

Problem of the Older Person: A Study on a Village



M. Phil Dissertation

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***Problem of the Older Person: A Study on a
Village***

*A Dissertation Submitted to the University of Dhaka for the
Degree of Masters of Philosophy in Social Welfare*

Submitted

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Declaration by the Researcher

I hereby declare that the M.phil dissertation entitled ‘Problem of the Older Person: A Study on a village’ have been prepared by me. It is original work that was done by me through taking advices and suggestions from my supervisors. This gigantic task was completely done by me. This dissertation or any part of it has not been submitted to any academic institution or organization for any degree or diploma or publication.

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Certificate of the Supervisor

It is my pleasure to certify that Joly Akter bearing Registration No. 004/2012-2013 has prepared the M.Phil Dissertation entitled 'Problem of the Older Person: A Study on a Village' under my direct guidance and supervision. This is her original work. This dissertation or any part of it has not been submitted to any academic institution or organization for any degree or publication.

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Regards

Joly Akter

Abstract

This paper focuses on the ‘Problem of the Older Person: A Study on a village and my supervisor name is Dr. Md. Nurul Islam, the institute of social welfare and research that was carried out at Karatia village in Tangail district of Bangladesh. In this study, information was gathered from 50 respondents through pre-tested questionnaire from that village. Additionally, 10 in-depth case studies also were done to disclose the overall problems of the older persons and depict the hidden realities of that vulnerable group. In this study, information was gathered from both sexes to maintain gender balance and to delimitate the problems of both male and female older. The major findings of this study showed that due changes in family structure and turning into nuclear family system, it made abject the older to get accompany of their nearer and dearer ones. I also found that most of respondents prefer to spend their leisure time by religiosity. The findings showed that the highest percentage of the respondents spent their time by doing religious activities like praying, puja, milad etc., the figure was 64 percent. Some respondents also like spend their leisure time with their family members. The important finding of my study is that female is more vulnerable and abject to miseries in their old age in comparison to male to their counterparts, partly because of patriarchal social structure. Most of the elderly women suffer from various chronic diseases like back pain, insomnia, joint pain, and breathing problem with uterine prolepses. Despite their sufferings, most of the family members do not care for them. I devised the perception of older people to alleviate the problems and miseries of the older people in old age. Most of the respondents chose the initial alleviation of their problems by increasing the old age allowance. Though some respondents replied that they receive allowance from government services but they claimed that the amount of money is too sufficient to survive. Other poor respondents claimed that they do not receive government allowance as they exclude in

selection process due to nepotism. Older person follow various strategies to survive, though they are to lead a poor and miser life. Additionally, Elderly are the most vulnerable and susceptible to problems whether it might be physical, mental or social. Almost every elderly people have addictions that make them susceptible to more diseases like Biri, Cigarette, betel leaf, gul or like that. Furthermore, with increasing age, the power of decision making within the family decreased as found in my study. Even, whenever their economic power loses, they are started to consider as burden for the family, largely for society. They mostly stated that they cannot tolerate the criticism of others in this age and they demanded more care and adorable behavior from family members mostly. They also demanded to ensure workplace suitable with their physical structure as if they might support in their old age. They also demanded to establish to more old house and creating an artificial environment where they might pass their pas-time by gossiping. They think that in their old age, they become more vulnerable and abject physically that requires physical treatment. Hence they should be provided treatment and medicine in free of cost. In also put my observation on them and found that their overall clothing was not neat clean, hair was not combed, and the nail of hands and legs were not clean and small though with some exceptions. These findings showed the miseries of the older generation of today. I also sorted out some suggestions on the basis of my findings and hope that if these measures might be initiated fully, the vulnerabilities of the older would alleviate, at a little and the days of shiny will show soon.

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Chapter One

Introduction

Chapter One

Introduction

Introduction

Ageing is now a global phenomenon. It is common all over the world that older age range is increasing rapidly. On the other hand the number of children and youth population of Bangladesh is also increasing in a remarkable rate.

A small proportion (around 6 percent) of the total population of Bangladesh constitute the elderly population but the absolute number of them is quite significant (about 9.84 million) and the rate of their increase is fairly high. The elderly population (aged 60 years and above) were 1.37, 1.86, 4.90 and 6.05 million respectively in 1971, 1981, 1991 and 2001 which is 9.84 million in 2010 and the projected figures for 2015 and 2025 are 12.05 and 17.62 million. The ministry of social welfare has provided project aid amounting tk. 100 million to the elderly citizen welfare International Day for the Elderly. People and sensitizes the people on the issue in question. Association named as *Probin Hitaishi Sangho* and the ministry also observes.

Bangladesh has a long cultural and religious tradition of looking after the elderly and it is expected that families and communities will care for their own elderly members. But rapid socio-economic and demographic transformation; mass poverty, changing social and religious values, influence of western culture, and other factors, have broken down the traditional extended family and community care system. As the dominant society emulates religious values, which enjoin family, kinship and community bounds in the life process, religious and traditions enjoins upon the younger generation to respect and take care of older person. One problem, which relates to the social adjustment in old-age, is loneliness and social isolation. The constitution of Bangladesh clearly declares in the clause 15 (D) that the government should introduce social security program for the insolvent elderly population. As per the commitment of the constitution the ministry of social welfare has introduced old-age allowance program in 1997. The old age allowance program has initiated as social security for the old-age people so that they do not fall in dire situation at the end of their life due to the negligence of the family.

Old age consists of ages nearing or surpassing the life expectancy of human beings, and thus the end of human life cycle. Euphemisms and terms for old people include, old people (world Wide usage), seniors (British and American Usage). Older adults (in the social sciences), the elderly, and elders (in many cultures- including the cultures of aboriginal people). The chronological age denoted as 'Old age' varies culturally and historically. For the first time the secretary-general to the General Assembly focuses on the human rights of older persons. Older persons are facing in terms of human rights as discrimination, poverty, violence and abuse as well as the lack of specific measures and services.

Statement of the Problem

Approximately, two people celebrate their sixtieth birthday every second around the world today, which is why the 21st century will witness even more rapid population ageing than the century just past. Every one in ten person in the world is aged 60 years or over – population ageing is a phenomenon that can no longer be ignored. The world population will rapidly be aged between the years 2000 to 2050. The proportion of the world population aged over 60 years will double, approximately 11 percent to 22 percent by the next 35 years. In 1950, there were 205 million individuals aged 60 years or over around the world. In contrast, it increased to almost 810 million, by 2012, and projected to reach 1 billion in less than ten years. Because of declining fertility rates, lower infant mortality, improved nutrition, sanitation, health care, education and better economic living standards around the world, average life expectancy of people had increased. In Bangladesh over the past 40 years, life expectancy has increased by 23 years. Women constitute more than half of the total populace. Vulnerability, liability, and insecurity have made them abject to the family and society. Sadly, despite inspiring endeavor to tackle these issues, elder abuse, age discrimination, income gap and stereotyping of older gone acrid over the years in our society. The move of world forward with more senior citizens, bringing them in the mainstream of development is a big challenge ahead. Defining 'Old' vary across time and place. Around 1900, average life expectancy was between 45 and 50 years in the developed countries. Now, average life expectancy is 78 years in developed countries and 68 years in developing regions. The United Nations consider 60 years to refer to older people. In many countries, however, the age of 65 is used as a reference point to become eligible for old-age social security benefits. In today's Bangladesh, with a growth rate of 1.34 per annum, 1.8 to 2.0 million people eke out to the total population

every year. This does not end here. The projection shows that the population is likely to grow up to 222 million around 2050, and stabilize at 250 million around 2080, even if replacement level fertility is achieved by 2015 that should be indemnified by indicative perspicacious plan. In coming days, the world will have more people who live to see their 80s or 90s than ever before. By 2017, for the first time in human history, the number of adults aged 65 and over will outnumber children under the age of 5. But growing old is not always easy. Older people are among the most vulnerable and marginalized groups in the world. They are often amongst the poorest of the poor. With the process of urbanization, industrialization, individualization and the expansion of family planning programs, changes are taking place not only in the kinship structure but also in the parent-child relationship in the whole world with special reference to Bangladesh. Older individuals remain as ends rather than means for development and projects often bypass this segment. Unless older population is not recognized in the planning and executions, fruit of development will not reach to those whom it is set out for. All these pressing issues made me bound to think about the ageing issue and to carry out an in-depth study to comprehend the actual problems of the older people and to sort out some recommendations to alleviate their problems.

Rationale of the Study

In Bangladesh, over the past decade there has been a significant in infant and child mortality rate. Bangladesh are mostly suffered from various complicated physical diseases and the number is increasing day by day but the services provided through government hospitals are inadequate in compare to needs and demands. After the independence, the government of Bangladesh has initiated some programs like pension, gratuity, welfare fund, aged fund, group insurance and provident fund for retired government officials and employees. Most of the elderly people in Bangladesh suffer from some basic human problems such as poor financial support, senile diseases, and absence of proper health and medicine facilities exclusion and negligence, deprivation and socio-economic insecurity (Rhamaru, 2010). Ageing is one of the emerging problems in Bangladesh. This problem has been gradually increasing with its far reaching consequences. Bangladesh is one of the most densely populated countries in the world with a total population (both male and female) over 60 years is about 6 percent of the total population meaning that these are 7 million such people in the country. Demographic trends towards in the year 2000 indicates that these will be a total of 8

million such people by the end of this century facilities and needs are not met due to increased population. But older people need more facilities. Older people are losing their importance in their families as well as in society. So this problem increased rapidly. In this term, separate measures by government and NGOs are existent.

Older people have suffered insecurity at the edge of lives. In 1911 people above 60 years old were 4.4 percent which reached 6 percent in 2001. Bangladesh Bureau of Statistics predicts that Bangladesh will be termed as aged society within 2025 years (GoB, Bangladesh Bureau of Statistics, 2009). Government and Non-Government organizations run some programs such pension, allowance, future fund, housing which are sufficient in nature. Ignorance and indifference on ageing problem existed among of the people in our country. So it is an urgent issue to raise awareness among them related to this problem.

Literature depicted that almost all elderly suffers from different types of diseases whether it might be acute or normal in nature. Along the way, lots of initiatives are available in our country those are really appreciable in consistency with our economy but due to nepotism and massive corruption, these services do not reach to the targeted beneficiaries. On the contrary, it is said that initiatives on elder issues are not the major problems rather ignorance and indifference is the major problems of elderly. Hence my core aim was to investigate the physical, social, and economic condition of the older people; gathered information on family support to them; found out the severity of problems among older people, and recommended on the basis of all these findings how the indentified problems of elderly in this study.

Objectives of the Study

The general objective of the present study is to gather overall information about old age problem in Karatia village of Tangail district in Bangladesh. Under this broader objective some specific objectives were followed as described below.

- 1) To know the demographic and personal information of the respondents
- 2) To enquire into physical, social and economic condition of the old people of Karatia village.
- 3) To gather information about the family support to the older person of that village.
- 4) To identify the problems that faced by the older people of that village.

- 5) To sort out the nature and extent of the problems Karatia's older people have.
- 6) To seek recommendations from them to solve their problems

Assumptions of the Study

Before conducting the study, I followed some assumptions that guided me to follow the right track and to complete my study in a controlled way. The assumptions those I followed in my study include

1. The older persons are the helpless due to their inability of works.
2. The older persons are always ill; hence they require medication and other health services.
3. Most of the older persons are poor and they cannot meet their basic needs.
4. The older person are neglected by their family members and relatives, hence they fell loneliness and require our accompany.

Methodology of the Study

This will be an explorative study. The main objective of this study is to enquire into the problems of the older people Karatia village of Tangail district. That is why the study, by its nature, requires observation based in-depth information on the field of study. For the sake of this study, both primary and secondary data will be used. Secondary data will be gathered mainly from books, journals, articles and internet search. To collect the primary information, the following methods will be employed for the purpose of accomplishing the study.

Design of the Study

In my study I facilitated both survey and case study method. To conduct an in-depth study on ageing issues only through case study or survey with the expectation of getting deeper information is just like spending time whimsically. That is why I facilitated both the method in my study.

- 1. Case Study Method:** The ageing problem can no longer be ignored in the 21st century. With the passage of time their problems are becoming more complex. With the introduction of urbanization and globalization system, the joint family system has been declined and nuclear family system got placed. That is why the family and community care has lessened over the period of time. By considering all these complex issues, comprehending the problems of the older people requires in-depth and explorative study. That is why I followed and placed '**Case Study**' as the main method of my study. Through this process I collected datum related to their practical life, comprehended their socio-economic situation and sorted out their miseries. I also understood their needs and demands to lead their life more peacefully. In my study, I conducted 10 in-depth case studies where I depicted the pattern of the lives of older people. I also included their social and economic history as narrated by them. I also included their demands and needs from the society, family and from government also. Every case study took almost one hour minutes in the practical field.
- 2. Survey Method:** Along with the case study method I also facilitated '**Survey Method**' where I put some questionnaire and reached to the respondents. Firstly I received their consents, and made them understood the reasons of collecting data. I collected data from 50 respondents through survey method. Every survey took 25 to 30 minutes in-depth discussion, receiving and noting information, defined issues in the questionnaire. Through survey method, I tried to disclose their socio-demographic information, information related to their daily life, problems faced by them, family and societal attitude towards them, and finally sorted out the ways of solving these problems including their perceptions and opinions.

Area of the Study

For the purpose of carrying out the study and to attain the defined objectives, Karatia village of Tangail district was selected as my study area. The purpose of selecting this area was to convenient communication for me. I was born in that area and spent the most portion of my life in there. From the childhood of my life, I observed that the area was not economically developed and even not yet. Most of the older pass their lives by hand to mouth. The miseries

of those people know no bounds. On the contrary some solvent families also live there. They are economically solvent and lead a better life. Just the same place but different figure! To comprehend their actual situation and to depict the life of rich and poor elderly, I specially chose that arena as my study area. On the contrary, as I reared up in that village, so I had developed good relations with them over the period of time. That is why I expected to get accompany fully and getting information might be easier and in the practically that happened. I came closer to them and got in-depth information about their actual situation. Additionally, Karatia covers the vast and major part of Tangail district. It is also well known place of that district. Many more cultural places, rivers, blended economy etc. are mostly observable. By considering all these issues, I selected that place as my study arena.

Sample Selection of the Study

The area of the study was Karatia village which is the most renowned part of Tangail district. To get an exact administrative map of that locality was really tough but informally that locality combined almost 600 houses where almost every house belong their older guardians. In terms of collecting data form that locality, I facilitated ‘Purposive Sampling’ as I selected respondents very carefully and tried to ensure the participation of the respondents with mutual co-operation whether it might be case study or interview. I selected respondents purposively those who were more than 60 years old. I collected data from the 50 older people of that locality by using pretested survey questionnaire. Among all these respondents, I tried to maintain gender balance and gave priority on both sexes. That is why I collected data from 28 male and 22 female respondents. I also tried to include the respondents of multi-religious background. But only having Muslim and Hindu religious background people there, I collected data from only two those religious background people. Anyway, I tried my best to enlist the respondents from Hindu religious background and only my continuous effort helped to enlist 22 percent of the respondents from that background. In my study, every respondent was the unit of analysis.

Techniques of Data Collection and Analysis

To assess the situation of the older person by using either case study or survey was incomplete and might be an initiative of callow researcher. That is why I facilitated both case study and survey method in my study. To collect data under these methods, I followed the following techniques.

- 1. Case Study:** To collect deeper information, some case studies were conducted where a checklist was used covering the whole aspects of the older people with the supervision of supervisor. The supportive technique like observation was also applied in time of case study. The core aim of case study was to collect data with possible depth in qualitative in nature. The collected data through case will basically helped me to comprehend the whole problems of the older people in a comprehend way. Before conducting case study, I explained to my respondent the main causes of conducting this research and the nature of data was required by me. I think that helped me to go more depth and got easy access into desired information.
- 2. Field Survey:** Quantitative nature of information is essential to understand the nature and extent of the problems of the older people. Quantitative data helped to measure the severity of the problems of the older people and understanding the extent of services provided to them. That is why I collected data from 50 respondents through both open and close ended pre-tested questionnaire that was developed by me under the direct guidance of my supervisor covering socio-demographic information, information on their daily living, problems faced by them, the attitude of their family members towards them and the ways of resolving their problems as perceived buy them.
- 3. Observation:** in time of data collection, I also observed their present conditions. I guessed some of the issues on where they kept them silence in giving information and understood their hidden pain. In most of family related cases and question, I got that feedback and had to assume their hidden speeches. I also observed their dresses, dwelling cleanliness, their hair, nail, teeth, and physical fitness and cleanliness etc. In all these fields, observation facilitated me to comprehend their some closed miseries.

