kin's. Breakdown of joint family to nuclear family is also responsible for elder abuse and neglect in the study area. Sometimes they are abused only for their old age and for their dependency. Causes of elder abuse and neglect in the study area are in below through tables.

**Table-21: Causes of Abuse and Neglect of the Respondents**

Nature of causes	Frequency	N=56	Percentage
Changes of family pattern	20		35.71
Financial crisis	28		50.00
Family violence	32		57.14
Rural-urban migration	04		07.14
Dependency	18		32.14
Illness	06		10.14

Source: Field work, 2014 ( Sribordi Upazila, Sherpur).

- Multiple answers were possible

Elder people of the study area are abused and neglected for different types of causes. In that issue table- 21 shows that highest 57.14% respondents of the study area are abused and neglected because of family violence or family disorganization. Among them 50% older person are abused for financial crisis and in the study area most of the people lead a miserable life because of poverty. Approximately 35.71% and 32.14% respondents of the study area are abused and neglected for the changes of family patterns and for dependency respectively. Nearly 10.14% are

affected because of illness and 07.14% respondents of the study area are abused and neglected because of rural-urban migration of the respondent's offspring.

Elder abuse and neglect is a common problem in the study area and it is the real scenario in our rural Bangladesh and also in the study area. Elder people lead a vulnerable life and they are the disadvantage group in the society. They want to lead a life that is free from trouble and create pleasure among them.

In the study area the respondents noticed that they are abused because of above factors but most of the times they are abused and neglect intentionally and for that their confidence towards their kith and kin are looses day by day. For that most of the older person in the study area lives with hardship.

**Table-22: Causes of Health Related Abuse and Neglect of the Respondents**

Nature of causes	Frequency	N=56	Percentage
Financial problem	20		35.71
Not emphasis	09		16.10
Excessive expenditure	17		30.40
Waste of time	03		05.36
Burden	23		41.10

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

In old age people are having an increased threat for diseases due to proper diet and inadequate physical activity (Tahmina, 2007). In rural area old age people and their relatives do not want to spend the required amount of money or healthy food, dental or eye care cost because of financial problem and at the same time their family members and relatives take them as a burden, they think the excessive expenditure and waste of time and do not emphasis their diseases and about their health

The above table shows that most of the respondents (41.10%) face health related abuse and neglect because they seems them as a burden.35.71% respondent's cause of negligence is financial problem,30.40%,16.10% and 05.36% respondents cause are excessive expenditure, not emphasis and waste of time respectively.

The respondents of the study area face a great crisis in health related issues. They do not receive proper care because of financial crisis. In some situations they do not take proper care from their family members and their relatives. Some respondents mentioned that in joint family there have created many issues, so the family members do not care of the respondent's health situations and want to ignore the issue if it is not appeared in severe positions. Some of the respondents noticed that their family members think that treatment for the older person is the waste of money. In those issues the respondents become frustrated and their health is fragmented day by day.



**Table-23: Causes of Food Related Abuse and Neglect of the Respondents**

Nature of causes	Frequency	N=56	Percentage
Financial problem	25		44.64
Excessive expenditure	21		37.50
Not emphasis	09		16.10
Carelessness	18		32.14

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

Bangladesh is a rural based country. In the rural area most of the rural older person does not fulfill their basic needs because of rural poverty and at the same time there is no special support for them.

The table shows that 44.64% respondents abuse and neglect in food consumption is financial problem, 37.50% face it because of excessive expenditure, 32.14% respondents family members are careless and 16.10% respondents family members do not emphasis the respondents.

From the table it is focused that the financial problem is one of the most problem in the study area and most of the respondents are abused in food related issues because of financial crisis and in some cases other issues are interrelated. But in some situations they are neglected intentionally through the negative attitudes, carelessness of the family members and their relatives. In some cases they think that selling nutritious food for the older person is the waste of money.

Some of the respondents noticed that their family members noticed that their family members think that good and nutritious food for the older person is waste of money because they think that at any time older person pass away. They also think that in whole life they take different types of food and now they have needed no special care and that is occurred because of lack of awareness and carelessness of the respondent's family members.

**Table-24: Causes of Household Related Abuse and Neglect of the Respondents**

Nature of causes	Frequency	N=56	Percentage
Family disorganization	10		20.83
Illness	07		14.60
Accommodation problem	08		16.70
Member's reluctance to live together	05		10.42
Financial problem	18		37.50
Total	48		100

Source: Field work, 2014 ( Sribordi Upazila, Sherpur).

The above table shows that among the respondents 37.50% face household related abuse and neglect because of financial problem and 20.83% respondents are affected because of family disorganization. 16.70%, 14.60% and 10.42% respondents are face household related abuse and neglect for the result of accommodation problem, illness and member's reluctance to live with the elderly people respectively.

In the study area most of the respondent's quality of accommodation system is low and live with unhealthy environment. Their sleeping place is in the kitchen, balcony, also in other people's house. In some cases they have no bed to and receive insufficient facilities to sleep and most of the time they face it because of financial crisis. But in some situations they are allow to sleep in balcony, kitchen and other's people house because of because of family disorganization. In some cases most of the family members do not want to live with older person because of their illness, in some cases they are insulted. For that respondent's loneliness and sufferings are increasing day by day. At the same time there is no budget in Union Parishad for the construction and reconstruction of house (Union Parishad, Kharia Kazirchar, 2013-2014 Fiscal Years).

One of the male respondent who had much property but now he has none because his offspring capture those forcefully and now he allow to sleep in the balcony and other facilities related the

issues are poor for him and that is occurred because of family disorganization and at the same time degradation of values and norms and the sufferings of the respondents are unbound.

**Table-25: Causes of Costume Related Abuse and Neglect of the Respondents**

Nature of causes	Frequency	N=56	Percentage
Financial problem	28		50.00
Excessive expenditure	20		35.70
Not emphasis	07		12.50
Reluctance	04		07.14

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

In the study area financial crisis is acute. At the same time because of family disorganization and the replacement of joint family to nuclear family most of the respondents are abuse and neglected. In some cases though some respondents have sufficient money their illness and loss of strength are hindrance the issue and they depend on their relatives to fulfill their costume related demand. In those situations their family members do not provide them new cloths willingly and sometimes they do not emphasis their demand. At the same time the respondents explained that now-a-days their offspring provide them a few cloths to hold the positive impression in the society and that is so shame for us.

The above table shows that among the respondents 50.00% face household related abuse and neglect because of financial problem and sometimes there have no financial support by their family members to fulfill their demand. On the other hand 35.70% respondents are abused and neglected because there have no tendency to buy clothes for the older person rather they wear new, good and colorful dresses. 12.50% respondents family members do not emphasis their

costume related problems and 07.14% respondents family members reluctant to provide them cloths.

**Table-26: Causes of Recreation Related Abuse and Neglect of the Respondents**

Nature of causes	Frequency	N=56	Percentage
Watching different programs	17		30.36
Negative impression	10		17.86
Loss of dignity	03		05.36
Excessive expenditure	11		19.64
Not emphasis	19		33.93

Source: Field work, 2014 ( Sribordi Upazila, Sherpur).

- Multiple answers were possible

In the study area the poverty is acute and at the same time the literacy level is very low. That's why the respondents are abused and neglected. The offspring who are married and migrated do not think about their parents. The respondents who are living with joint family are abused and neglected because of looses of the family bondage and the degradation of family and social values and norms. Some of the respondents noticed that the young generation does not bother them.

The table shows that 33.93% respondents are abused and neglected because their family members do not emphasis their recreational related issues and 30.36% respondent's family members watch different programs. Among the respondents 19.64%, 17.86% and 05.36% respondents are abused and neglected because of excessive expenditure, negative impression of their family members and loss of dignity of their family members respectively.

The above table focuses that the main cause behind the abuse and neglect is that the family members do not emphasis their recreational needs rather they think that in some cases it is the loss of dignity for their family and they feel negative impression towards the older person. Finally it is focused that the degradation of values and norms, financial insolvency and the breakdown of joint family are the main causes behind the respondent' abuse and neglect.

**Table-27: Percentage Distribution of the Respondents According to Their Demands Fulfillment by Their Family Members**

Quantity	Financial		Treatment		Costume		Food	
	frequency	Percentage	frequency	Percentage	frequency	Percentage	frequency	Percentage
Full	15	26.80	17	30.40	24	42.86	25	44.64
Partial	29	51.80	25	44.64	26	46.43	28	50.00
Not at all	12	21.43	14	25.00	06	10.71	03	05.40
Total	56	100	56	100	56	100	56	100

Source: Field work, 2014 ( Sribordi Upazila, Sherpur).