To disclose these information, I also facilitated observation technique as a supportive technique of both survey and case study method.

Data processing

The interpretation of primary data was carried out keeping in mind the overall perspective of the study, specially the objectives of the study, comparison and correction were introduced where needed. After completing the interviews with the respondents, the replies were noted down very carefully. After completing the interview, unnecessary views and comments of the respondents were deducted. After completing survey data collections, it was edited with the purpose of checking whether the data are logical, correct, and well designed. After that the datum were coded and tabulated with keeping in mind the overall perspective of the research.

Data Analysis and Presentation of Report

The completions of data processing task pose the researcher to start analysis. I collected data in my study through both case study and survey method and that is why both qualitative and quantitative information was placed and described. The collected data through filed survey was presented through graphs, charts, cross-tables etc. by using excel. All these data are quantitative in nature. Basically these data generated the scope of depicting the actual situation and problems of the older people with their recommendations. After presenting in graphs, charts or tables, they were also analyzed and interpreted. Finally some case studies were shown where the direct comments of the respondents placed. These case studies were conducted in-depth in nature and depicted the real scenario of the older people.

Ethical Considerations

Social researcher must be neutral in terms of his study and no personal biasness should be introduced there. He also should consider the rights of the respondents. In my study, I tried to get the consent of the respondents in all respect otherwise the reliability of information might

not been ensured. I was aware in all aspects so that no personal biasness arises in the study. I was non-judgmental in nature in all respect. I also avoided the personal relations with the respondents. Consciousness was shown in time of questionnaire and interview schedule formation so that any personal questions might not take place. Finally the confidentiality of information ensured in my study and no personal information was disclosed.

Limitations of the Study

Conducting a social research on the problems of the older people was not so easy; therefore the author passed a difficult path with a variety of obstacles during study which are the limitations of this study as following:

- 1) First and foremost, the author fell in a deep sea since there was almost a dearth of study on such an issue. Therefore, I was able to review only a few numbers of literatures.
- 2) Since the respondents of this study were the elderly group who was physically incapable, most of the time to talk with me for a long time. Besides as an outsider of this community it was very difficult to me to understand the local language used by elderly people. Therefore I had to take one of the familiar local people with me during interview.
- 3) The people of Karatia village are very much conservative to stranger; they did not try to understand the importance of my academic research so they did not want to talk with me. Many times I was refused by them to take their some time. But I have tried several times through.
- 4) As I was a female researcher and had to conduct this research outside of my present residential area, that is why I had to face some hardships, stayed there by renting a room. Sometimes I felt scary, hurried in collecting data and reaching to appropriate respondents was little tough.

- 5) Time frame for such an important research was too narrow to take a large number of in-depth interviews. Besides due to academic curricula I faced severe time constraints.

Conclusions

To conduct a study on the ageing issue was an exciting matter to me as it is my passion to deal with ageing issues. I felt warm as directly getting their association, co-operation and insights development with their miseries, grievances, and needs and demands. Though I faced some hardships in carrying this study known as limitations, but I overcame all these, gathered information deathly and depicted the real situation of the elderly of Karatia village.

Chapter Two

Literature Review

Chapter Two

Literature Review

Introduction

Childhood, adulthood, old age are the three elementary stages of human life. During the late-fifties onwards, awareness may arise that the last main stage of life is approaching, that's old age. Biologists consider that the ageing is a normal process of progressive fall in cellular compositions well as capacity for growth; in tissue structure and activities; in speed, strength, and endurance of the neuromuscular system; in the function of glandular and other organ systems; and in the capacity to integrate organ systems. Similar to these changes and no doubt related to them is a rising prevalence, with age, of long-term chronic disease. The results of these changes are of significance to the gerontologist when they become indicators of the capacity and behavior of the individuals and when they impact on social institutions and action.

The global share of older people (aged 60 years or over) increased from 9.2 per cent in 1990 to 11.7 per cent in 2013 and will continue to grow as a proportion of the world population, reaching 21.1 per cent by 2050. (United Nations-2013)

Ageing as an issue started from the International Conference on Population and Development took place in 1994 in Cairo, Egypt. It was further advanced by the Second World Assembly on Ageing, which took place in Madrid, Spain, in 2002, and the demographic projections at that time evidenced an unmistakable trend of continued ageing, which would no doubt consolidate during the twenty-first century.

The Madrid International Plan of Action on Ageing reflects a global awareness on the social dosage of ageing that has evolved during previous decades through multi-nations activity and initiatives-at the United Nations.

Initial efforts to cope the challenges of ageing started in the 1940s after the inception of the United Nations. "The first initiative to place ageing on the

United Nations agenda was a draft declaration on old-age rights that the Government of Argentina submitted to the General Assembly in 1948. The text contained several articles that referred to rights of older persons to assistance, housing, food, clothing, health care, recreation and work as well as "stability" and "respect". (United Nations, 1948). While it wasn't adopted, the issue itself kept on the UN agenda. After two years later, the United Nations Secretariat submit that report "Welfare of the aged: old-age rights". Attention to the consequences of population ageing was renewed at the UN in 1969 when the Government of Malta submitted the topic to the General Assembly. Debate on the economic and social consequences of ageing ensued in the 1970s. In 1978, the General Assembly decided to convene the first world assembly devoted to the issues of ageing. Consequently the first World Assembly on Ageing was held in Vienna in 1982 and adopted the Vienna International Plan of Action on Ageing. (United Nations, 1982). The Vienna Plan was the first international instrument for action on development issues of ageing holding 62 recommendations. It identified "three priority areas: (a) the sustainability of development in a world where the population is increasing in age; (b) the maintenance of good health and well-being to an advanced age; and (c) the establishment of an appropriate and supportive environment for all age groups." (United Nations, 1982). After 1982 to 1990 there was not any visible activities in this context. But in 1991, the General Assembly adopted the United Nations Principles for Older Persons (United Nations-1991) for policymakers to incorporate into national development programs. Underscoring the contribution that older persons make to their societies, the 18 principles were grouped under five quality-of-life characteristics: independence, participation, care, self fulfilment, dignity. Consequently, 1992 was declared as the International Year of Older Persons "in recognition of humanity's demographic coming of age and the promise it holds for maturing attitudes and capabilities in social, economic, cultural and spiritual undertakings, not least for global peace and development in the next century". (UNGA-1992)

In the World Summit for Social Development at Copenhagen the theme of a "society for all" was proposed. In its resolution on the matter, the General

Assembly noted that the concept of a society for all ages has "four interlocking dimensions: • the situation of older persons • lifelong individual development • multigenerational relationships • the relationship between the ageing of populations and development." (United Nations, 1995). Finally, the Political Declaration and the Madrid International Plan of Action on Ageing, strengthen and increased the measures of the international community in the Vienna Plan, initiating new paradigms of ageing and new realities of international cooperation.

Bangladesh is one of the twenty developing countries with largest number of elderly population. By 2025 along with other four Asian countries, Bangladesh will account about half of the world's total elderly population. (Chalkier et a I, 2003).

The religious and socio-cultural tradition of Bangladesh reflects that families and relatives will care for their related elderly members but rapid socioeconomic and demographic transitions, mass poverty, changing social and religious values, influence of western culture and other factors have broken down the community care system.

This report was prepared by the population Division as a contribution to the 2002 world report provides a description of global trends in population ageing and includes a series of indicators of the ageing process by development age, regions and countries.

The report shows that:

- Population ageing is unprecedented, without parallel in human history and the twenty-first century will witness ever more rapid ageing than did the century just past.
- Population aging is pervasive, a global phenomenon affecting every man, woman and child-but countries are at very different stages of the

process, and the pace of change differs greatly. Countries that started the process later will have less time to adjust.

- Population ageing is enduring: we will not return to the young populations that our ancestors know.
- Population ageing has profound implications for many facts of human life.

World population Aging: clocks Illustrate Growth in population under age 5 and over age 65.

(January 2011) The world's population is growing and aging, very low birth rates in developed countries, coupled with birth rate declines in most developing countries, are projected to increase the population ages 65 and over to the point in 2050 when it will be 2.5 times that of the population ages 0-4. This is an exact reversal of the situation in 1950.

In 1950 just 131 million people ages 65+. According to United Nations population Division estimates for mid-2010, 523 million ages 65+.

According to Richard Suzman, Director of the Division of Behavioral and social research at the national institute on Aging:

By 2050, the number of people ages 65+ will total just under 1.5 billion, or 16 percent of the global total. In 1950, it was only 5 percent.

Aging is no longer the sole province of more developed countries, Longer life expectancy at birth and lower fertility have sharply increased the proportion of elderly in less developed countries. In 1950, 4 percent of the population in less developed countries was ages 65+. The population 65+, which was 8 percent in 1950, has increased to 16 percent today and will most likely increase to a record 26 percent by 2050.

The UN General Assembly resolution 33/22 of 14 December "World Assembly on the Elderly. The general Assembly,

Social and cultural rights, the international covenant on civil and political rights and the optional protocol to the international covenant on civil and political rights,

Nothing with appreciation that, following its appeal, more member states have acceded to the International Covenants on human Rights.

Bearing in mind the important role of the Human rights committee in the implementation of the International covenant on civil and political rights and the optional protocol there to, 33/52, world Assembly on the Elderly the general Assembly,

Reaffirming the Declaration on social progress and Development and the emphasis there in on the dignity and worth of the human being and the rights of the aged.

Taking note of the report of the secretary-General on the problems of the elderly and the aged.

United nations, Dept, of Economic and social affairs- 2008- health & Fitness
4 See General Assembly resolution 46/91 of 16 December 1991 annex:
“United Nations principles for older persons: to add life to the years that have
eral activity and work conducted at the united Nations pioneering efforts to
address the challenges of ageing began in the 1940. Shortly after the inception
of the united nations.

In 1991, the General Assembly adopted the United nations principles for older persons for policy makers to incorporate into national developments programs. Under scoring the contribution that older persons make to their societies, the 18 principles were grouped under five quality of life Characteristics.

- Independence
- Participation
- Care
- Self fulfillment

- Dignity

A year later, the General Assembly designated 1999 as the international year of older persons “in recognition of humanity’s demographic coming of age and the promise it holds for maturing attitudes and capabilities in social, economic, Cultural and spiritual undertakings, not least for global peace and development in the next century”. The General Assembly named the theme of the year “Towards a society for all ages”.

Noted that the concept of a society for all ages has for interlocking dimensions:

- The situation of older persons:
- Life long individual development ;
- Multigenerational relationships;
- The relationship between the ageing of populations and development.

The second world assembly on Ageing, which was held in 2002 to mark the twentieth in Vienna, had the major task of reviewing the implementation of recommendations by the first Assembly and the Vienna plan.

Nations principle for older persons and is at the core of all the major human rights texts (Moon and Allen, 2006).

Report of the Expert Group meeting “Rights of older persons” convened in preparation for the report of the secretary- General to the 64th session of the General Assembly 5-7 May 2009, Bonn, Germany.

The purpose of this Expert Group meeting was to provide the General Assembly with independent expert opinion on questions related to the rights of older persons as well as inputs into and recommendations for the report of the secretary General.

The older population itself is ageing at an accelerated rate with the population aged 80 and over-projected to increase four fold, to reach 395 million in 2050.

Older women also continue to outnumber older men, as they account for 54 percent of all persons aged 60 years and over and 63 percent of those aged 80 years and over, world wide.

The overall objectives of the expert group meeting were to explore how fundamental human rights of older persons could be assured and deepened and how the Madrid plan of Action on Ageing could be better implemented concerning the rights of older persons.

In this context, analysis, and of overall capacity to further implement policies and laws concerning the rights of older persons were discussed during the meeting,

- Identify and evaluate good national practices regarding protecting and promoting the rights of older persons, including measures to prevent discrimination, neglect, abuse and violence.
- Explore feasibility and possible approaches to elaborating an international legal framework on the rights of older persons.

including (a) an international convention on the rights of older persons, or (b) a special rapporteur on the rights of older persons.

Many scholars view it as a means of enhancing compliance and establishing enforcement mechanisms.

Like CEDAW, CRC requires states to report on implementation. The experts agreed to encourage governments.

“Socio-economic Situation of Urban Elderly Population from a micro-study.”
Chaklader, H., Haque, M., and Kabir, M. (2003) In Sattar MA, Kabir M (sep 27, 2010)

In this paper, they explained that study examines self-rated health, health state quality of life and disability level in persons aged 50 and over.

This is a collaborative study between the world health organization study on global AGEing and adult health and International Network for the Demographic Evaluation of populations and their health in developing countries which collected data from eight countries.

After controlling for all the variables in the regression model, all four indications of health (Self-rated health, health state, quality of life and disability level)

To improve the health of the population it is important to know health conditions in advance rather than just before death. This study finds that all four health indications vary by socio-demographic characteristics, Hence, health intervention programmes should be targeted to those who suffer and are in the most need, the aged, female, single, uneducated and poor,

The current study has collected data on four indications of health using a summary version (SAGEINDEPTH) of the full WHO-SAGE questionnaire. Self-rated health, health state, quality of life and disability level.

The study will examine these four health indications for people aged 50 and over, and their relationship with various socio-demographic characteristics as well as the inter-relationship of these health indications.

The findings of this study have policy implications in terms of assessing the overall burden of diseases and effectiveness of health systems. Moreover, the study indicates that health intervention programmes should be targeted to those who suffer and need most the older, female and uneducated poor people.

South-south centre, Bangladesh(2004) had called a workshop entitled, "Problems of Ageing Ageing situation in Bangladesh and the Future Steps," exploring the older situation in Bangladesh and make a commitment to take the older as a senior citizen not consider as a social problem Academic

experts Policy makers NGO representatives and Personal of print cam electronic media had presented there and expressed their valuable speech to explain the said issue to draw a national policy providing some measurable services for enjoying old age in the aged persons of Bangladesh.

A study has been operated by Samsad Abedin, namely, “social and health status of the Aged in Bangladesh”, in order to explain the social attitudes for aged in Bangladesh, and what types of health services are provided for older by Go and NGO agencies. The study has emphasized on: (i) to investigate the status and roles of the elderly in the family and community in the context of household structure and composition; (ii) to explore the health status and health care issues; (iii) to look at the arrangements of the elderly and support exchanges of the aged with loins and others; and the support system for the elderly currently exists in the country; (iv) the policy implication and necessary recommendations (Islam, 2012:9).

Help age international etal. (2000:27) had conducted a research entitled,” The problems of ageing in Bangladesh: A socio-demographic study” including four areas in Bangladesh in order to knowing the problems faced by the older. The findings of the study reveals that the most of the older persons have got minimum health facilities came of poverty, lack of employment, emotional incongruity, social stress, exclusion by family, and loneliness. And the study presents some valuable suggestions to develop the called issue including community based support system (Rahman, 2002: 35).

A study entitled “The problems of Aging in Bangladesh; “A socio-Demographic, study” was conducted by ASM Atiqur Rahman,

This study was a Ph.D work.

The study was conducted both rural and urban areas of Bangladesh. the Universe of the study includes all citizens of Bangladesh aged 60 years and

above. The sample size of the study is 500 older persons (250 from rural and 250 from urban areas) which is selected through applying random sampling technique. Through this study. The researcher investigates the moral situation and problems of the elderly in Bangladesh.