In old age the people are depended on their family members and they (Family & relatives) fulfill the respondents demand fully, partially and sometimes not at all. A study shows that the combined effect of poverty, inability and dependency are highly responsible for elderly abuse and neglect ( Nuruzzaman & et al, 2014).

In the study area these problem are so acute. In some cases they are abused and neglected willingly or unwillingly. Sometimes they seem burden. In old age they do not fulfill their demand and sometimes they do not get any help by their family member and for that they depend on rich people in the society to survive their life.

The table shows that among the respondents 51.80%, 26.80% and 21.43% respondent's family members fulfill their financial needs partially, fully and not at all respectively.

On the basis of treatment process the table focuses that 44.64% respondent's relatives fulfill their needs partially, 30.40% fulfill fully and 25.00% family members do not fulfill their demands.

46.43% respondent's family members fulfill their costume related needs partially, 42.86% respondent's family members fully fulfill their demands and 10.71% family members do not fulfill their needs.

The table also focuses that on the basis of food related issues 50.00%, 44.64% and 05.40% respondent's family members fulfill their food related needs partially, fully and not at all respectively.

Finally it is focused that most of the respondents who are abused and neglected are fulfilled their demand by themselves and their offspring especially by their married daughter. In some cases they are helped by the rich people but most of the time they have to do different types of work except *Jakat or Fetera*. With a great sorrow some respondents noticed that at their first marriage life they wish male child for their future protection, but the reality is opposite. Now there daughter are upper hand to fulfill their demand as their ability.

**Table-28: Percentage Distribution of the Respondents According to Their Sex and Patterns of Family and Power of Decision Making Process**

Level of power	Sex and Family pattern							
	Male				Female			
	Single	Percentage	Extend	Percentage	Single	Percentage	Extend	Percentage
Very high	01	06.25	00	00.00	00	00.00	00	00.00
High	03	18.75	01	08.33	00	00.00	00	00.00
Moderate	06	37.50	02	16.67	02	18.20	01	05.88
Less	04	25.00	04	33.33	04	36.40	02	11.80
No power	02	12.50	05	41.67	05	45.50	14	82.35
Total	16	100	12	100	11	100	17	100

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

Bangladesh is a land of village and most of the people live in there and try to live with joint family. But in our country elder people do not get any priority in decision making process that they had when they were young and middle age. Even they are insulted in those issues and most of them are frustrated and in the study area this situation is reflected.

The above table shows that 37.50%, 25.00%, 18.75% and 6.25% male respondents have moderate freedom, less freedom, high freedom and very high freedom in decision making process in single family. It also focuses that 12.50% male respondents do not have any power in decision making process in that kind of family.

On the basis of extend family 41.67%, male respondents have no power and there is no respondents whose have very high freedom. 33.33%, 16.67% and 8.33% male respondents have less freedom, moderate freedom and high freedom respectively.

On the other hand the table shows that 82.35% and 45.50% female respondents have no respondents both single and extend family and there is no female respondents whose have no

very high and high freedom in decision making process in both types of family. In single family 36.40% and 18.20% female respondents have less and moderate freedom. Besides that 11.80% and 05.88% female respondents have less freedom and moderate freedom respectively.

A study shows that almost 89.28% elderly people live in joint family where 48.21% are male and 45.12% are female. 53% male and 54.88% female of the total elderly population live in nuclear family ( Nuruzzaman & et al, 2014).

In the study area most of the people are illiterate and live with poverty. They do not give special priority of their elder person. Decision making is most important of them. In that issue the older people have no access and priority in most of the time. Some respondents take it as a silly issue and some of them especially the male respondents take it as a pathetic issue. Some respondents noticed that every offspring have their own family so they take any kinds of decisions, who they are! Some of the respondents noticed with sorrow that in some situations they have desired to make decision but they are neglected.



**Table-29: Percentage Distribution of the Respondents According to Their Different Types of Support**

Patterns of support	Existence support		Getting no support		No need		Total
	frequency	Percentage	frequency	Percentage	frequency	Percentage	
Social	13	23.21	29	51.80	14	25.00	100
Government	21	37.50	16	28.60	19	33.93	100
Non-govt.	15	26.80	22	39.30	19	33.93	100

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

The tradition of the society of our country is that family plays the prime role for the older person. In old age the older person' behave like a child. For that their natural lifestyle is hampered than their young and mid ages. So they depend on others especially upon their family, society, government and sometimes non-government support. But as a developing country they cannot fulfill older person's demands in proper way.

The table shows that 23.21% respondents have social support, 37.50% are supported from government and 26.80% respondents have non-government support. On the other hand 51.80% respondents say that they do not get any social support, 28.60% do not get government support and 39.30% respondents do not benefit from the non-government sector. The table also shows that among them 25% and 33.93% respondents no need social support, government support and non-government support respectively.

In the study area the respondents noticed that they do not get social support in proper way. The rich people of their locality take priority o that kinds of people whose are helped (physical labor) them in different situations but not them (Respondents). The scenario of the government support is almost same. The older people who have good interaction with the power structure only get different types of government support. At the same time they also focus that their neglect are decreasing day by day with the combination of social, government and non-government support, which are insufficient but helpful to fulfill their basic needs.

**Table-30: Opinion of the Respondents to Uplift the Problems**

Support	Frequency	N=56	Percentage
Family	42		75
Society	20		35.71
Government	24		42.86
Non-government	18		32.14

Source: Field work, 2014 (Sribordi Upazila, Sherpur).

- Multiple answers were possible

In old age most of the people want company and to share their opinion with others. But the truth is that they do not get company. That's why most of the older person desire to live in joint family and increases family support which is focuses in the present study findings. They also worried about their health condition, security and their regular lifestyle in proper way. For that they desire to social, government and non-government support to uplift their problems and to live smoothly at their last stages of life.

The above table shows that 75% respondent's thing family support is essential to uplift their problems because they think that family can play the primary responsibility. 42.86% needs government support, 35.71% respondent's opinion is to increase society support and 32.14% respondents think that they need to increase non-government support to uplift their problems.

The other study shows that 67.44% older people want to get family support. 41.86%, 48.34% and 34.88% elder people in our urban area want to get societal, government and non-government support respectively (Islam & Fatema, 2011).

In the study area the older people live with vulnerable situations. For that most of the older person wants to family support and priority who are neglected willingly. They mentioned that they need fully mental satisfaction and company with the family and relatives rather than other facilities are looses than their demand. Some of the respondents recommend to the non-government and society support. In most cases they noticed that as they are the senior citizen of

the country, there have provided sufficient facilities especially proper amount of old age allowance and facilities of old home at their adjacent. One of the male respondent noticed with crying that that he want to settle with old home anywhere of the country because of the untenable abused and neglect and that is so shameful for their family, society and as well as for the state. The above situations are represent through the below diagram

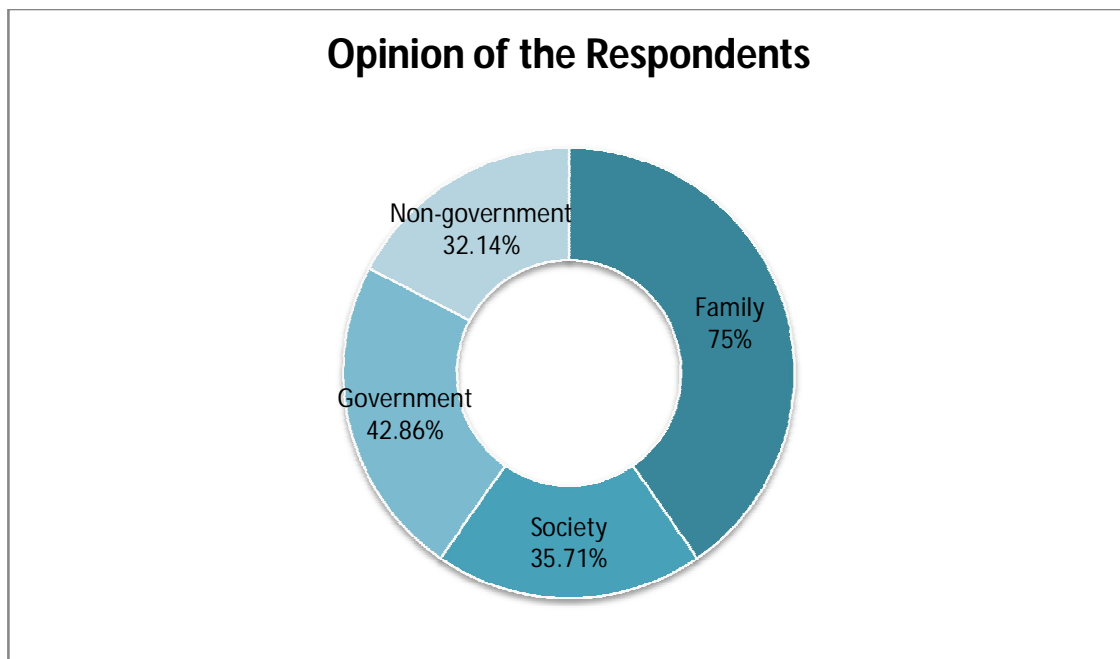


Figure: Opinion of the respondents.