The objectives of this study are (i) to reveal the socio economic characteristics of the older persons in Bangladesh (ii) to identify the social and economic problems felt by them; (iii) to assess the extent of care currently available to them from public and private sources; and (iv) to study the attitude of the aged population towards the process of aging; its ultimate objective is to articulate the problems of the country's older persons easily and readily understandable.

The findings of the study show that the older persons have the lack of access to health services along with poverty is the greatest of the problems of exclusion and loneliness, lack of employment and opportunity. Along with these the study explores the information about the factors leading to changing family pattern in Bangladesh.

Another study of help Age international (2008) was "A participatory study in 5 Asian Countries".

This study documents the perceptions of other people, care givers, and health service providers in terms of knowledge of active and healthy ageing, access and quality of primary health care (PHC) service. It particularly looks at the increasing experiences of older people in managing stroke and diabetes conditions.

Recommendations to improve PHC services are provided. The support policy development in the Asian context. The five countries in the study are Cambodia, India, Indonesia, Singapore & Vietnam. The countries represented the variety of socio-economic conditions in the region. The study also examines the conditions in rural, urban affected (in India and Indonesia) in order to provide additional insight into geographical discrepancies in provision of PHC services for older persons. Research teams found that the majority of

the disadvantaged older people in the study had low, expect actions of the access and quality of PHC Services as they themselves begin the parenting process.

Md. Faruque Hossain (2008) has conducted a study entitled “Welfare of the Destitute Elderly through institutional and family settings in Bangladesh”.

The study is Ph.D work. The general objectives of the study is to focus on the welfare services provided by the institution and family to the destitute elderly in Bangladesh sample size of the study was 139 from old age home and 144 was from whom residing in family and receiving old age allowance through purposive sampling procedure. Data was collected through interviewing, observation and document analysis.

The study shows that elderly living in institution are comparatively well off than the elderly living in families. But the living in families in institution are society destitute or rootless compared to the male elderly in both settings the findings also reveal that the needs of the destitute elderly are better fulfilled in the institution than family.

As a result in terms of basic needs, destitute elderly living in family found needier compared to the destitute elderly living in institution than family found, In addition in terms of social and emotional needs the destitute elderly living in family institution. It appears that institutional setting is more effective in ensure welfare of the elder interestingly, destitute elderly respondent living is institution and family preferred to live in their present settings. That is the elderly living in family in family preferred to continue to live in institution. However, if they were in the institution somehow, they would have found it better place for them compare to family as it happens in case of the destitute elderly living in institution presently who were in family prior to becoming inmates of the institution. The study recommended that more institution should be established to ensure welfare of elderly to fulfill

their needs. Other use, it is also found that more and more destitute elderly stressed in all corners of the society.

A book entitled “Ageing in society: An introduction to social Gerontology edited by John Bond et al (1993).

This book is the contributions of some renowned writers which on study of aging biological aging, psychological aging adjustment in environment and behavior, death, bereavement and dying the elderly retirement living arrangements of elderly people intimate dependency and interdependency poverty and inequality in all images of aging.

The objectives of this text book is to introduce the elderly variety of perspectives and to highlight both their different and complementally natures. Biological, Psychological and Sociological theories of aging tendency focus on different aspects of the aging process. A major premise of this book has been that family relationships particularly between the generations.

Elderly populations have many hazardous health or physical problem. Elderly problem such as: Physical, Economic, Security. Accommodation problem etc.

What we know about Elderly population’s health problems: Every Rural Bangladesh Hasina and M. Kabir (2003).

In this paper, they discussed that religious and cultural traditions they have resulted in a strong extended family system upon which have traditionally relied for support. due to break down the family support for the older people weakening. Majority of the Bangladesh live in villages and remarkable number in absolute elderly who live in affluent families may not be various of family disintegrations neglect and loneliness. Old age security programe or pensions do not cover the majority of the aged.

Most elderly therefore, have to continue to work up to advanced age and depend almost entirely on family support during their last years (Kabir, 2000). Older women are dependent on their sons for economic and old age security. Many elderly start to work well beyond the age of 60 with the inflationary effects reducing the purchasing power of money. Those with little savings and meager earnings, the poorer segments of population, have in many instances to sell their property to meet their ordinary day to day expenses. Finally economic activation performed by the elderly. The majority of activities done by the elderly in Bangladesh were related to agricultural works & house hold chores.

The Research on “Gender, Families, and Elder care by Jeffrey W. Dwyer, Raymond T. Coward (1992) edited by Jeffrey W. Dwyer and Raymond T. Coward, research on gender and family care giving topic.

This Research paper contains a many of article like as family, gender, elderly and long term care of the elderly. Conceptual perspective on gender and family care giving and so on. The idea of the evolved from a series of discussions in which two important realities about family care giving research. First gender plays a central role in underfunding family care of the elderly, second, no comprehensive resource existed that dealt with this issue. The flood of research on elder care over the past decade eventually points to an important fact that men are more often care givers. They identify the fundamental demographic, conceptual health care and family support and recipients, making it an essential reading for students and researchers who are concerned about family care giving for the elderly. The research on care giving issues in recent years and the frequency with which gender is included in care giving has not been clearly articulate.

The study on Elder care, Gender and work: The work-Family Issue of the 21st Century Peggic R. Smith Berkeley Journal of Employment and Labor law Vol. 25.No.2 (2004). PP. 351-399, published by: University of California. Berkeley, School of Law.

In this Journal they discussed about Demographic Transformations: The Aging of the Body Boomers, The need for Elder care, the Gendered Demission of Elder care.

In this journal premises of the past decades, scholars have vigorously discussed how best to help workers address the often competing demands of work obligations and family responsibilities.

1. The impetus for the discussions can be traced to the growing presence of mothers in the work place Between 1960 and 1999, the Labour force participation rate for women with children under the age of six years grew from 20 percent to 64 percent.

2. considering this demographic shift, it comes as no surprise that work-family policies focus primary on workers who have child care obligations yet, a demographic shift of a different kind is steadily emerging.

3. Up from 4 percent in 1900.

4. By 2030, the figure is expected to increase to 20 percent.

5. The aging of the population has promoted predictions that care giving for the elderly will equal, if not surpass child care as the work-family concern of the twenty-first century.

6. Estimates indicate that 22.5 million people in the united states currently care for an elderly person and 64 percent of them work for wages outside the home.

7. By 2020; forty percent of the workforce expects to care for an elderly relative. In view of those forms formations expend so as to allow for the multitude of ways in which employees

Conclusion:

Being elderly is a serious reality and it is that last step of the life cycle. None can avoid this stage. At present the global population situation in respect of age structure has been changing and showing the elderly 60 as a growing segment.

A large number of studies on various aspects of studies on various aspects of ageing problem. Such as, problems in changing families of Bangladesh. Programs of the elderly, chronic poverty and older people, life of elderly, later life, the realities of aging uncertainly rules our lives, aging situation in Bangladesh, other people and disaster, primary health care for older people, and the like, have been conducted in the recent years, But studies on problem of the older person study on village in particular, are not numerous.

This is be cause of a declining trend in fertility and mortality and also increasing trend of life expectancy exceeding lower age limit of 60 years of the old due to in creasing awareness of health as well as improving health care services, According to the ESCAP more the 80 percent of the elderly population in the developing world will be in Asia by the beginning of the duty first century the growing population of old age will have more serious social and economic implications. It is a time to emphasize the need for policies and programs to create awareness of ageing populations both from national and individual family's concern with the prevalence of morbidity and disability the elderly should be provided with both financial and social securities is side and outside homes with health care services, medical facilities for better treatment, housing food and clothing and with intended families of health care center.

There should be voluntary or generations to support the elderly. Special health care century for the old, hospitals for the aged attached to the running public and private hospitals should be established in order to create a positive attitude towards the elderly and promote awareness and understanding of the younger to the old. Bangladesh should observe "National old Day" Although

1st October in every year “International al Old Day” has been observed since 1991.

Finally we can say government should have to take some positive initiatives for the betterment of elderly people in Bangladesh.

Chapter Three
Population Ageing:
An Analysis of Bangladesh, Asia, and
Global Perspective

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Introduction

The ageing of population issue can no longer be ignored around the world. Approximately, two people celebrate their **sixtieth birthday** every second around the world today, which is why the 21st century will witness even more rapid population ageing than the century just past. Every one in ten person in the world is aged 60 years or over – population ageing is a phenomenon that can no longer be ignored. The world population will rapidly be aged between the years 2000 to 2050. The proportion of the world population aged over 60 years will double, approximately 11 percent to 22 percent by the next 35 years. In 1950, there were 205 million individuals aged 60 years or over around the world. In contrast, it increased to almost 810 million, by 2012, and projected to reach 1 billion in less than ten years. Because of declining fertility rates, lower infant mortality, improved nutrition, sanitation, health care, education and better economic living standards around the world, average life expectancy of people had increased. In Bangladesh over the past 40 years, life expectancy has increased by 23 years. Women constitute more than half of the total populace. Vulnerability, liability, and insecurity have made them abject to the family and society. Sadly, despite inspiring endeavor to tackle these issues, elder abuse, age discrimination, income gap and stereotyping of older gone acrid over the years in our society. The move of world forward with more senior citizens, bringing them in the mainstream of development is a big challenge ahead.

Population Ageing in Bangladesh

Bangladesh, the seventh largest (152.51 millions in 2011) and one of the most densely populated countries (1015 persons per sq. km) in the world has started to experience another emerging issue of population ageing in its highly vulnerable population and development context (Population, 2011). In Bangladesh, the statistical data represent that from the year 1974-2001 the number of aged population has increased from 1.38 million to 6.05 million and 7.59 million of the total population are aged (BBS, 2003). Population ageing is defined as an increase in the proportion of population, which is elderly. There is no universally accepted definition of the elderly but, 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. In Bangladesh, persons aged 60 or above are considered to be elderly. However, in reality people in this country become older before the age of 60 because of poverty, physical hard working and, inability and illness due to malnutrition and geographical condition (Web, 2016)

Demographic Situation of the Elderly

Ageing of the population is one of the most important demographic facts that came to the foreground in the 21st century. With the increase in life expectancy of the world population ageing is now a global issue. It is common all over the world that elderly age range is increasing rapidly and on the other hand the number of children and youth population is decreasing. In 1950, the number of world population of age 60 years and above was about 200 million, constituting 8.1 % of the total global population. In the year 2050, there will be a manifold increase; the world's elderly population is projected to be 1.8 billion which is about 20% of the total 9.8 billion. The annual rate of increase of population is 1.5%, while at the same time the rate of increase of the elderly population of age 60 + would be 2.5% (Web, 2016)

Table-1: Population Aged 60 years or Older: World & Major Regions

Country or Area	Population Aged 60 years or Old										
	Number (millions)		Percentage of total Population		Percentage living alone		60 and above population percentage in labor force		Percentage currently married		Sex ratio (Men per 100 women 2006)
	2006	2050	2006	2050	Men	women	Men	women	Men	women	60+
World	687	1968	11	22	8	19	40	16	80	48	82
More developed regions	247	400	20	32	13	32	22	11	79	48	72
Less developed Regions	440	1568	8	20	5	9	50	19	81	47	88
Least Developed Countries	39	171	5	10	4	8	71	37	85	39	85
Africa	48	192	5	10	6	11	64	32	85	39	83
Asia	34	1231	9	24	5	9	48	18	81	50	88
Europe	151	225	21	34	13	35	15	7	80	47	69
Latin America and the Caribbean	50	188	9	24	7	10	46	16	75	42	82

Source: United Nations Population Division, 2007

In less developed regions these figures are 5 percent and 9 percent for men and women respectively (See table-1). Aged people 60 years or over, who currently married, in more developed regions, 79 percent are men and 48 percent are women. Thus, a large proportion

of older women at are 60 over are widowed, divorced or separated, which of course put these women in vulnerable position.

In world, the elder people ratio is difference between developed and developing countries. In developing countries, the proportion of older persons is expected to rise from 8 to 19 per cent by 2050, while that of children will fall from 33 to 22 per cent. Though developed countries have been able to age gradually, they face challenges resulting from the relationship between ageing and unemployment and sustainability of pension systems, while developing countries face the challenge of simultaneous development and population ageing. There are other major demographic differences between developed and developing countries. While today the overwhelming proportion of older persons in developed countries live in areas classified as urban, the majority of older persons in developing countries live in rural areas. Demographic projections suggest that, by 2025, 82 per cent of the population of developed countries will live in urban areas, while less than half of the population of developing countries will live there. In developing countries, the proportion of older persons in rural areas is higher than in urban areas (Web, 2016). Developing countries like Bangladesh the elderly population is also increasing in a remarkable rate. The table below shows the trend of increase in the number of elderly persons in Bangladesh.

Table-2: The trend of increasing number of Elderly in Bangladesh

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

Source: Country Profile of Bangladesh, 2006

Table-3: Number, Percentage of National & Elderly Populational, 1951-2008

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

Source: BBS, 2009

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

Table 4: Elderly support Ratio, Ageing Index & Median Age, 1951-2001

Year	Dependency Ratio		Index of Ageing	Median Age
	Total	Elderly		
1951	87	8.2	10.45	19.3
1961	105	10.7	11.30	17.6
1971	116	12.3	11.87	15.9
1981	109	11.6	12.08	17.0
1991	102	11.0	11.96	18.0
2001	83	11.2	15.90	20.69

Source: BBS, 2007

The three most important demographic indices of population ageing are old age dependency ratio or elderly support ratio, index of ageing and median age have shown a positive increasing trend over the periods. These trends have been rightly corresponding with the emerging issues of population ageing in Bangladesh. Although the total dependency ratio had decreased through ups and down processes to 83 in 2001 from 87 in 1951, the elderly support ratio has increased from 8.2 in 1951 to 11.2 in 2001. Index of ageing has increased from 10.45 in 1951 to 15.90 in 2001, which is more than 50 percent increase. Median age has increased from 19.3 in 1951 to 20.69 in 2001. The high median age in 1951 was 19.3 may be due to the heavy migration during the independence and partition of the Indian subcontinent in 1947. The increase of median age is evident when we look at the 1974's median age which was 15.9 year and it has increased to 20.69 year in 2001 (World Population Prospects 2009). This figure, we see that the percentage of the elderly in Bangladesh is increasing with the advancement of time. The percentage of the elderly population in 2050 might be about three times higher than the percentage in 2000. The key point here is that the elderly population keeps growing and will continue to grow. The percentage of the elderly population has steadily and slowly decreased over the past half century (Figure 1), which was 6.2 percent in 1950, 5.5 percent in 1975 and 4.9 percent in 2000.

Socio-economic Situation of the Elderly in Bangladesh

Bangladesh is basically a rural country and 80% of its population lives in rural areas. Therefore, 80% of the elderly of the country live in the rural areas. In rural areas socio-economic problems are high and in urban and semi urban areas social problems also exist. Some micro-level surveys in urban and rural areas made by the Bangladesh Association for the Aged and Institute for Geriatric Medicine reveal a depressing situation of the elderly population particularly in respect to their health and economic situation. The survey also showed that most of the elderly live in joint/extended families and they had so far been mainly supported by their adult children. But due to deteriorating economic conditions this support does not last long. Besides now-a-days women are involving without side activities, therefore the elderly are not being cared properly by them (National Plan, 1997). In Bangladeshi families most of the elderly sometimes hold important role. So household decision making is indicative of older person's status and authority. The 1998 ESCAP survey reports 49.6% of older males in rural areas play a dominant role in making major or most household decision. Older females from rural areas report that 34.7% of the major decisions are made by their sons (Samad and Abedin, 1998). Over time values for the elderly people are changing and young groups are not paying respect to the elderly rather they feel them as burden for them, poor family education is an important reason beyond this because young and children are not taught to respect the old people.