- Multiple answers were possible

## Case No-01

Rahima Begum is 83 years old. She was born in a Muslim family at Laykha under Zinagati Thana in Sherpur District. She was married at 14 years old at Longorpara under Sribordi Thana in Sherpur District. Her husband Amzad Ali was a teacher of Government High School and died in 2007. She is a housewife having 07 children and all of them are married. She has completed her secondary certificate. She has enough property but no one around her to protect and care of during her old age.

Rahima Begum had active participation to determine the future plan of the family. In prior to she takes all decisions in her family and she discussed that with her husband. There is no problem to fulfill her basic needs rather she had enough property for leading a better life. All of her children are well educated and become better positions at their job sectors and family life.

Rahima Begum lived with her husband in Longorpara village and all of her children are living outside of home. Though all of her children live in the outside of home, there had good interaction with them and all of her children respect her. Rahima Begum's sufferings are knows no bounds. After her husband's death there is no fixed place for her living. Sometimes she lives with her daughter's house and sometimes in her son's house. In some cases she lives in her own house with a married couple and they are paid money for that from her (Respondent) children. But it is a great regret that all the situations she is abused and neglected by her offspring, grandsons, and granddaughters and also by the caregivers. In that issue the respondent's statement is that

*I had a happy family and I pass my life with joy and pleasure with all of my members. Most of the members of my family had a soft corner for me. But now I have no value and rub out all my desires from them. All my children now receive me as a burden. I feel afraid in to sleep alone in night but my grandchild's do not want to take me. Now I have no power and most of my family members neglected me.*

Rahima Begum has no financial crisis but she has trouble in fulfill her basic needs because of lack of proper care of her family members. Most of the time she feel loneliness and she find no one to share her feelings and desires. Sometimes they devaluated her and do not allow to express any kinds of family decisions or sometimes to give opinion with a few priority.

Rahima Begum has no problem in food and costume related issues. Her family members provided her good, sufficient and nutritious food. Also she has enough clothes for her demand and in some cases she provided extra facilities in those issues from her kinsfolk. In some cases she provided her almost new cloths to the poor people in the study area.

Rahima Begum is 83 years old and her health is broken down day by day. She is abused and neglected when she is affected any kinds of diseases. Also she has weakness of eye sides. She abused and neglected through nursing process but no problems in treatment procedures. She is abused in those sectors because the family members seem her as burden. Rahima Begum can't reduce her anger and her anger rising at any silly issues. For that she abused and neglected by herself. In that issue the statement of the respondent's is that

*During my marriage life and also my whole life I got special priority. But now because of my widow and older stage I am abused and neglected contentiously and I can't receive it. For that sometimes I abused and neglected myself and for that I can't take my meal in proper time, can't proper care my health and also do not want to talked with my family members and that are not congenial for my health.*

Rahima begum is faces anxiety and frustration and for that she can't maintain her last stage of life in proper way. She always feels inferiority complex being widow her life became changed. Loneliness is her only partner. For that she used to pass her time alone and became calm and quite. Now, she passes her time through prayers and sometimes gossip with the other people.

Rahima Begum has some desires at her older stage. She wants to pass her last life with her family members and also with her relatives. With a great sorrow she said that

*If parents take responsibility for a child, why not they take our responsibility? Where we go?  
Who take care of us?*

She desires the family support at her last life and his statement about the issue is given below.

*I want to back my joy and happiness and restore my acceptance of my family members as they had respected me. I want to live with my family at my last stage of life where my happiness consists on and I also restore my capacity with my ability.*

As an educated person she noticed that family is the main and primary centre for an older person and it is also a secure place for the senior citizen. So every older person should remain special care and priority in her family. For that the traditional social tradition should be restored. Also social and family support should be increased and non-government support is also helpful to fulfill the basic needs of the senior citizens and to restore their happiness.

## Case No-02

Yousuf Ali is 80 years old and a father of three children and two of them is daughter. He is illiterate but able to calculate. He is a widower. He has huge property and that he gained inherently. In young age he cultivated his land and maintains his family smoothly. But now he lives with miserable condition. He lives in a joint family with his son's family and most of the cases he abused and neglected by them.

Yousuf Ali had much property to maintain his family. But now in his last stage he has nothing to survive his life and he recently unable to fulfill his basic needs. He lost all his property all of his land capture his son forcefully and he can't allow to use any property without his son's permission. Even his son does not fulfill his daughter's right. Now his son is the only owner of his property. He fulfills his basic needs with the help of his family, daughters and also with the help of society people but their support is not sufficient for his last stage of life. Even he is not allowed to receive any government support and social support because of his son's social status but he want to take that kinds of support and sometimes he takes social support to survive his life.

Yousuf Ali has own house but he is abused and neglected in that issues. He sleeps at the balcony of his house and remains less facility in that issue. Yousuf Ali says that

*I have much property but I can't consume it. I want to spend my last life happily but can't. Now I am a powerless and helpless though I have huge property.*

Yousuf Ali is a widower. For that during his illness he is unable to care his health and his family members do not want to take him the hospital or doctor to cure his disease. He has eye problem and at the same time being his frustration and anxiety his blood pressure is increasing day by day. At the same time he does not provide proper nutritious and sufficient food during his illness. In some cases he is provided food for two times within a day. He also abused and neglected

costume related issue. Most of the time he wear poor clothes and that is happened because of his financial crisis and his son willingly abused and neglected him.

In some cases Yousuf Ali abused and neglected physically. His son is so aggressive and for that he tortured his father physically and sometimes he abused and neglected through kick and pushing. In some cases he is hitting without any causes. With a great sorrow he said that

*I can't tolerate the tortured towards me. I want to relief from the sufferings. Also I want to go to any place of my country and live in the old home to reduce my sufferings and for my happiness at the last stage of my life.*

Yousuf Ali worried about his life and he frustrated all the time. In some cases because of his frustration he abused and neglected by himself. In old age most of the older person behaves like a child and they want to live with his family people with joy and pleasures and passes his last life through the co-operative and supportive attitudes from the family. About the issue the respondent's statement is that

*I feel inferiority complex all the time and I feel frustration. It always comes to my mind that because of my incompetence I suffer my last life. Sometimes I separated me from others to reduce my sufferings and sometimes I wanted to leave the world as soon as possible (crying).*

Loneliness is the only partner of Yousuf Ali and he spends most of his time by religious programs and also gossip with the neighbors and village people to remove his frustration, loneliness and sufferings. He has no other recreational support to pass his time. He is not allowed to go to outside of the village and other relative's house and that happed because the member of his family seems him as a burden. Sometimes he visited his daughter's house but can't stay there because of their financial crisis and also for social status.



Yousuf Ali has no power to express his opinion and he is not allowed in decision making process for his family wellbeing and in some cases he is abused and neglected in that issue. Most of the cases he maintains his financial crisis and fulfills his basic needs with the help of the kith and kin and sometimes with the help of society people. About the issue his statement is mentioned.

*I had power when I made my strength and remained my property. They couldn't make any decision without me. But at my last stage they neglect me and sometimes remind me that I am a valueless person and no ability to do any better thing.*

Yousuf Ali desires that if there will be created a beautiful nation where older people live with happiness and there have enough support for them by their family, their kith and kin. He thinks that the family and society people should be more careful towards the senior citizens of the society. Government should also be sympathetic towards the older person and should raise the facilities for the older person.

### **Case No-03**

Md. Abdul Khalek was born at Longorpara under Sribordi Thana in Sherpur District. He was born in a Muslim family. He is 77 years old. He wasn't complete his S.S.C examination because of his disease. In teenage he was affected by epilepsy. For that he stopped his education and started the agriculture based work with his father, but his older brother continued his education. At the first stage of his life he was the member of the local government. As he is an honest man he couldn't improve his life through the work, rather he sold his property for election. For that he faced troubled to maintain his family. Now he is the Imam of the local Mosque and is a respective person in the locality and most of the neighbors come to him for taking advice.

Abdul Khalek has 07 children with 05 daughters and among them 06 of his children got married. All of them are well educated and got better position at their working life and they are helpful and co-operative towards their parents. He sold most of his existence land for the purpose of his children education and for their better life. Now all of his children support him at his older stage and they try to provide their maximum effort for their parents well being and for their betterment of life.

Abdul Khalek now lives in a nuclear family with having three members. He lives in a nuclear family because his four daughters got married all of them live near his village. His two sons are married and both of them live in Dhaka city and works in private sector. Though they are out of home for their work, they maintain their parent's needs with their maximum effort. Also his daughters especially his elder daughter who is a government service holder takes special care for her parents. At any problem all of her offspring and his son-in-law and daughter-in-law help him and try to solve the problems without boring and also with full pleasure.

Abdul Khalek recently affected by Diabetics and high blood pressure. For that his health is broken down day by day. But there have no problems in his treatment procedures. All of his offspring jointly bear his treatment costs and try to provide good and nutritious food for their parents. There have no problems at the health care process during his illness because his wife is still alive and also he has an unmarried daughter (24 years) who reads in H.S.C and being her illness she bound to started her education life later.

Abdul Khalek does not affected by financial related abuse and neglect. All of his offspring provided him money to fulfill his basic needs and also for his mental freshness. In that issue his statement is that

*I am a lucky father, because at my last stage of life I get full and special support from my offspring, from my son-in-law and daughter-in-law and also from my grandsons and granddaughters. If I face any financial crisis they fulfill that without any explanation and sometimes give me extra money for my personal requirements. But sometimes they unable to fulfill the crisis through proper way and that are happened unintentionally. In that I used my elder son's crops and sold that to fulfill my requirements. Overall I do not face any kinds of financial related abuse and neglect towards me. I am proud of my family.*

Abdul Khalek always wears new and good dresses. All of my relatives and offspring give me clothes different occasions and at any times of years. For that he needs not to buy any cloths for his personal use. In some cases he helped the poor people in his locality by giving them cloths sometimes help them to provide food. In that issues he told his offspring that until his death he will help the poor, though he has no huge property.

At the beginning of his life he eats good, nutritious and special food and the trends are now continuing. He tries to consume balance diet with the advice of the doctor but sometimes it breakdown because of his illness

Abdul Khalek is an introvert person. For that he spends most of his time through reading religious books and through the prayers. He likes to listening radio. For that his son buys a radio for him and he spends his leisure time through radio. Also his son provides him television, but he doesn't like that. In some times he works household related chores and sometimes times take care of his sons' property. He does not used to talk with other people but in some cases he gossip with other older neighbors around him.

Abdul Khalek is cared about his own health and he doesn't affected by self abuse and neglect and there have no psychological pressure towards him. In some cases he feels frustration because of his unmarried younger daughter and at the same times he worried about his own health and for his wife. He noticed that that kinds of frustration are natural and that may not be occur because of abuse and neglect at the older stage of his life.

Abdul Khalek has high power in decision making process of his own family. Even he gets priority in his offspring familial issues. If he deny any issue his offspring try to avoid that for their father's respect or he does not understand any issues in decision making process they try to clear the issues but not feel boring towards him. At any events his offspring share the issue with him.

Abdul Khalek noticed that I have no problems at my last stage of life. But with a great sorrow he said that many older people around him are abused and neglected by their kith and kin and also with the society people. He thinks that family is the primary centre for an older person and it is also a secure place for the senior citizen. So family should have special care for the older people. Also the government and non-government support should be increased to fulfill the basic needs of the senior citizens.

### Case No-04

Asya Khatun is 65 years old wife of late Md. Rahim lives at Longorpara under Sribordi Thana in Sherpur District. She was left alone when 10 years ago when her husband died. Her husband Md. Rahim was a day laborer. She has 04 children and all of them are married (02 sons and 02 daughters). She is an illiterate women and works as a day laborer in a local rice mill to survive her life and fulfill her basic needs.

Asya Khatun's husband has no property and land of his own. He had to pass his day from hand to mouth. For that there have no savings for her and he started to work as a day laborer and earns 80 taka per day. Sometimes he can't work because of her older stage. Her both sons work as a rickshaw puller and they are separated from her mother and they are unable to fulfill their mother's need because of poverty. But in some cases they intentionally abused their mother. They do not provide her any financial related support that they have ability. In that issue she said that

*I know my offspring has financially insolvent. In some cases they have ability to support me but they can't. Amar santanera amar kono khoj nai na. Tata amar khoj nelao amar valo lagto. Tader taka nai kinto valo koira khotho kaite pare na (Frustration)?*

Asya khatun do not ability to fulfill their basic needs in proper way. She usually abused and neglected in different types of basic needs. She financially abused and neglected by the local government. She said that the local power structure does not provide her old age allowance and other facilities provided by the government. About the issue her statement is given below.

*Ami bhidoba mohila, amar samir abong amar santander amake deber samortho nai, taboo ami boyosk vata paina. Nijer khamata nai, sarkar sahajjo na korle bochum kemne (Frustration)?*

Asya Khatun is financially insolvent. She always eats rice, vegetables. Sometimes eat only rice with piper. If any day she is unable to earn money she does not provide any help from her son's and other relatives. Sometimes she is helped by the local rich people through the help of food and money and sometimes she is benefited through curry.

Asya Khatun always wears old and poor dresses. She only wears new dress at the Eid session from the tradition of *Jakat*. Most of the cases he helped by the rich people in that issue and her statement is that

*Gariber abar vala kapor, tin bela vala kiore khaite paina. Kobe mas mangso khaise kiote parumna. Eider samay akto valamondo khaite pai, sara bosor ar khaite paina takar ovabe. Amar santanera maje maje khai, kokhono dai, beshir vag somoy diy na.*

Asya Khatun has no leisure period. If sometimes she gets time she is busy with his chores and sometimes gossip with her family members and relatives. She has no other recreational related facilities to pass her leisure time because of her poverty. Even she can't visit her daughters for her work and also her insolvency.

Asya Khatun is 65 years old and at her older stage she works hard to survive her life. For that her health breaks down day by day, but she can't take proper and nutritious food. Weakness is her main problem with low pressure. But he can't take any medicine or vitamin to recover her health. Asya Khatun has no one to look after her during her illness. She sometimes affected by fever and during her fever she can't any help from her family members. In that issue she said that

*I have no one to care me. My daughters' have own family and they live from me so far. For that most of the cases they can't take care of mine. My sons are besides me but they do not want to look after me especially my daughter-in-law takes me as a burden. I know they have no financial support to provide me but can't they take care of to remove my frustration?*

Asya Khatun has no opinion in decision making process. Her offspring do not share any issue to and she has no power in decision making process. She feels frustration and worried about her last stage of life. But her frustration is raised when she think about her offspring because they leaves with vulnerable situations. Though her offspring sometimes abused and neglect her intentionally, she desires for them good wishes and prying for them.

Asya Khatun and his kith and kin are insolvent. So she thinks that the family support is essential for a older person. But whose are like her, needed the government and society people's support strongly. She also mentioned that the government should also be sympathetic towards the older person and should raise the facilities for the older person. She said that

*As an elderly widow I need more economic support and health care support from government and NGOs. I work as an elderly widow that I am able to do. I do not receive allowance. I think that the allowance should be given to people like me who are helpless. If I do not get, who else should get allowance?*

## **7.1 Discussion and Findings**

Older people in Bangladesh are the significant section of population. They are the vulnerable section of the society. Traditionally and religiously the elderly people of Bangladesh are very much respected both within their family and community. They are considered as the key to family ties and symbols of family identity. They are treated as guardians of ancestral values since time immemorial as well as venerable counselors. For these reasons they are always respected and the younger generations try to take the best care of their elderly relatives in the family. However, due to various socio-economic changes over the years, traditional values and customs are eroding and breaking down traditional joint family living arrangements into nuclear family systems (UNESCO, 1992). Increased landlessness and poverty are assumed to weaken the relationship between elder members and other members of the family (Hassan, 2007) as well.

Elder abuse and neglect are the potential outcomes of complex interactions between a multiplicity of social, economic, health, social isolation, education, environmental and possibly individual's personality characteristics.