It is universal that elderly are one of the victims of poverty and dependency. Although elderly man possess some property but elderly women are barely penniless. Their main problem is economic. They have no capability of earning. Generally elderly women in middle class family of Dhaka city depend on their sons or husband. As a middle class member they are not enough capable to fulfill the inherent high ambition. Economic situation of the elderly is very vulnerable. In general older people feel that young people see them as being unable to earn income, dependent on their families for survival, and therefore as a burden. About 80% people of elderly are in rural areas. In rural areas where social and technological changes are less rapid, many younger people did not value the contributions of older people to the family and community. In rural area job facilities are low and young people do not get the chance of job always let alone the elderly. In urban areas there are some private companies where elderly can work but the percentage of the institutes is very low in comparison with the required numbers of institutions. 63% elderly people were

jobless where as only 15 and 14% of them were continuing with age works and business respectively (Kaldi, 2005). Another survey shows that 46% of the people are capable of working but not getting the job scopes and about 15% of them are not totally qualified to do anything (Web, 2016). The majority of activities zone by older persons in Bangladesh are agricultural work and household chores. Household tasks, described as non-income generating work, are for the most part performed by females. For older females, the survey reports that majority of them doing cooking (8.5%), cleaning (69%), laundry (70%) and reports that their children buy the food (76.1%), pay the bills (68.9%), and take care of the property (70.8%) (Samad and Abedin, 1998). A negligible percentage of the elderly get a formal pension or a minimum old age allowance, the vast majority will have to depend on their family members or on other sources. These economically dependent elderly parents and grandparents will become a burden on the major portion of the working age population of 40-54 age groups who at the sometime will have to shoulder the responsibility of their children also (Kabir, 1998).

Health Situation of Elderly

The health condition of elderly is not so good to be satisfied. They possess broken and ill health in absence of proper health care needs and facilities. The older or the people above 50 years have two kinds of diseases: (i) short term diseases (ii) long term diseases.

Short term diseases are cold, caught, fever, digestive disorder etc. which may be rendered with as usual medicines and going to doctor is not needed. Another is long term disease which is chronically and doctor's suggestion and care are must. The diseases are such as, Heart disease, Diabetes, Dementia, Enlargement of prostate etc (Mojlish, Romjan Ali Khan, 1992). They also suffer from geriatric urinary disease, mental disorder and malnutrition. Blood pressure, diabetes and cardiac disease are more common chronic health conditions among urban elderly where as pain, rheumatism, anemia and respiratory problems are more common in rural elderly old odds (age-70+) compared to young old, (age, 60-70 years) females compared to males, rural elderly compared to urban elderly have great problems with functional activities like coughing, lifting, walk etc (Begum, 2008).

Social and economic dependency also impact on health. Many young members reported that older people are very much fussy about their health, need and personal services, due to high cost. Many elder people delay seeking medical attention care and until they are extremely ill, thereby prolonging illness. Old people aged above 65 years are having an increased

threat for disease due to poor diet and inadequate physical activity. Here most of the elderly suffer from shortage of eyesight even lose the eyesight; listen a little, ways of their walking becomes very short as they cannot walk more. They generally use stick to continue their walking. In most cases their teeth are not eligible to eat something and most of the teeth fall down at the beginning of their old age. Sometime they are not able to run their lives easily. So they need the help from others to go to toilet, bathroom or to sit or walk. They are not spending the required amount of money on healthy food, leisure centre visits, dental and eye care costs. So they suffer from various disease and sicknesses which are common for elderly.

Medical services are limited in Bangladesh & thus lead to greater health problems for the elderly .There are only 419 Govt. Hospital, 21,000 registered doctors, 8,500 nurses, & 6,000 qualified paramedical (BAAIGM, 1997). As a part of a vulnerable group, the older population has a greater need for, but less access to health care. Elders face depression on and related mental health disorders, including anxiety & schizophrenia. The following symptoms arise when a person become old aged: Strong, repeated concerns about death and dying, an unexplained change in behavior, a tendency to frequent arguments and bad moods, avoiding people, feelings of anxiety around people, finding no pleasure in doing things he or she used to enjoy, feeling hopeless or worthless etc(Begum, 2008).

Available Services of the Elderly in Bangladesh

In Bangladesh, services for the elderly have been limited. Some limited efforts have been at public initiatives towards alleviating the situation of the elderly in the country. Two types of care and service systems are available in Bangladesh for the elderly – traditional or indigenous, and modern. Traditional services include care by the family or relatives, charity or alms giving, and permission to live in religious premises such as mosques, graveyards, mazars, and dargas. Modern services are offered by both governmental and non-governmental initiatives.

Government Initiatives

Steps taken by the Government of the People's Republic of Bangladesh on the issue of older persons in accordance with the MIPAA are-

1) Pension and other Financial Policies for the Retired Government Employee:

Government has a pension system for its retired employees since the British rule in 1924. Retirement age in government services is now 57 years. However, the age of retirement is higher in some autonomous bodies as well as in some specialized bodies like judicial department, educational institutions. etc. Pension rules were modified after the end of the British rule in 1952 and later it was modified again in different stages in 1972, 1974, 1977, 1982, 1985, 1988, 1989, 1991 and 1994 after the independence of Bangladesh in 1971. (Mohiudin, M. And Islam, M.N. 2002). At present, generally, a government employee gets 32, 48, 64 and 80 percent of the basic salary as the pension after retiring or at death at the 10th, 15th, 20th and 25th year of his/her employment respectively. There are different types of pension such as Compensation Pension, Invalid Pension, Retiring Pension, Optional Pension, Family Pension (Rahman, M.H. and Parveen, F. R., 1999).

2) Constitution of the Country

The rights of the elderly are mentioned in the Constitution of the People's Republic of Bangladesh. The rights to social security through public assistance in cases of unsaved want arising from 'old age' along with unemployment, illness or disablement, or suffered by widows or orphans or in other such cases are mentioned in the Section 15 (d) entitled 'Provision of Basic Necessities' of the Part II of the constitution entitled 'Fundamental Principles of State Policies' The provision of basic necessities for all citizens such as food, clothing, shelter, education and medical care; the right to work and employment at a reasonable wage and right to reasonable rest, recreation and leisure are mentioned in the 15 (a), 15 (b), 15 (c) clause respectively in Section 15 of the constitution.

3) National Policy on Ageing

National Policy on Ageing (NPA) has been a demand for a long time by the people and organizations concerned with the welfare of the elderly people. The policy has already been approved at the ministerial level in 2007. NPA has been formulated in the line of

MIPAA's policy (Country Report of Bangladesh, 2007). People aged 60 and over are defined as the elderly citizen of the country in this policy. The main objectives of this policy are:

- To ensure the dignity of the elderly people in the society.
- To identify the problems of the elderly people and address those.
- To change the attitude of the mass people towards the elderly people.
- To take new programmes to address the needs of the elderly people for their socio-economic development.
- To develop special measures to help the elderly peoples during emergency like natural calamities, cyclone, earthquake etc.
- To ensure social security, health care, employment and rehabilitation.
- To implement the Madrid International Plan of Action on Ageing (MIPAA)

4) National Committee on Ageing

The national Committee on Ageing was constituted for the first time after the Vienna International Plan of Action on Ageing in 1982. It was one of the first moves from the government level to address the ageing issues from a formal point of view. The President and Vice President of the committee were the Minister and Secretary of the Ministry of Social Welfare, Government of the People's Republic of Bangladesh respectively. The committee played some role to allocate some fund for the Bangladesh Association for the Aged and Institute for Geriatric Medicine (BAAIGM). Primarily this committee was involved in formulating policies and its implementation for BAAIGM (South-South Centre, 2004).

5) Old Age allowance programme

This pension programme for the poor older people for the first time in the country was inaugurated by the Prime Minister of the country on 31st May 1998 under the Fifth Five Year Plan. Initially Taka 125 million was allocated for this scheme. 10 elderly poor, of whom at least 5 should be women of each ward of a union throughout the country were sanctioned a monthly allowance of Taka 100 each.

Table 5: Old Age Allowance Programme in Bangladesh (1997-2009)

Year	Total Allocation(Taka* in millions)	Number of Beneficiary(in millions)	Taka Per Person (per month)
1997-1998	125	0.403	100
1998-1999	425	0,403	100
1999-2000	500	0.413	100
2000-2001	500	0.415	100
2001-2002	500	0.415	100
2002-2003	750	0.5	125
2003-2004	1800	1.0	150
2004-2005	2603.70	1.315	165
2005-2006	3240	1.5	180
2006-2007	3480	1.6	200
2007-2008	4485	1.7	220
2008-20092	6000	2.0	250
2009-2010	8100	2.25	300

*1US\$=70 Taka

Source: 1) GOB, 2007, Poverty alleviation, Human resource Development & Ministry of Social Welfare,P-75

2) Budge Documents2009-2010, Safty Nets,2009-2010.available

6) National Health Policy

The emerging issues of the elderly are mentioned as a ‘current and upcoming challenges’ in the Government’s draft national health Policy, 2008. The goals of this policy are in accord with the goals of Poverty Reduction Strategy Paper (PRSP) as well as Millennium Development Goals (MDGs) where sustainable improvement in health, nutrition and family welfare status of the people, particularly of the poor and vulnerable groups including women, child and the elderly were addressed along with their economic and social emancipation (GOB, 2008).

7) Five Year Plans

Government's planning as well as concern for the welfare of the elderly people was first found in the Third Five Year Plan (1985 – 1990). In Third Five Year Plan, awareness of planning in this regard was influenced by the Vienna International Plan of Action on Ageing in 1982 as well as the UN's conference on 'The World Ageing Situation, Strategies and Policies'. Then some concrete initiatives were taken for the welfare of the elderly people in the Fourth Five Year Plan (1990-1995). Taka Five million (1US\$ = 70 Taka) was allocated for the first time under the Ministry of the Social Welfare although the money was not expended.

Fifth Five Year Plan (1997 – 2002) plan proposed to establish more centres for older persons with facilities like light economic/ income generating activities, geriatric medical and social welfare services for the poor older people. The most basic and innovative policy for the poor older people in Bangladesh, the 'Old Age Allowance Programme' (Boyoshko Bhata Karmaschuchi) was formulated in this Fifth Five Year Plan (1997 – 2002).

Non-Government Initiatives

Non-GOVERNMENT ORGANISATIONS have programmes directed specifically at old people. However, their services are confined to outdoor and indoor medicare, maintenance of oldman's home, recreation facilities for the old people and seminars, workshops, training, research and publication activities. Despite having 1500 NGOs in the country, it is very difficult to say how many are working for the cause and interest of the elderly. Some notable ones are identified below:

- Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM), is the prime non-government organization at national level working for the welfare of the older persons in Bangladesh. Established in 1960, the Association provides services to the elderly in different forms like health care services, recreational and socio-economic activities, 50 bed geriatric hospitals with out-door programs and pathological services, recreation and library programs, vocational training and management of revolving funds and research and publication.
- Elders and Children Rehabilitation Centre for the elderly was by an individual in set up in 1987, at Gazipur. They are given free accommodation, food, and clothing

and medicare facilities. The elders are involved in gardening, farming, piciculture and other recreational activities.

- Resource Integration Center (RIC) got involved with the elderly welfare activities through working relief activities during the floods in 1988 (RIC, 2003). This organisation has started micro-credit programme with some 150 elderly people with the help of Help Age International and Action Aid, Bangladesh in 1989.. RIC's activities included housing and health care facilities, recreation, funeral support and pension along with micro credit programme.
- Service Center for Elderly People (SCEP), provides health service and recreational facilities to the older persons of age 60 and more for their social and emotional peace. Present activities of the SCEP for the registered elderly include listening to the radio, watching television, reading newspapers, magazines, playing indoor games.
- Elderly Initiatives for Development (EID) was established at Manikgani, a nearby district headquarters of Dhaka in 1995, as a community based self help organisation. Its activities included health care, continuing education, financial support and services, psychological support and community awareness creation (Samad, A., 2005).
- Bangladesh Retired Government Employees Welfare Association was established in 1955 in Dhaka to render benefit and service to government pensioners and their family members, run vocational training facilities organize recreational facilities for older members and respective families, provide accommodation to pensioners having no such provision and to arrange health care facilities for pensioners and their family members.
- Very recently, Bangladesh Women's Health Coalition (BWHC), Bangladesh Girl Guides Association, Bangladesh Education Board Retired Employee Welfare Association, Old Home and Bangladesh Society of Gerontology and Forum for the Rights of the Elderly are also working for welfare of elderly. Thus, limited number of NGOs and professional associations are working for the welfare of the elderly.

Promising sectors of elderly people

- ❖ **Advocacy:** Elderly can advocate their clients. Elderly people who are lawyers can serve their client from their long-experience. Especially elderly lawyers are renowned in their profession.
- ❖ **Preserving National Art:** A little review shows that heritage of our national art of cooking, Art of sewing, art of pottery, art of weaving, jute industry etc. Fine arts and handicrafts are going to be lost due to ultra modern touch. In order to save and preserve those, our old people (male and female) who are well experienced be deployed (Salma, 1999).
- ❖ **Care taker and story teller:** Now-a-days both father and mothers are busy with various activities in house and outside the house. So the elderly can pass their time by looking after the grand children. They also love it and the grand children also love to be with their grandfathers and grand mothers. They can educate the children through gossiping, telling stories and making fun with them. Here very important fact is telling story. Because these stories will be create the thinking, beliefs and values of the children. If the stories are of humanity, brevity, forgiveness and in one word of good behavior they will be like those characters.
- ❖ **Teaching:** The elderly are more experienced in teaching profession. They can easily understand the student because of their long time experience. So their teaching is more effective for the student.
- ❖ **Medification:** Now a day's doctors and patients are given advice how to overcome stress about the diseases. In this case elderly are the most preferable groups in the society. When they will talk with the patients, the patients will get mental power. Not only this but also they can suggest the policy makers by imparting their experiences felt at the time of diseases attack and remedial period.
- ❖ **Encouraging:** Elderly encourage us and hope our regard. That is to say, we can sacrifice our life in development activities by being self-confident for their encouragement.

- ❖ **Experience:** Elderly people are for sighted experienced. They can help us by their experience. They can cursed advise and order for the betterment of youth. Our inexperienced conscious people may gather experienced from them. In this way our next generation may turn into a skilled working force.

Population Ageing in Asia Perspective

All across Asia, the number of people age 65 and above is expected to grow dramatically over the next 50 years. For the region as a whole, the population in this age group will increase by 314 percent—from 207 million in 2000 to 857 million in 2050 (Table 1). Over the next 50 years the number of elderly men and women in Asia will more than triple (Thailand) East-West centre. But the process of population aging is occurring much more rapidly in Asia than it did in Western countries, and it will occur in some Asian countries at a much earlier stage of economic development. In 2000, the average age in Asia was 29 years. An estimated 6 percent of the region’s total population were age 65 and older, 30 percent were under age 15, and 64 percent were in the working-age group of 15 to 64 years (United Nations 2001).

Table-6: Projected growth of Asia’s elderly population

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

Source: United Nations (2001). Notes: All data are based on the United Nations medium fertility variant. The analysis includes Taiwan.

Today, Asia's elderly are concentrated primarily in the younger segments of the old-age population group. Over time, however, the greatest increases in population will occur in the oldest age groups. Of all Asians age 55 and older, roughly one-half are now between the ages of 55 and 64, about one-third are between 65 and 74, and not quite one-sixth are 75 and above. These proportions will remain fairly stable over the next 25 years, but over the following 25-year period the proportion in the oldest age group (75 and above) is expected to increase substantially—from 15 percent in 2000 to 17 percent in 2025 and then up to 27 percent in 2050.

In most countries of Asia, as in the rest of the world, older women outnumber older men, particularly in the oldest age groups. Today, among the population age 55 and above, there are about 90 men in Asia for every 100 women. Among those age 75 and above, there are only about 70 men for every 100 women.

In many Asian countries, the elderly have more surviving adult children today than at any time in history, a consequence of previous declines in infant and child mortality. In 1990, Korean women in their sixties, for example, had 4.4 surviving children on average. With the decline in childbearing, however, elderly parents will be increasingly dependent on only one or two adult children. Women in Japan who turned 65 between 1995 and 2000 were the first Japanese women in the 20th century to have an average of only two surviving children (Feeney and Mason 2001). Given low levels of childbearing in China (including Hong Kong), Japan, Singapore, South Korea, Taiwan, and Thailand, many elderly women in the future will have even fewer than two surviving children.

Although older adults are much more likely to work in Asia than in Europe or the United States, the proportion of all Asian elderly in the labor force has already declined and is projected to decline further—from 38 percent of the population 65 and above in 1950 to 25 percent in 2000 and 22 percent in 2010. The estimated median retirement age for men dropped from 67 in 1960 to 63 in 2000.

Table-7: Mandatory retirement ages: Selected Asian countries

Country	Mandatory Retirement Age	
	Men	Women
China	60	55
Japan	65	65
South Korea	60	60
Indonesia	55	55
Philippines	60	55
Singapore	55	55
Vietnam	60	55
India	55	55
Pakistan	60	55
Sri Lanka	55	50

Sources: Social Security Administration (1999); United Nations (1999).

During the past 60 years, national governments throughout the world have come to play an increasingly important role in providing old age security for their citizens. Many Asian countries offer some type of support program for the elderly. Japan and Singapore have large-scale programs with close to universal coverage, but in most countries coverage is restricted to narrow population groups (Table 3). The Employees Provident Fund in India, for example, restricts coverage to employees in one of 177 prescribed occupations working in establishments with at least 20 workers.

Table-8: Coverage of pension schemes: Selected Asian countries, 1992

Country	Percent of work force covered
Japan	100
Singapore	100
Malaysia	96
Philippines	53
South Korea	26
China	21
Indonesia	07
India	01
Bangladesh	00

Sources: International Labor Office (1995); Japan International Social Security Association (1999).

Many Asian countries may simply not be able to afford a large dependent elderly population. Perhaps even more important, they might not have the necessary institutions and financial systems in place, including efficient and well-managed pension and healthcare programs, capital markets, and accounting and regulatory systems.

Population Ageing: Global Perspective

Over the past few years, the world's population has continued on its remarkable transition path from a state of high birth and death rates to one characterized by low birth and death rates. At the heart of that transition has been growth in the number and proportion of older persons. Such a rapid, large and ubiquitous growth has never been seen in the history of civilization.

During the past 50 years, the ratio of people aged 15-64 to persons 65 or older decreased globally by a little more than 20 per cent, from 11.6 in 1950 to 9.1 in 2000. The decrease was larger in the more developed regions, where the ratio dropped by almost half, from 8.2 in 1950 to 4.7 in 2000. During this same period, the potential support ratio decreased by under 20 per cent in the less developed regions (from 14.9 in 1950 to 12.2 in 2000) and increased slightly in the least developed countries (from 16.8 in 1950 to 17.2 in 2000) (World Population Ageing, 1950-2050). The major feature of world population includes the following:

- As the twenty-first century began, the world population included approximately 600 million older persons, triple the number recorded fifty years earlier. By mid-century, there will be some 2 billion older persons—once again, a tripling of this age group in a span of 50 years.
- Globally the population of older persons is growing by 2 per cent each year, considerably faster than the population as a whole. For at least the next twenty-five years, the older population is expected to continue growing more rapidly than other age groups. The growth rate of those 60 or older will reach 2.8 per cent annually in 2025-2030. Such rapid growth will require far-reaching economic and social adjustments in most countries.
- Marked differences exist between regions in the number and proportion of older persons. In the more developed regions, almost one fifth of the population was aged 60 or older in the year 2000; by 2050, this proportion is expected to reach one third. In the less developed regions, only 8 per cent of the population is currently over the age of 60; however, by 2050 older persons will make up nearly 20 per cent of the population.

- As the pace of population ageing is much faster in developing countries than in developed countries, developing countries will have less time to adjust to the consequences of population ageing. Moreover, population ageing in the developing countries is taking place at much lower levels of socio-economic development than was the case in the developed countries.
- Today the median age for the world is 26 years. The country with the youngest population is Yemen, with a median age of 15 years, and the oldest is Japan, with a median age of 41 years.
- By 2050, the world median age is expected to have increased by ten years, to 36 years. The country with the youngest population at that time is projected to be Niger, with a median age of 20 years, and the oldest is expected to be Spain, with a median age of 55 years.
- The older population is itself ageing. The fastest growing age group in the world is the oldest-old, those aged 80 years or older. They are currently increasing at 3.8 per cent per year and comprise more than one tenth of the total number of older persons. By the middle of the century, one fifth of older persons will be 80 years or older.
- The potential support ratio, or PSR (the number of persons aged 15-64 years per one older person aged 65 years or older), indicates the dependency burden on potential workers. The impact of demographic ageing is visible in the PSR, which has fallen and will continue to fall. Between 1950 and 2000, the PSR fell from 12 to 9 people in the working ages per each person 65 years or older. By mid-century, the PSR is projected to fall to 4 working-age persons for each person 65 years or older (figure II). Potential support ratios have important implications for social security schemes, particularly traditional systems in which current workers pay for the benefits of current retirees.
- The majority of older persons are women, as female life expectancy is higher than that for men. In 2000, there were 63 million more women than men aged 60 or older, and at the oldest ages, there are two to five times as many women as men.
- The health of older persons typically deteriorates with increasing age, inducing greater demand for long-term care as the numbers of the oldest-old grow. The parent

support ratio, the ratio of the population 85 or older to those aged 50 to 64, provides an indication of the support families may need to provide to their oldest members. Globally, there were fewer than 2 persons aged 85 or older for every 100 person's aged 50-64 in 1950. By 2000, the ratio had increased to 4 per 100, and it is projected to reach 11 by 2050.

- Countries with high per capita incomes tend to have lower participation rates of older workers. In the more developed regions, 21 per cent of men aged 60 years or older are economically active as compared to 50 per cent of men in the less developed regions. In the more developed regions, 10 per cent of older women are economically active, compared to 19 per cent in the less developed regions. Older persons participate to a greater extent in labor markets in the less developed regions, largely owing to the limited coverage of retirement schemes and the relatively small incomes when provided.
- Although literacy has been increasing among the older population, illiteracy is still common. In the less developed regions, as of 2000, about half of all persons 60 or older were literate. Only about one third of older women and about three fifths of older men could read and write at a basic level of competence. In the more developed regions, literacy approached universality in all but a few countries
- Population ageing is unprecedented, without parallel in the history of humanity. Increases in the proportions of older persons (60 years or older) are being accompanied by declines in the proportions of the young (under age 15). By 2050, the number of older persons in the world will exceed the number of young for the first time in history. Moreover, by 1998 this historic reversal in relative proportions of young and old had already taken place in the more developed regions.
- Population ageing is pervasive, a global phenomenon affecting every man, woman and child. The steady increase of older age groups in national populations, both in absolute numbers and in relation to the working-age population, has a direct bearing on the intergenerational and intergenerational equity and solidarity that are the foundations of society.

- Population ageing is profound, having major consequences and implications for all facets of human life. In the economic area, population ageing will have an impact on economic growth, savings, investment and consumption, labor markets, pensions, taxation and intergenerational transfers. In the social sphere, population ageing affects health and health care, family composition and living arrangements, housing and migration. In the political arena, population ageing can influence voting patterns and representation.

- Population ageing is enduring. During the twentieth century the proportion of older persons continued to rise, and this trend is expected to continue into the twenty-first century. For example, the proportion of older persons was 8 per cent in 1950 and 10 per cent in 2000, and is projected to reach 21 per cent in 2050.

The global population is on the brink of a remarkable transformation. Thanks to the ageing of today's middle-aged demographic budge and ongoing improvements in the life expectancy, the population of seniors is projected to surge increasing from 530.5 million in 2010 to 1.5 billion in 2050. The result will be a much older world, a future in which roughly one in six people is expected to be 65 and older by 2050, double the proportion today. For the United States, population trends may lead to greater opportunities in th global economy of the future. It is projected to increase of a faster pace and age less than the population of most of the rest of the developed world.

Not only these but also they can conduct small business shops, small business related activities. They can be counselor, psychologist and sex educator which are crying need for our country because our culture is somewhat shy to say these things to the adults but for the shortage of clear sense of this knowledge, adults are abusing their physical, mental and intellectual powers. Beside this, if the elderly get enough suitable opportunities, then, they can contribute like other.

Conclusion

Elderly populations are the asset of any nation. They have experience, wisdom and knowledge which can be used for the national reconstruction. It is the responsibility of everyone to take care of our national asset and utilized their experience. Elderly is a serious reality and last step of our life cycle. So it is the responsibility of our nation to come forward for the wellbeing of our respected senior citizen of Bangladesh. To achieve this mission, it is very important to educate people and to build more awareness among people. Older people should be regarded as valuable human resources as they doing huge services at home and outside. Their residual capacity and rich experience should be properly utilized for the overall socio-economic development of the society. Their ability to lead productive, healthy and meaningful lives should be ensured by the younger generations and the government respectively.

Chapter Four

Conceptual and Theoretical Orientation of Ageing

Chapter Four

A Study on the Problems of the older Person

Conceptual and Theoretical Orientation of Ageing

Conceptual Clarification of Ageing

Ageing (British ageing) or aging (American English) is the process of becoming older. In the narrow sense, the term refers to biological ageing of human beings, animal and other organisms. In the broader sense, ageing can refer to single cells within an organism cellular sequence or to the population of species (population ageing). In human, ageing represents the accumulation of changes in human being over time, encompassing physical, psychological, and social change. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand. Ageing is among the known risk factors for the most human diseases of the roughly 150,000 people who die each day across the globe, about two thirds die from age related causes.

Life expectancy is now long. On average, an organism can be expected to live under ideal circumstances. Lifespan is defined as the period of time in which the life events of a species or sub-species typically occur. Lifespan and longevity can sometimes be used interchangeably, though they have slightly different meanings. For humans, lifespan and longevity are about the same in industrial nations, but when studying species in the world, one can expect that lifespan will be lower than longevity since feral conditions not ideal for assessing longevity.

As just noted, understand the elderly and the experience of ageing will help understand a society. The study of ageing is so important or popular that it has its own name, gerontology. Social gerontology is the study of the aspect of ageing (Chooyman & Kiyak, 2011). The people they study go by several names, most commonly 'older people', 'elder', and the later terms usually reserved for those 65 or older while, older people and elders often include people in their 60s as well as those 60 or older.

Gerontologists say that age and ageing have at least four dimensions. The dimension most of us think of is chronological age, defined as the number of years since someone was born. A second dimension is biological age, which refers to the physical changes that slow us down as

we get in to our middle and older years. For example, our arteries might clog up, or problems with our lungs might make it more difficult for us to breathe. The third dimension is psychological ageing, refers to the psychological changes, including those involving mental functioning and personality that occur as we age. The fourth dimension of ageing is social. Social ageing refers to changes in a person's roles and relationships, both within their networks of relatives and friends and informal organizations such as the workplace and houses of worships. If a society views ageing positively, the social ageing experienced by individuals in that society will be more positive and enjoyable than a society that views ageing negatively. The gerontologists and experts have divided the ageing into four categories (Wikick, 1981)

- a) 55-65 young old
- b) 66-77 millde old
- c) 75-84 old
- d) 85+ very old

Denham Harman postulates that ageing is the result of progressive accumulation of changes in the body which occur within the passing of time and which cause the increase in the probability of diseases and death of individuals.

- 1) Ageing is universal
- 2) Ageing must ne intrinsic
- 3) Ageing must be progressive
- 4) Ageing must be deleterious

Theories of Ageing: an overview

Modernization Theory of Ageing

Modernization theory was formalized in social gerontology mainly through the work of sociologists. In 1972, Donald Cowgill and Lowell Holmes developed a theory of modernization as it related to aging and old age. Their position was that as societies *modernized*—undertaking the shift from farm and craft production within families to a dominantly industrial mode of production—repercussions of modernization would diminish the status of older people. Cowgill's later theoretical refinements (1974) identified four key aspects of modernization that undermined the status of older people: health technology, economic and industrial technology, urbanization, and education.

According to Cowgill's theory, improved health technology, including advances in both medical practice and public health, has positive effects of improving health and increasing longevity, but it also has negative effects for older people. When people live longer, there is more competition in the labor market. Employers in industrializing societies prefer younger workers with new occupational skills to older workers, forcing older workers out of the labor market into retirement. Once retired, according to modernization theory, loss of income, prestige, and honor arising from labor market participation lead to a decline in the status of older people.

Modernizing advances in economic and industrial technology create new occupations in factories located near transportation and services. Younger people acquire the skills for new occupational slots and join the industrial work force, relegating older people to less prestigious and increasingly obsolete jobs. This often leads to retirement, reversing the roles of old and young. In traditional societies, older family members control family production, and younger ones are dependent on the old. When older people are excluded from the industrial labor market, they become dependent on the young, losing social status.

Factory locations in urban areas are a magnet to young workers. The process of urbanization leaves older family members behind in rural areas, undermining the traditional extended family and the prominent position of older members within them. The new family form in

modernizing societies is the nuclear family, and both social and spatial distances are increased between the young and the old, changing intergenerational relations. Modernization theorists viewed upward mobility of the young as being accompanied by downward mobility among the elders in their families.

Increased literacy, emphasis on the superiority of scientific over traditional forms of knowledge, and education targeted toward children can all create inequalities in the knowledge base among family members of different generations, making the generation gaps between young and old even wider. Developments in science and technology render much of the traditional knowledge and many of the skills of older people that previously contributed to their high social status obsolete, since direct contribution to an industrialized economy becomes impossible.

This general model of the relationship between modernization and aging predicts a linear relationship between the status of older people and the degree of modernization experienced in a given society. According to this theory, the more modernized a society becomes, the more the status of older people declines. Modernization thus inevitably affects the entire social structure of newly modernized societies, including the position customarily held by its elderly community, regardless of when or where it occurred.

The institutionalization of modernization theory as one of the foundational theoretical approaches to the study of aging gave impetus to further study. Not long after Cowgill and Holmes's original work, Erdman Palmore and Kenneth Manton used data from thirty-one countries to test modernization theory. Their findings suggested a refinement to modernization theory that involved taking the phase of modernization into account when exploring status changes among older people. Palmore and Manton's results showed that in the early stages of modernization, older people's social status was relatively lower, but that the decline in status leveled off and even rose somewhat after a period of modernization.

In both its original and more elaborate variants, modernization theory provided a springboard to theorizing and research into the relationship between aging and social change. Some researchers sought to improve modernization theory by refining it. Others contended that modernization theory was too flawed to be a useful general theory explaining the relationship between social change and aging.

Activity Theory of Ageing

The activity theory of aging proposes that older adults are happiest when they stay active and maintain social interactions. The theory was developed by Robert J. Havighurst as a response to the disengagement theory of aging. To an extent the activity theory proposes that successful ageing occurs when older adults stay active and maintain social interactions. It takes the view that the ageing process is delayed and the quality of life is enhanced when old people remain socially active. The activity theory rose in opposing response to the disengagement. The activity theory and the disengagement theory were the two major theories that outlined successful aging in the early 1960s. The theory was developed by Robert J. Havighurst in 1961. In 1964, Bernice Neugarten asserted that satisfaction in old age depended on active maintenance of personal relationships and endeavors. The theory assumes that a positive relationship between activity and life satisfaction. One author suggests that activity enables older adults adjust to retirement and is named “the busy ethic”.

The activity theory of aging proposes that older adults are happiest when they stay active and maintain social interactions. These activities, especially when meaningful, help the elderly to replace lost life roles after retirement and, therefore, resist the social pressures that limit an older person's world. The theory assumes a positive relationship between activity and life satisfaction. Activity theory reflects the functionalist perspective that the equilibrium that an individual develops in middle age should be maintained in later years. The theory predicts that older adults that face role loss will substitute former roles with other alternatives.

The theory was developed by gerontologist, or, scholar of aging, Robert J. Havighurst in 1961, and was originally conceived as a response to the recently published disengagement theory of aging. The disengagement model suggests that it is natural for the elderly to disengage from society as they realize that they are ever nearer to death. Since the primary role of individuals is to work or raise families, the elderly will face internal conflicts after retirement when they are separated from these roles. Disengagement, under this theory, allows the elderly to more easily assume different roles.