Elderly is a serious reality and it is the last step of life cycle. None can avoid this stage. At present global population situation in respect of age structure the elderly 60+ is a growing segment (Rahman, Tareque & et.al 2007). That neglect and abuse of the elderly is a menacing problem and increasing being felt by many people can hardly be defined of.

We begin with a brief overview of the older persons with respect to several key socio-economic characteristics (See Table 1 and table 2). From table-01 it is showed that 28.60% respondents come from 70-74 years. Second highest (25.00%) age range comes from 60-64 years. The other 23.21% and 17.86% respondent's age range are 65-69 years and 75-79 years respectively. Respondent's minimum (01.80%) age range is 80-84 years, 85-89 years and 90-94 years respectively. Table-01 also shows that the average life expectancy in the study area is 70.04 years.

Table-02 shows that there are strong cross-gender variations in education. Approximately 71.43% women respondents are illiterate and 42.70% older men are illiterate and that is the



common scenario of our rural Bangladesh. The findings show that there are no women who H.S.C or other higher level of education but at the same time 03.60% and 07.14% men is achieved the H.S.C. and graduation. About 03.60%, 10.70% and 03.60% women are achieved the primary, class v-ix and SSC respectively and 10.70% can read only religious book. On the other hand approximately 10.70%, 07.14%, 17.86% men have passed the primary, class v-ix and SSC respectively. Some study shows that the old age literacy rate is very poor in our rural sides. About 71.43% older people are willingly abused and neglected and 39.30% older people are abused and neglected unwillingly (Table-03).

In present context the older people of the study area are vulnerable and they face different types of abuse and neglect. Most of the time they are abused to fulfill their basic needs. Table-04 shows that approximately 80.40% older people are affected by abused and neglect and only 19.60% are not affected with that situation. The remarkable tradition of our society is that most of the older person depends on their sons' family and for that in some cases the wife, children and other members of the family neglected them intentionally or unintentionally. About 71.43% are abused and neglected by their family members. Approximately 08.90%, 05.40% and 3.6% older people are abused and neglected by their husband, wife and caregivers respectively and 35.70% older people are abused and neglected by themselves (Table-05).

Among the different types of abuse and neglect the most noticeable is financial abuse and neglect because they have no power in their family and their society. For that the offspring and other relatives of the respondents neglected them through forcible capture of land. Table-06 shows that 48.21% are abused and neglected financially with the patterns of apathy towards fulfill their demands. 32.15% are impeding property consumption. It is noticeable that 12.50% are abuse and neglect with the patterns of forcible capture of land, 07.14% are affected through stealing money and the alarming is that 21.43% are discriminated in getting old age allowance.

The elderly often hand over their business or properties to their children. This culture should be changed to encourage active aging in every aspect of life. Daily activities can be successfully performed by 97.3 percent of respondents and this also could motivate them to remain active in every sector of daily life ( ). In the study area most of the older people live with hardship and to manage their financial demand they have to do different types of risky work. From the table-07 it is shows that 26.80% respondent's engaged with agriculture, 07.14% works as a day laborer,

12.50% are beggar, 05.36% works as a maid/servant and 08.93% are shopkeeper. Table-07 also shows that 08.93% respondents are selling their properties to fulfill their demand. The respondents of the study area are abused and neglected physically but the situation is not so acute. 80.40% respondents have not faced any kinds of physical abuse and neglect. 14.30% are hitting without any cause, 09% abused by shook, 01.80% faced slap, 05.40% abused and neglect by push and 03.64% abuse and neglect by kick (table-08).

Older people are psychologically abused and neglected and the table-09 shows that 62.50% feel loneliness, 55.40% face unexpected behavior, 53.60% hinder from express opinion and 34% faced by devaluation, 12.50% face rebuke and 05.40% are threat to punishment. Both male and female older person faced different types of self neglect such as separation from others, depression, inferiority, angry for without any cause, health carelessness, and irregular food habit. 28.61% male and 42.86% female respondents feel depression; 21.43% male and 07.14% female respondents separate them from others and 32.14% older women neglected through health carelessness by themselves. Approximately 17.86%, 14.30% and 07.14% male respondents neglect by themselves through inferiority, angry for without any cause and irregular food habit. 28.61%, 10.71% and 25% female respondents neglect by themselves through inferiority, angry for without any cause and irregular food habit (Table-10).

In the study area older people suffer from various types of diseases. Fever/headache, asthma, gastric, weakness of eyesight, hypertension, diabetes, arthritis, cardiac diseases, and teeth problem and so on is the common diseases in old age. During their illness they checks their health in government hospital, private hospital/doctor, dispensary, homeopathic sometimes used different types of religious term. From the table-11 it is showed that 62.50% respondents have weakness of eyesight, 41.10% have teeth problem, 32.14% gastric, 26.80% face arthritis, 25% have asthma, 24.43% face fever/headache, 21.43% affected hypertension and 12.50% respondents are affected by the disease of cardiac and diabetes. From Table-13 it is noticed that 66.10% respondents are reluctant to attend on by their family members. 46.43% respondents are reluctant to go to doctor. 32.14%, 28.60% and 03.60% respondents neglect patterns are unwilling to buy medicine, negligence towards disease and forcible work respectively. In that issue 41.10% abuse and neglect because they seems as a burden, 35.71% are abused for financial

problem, 30.40% and 05.36% respondents are abused because of excessive expenditure and for their offspring's waste of time (Table-22).

The respondents live with poverty and they have superstitious, lack of awareness and lack of knowledge about balance nutrition and proper health care among the people. For that most of them takes rice and vegetables, sometimes they only take pepper and salt with rice to fulfill their food related demand where have financial crisis and family disorganization. But in some cases the respondents give positive opinion about the issue. 53.60% respondents take insufficient food, 46.43% take unhygienic/innutritious food 17.86% are abused through separation for food and for food discrimination, 08.93% abuse through away from food serving time and 01.80% are abused and neglected for late serving of meal (Table-15).

In rural area when the offspring of the older person got married and separated the older person do not make another house for them due to financial crisis. For that they bound to live kitchen, balcony, also in other people's house and receive insufficient facilities and sometimes they are abused willingly though the facilities are available. From Table-16 it is showed that 57.14% respondents have no problems, 26.8% have insufficient facilities to live smoothly, 12.50% live in kitchen, 10.71% respondents stay at balcony and 01.80% respondents live in other people's house. In that situations 37.50% are abused because of financial problem, 20.83% are affected for family disorganization. 16.70% faced accommodation problem, 14.60% are abused for illness and 10.42% are abused because of their kith and kin's reluctance (Table-24).

Older person's attitudes and demands like to be a child. For that they want sufficient and attractive dresses. But for the tradition of our society especially the rural area they are neglected in that issue and they are neglected even for the color of dresses. 50.00% respondents have insufficient costume, 39.30% have low quality of cloths, 23.21% have insufficient cloths to protect clod, 10.71% respondents wear old cloths and 08.93% are abused through their kith and kin's unwillingness (Table-17). From the Table-25 it is showed that in that issue 50.00% are abused and neglected because of financial problem and sometimes there have no financial support by their family members to fulfill their demand. 35.70% are abused and neglected because there have no tendency to buy clothes for the older person rather they wear new, good and colorful dresses. 12.50% are abused and neglected because their family member does not emphasis their demand.

Aged population forms a large and vulnerable group suffering from high level of physical, economical and social insecurity. There are great socio-economic variations within the aged population which make the care for the aged more complex and challenging. The individual uniqueness among older people along many dimensions is as pronounced as diversity among individuals at younger ages (Binstock, 1994). It has been well documented; the problem with inadequate or inaccurate information about ageing is its tendency to promote stereotypical thinking, which results in negative attitude towards ageing (Palmore, 1998; Stewart, 2004).

The study found that older people are abused financially (Male= 75.00%, Female=89.29%), psychologically (Male= 71.43%, Female=85.71%) and 64.30% male and 67.86% female respondents are abused and neglected in treatment process. The study also found that older people are abused by food (Male=57.14%, Female=71.43%), both male and female (53.57%) are abused by costume. In the study area respondents (Male= 10.71%, Female=11.86%) are abused physically, respondents also abused by self neglect (Male= 25.00%, Female=46.43%) and some of them are abused at their accommodation related issue (Male= 39.93%, Female=50.00%).

In most countries of the world the older persons do not enjoy a descent status in society. This is all the more so in developing countries such as India which are economically poor and have been subjected to the ravages of demographic transition, migration, modernization, dwindling joint family, market economy, poor public health and hygiene and low social and economic security (Ramamurthy, 2003). The percentage distribution of the reasons of their abuse and neglect is presented in Table-21. From the table it is showed that highest 57.14% are abused and neglected because of family violence or family disorganization, 50% are abused for financial crisis, 35.71% are abused for the changes of family patterns and 32.14% are abused and neglected because of dependency. Table-21 also shows that nearly 10.14% are affected because of illness and 07.14% respondents are abused and neglected for rural-urban migration of their offspring.

The study found that most of the rural elderly pass leisure time by gossiping, caring for children and religious work. 83.93% respondents have a good interaction between their neighbors and they spend their time by gossiping, which refresh their mind. 75.00% spend their time through religious programs and prayers, 19.64% watching television and 09.00% respondents enjoy radio. The literacy rate is very low in the study area and 03.60% respondents spend their time through reading book (Table-18). From Table-19 it is showed that 44.64% do not go to outside to

travel or other relative's house due to their financial crisis and at the same time the reluctance of their family members and for the respondent's illness. 30.36% are deterred from watching religious programs and 14.23% are abused for their kith and kin's reluctance to provide their recreational tools.

In the study area older people depend on their kith and kin's because of their older stage and inability and they are abused and neglected willingly or sometimes unwillingly. Sometimes they seem burden. In old age they do not fulfill their demand and sometimes they do not get any help by their family member and for that they depend on rich people in the society to survive their life. The present study found that respondents family members fulfill their demand financially (Partially=51.80%, fully=26.80% and Not at all=21.43%). In treatment related issue they are fulfilled their demand (Partially=44.64%, fully=30.40% and No help=25.00%) by their kith and kin. 46.43% respondent's family members fulfill their costume related needs partially, 42.86% respondent's family members fully fulfill their demands and 10.71% family members do not fulfill their needs. The study also found that respondents family members fulfill their food demand (Partially=50.00%, fully=44.64% and No help=05.40%).

In the study area elder people do not get any priority in decision making process that they had when they were young and middle age. Even they are insulted in those issues and most of them are frustrated. On the basis of single family 37.50%, 25.00%, 18.75% and 6.25% male respondents have moderate freedom, less freedom, high freedom and very high freedom and 36.40% and 18.20% female respondents have less and moderate freedom in decision making process and 12.50% male older have no power. In extend family 41.67%, male older have no 16.67% and 8.33% male older people have moderate freedom and high freedom in decision making process (Table-28). The tradition of the society of our country is that family plays the prime role for the older person. Sometimes they need society, government and sometimes non-government support. From Table-29 it is showed that 23.21% older people have social support, 37.50% are supported from government and 26.80% receive non-government support. On the other hand 51.80%, 28.60% and 39.30% older people noticed that they do not get any social, government support and non-government support. From Table-30 it is found that 75% older people want family support, 42.86% desires government support, 35.71% respondent's opinion is to increase society support and 32.14% desires non-government support to uplift their

problems. The study also brought to light that illiteracy, unhealthy physical condition, utmost economic dependence of the already poverty-stricken family makes the elderly susceptible to elder neglect and abuse. The overall findings seem to suggest close relationship of abuse of the elderly with their socio-economic and educational background and this piece of information needs to be scientifically utilized in developing suitable programs addressing the elderly of the developing countries as well as Bangladesh.

### **Conclusion and Policy Recommendations**

Elderly is the most common and universal reality and it is the last step of life cycle and none can avoid this stage. It occurs in all members of population and it is a continuous process and is an obligatory segment in human life. The family traditionally was valued as the cradle of love where family needs including those of the aged were met. Today, it is increasingly under attack and its powers and significance being daily eroded in a society driven by materialism and competition. This attack on the family institution means a decline in the value, support and care of the elderly, thereby leaving them prone to destitution and abuse and they faced diverse sorts of crisis in their daily life and leads their life with hardship. That neglect and abuse of the elderly is a menacing problem and increasing being felt by many people can hardly be defined of. Now elder abuse and neglect is the widespread issue in the world especially country like Bangladesh. It is a common social scenario in the study area and for that to reduce their abuse and neglect proper policies for the better aging population in the study areas should be taken into consideration. At the same time we should remember that older people understand the superiority of “being” over “having”. Human societies would be better if they learnt to benefit from the charismas of old age.

An elder person is an asset for any country. It is a distracted life, a life in which the fundamental questions about the vocation, dignity and destiny of man are forgotten. The third age is also the age of simplicity and contemplation. The affective, moral and religious values embodied by older people are an indispensable resource for fostering the harmony of society, of the family and of the individual and they are abused and neglected. To reduce the abuse and neglect towards the older persons in the study some policy recommendations are as follows.

- Financial solvency and fulfillment of their basic needs should be ensured through old age allowance, inclusion of them with Vulnerable Group feeding Program, employment opportunity, providing Ration Card and ensure proper link with their kith and kin.
- Employment opportunity should be made for them according to their physical and mental fitness, educational qualification, needs and preferences.
- Should be developed proper regulations to encourage their offspring so that they could help their parents with their maximum efforts.
- To accompany older people, to approach them and enter into relation with them,
- Encourage the family members to be cautious in financial related demand for the older people.
- Proper laws should be formulated and implemented to use their own properties that are authorized for them.
- To alleviate their abuse and neglect new laws should be formulated and implemented the existence laws related to aging as well as National Policy on Aging in proper way.
- To reduce their abuse and neglect government should established old home in the district where the study was conducted.
- To ensure old age allowance for all the senior citizen in the study area.
- Economic security, health and housing for elder people should be strengthened.
- Create strong relationship with the family members, relatives and with the community people.
- To provide the opportunities for recreational and social activities.

- Raising community awareness through effective and informative social education campaigns can stimulate discussion, debate and engagement for the prevention of elder abuse.
- Poor elderly people should be involved in the development and implementation of programs and policies according to their minimum needs.
- Promoting organizations involved in aging welfare activities.
- Government, non-government and community support should be increased to the betterment of older people in the study area.

Finally it can be said that older persons in the study area are abused and neglected continuously and they pass their life with hardship. Now the time has come to begin working towards an effective change in attitude towards older people and to restore to them their rightful place in the human community and also to restore their valuable existence.



## **Appendix-01: Risk Factors of Elder Abuse and Neglect**

A number of situations appear to put the elderly at risk of violence. In some cases, strained family relationships may worsen as a result of stress and frustration as the older person becomes more dependent. In others, a caregiver's dependence on an older person for accommodation or financial support may be a source of conflict. Social isolation is a significant risk factor for an older person to suffer mistreatment. Many elderly people are isolated because of physical or mental infirmities, or through the loss of friends and family members. Important factors include the quality of the family and caring relationship, and the level of dependencies. In the absence of direct measures of these factors, proxy indicators include the elder's health status (physical and mental functioning) and household structure (ages and relationships).

### **General risk factors**

- the abused lives together with the abuser
- there is a history of family violence or partner abuse
- there is unresolved previous sexual abuse
- the level of emotional, social, physical or financial dependency (of the person being abused and/or the abuser) is increasing
- there is a lack of adequate support and relief for the caregiver following a recent change in living arrangements.

### **Factors that appear to increase vulnerability to abuse**

- poor or failing health
- cognitive impairment
- lack of family, financial or community support.

**Factors associated with those more likely to abuse**

- history of alcohol or substance abuse, or violence
- financial dependency on the older person
- poor health
- socially isolated.

**Among caregivers, significant risk factors for elder abuse**

- Inability to cope with stress (lack of resilience)
- Depression, which is common among caregivers
- Lack of support from other potential caregivers
- The caregiver's perception that taking care of the elder is burdensome and without psychological reward
- Substance abuse

## **Appendix-02: Suggestive Measures for Elderly Welfare and Social Worker's Roles**

Aging is not only a concern for the individual and his or her family; it is also a matter of social concern. The existing services are quietly inadequate and insufficient. Disorganization in the services, our social myths and prejudice, social structures and systems, negative attitude towards the elderly are also intensifying the elderly problems. In order to make easier the life of the elderly in Bangladesh some steps should be taken, such as:

- ❖ Community care services (service arranged by the community itself) should be expanded to care for the elderly. To ensure these services, we have to take proper steps to re-arrange or set up new and alternative institutions that can take care to the aged, such as, aged homes, nursing homes, health complex, day care center, and recreational center and so on. In doing so, Government can make a dialogue with individual solvent donors and voluntary organizations and should provide them technical and logistic support in this regard.
- ❖ Micro and macro level counseling can be a more effective initiative to give up the myths and prejudices of the community people towards their elderly and to inspire them to initiate more elderly care services and also the elderly people can be persuaded to take the services from the newly introduced institution.
- ❖ Government should take some programs for making them involvement through using their inner potentialities and experiences to reduce their mental sufferings resulting from loneliness and isolation. Meanwhile a large scale social security programs, like, pension, old age allowance, health insurance can also make them free from anxieties in later life. The amount of old age allowance and beneficiaries should also be increase at satisfactory level VGD (Vulnerable Group Feeding).
- ❖ Elderly people mostly suffer from some physical diseases. At that time; they need comprehensive medical care services. But in some cases it becomes impossible for them to stand in a queue to avail the services from general outdoor services in government hospitals and to get in to the bus due to their physical inability. In this

regard government should take initiative to devise special free outdoor service units in government hospitals and special free transport services for the elderly.