Havighurst published his activity theory to directly refute the proposed disengagement model, arguing that rather than withdrawing, the elderly should remain active and social. Critics of activity theory argue that it overlooks inequalities in health and socioeconomic status that

could structurally inhibit certain older adults from maintaining an active lifestyle. Five decades of gerontological research, however, suggest that the activity model is more accurate than the disengagement model. Not only is activity beneficial for the community, but it engages older adults (both physically and mentally) and allows them to socialize with others. This increases feelings of self-worth and pleasure, which are important for happiness and longevity

The critics of the activity theory state that it overlooks inequalities in health and economics that hinders the ability for older people to engage in such activities. Also, some older adults do not desire to engage in new challenges. Activity theory reflects the functionalist perspective that the equilibrium that an individual develops in middle age should be maintained in later years. The theory predicts that older adults that face role loss will substitute former roles with other alternatives. The activity theory is one of three major psychosocial theories which describe how people develop in old age. The other two psychosocial theories are the disengagement theory, with which the activity comes to odds, and the community theory which modifies and elaborates upon the activity theory. Though in recent years the acceptance activity theory has diminished, it is still used as a standard to compare observed activity and life satisfaction patterns.

Disengagement Theory of Ageing

Disengagement is a mutual withdrawal of the aged from society and society from the elderly in order to ensure its own optimal functioning (Barrow and Smith, 1974). Old age as period when both the older person and society experience mutual separation such as in the case of retirement from work, is the distinguishing features of disengagement theory. This process of disengagement is understood as a natural and normal tendency affecting a basic biological rhythm of life. In other words the process of disengagement is assumed to function that is, it serves needs for both society and the individual (Moody, 1994).

The disengagement theory of ageing states that "aging is an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system he belongs to". The theory claims that it is natural and acceptable for older adults to withdraw from society. The theory was formulated by Cumming and Henry in 1961 in the book *Growing Old*, and it was the first theory of aging that social

scientists developed. Thus, this theory has historical significance in gerontology. Since then, it has faced strong criticism since the theory was proposed as innate, universal, and unidirectional.

The disengagement theory is one of three major psychosocial theories which describe how people develop in old age. The other two major psychosocial theories are the activity theory and the continuity theory, and the disengagement theory comes to odds with both. Cumming and Henry provided the following nine postulates for the "process of disengagement":

- Postulate 1: Everyone expects death, and one's abilities will likely deteriorate over time. As a result, every person will lose ties to others in his or her society.
- Postulate 2: Because individual interactions between people strengthen norms, an individual who has fewer varieties of interactions has greater freedom from the norms imposed by interaction. Consequently, this form of disengagement becomes a circular or self-perpetuating process.
- Postulate 3: Because men have a centrally instrumental role in America, and women a socio-emotional one, disengagement differs between men and women.
- Postulate 4: The individual's life is punctuated by ego changes. For example, aging, a form of ego change, causes knowledge and skill to deteriorate. However, success in an industrialized society demands certain knowledge and skill. To satisfy these demands, age-grading ensures that the young possess sufficient knowledge and skill to assume authority and the old retire before they lose their skills. This kind of disengagement is affected by the individual, prompted by either ego changes or the organization—which is bound to organizational imperatives—or both.
- Postulate 5: When both the individual and society are ready for disengagement, complete disengagement results. When neither are ready, continuing engagement results. When the individual is ready and society is not, a disjunction between the expectations of the individual and of the members of this social systems results, but engagement usually continues. When society is ready and the individual is not, the result of the disjunction is usually disengagement.
- Postulate 6: Man's central role is work, and woman's is marriage and family. If individuals abandon their central roles, they drastically lose social life space, and so

suffer crisis and demoralization unless they assume the different roles required by the disengaged state.

- Postulate 7: This postulate contains two main concepts:
 - a) Readiness for disengagement occurs if:
 - ✓ An individual is aware of the shortness of life and scarcity of time.
 - ✓ Individuals perceive their life space decreasing.
 - ✓ A person loses ego energy.
 - b) Each level of society grants individuals permission to disengage because of the following:
 - ✓ Requirements of the rational-legal occupational system in an affluent society
 - ✓ The nature of the nuclear family
 - ✓ The differential death rate
 - ✓ Postulate 8: Fewer interactions and disengagement from central roles lead to the relationships in the remaining roles changing. In turn, relational rewards become more diverse, and vertical solidarities are transformed to horizontal ones.
- Postulate 9: Disengagement theory is independent of culture, but the form it takes is bound by culture.

Wear and Tear theory of Ageing

Dr. August Weismann, a German biologist, first introduced this theory in 1882. He believed that the body and its cells were damaged by overuse and abuse. The organs, liver, stomach, kidneys, skin and so on are worn down by toxins in our diet and in the environment; by the excessive consumption of fat, sugar, caffeine, alcohol and nicotine; by the ultra-violet rays of the sun and by the many other physical and emotional stresses to which we subject our bodies. Wear and tear is not confined to our organs, however; it also takes place on the cellular level.

The wear and tear theory of aging believes that the effects of aging are caused by damage done to cells and body systems over time. Essentially, these systems "wear out" due to use. Once they wear out, they can no longer function correctly. The wear and tear theory is deeply ingrained in our thinking, and it is the theory you will often hear expressed in conversation and our culture.

Wear and tear theories of biological aging propose that aging in humans and other animals is simply the result of universal deteriorative processes that operate in any organized system. According to these theories, humans age for the same reasons and because of the same processes that cause aging in automobiles and exterior paint. These theories (also called simple deterioration theories or fundamental limitation theories) are attractive to many people who are mainly concerned with human aging but have severe problems as described below.

If we were to buy a new automobile or other complex machine, we might expect some immediate problems actually referred to as "infant mortality." Following this period we would expect more or less trouble-free operation for a considerable period, the "service life." After that time we would expect many frequent problems and also notice that the problems were more similar. All the cars have deteriorated exterior paint. They all suffer from corrosion and mechanical wear. The sort of experiences we describe here are very similar to the experience of human aging. In fact, we use the same word, "aging," to describe gradual deterioration in humans, automobiles, or exterior paint, and many people think of biological aging as a "wearing out" process. Notice that in addition to mechanical wear, accumulation of oxidation and other chemical (molecular) damage are included in the "wear and tear" concept.

The problem of wear and tear theory of ageing is that entropy does not actually "require" aging because entropy can be reversed by the application of energy. In the above example, we used energy to smelt the iron and construct the ship. Nature uses energy to grow and maintain complex structured organisms made from un-ordered raw materials. Nature can, and in some cases does, use energy to maintain living organisms indefinitely.

Despite decades of effort it eventually became clear that simple deterioration and universal fundamental limitations could not explain the life span observations if many different species were examined. In biochemically very similar species such as mammals, the cellular and molecular basis of the organism is very similar and yet mammal life spans vary over a range

of more than 200:1 between Argentine desert mouse (< 1 year) and Bowhead whale (> 200 years). Why would such very similar molecules in these species deteriorate at such different rates? Even if we compare organisms of similar size, design, activity, and metabolism (parrot and crow) large differences in life span (6:1) are apparent.

Another problem is that, unlike automobiles and paint, living organisms are known to have very extensive maintenance and repair capability. Nails and hair grow and dead epithelial cells are replaced. Why would these activities necessarily be limited? If a human can maintain itself for 80 years, why not a mouse? The obvious maintenance activities described here are all relatively short-term in nature (weeks). What is stopping a mouse from continuing those activities longer?

Some organisms apparently do not age. How do they avoid the supposedly inescapable deterioration? Some organisms, rather than dying from gradual aging, die suddenly following reproduction. Wear and tear does not provide an explanation for limited life span in these species. Because of these major problems, few biologists currently believe in simple deterioration or wear and tear theories.

Telomere Theory of Ageing

Age is the single risk factors for cancer. About 60 percent of cancer diagnoses occur in 13 percent of the population aged 65 years or older. Why does ageing lead to increased incidence of cancer. A new theory of aging that holds many promising possibilities for the field of anti-aging medicine is the telomerase theory of aging. This theory was born from the surge of technological breakthroughs in genetics and genetic engineering. First discovered by a group of scientists at the Geron Corporation in Menlo Park, California, telomeres are sequences of nucleic acids extending from the ends of chromosomes. Telomeres act to maintain the integrity of our chromosomes. Every time our cells divide telomeres are shortened, leading to cellular damage and cellular death associated with aging.

A telomere is a region of repetitive nucleotide sequences at each end of a chromosome, which protects the end of the chromosome from deterioration or from fusion with neighboring chromosomes. Its name is derived from the Greek nouns telos 'end' and meros 'part.' For vertebrates, the sequence of nucleotides in telomeres is TTAGGG. This sequence of TTAGGG is repeated approximately 2,500 times in humans.

Telomere length is neither the only nor the ultimate timekeeper of cells (Blackburn-2000). During telomerase-immortalization of human cell lines, several researchers noticed that immortalized cells had shorter telomeres than growth arrested controls (Ducray-1999; Zhu-1999). Surprisingly, these immortalized cells featured less chromosome fusions, which are the most noticeable outcome of short telomeres (Hande-1999). Similarly, it was noticed in yeast that certain telomerase-negative strains would senesce with longer telomeres than immortal telomerase-positive strains (Prescott and Blackburn-1997; Roy- 1998). Since telomere length alone could not explain these observations, other players had to be involved.

During Chromosomes replication, the enzymes that duplicate DNA cannot continue their duplication all the way to the end of a chromosome, so in each duplication the end of the chromosome is shortened (this is because the synthesis of Okazaki fragments requires RNA primers attaching ahead on the lagging strand). The telomeres are disposable buffers at the ends of chromosomes which are truncated during cell division; their presence protects the genes before them on the chromosome from being truncated instead. Over time, due to each cell division, the telomere ends become shorter. They are replenished by an enzyme, telomerase reverse transcriptase.

Labeling Theory of Ageing

Labeling theory is closely related to social-construction and symbolic-interaction analysis. It holds that deviance is not an inherent tendency of an individual, but instead focuses on the tendency of majorities to negatively label minorities or those seen as deviant from standard cultural norms. The theory is concerned with how thyself-identity and the behavior of individuals may be determined or influenced by the terms used to describe or classify them. The theory was prominent during the 1960s and 1970s, and some modified versions of the theory are still popular today.

Labeling theory had its origins in *Suicide*, a book by French sociologists Émile Durkheim. He argued that crime is not so much a violation of a penal code as it is an act that outrages society. He was the first to suggest that deviant labeling satisfies that function and satisfies society's need to control the behavior. George Herbert Mead posited that the self is socially constructed and reconstructed through the interactions which each person has with the community.

Labeling theory concerns itself not with the normal roles that define our lives, but with those very special roles that society provides for deviant behavior, called deviant roles, stigmatic roles, or social stigma. A social role is a set of expectations we have about a behavior. Social roles are necessary for the organization and functioning of any society or group. We expect the postman, for example, to adhere to certain fixed rules about how he does his job.

Labeling theory hypothesizes that the labels applied to individuals influence their behavior, particularly that the application of negative or stigmatizing labels promotes deviant behavior. They become a self-fulfilling prophecy: an individual who is labeled has little choice but to conform to the essential meaning of that judgment. Consequently, labeling theory postulates that it is possible to prevent social deviance via a limited social shaming reaction in "labelers" and replace moral indignation with tolerance .

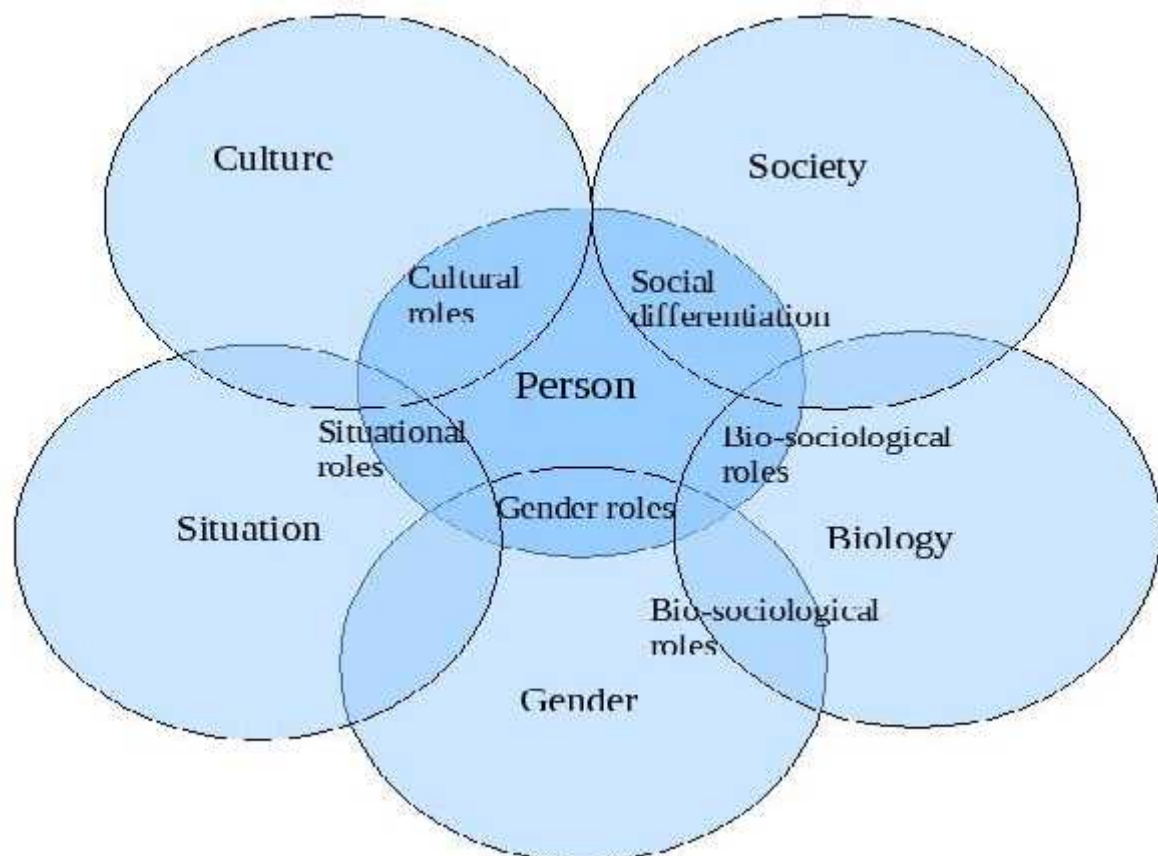


Figure: Social Roles in Labeling Theory

There are two distinctions in labeling: hard labeling and soft labeling. People who believe in hard labeling believe that mental illness does not exist. It is merely deviance from the norms

of society that people attribute to mental illness. Thus, mental illnesses are socially constructed illnesses and psychotic disorders do not exist. People who believe in soft labeling believe that mental illnesses do, in fact, exist. Unlike the supporters of hard labeling, soft labeling supporters believe that mental illnesses are not socially constructed but are objective problems.

The Error Theory of Ageing

The error catastrophe theory of aging states that aging is the result of the accumulation of errors in cellular molecules that are essential for cellular function and reproduction that eventually reaches a catastrophic level that is incompatible with cellular survival. Eventually some cell may contain so many faulty molecules that the cell will not be able to sustain normal function (Orgel, 1963). A stochastic theory of ageing refers to the accumulation of errors in the process of information flow from genes to proteins. The errors create faulty proteins that do not function normally, resulting in impaired cell function and death.

The central dogma of molecular biology refers to the unidirectional transfer of genetic information from deoxy ribonucleic acid to proteins. DNA carries all of the cells genetic information and instruction for carrying out the function of the cells. Proteins serve the varieties of functions. Some protein serves in metabolic or structured processes, which others serve to catalyze cellular reactions.

The transfer to the genetic information from DNA to protein occurs in a series of coordinated processes. The first process called transcription involves the transfer of genetic information from double-stranded DNA to single- stranded messenger ribonucleic acid (MRNA) that is able to transport this information.