- ❖ As the elderly people feel free to stay in their own residence, home-based care can be more effective service instead of institutional care. In this regard, local self-government can recruit 'Paid Home Helper' who will serve the aged people in their home. Some developed countries have already introduced such programs.
  
- ❖ We need to revise our academic curriculum and include such issue that would teach and direct our new generation to respect our senior citizen and awaken them about their duties and responsibilities towards the older people.

In all these fields that have been mentioned earlier, professional social workers can use professional knowledge and training, as it is a new challenging issue for social workers in the 21st century. Social workers can involve themselves in both teaching and promoting social and case advocacy in changing the attitude of community people and policy makers and the elderly as well in service to the elders. They can effectively use their advocacy strategy among the students to change their attitude towards the elderly people.

Appendix-03: Map of the Study Area



## **Bibliography**

Acierno, R. & et al. (2010); "Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study; Vol-100(2); page-292-297; American Journal of Public.

Ahmed & et al, (2003); Quantitative Baseline Report of PHILL Project, Dhaka, Bangladesh; PHILL Study Group, BRAC.

Barkat, Abul & et. al (2003), Chronic Poverty among Older People in Bangladesh, Human Development Research Centre Dhaka.

Banglapedia (2003), Encyclopedia of Bangladesh, Vol.1, Asiatic Society of Bangladesh, 5 Old Secretariat Road, Nimtali, Dhaka-1000, Bangladesh.

Biswas & et al; (2006); Dynamics of Health Care Seeking Behaviour of Elderly People in Rural Bangladesh; International Journal of Ageing and Later Life.

Bardhan Anuradha (2013), The Socio-Economic Condition of the Elderly People at Urban Middle Class, Bangladesh Journal of Geriatrics, Vol.48, Bangladesh Association for the Aged and Institute of geriatric medicine.

Binstock, R. H. (1994); Transcending intergenerational equity, in T. R. Marmor, T. M. Smeeding, and V. L. Greene (eds.) Economic security and intergenerational justice: A Look at North America. Washington, DC.: The Urban Institute Press.

Bonnie Brandl and Jane A. Raymond (2014); Caregiver Stress Is Not the Primary Cause of Elder Abuse; Journal of the American Society on Aging Policy Implications.

Datta, A. (2006); "Greying Citizenship: The situation of the older persons in India"; Vol-20(3); page-285-298; Indian Journal of Gerontology.

Elder abuse, available at [http://en.wikipedia.org/wiki/Elder\\_abuse](http://en.wikipedia.org/wiki/Elder_abuse), accessed on 19 September 2014.

Elder Abuse and Neglect: In Search of Solutions (American Psychological association), available at <http://www.globalaging.org/elderrights/us/2009/elderabuse.pdf>, accessed on 19 September 2014.

Education Survey (2011); Kharia Kazirchar Union Parishad; Sribordi; Sherpur.

Faquerul & et.al (2007), The Socio-Economic and Psychological Condition: A Study on four Villages at Horian Union in Rajshahi District, Bangladesh Journal of Geriatrics, Vol.42, Bangladesh Association for the Aged and Institute of geriatric medicine.

Feinberg, L & et al. (2011); Valuing the Invaluable: 2011 Update–The Growing Contributions and Costs of Family Caregiving. Washington, DC: AARP Public Policy Institute.

Gorman, M., (2000); Development and the Rights of Older People. In: The Aging and Development Report: Poverty, Independence and the World's Older People, page-3-21; Earthscan Publications Ltd., London.

G. T., Saito, Y., & Natividad, J. N. (2007); Active Life Expectancy and Functional Health Transition among Filipino Older People; Vol-34.1; page-29-47; Canadian Studies in Population.

HAI (Help Age International). (2006). *Social pensions in Bangladesh.*, available at <http://www.helpage.org/Researchandpolicy/PensionWatch/Bangladesh>; Retrieved 05 November 2014.

Hossain Md. Islam & et.al (2006), The Elderly Care Services and their Current Situation in Bangladesh: An Understanding from Theoretical Perspective available at <http://scialert.net/fulltext/?doi=jms.2006.131.138&org=11>

Islam & Fatema (2011); Problems of the Elderly in Changing Families: A Study on Urban Areas of Bangladesh; Social Science Review; The Dhaka University Studies; Part-D; Volume-28, Number-01, Faculty of Social Sciences; University of Dhaka.

Islam, M.N. and D.C. Nath (2010); Measuring Bangladesh's Aging Process: Past and Future. In: Population, Gender and Health in India: Methods, Process and Policies; page-153-165; James, K.S. (Eds.). Academic Foundation, New Delhi.

Ismail Tareque (2010); Determinants of Living Arrangements, Health Status and Abuse among Elderly Women: A Study of Rural Naogaon District, Bangladesh; 11(4); Page: 162-176 Journal of International Women's Studies.

Islam Md.Nazrul (2010); Socio-Economic Status of Elderly of Bangladesh: A Statistical Analysis ; Journal of Applied Sciences.

Kabir Zarina Nahar (2001); The emerging elderly population in Bangladesh: aspects of their health and social situation; Aging Research Centre.

Khan, A. M. (2004); "Decay in family dynamics of interaction, relation and communication as determinants of growing vulnerability amongst elderly" Vol-18(2); page-173-186; Indian Journal of Gerontology.

Liu, X., Liang and et.al; (1995). Transitions in functional status and active life expectancy among older people in Japan; 50B (6), S383- S394; Journal of Gerontology: Social Sciences.

Mcpherson, B. (1991); Aging: The Middle and Later Years, An Introduction to Sociology: The Social Order; page-189; 2nd Edn., Mcgraw Hill Ryerson Ltd., Canada.

Nath, D.C. and I.M. Nazrul (2009); New indices: An application of measuring the aging process of some asian countries with special reference to Bangladesh; Vol-02, page-23-49; Journal of Population Ageing.



Nazrul & et al; (2010); Socio-Economic Status of Elderly of Bangladesh: A Statistical Analysis; Journal of Applied Sciences.

Nuruzzaman & et al; (2014); A Study on Quality of Life of Elderly Population in Bangladesh, American Journal of Health Research.

Palmore, E. B. (1998); The facts on ageing quiz: A handbook of uses and results; Page: 48-50; New York: Springer.

Population Census (2011), Bangladesh Bureau of Statistics (BBS), Ministry of Planning, Government of the People's Republic of Bangladesh, Dhaka.

Ramamurthy. P. V. (2003); Empowering the older persons in India; Vol-9(2); Page: 5-9; Indian Research and Development Journal.

Rahman, A.S.M. Atiqur (1998). Two Case Study of Rural Older Person in Bangladesh, Bangladesh Journal of Geriatrics, Vol.48, Bangladesh Association for the Aged and Institute of geriatric medicine.

Rahman, A.S.M. & Ahmmmed M.F.(2006); Community Based Support and Services for the Older People: Present Status and Future Failure; Bangladesh Journal of Geriatrics, Vol.41, Bangladesh Association for the Aged and Institute of geriatric medicine.

Rhaman, A.A.S.M., (2000); The characteristics of old age in Bangladesh.; Vol-37; page-14-15; Bangladesh Journal of Geriatrics, Vol.48, Bangladesh Association for the Aged and Institute of geriatric medicine.

Rahman K. M. & el at, (2010); Elderly Abuse: Causes and Determinants in Rural Naogan District of Bangladesh; 19(1); Page: 25-36; Journal of Population and Social Studies.