Autoimmune Theory of Aging

The autoimmune theory of aging, introduced by Roy L. Walford in 1969, asserts that with age, the immune system tends to lose efficiency and experiences widespread dysfunction, evidenced by autoimmunity (immune reactions against one's own body proteins) and a

decreased ability to respond to infection and other immune challenges. Human immunity is a highly regulated and coordinated process, and is often divided into two components.

The first, known as innate immunity, provides a defense against pathogens (potentially disease-causing agents) in a nonspecific way; and the second, known as adaptive or protective immunity, involves a specific response to a pathogen that the body has seen before. Once the body is exposed to an antigen (a foreign substance or pathogen capable of causing an immune response), antibodies will be produced that specifically target that antigen. There are many different types of cells that are involved in protecting the body against infection

Cellular Theory of Ageing

Cellular theory is a collection of error/injury theories. We will discuss each one briefly, but focus on them as a more holistic grouping.

Wear and tear is an accumulation of errors and damage due to natural use. Think about a car. If you drive it, it will begin to break down from general wear and tear. The same thing happens to your cells; they are little machines that run and break down due to wear and tear.

Free radicals are a byproduct of metabolism that creates highly reactive and damaging proteins. This one is a little tricky to understand. Your cells produce proteins to build all the stuff inside of it, but sometimes the proteins don't form correctly. Think of a cell like a factory. In making certain things, the factory produces toxic waste. This toxic waste causes problems and starts to kill people off. Free radicals do the same thing, but to your cells. They can damage your DNA and cause cancer, or mangle parts of your cell and cause it to die.

Senescence focuses on programmed and predictable cell death due to age. A human cell can replicate itself about 40 to 60 times before the DNA or other parts of it becomes so damaged it can no longer function. This would mean that there is a programmed-cell-death and natural age limit to cells and, thus, people.

Continuity Theory of Ageing

The continuity theory of normal ageing states that older adults will usually maintain the same activities, behaviors, personality, traits, and relationships as they did in their earlier years life. Continuity Theory holds that, in making adaptive choices, middle-aged and older adults attempt to preserve and maintain existing internal and external structures; and they prefer to accomplish this objective by using strategies tied to their past experiences of themselves and their social world. Change is linked to the person's perceived past, producing continuity in inner psychological characteristics as well as in social behavior and in social circumstances. Continuity is thus a grand adaptive strategy that is promoted by both individual preference and social approval.

The continuity theory of normal ageing states that older adults will usually maintain the same activities, behaviors, relationships' as they did in their earlier years of life. According to this theory, older adults try to maintain this continuity of lifestyle by adapting strategies that are connected to their past experiences.

The continuity theory is one of three major psychosocial theories which describe how people develop in old age. The other two psychosocial theories are the disagreement theory, with which the continuity theory comes to odds, and the activity theory upon which the continuity theory modifies and elaborates. Unlike the other two theories, the continuity theory uses a life course perspective to define normal aging.

The continuity theory can be classified as a micro-level theory because it pertains to the individual, and more specifically it can be viewed from the functionalists' perspective in which the individual and society try to obtain a state of equilibrium.

The continuity theory originated in the observation that a large proportion of older adults show consistency in their activities, personalities, and relationships despite their changing physical, mental, and social status. In 1968, George L. Maddox gave an empirical description of the theory in a chapter of the book *Middle Age and Aging: A Reader in Social Psychology* called "Persistence of life style among the elderly: A longitudinal study of patterns of social activity in relation to life satisfaction". The continuity theory was formerly proposed in 1971 by Robert Atchley in his article "Retirement and Leisure Participation: Continuity or Crisis?" in the journal *The Gerontologist*. Later, in 1989, he published another article entitled "A Continuity Theory of Normal Aging, in *The Gerontologist* in which he substantially developed the theory. In this article, he expanded the continuity theory to

explain the development of internal and external structures of continuity. In 1999, Richard Atchley continued to strengthen his theory in his book *Continuity and Adaptation in Aging: Creating Positive Experiences*.

The theory deals with the internal structure and the external structure of continuity to describe how people adapt to their situation and set their goals. The internal structure of an individual such as personality, ideas and beliefs remain constant throughout the life course. This provides the individual a way to make future decisions based on their internal foundation of the past. The external structure of an individual such as relationships and social roles provides a support for maintaining a stable self-concept and lifestyle.

The major criticism for the theory is its definition of normal aging. The theory distinguishes normal aging from pathological aging, neglecting the older adults with chronic illness. The feminist theories criticize the continuity theory for defining normal aging around a male model. Another weakness of the theory is that it fails to demonstrate how social institutions impact the individuals and the way they age.

The Genetic Theory of Ageing

The genetic theory of aging believes that lifespan is largely determined by the genes we inherit. According to the theory, our potential age is primarily determined at the moment of conception.

There is some evidence to support this theory. People with parents who have lived long lives are more likely to live long themselves (though this could be partially explained by learned behaviors, such as food preferences).

Some genes are beneficial and enhance longevity -- a gene that helps a person metabolize cholesterol would reduce a person's risk of heart disease, for example. But some genes are harmful, like those that increase the risk cancer.

Some gene mutations are inherited, too, and may shorten lifespan. (Mutations also can happen after birth, since exposure to toxins, free radicals and radiation can cause gene changes.)

It is estimated that genes can explain a maximum of 35 percent of lifespan. The other determinants are your behaviors, exposures, and just plain luck. So don't think that you are doomed just because your family members tend to die young -- and also don't think that you can ignore your health if your family members tend to live long.

However, as with all aspects of our genetic inheritance, the timing on this genetic clock is subject to enormous variation, depending on what happens to us as we grow up and on how we actually live (the old "nature versus nurture" debate).

Anti-aging medicine addresses this issue by augmenting the basic building blocks of DNA within each of our cells, preventing damage to and increasing repair of DNA. In this way, we believe anti aging treatment can help US escape our genetic destinies, at least to some extent.

Conclusions

These are the overall theories of ageing. These theories explicate the causes of growing people older with the passage of time and how the age make people vulnerable with its growing. Though different proponents views different opinions and gave different explanations of growing older but almost all the proponents are in the same argument about the vulnerabilities and miseries of older.

Chapter Five

Quantitative Findings of the Study

Chapter Five

Problems of the Older People in a Village

Quantitative Presentation of Findings of the Study

5.1. Introduction

This study attempts to understand the problems of older people in a village through emphasizing quantitative method since the exploration of the problems of older people with their needs and demand requires an analysis of in-depth interview of respondents. In this chapter, I will show the findings of my first hand collected data to depict the reality. In my study, surveys were conducted with a view to cover up the area which cannot be understood only through qualitative explanation. All findings are presented using frequency and percentage in bi-variate tables and charts.

5.2. Socio-Demographic Related Information of the Respondents

5.2.1. Sex Distribution of the Respondents

In my study, the total respondents were 50 from whom I collected data to know the situation of elderly people. I tried to have a balance in terms of sex of the respondents. Additionally, a well-known trend is that women elderly are more vulnerable than male and that is why I emphasized a little on the women respondents. In my study, the ratio male respondents were 44 percent, a lesser portion in comparison to female, where female respondents were 56 percent, the highest percentage of respondents in my study.

Figure: Sex distribution of the respondents

Sex	Frequency	Percentage
Male	22	44
Female	28	56
Total	50	100

Source: Field Survey- 2015.

5.2.2. Religious Affiliation of Respondents

In my study, I also tried to maintain equivalence in terms of religion to ensure neutrality and to depict the real situation of elderly irrespective of religion, race or color. But the problem is that Bangladesh is a Muslim country where Hindus are minority. That is why Muslims respondents were the highest percentages. The graph shows that a total of Islamic religious based respondents were 78 percent whereas, Hindu religious based respondents were rest of 22 percent. Other religious based are really tough to find out in Bangladesh and that is why Christian, Buddhist, and others respondent did not find to add as the respondent of my study and their level of figure were remain zero.

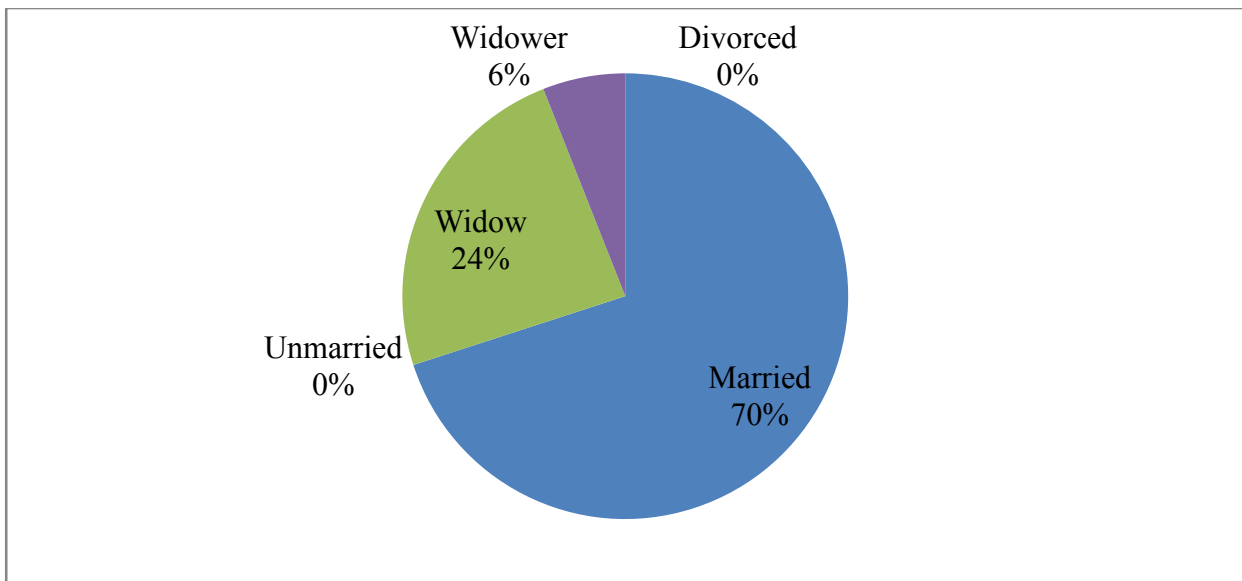
Figure: Religious affiliation of respondents

Religion	Frequency	Percentage
Islam	39	78
Hindu	11	22
Christian	00	00
Buddhist	00	00
Others	00	00
Total	50	100

Source: Field Survey- 2015

5.2.3. Marital Status of the Respondents

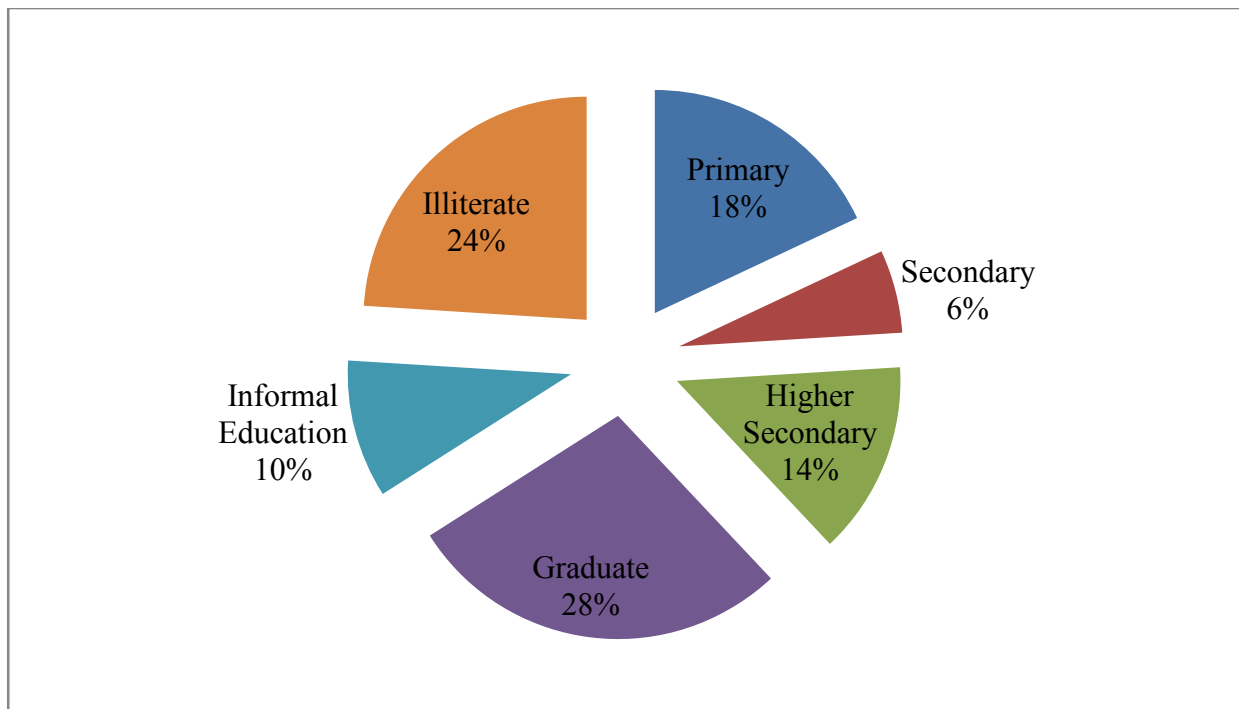
It is really a silly issue to ask a question to a person whether he/she is married or not but in this case it's really important because widow or widower is important here in terms of the livelihood of elderly. In my study, 70 percent of the respondents were married or have wife or husband whereas, the ratio of widow were 24 percent. The remaining percentages were widower. The matter of joy that among all respondents in my study, no one were found as unmarried or divorced as shown by above graph. The marital status is really important here to depict the nature of their dependency.

Figure: Marital status of the respondents

Source: Field Survey- 2015

5.2.4. Educational Qualifications of the Respondents

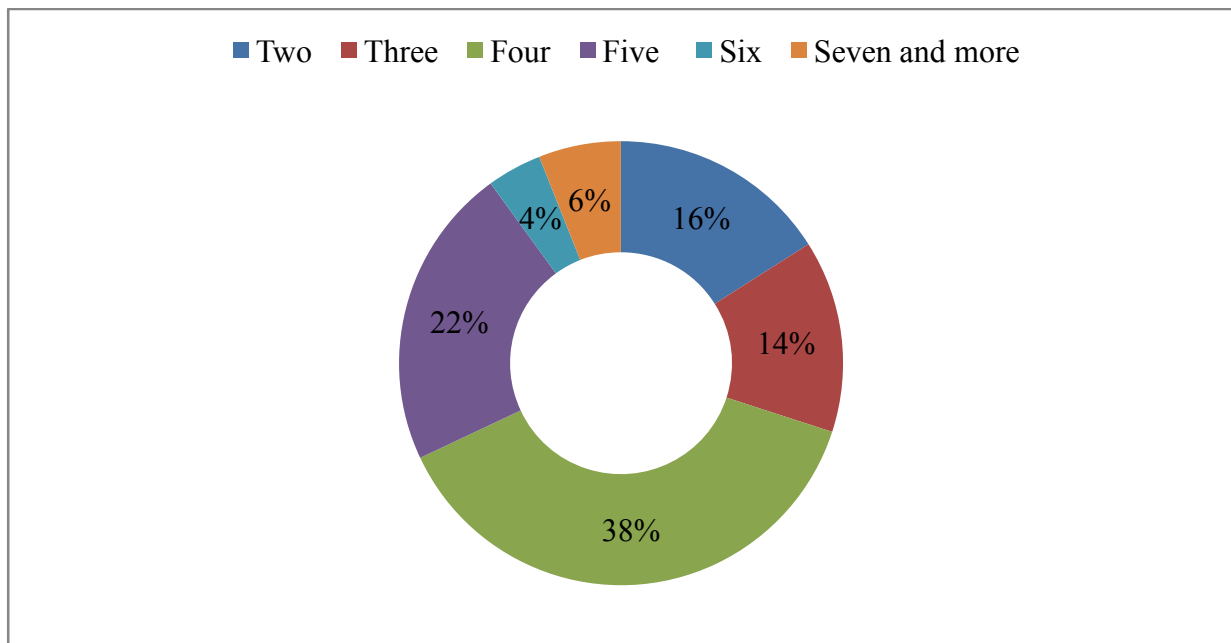
Educated persons are less dependent members within the family and not considered as burden for the family or society. That is why I also collected educational data of the respondents under the socio-demographic information. In my study, the highest percentages of the respondents had graduated or completed their study from university level whereas; the lowest percentages of the respondents were secondary level educational qualifications i.e. completed classes from six to ten, the percentages are 28 and 06 respectively. It is also a matter of the sorrow that the second highest percentages of the respondents were illiterate or even do not the formal education. In the later part it was also seen that the respondents who were illiterate are the most vulnerable within the family with some exceptions. Furthermore, the total of 18 percent of the respondents had primary schooling in my study. To an extent, the ratios of informal educated respondents were 10 percent. Here the informal educated respondents referred those respondents who had the capability of writing their name, formal small scale reading or comprehending capability by reading. Finally, among the total respondents, a total of 14 percent of the respondents had higher secondary schooling or completed their H.S.C or A level of education.