Rahman K. M. Mustafizur;(2011); Policy Brief on Present Social Context and Elderly Population in Bangladesh center for research and action on development; Unnayan Onneshan.

Rahman, Masud Ibn, ( 2013), Elder Abuse and Neglect: Evidence from Bangladeshi Older Women, Bangladesh Journal of Geriatrics, Vol.48, Bangladesh Association for the Aged and Institute of geriatric medicine.

Rahman Jahangir (2013); National policy on older persons; available at <http://www.thefinancialexpress-bd.com/2013/12/04/7134> acceded on 10 January, 2014.

Robine, J. M., & Ritchie, K. (1991). Healthy life expectancy: evaluation of global indicator of change in population health; Vol-302; page-457-460; British Medical Journal.

Robinson Lawrence (2014); Warning Signs, Risk Factors, Prevention, and Reporting Abuse <http://www.helpguide.org/articles/abuse/elder-abuse-and-neglect.htm> acceded on 02 February 2015.

Rochester & et al. (2011); Under the Radar: New York State Elder Abuse Prevalence Study. Self-Reported Prevalence and Documented Case Surveys, Final Report. New York: William B. Hoyt Memorial New York State Children and Family Trust Fund, and the New York State Office.

Samad, Muhammad (2002) Participation of the Rural Poor in Government and NGO Programs: A Comprehensive Study, Dhaka, Mowla Brothers.

Sultana Tamima; (2011); Expectations, Realities and Coping Strategies of Elderly Women in a Village of Bangladesh; Bangladesh Development Research Working Paper Series (BDRWPS).

Tareque Md. Ismail & et. al (2010); Elderly Abuse: Causes and Determinants in Rural Naogan District of Bangladesh ; Journal of Population and Social Studies.

The 2008 Revision, Department of Economic and Social Affairs, Population Division, United Nations Secretariat; (2009); World Population Prospects.

Tomson; (2005); Socioeconomic status overrides age and gender in determining health-seeking behavior in rural Bangladesh; Page 109-117; Bulletin of the World Health Organization.

UNESCO; (1992); "The changing family in ASIA", Social and Human Sciences in Asia and the Pacific; RUSHSAP Series on Monographs and Occasional Papers 35; Bangkok.

United Nations (2005), World Population Prospects, New York, Population Division, DESA.

United Nations (2008), World Population Prospects, New York, Population Division, DESA.

WHO (World Health Organization); (2002). Active aging, a policy framework. Geneva: World Health Organization Non-communicable Disease Prevention and Health Promotion.

Zarina & et. Al (2006); Dynamics of Health Care Seeking Behaviour of Elderly People in Rural Bangladesh; International Journal of Ageing and Later Life.

Zohra, RHT & et.al (2013), When Negligence Intersects Ageing: A Study on Dhaka City, Bangladesh Journal of Geriatrics, Vol.48, Bangladesh Association for the Aged and Institute of geriatric medicine.

**Appendix-04: Interview Schedule**

**INTERVIEW SCHEDULE**  
**Institute of Social Welfare and Research**  
**University of Dhaka**

**Thesis Title:** Elder Abuse and Neglect: A Study on Sribordi Upazila in Sherpur District.

[Collected Information will be used only for Thesis Study and all sorts of confidentiality will be maintained.]

**(a) Demographic and Socio-economic Information about the Respondents.**

01. Name:

02. Father/Husband's Name:

03. Age:

04. Address:

05. Sex:

Male       Female

06. Religion

Islam       Hindu       Buddies       Christian       Others

07. Education status:

Illiterate       Read only religious book       Primary       Class vi-x  
 S.S.C       H.S.C       Graduation       Others

08. Total family members.....

09. Types of family:

- Single family     Extend family

**(b)The patterns of elder abuse and neglect related information**

10. Do you think you are neglected at your older stage?

- Yes     No

If yes, what types of abuse and neglect do you faced?

- Physical     Psychological     Financial     Treatment-related  
 Self-neglect     Others (Defined it)

11. By whom you are neglected?

- Husband     wife     Family members     Caregivers     Own self  
 Others (Define it)

12. What types of physical abuse and neglect do you face?

- Hitting without any cause     Kick     Slap     Push     Shook  
 Others (Define it)

13. What types of psychological abuse and neglect do you face?

- Rebuke     Devaluation     Hinder from express opinion     Loneliness  
 Unexpected behavior     Threat to punishment     Others (Define it)

14. Are you suffering from any kinds of psychological problems due to abuse and neglect?

- Yes     No

If yes, define it-----

15. What types of financial abuse and neglect do you face?

- Impeding property consumption  Stealing money  Apathy towards fulfill  
 demands Discriminate in getting old age allowance  Forcible capture of land  
 Others (Define it)

16. Quantity of financial demands fulfilled by your family members?

- Full  Partial  Not at all

17. What are you doing to fulfill financial crisis?

- Selling property  Shopkeeper  Day laborer  Begging  
 Maid/Servant  Agriculture  Others (Define it)

18. Do you think you are neglected by yourself?

- Yes  No

If yes, what types?

- Separation from others  Irregular food habit  Angry for without any  
 cause Health carelessness  Inferiority  Depression  
 Others (Define it)

19. What types of household related abuse and neglect do you face?

- Kitchen  Other people's house  Balcony  Insufficient facilities  
 Others (Define it)

20. Why are you affected household related abuse and neglect?

- Family disorganization  Financial problem  Accommodation problem  
 Illness  Member's reluctance to live together  Others (Define it)

21. What types of food do you take?

- Rice  Bread  Fruit  Fish  Meat  Milk  
 Egg  Vegetables  Others (Define it)

22. What types of food related abuse and neglect do you face?

- Insufficient food     Food discrimination     Separation for food  
 Away from serving time     Late serving of meal     Unhygienic/Innutritious

23. Why are you affected food related abuse and neglect?

- Financial problem     Excessive expenditure     Not emphasis  
 Carelessness     Others (Define it)

24. Quantity of food demands fulfilled by your family members?

- Full     Partial     Not at all

25. What types of costume related abuse and neglect do you face?

- Insufficiency     Low quality     Apathy towards giving cloths  
 Useless cloth     Insufficiency to protect cold     Others (Define it)

26. Why are you affected costume related abuse and neglect?

- Financial problem     Excessive expenditure     Not emphasis  
 Reluctance     Others (Define it)

27. Quantity of costume demands fulfilled by your family members?

- Full     Partial     Not at all

28. What types of diseases do you affected at your old age?

- Fever/Headache     Asthma     Gastric     Weakness of eyesight  
 Hypertension     Diabetes     Arthritis     Cardiac diseases  
 Teeth problem     Others (Define it)

29. What types of health related abuse and neglect do you face?

- Reluctant to take to doctor     Negligence towards disease     Forcible work  
 Reluctant to attend on     unwilling to buy medicine     Others (Define it)

30. Why are you abused and neglected at health related issues?

- Financial problem       Not emphasis       Excessive expenditure  
 Waste of time       Burden       others (Define it)

31. Where is your treatment place?

- Government hospital       Private hospital/Doctor       Dispensary  
 Homeopathic       Religious term       Others (Define it)

32. Quantity of treatment related demands fulfilled by your family members?

- Full       Partial       Not at all

33. mentions your recreational instruments?

- Television       Radio       Gossip       Reading book  
 Religious festivals       Others (Define it)

34. What types of recreation related abuse and neglect do you face?

- Reluctant to provide recreational tools       Deter from watching religious programs  
 Unwilling to take outside       Debar from gossiping       Others (Define it)

35. Why are you abused and neglected at recreation related issues?

- Watching different programs       Negative impression       Loss of dignity  
 Excessive expenditure       Not emphasis       Others (Define it)

**(c) Causes of elder abuse and neglect Related Information about Respondent**

36. In which situations you are neglected?

- Changes of family pattern       Financial crisis       Family violence  
 Rural- urban migration       Others (define it).



37. Do you think you are abused and neglected intentionally or unintentionally?

- Intentionally       Unintentionally

38. What's the extent of freedom of decision making in your family?

- Very much freedom       Much freedom       Moderate freedom  
 Less freedom       Not at all

39. Is there any social support to reduce abuse and neglect?

-----

40. Is there any social support to reduce abuse and neglect? Explain.

-----

**(d) Information Regarding on their Recommendation to Improve their Condition**

41. What types of initiatives do you prefer to uplift the problems?

- Family support       Old age allowance       Social support  
 Old Home       Others (Define it).

42. What is your recommendation to solve the problem?

-----

Date-----

Signature of the respondent