Figure: Educational qualifications of the respondents

Source: Field Survey- 2015

5.2.5. Total Numbers of Respondents Family

It is believed that the number of family members increases, the ratio of jolliness of elderly increases with some crisis in fulfilling demand. In my study, among the total respondents, the percentages of family comprised by four members whereas, the lowest percentages of the family were comprised of six members; the figures include 38 percent and 04 percent successively. Two or three persons comprised family was little bit lower in comparison to five members' family. In my study, I found that the percentages of two and three members composed family were 16 and 14 percent accordingly whereas, the five person comprised family were the second highest and the figure include 22 percent of the total respondents. It is also matter of astonishing that in the era of globalization or modernization, the 7 members' families are yet seen. In my study, the percentages of 7 members' family were 06 percent of the total respondents.

Figure: Total Numbers of Respondents Family

Source: Field Survey-2015

5.2.6. Medium of Income Source of the Respondents Family

In my study, it is shown that business was the highest source of income within the family of the respondents whereas, it was the lowest in agriculture, the figures were 60 percent and 00 percent successively. As my study area was Dhaka city, that is why people are engaged here in diverse profession here except agriculture and that was proved through my study. Additionally, handicrafts in Bangladesh almost related to the pastoral income generation source and for that reason only 02 percent of the total respondents' incomes were handicrafts found as the prime source of income. Furthermore, another the biggest source of income within the family was the job of family members. The ratio was found as 24 percents. To an extent, some members of the respondents family live outside of the country and they send their earned wages to home country for the family and that's percentage is 12 percent as shown in the following table. Others source of income pension or the income of independent members like son or daughter.

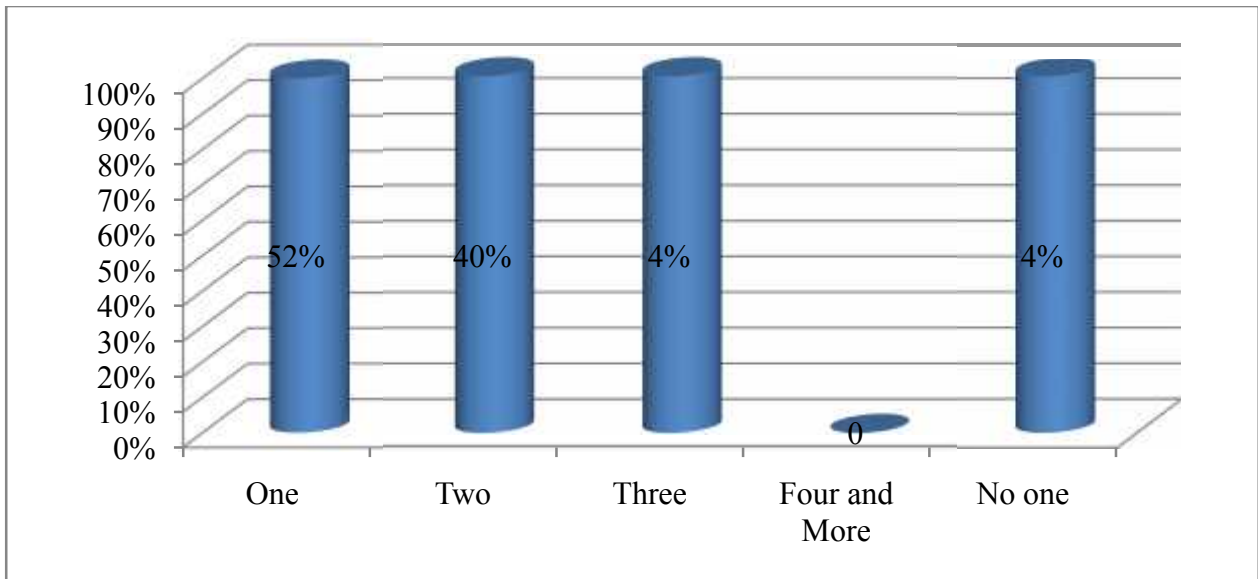
Figure: Medium of income source of the respondents' family

Prime Income Source	Frequency	Percentage
Agriculture	00	00
Business	30	60
Job	12	24
Foreign Remittance	06	12
Handicrafts	01	02
Others	3	06

Source: Field Survey-2015

5.2.7. Total Wage Earners Members within the Respondents Family

The more earning members within the family are more solvent than those of less earning members within the family. That is why collected data requiring the total earning members within the family. The findings showed that the highest percentage of the family have only one earning members within the family and the figure is 52 percent. On the contrary, 04 percent of the total respondents did not have single earning members within the family. There were no families where the earning members were 4 or more in the findings of my study. To an extent, the second highest percentage of the wage earners within the family, as found in my study, consisted of two members and the figure is 40 percent. In the same case, the numbers of three earner members within the families were 04 percent as shown in the above chart.

Figure: Total wage earners members within the respondents' family

Source: Field Survey-2015

5.2.8. Grand Total Income of the Respondents Family

The income of the respondent's families is another indicator to comprehend the elderly within the family. Because the elderly are the dependents members of the family and requires more support to them. In my study, the highest percentages of the respondents family's total income were nine thousand or more whereas, the lowest percentage were three to four thousand, the figures were 26 percent and 00 percent successively. Additionally, the second highest income of the respondents' family was six to seven thousand and the figure was 22 percent. The percentages of total income of the respondents' family in between seven to eight and eight to nine thousand were the same, the figure was 12 percent. In my study, I also found that the total income of the respondent family in between the range of one to two thousand and two to three thousand almost same to the lowest percentage, the figures were 02 and 04 percent sequentially. A good number of respondents' family incomes were in between five to six thousand of my study, the figure was 16 percent. It was a matter of hope that most of the respondents' total family incomes were more than nine thousand.

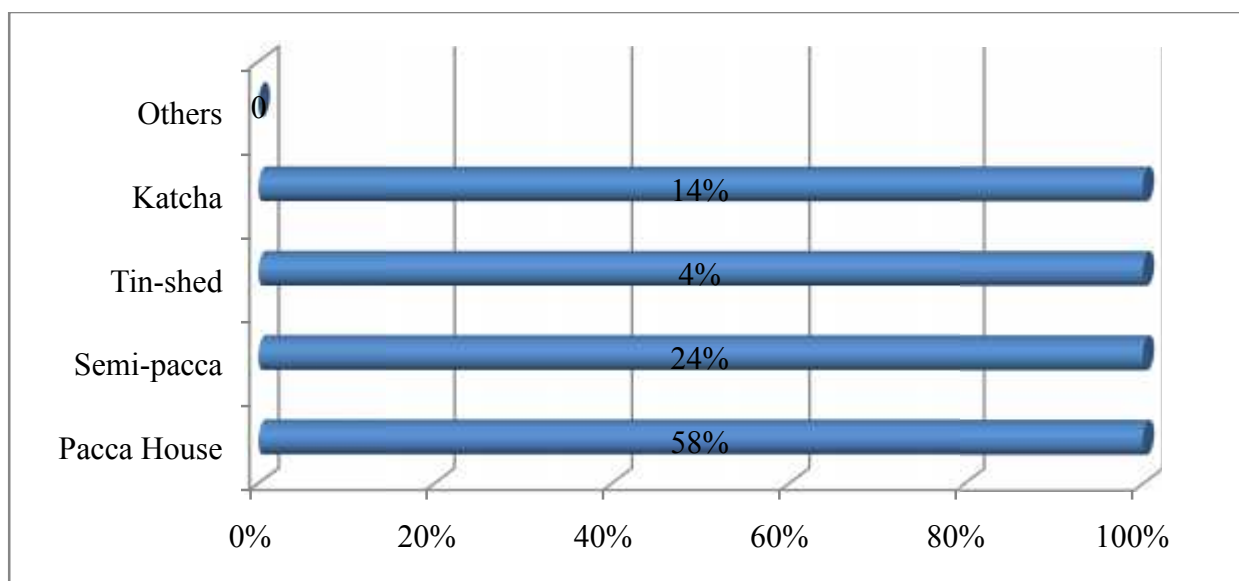
Figure: Grand Total Income of the Respondents Family

Total Income	Frequency	Percentage
1000-2000	01	02
2000-3000	02	04
3000-4000	00	00
4000-5000	03	06
5000-6000	08	16
6000-7000	11	22
7000-8000	06	12
8000-9000	06	12
9000 & More	13	26
Total	50	100

Source: Field Survey-2015

5.2.9. Nature of Residence of the Respondents

I also collected data on the nature of the residence of respondents. By doing so, I tried to comprehend their familial economic situation. In conducting my study, I found that the most of the respondents live in a pucca house. In elaborate, 58 percent of respondents' houses were made of concrete. Another important point found in my study is that only a small percentage of respondents live in tin-shed houses. This proves the newly changing trend of Dhaka city. But it was shown that a handful amount still live in katcha houses or fully made of tin houses or might be of slum areas, the figure was only 04 percent. On the other hand, I also found that 24 percent of the total respondents live in semi-pucca houses as revealed by my study.

Figure: Nature of residence of the respondents

Source: Field Survey-2015

5.2.10. Nature of Property of the Respondents

In my study, I also collected data on the total property of the respondents whether it may be moveable or immoveable. I revealed that almost all of the respondents have residential area, the figure was 94 percent. With residential area, some of the respondents also have arable land or cash money as narrated by them. On the other hand, 26 percent of the respondent's properties include arable land with residential area. Additionally, 20 percent of the respondents property includes cash money including, some case, residential area. Furthermore, 02 percent of the respondents have other sources of income within their family.

Figure: Nature of property of the respondents

Total Property	Frequency	Percentage
Residential Area	47	94
Arable land	13	26
Cash Money	10	20
Others	01	02

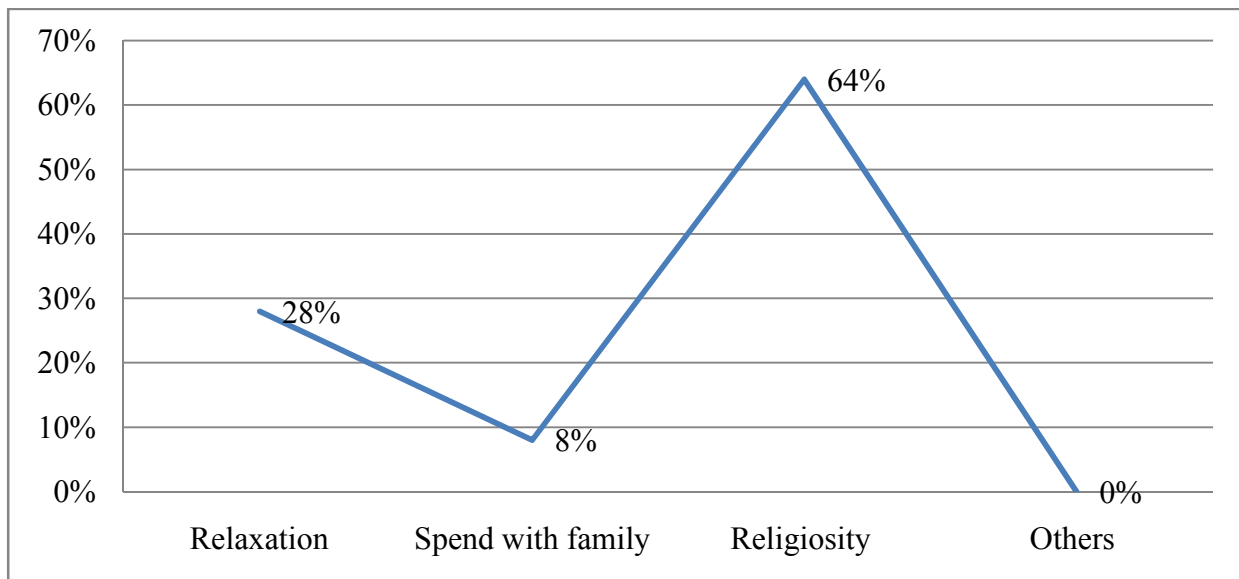
Source: Field Survey-2015

5.3. Daily life Activities Related Information of the Respondents

5.3.1. Leisure Time Activities of the Respondents

I had a query on the question paper regarding how they spend their leisure time. As Bangladesh is a Muslim country, that is why I found that most of them prefer to spend their time by religiosity. I found that the highest percentage of the respondents spent their time by doing religious activities like praying, puja, milad etc., the figure was 64 percent. Additionally, some of the elderly people also prefer to have relaxed in time of their leisure. The total percentage of the respondents who preferred to have leisure, in accordance with my findings, was 28 percent. Some respondents also like spend their leisure time with their family members. The percentage of the respondents who preferred to spend their time with family members revealed 08 percent.

Figure: Leisure time activities of the respondents



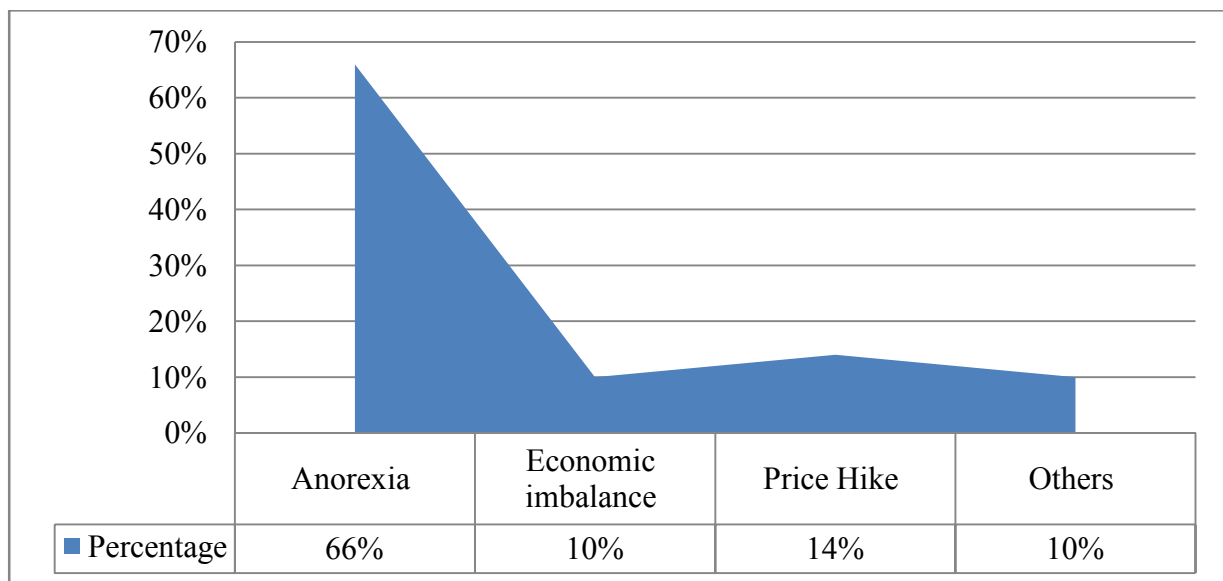
Source: Field Survey-2015

5.3.2. Problems Associated with Fulfilling Food Demand

Elderly people face problems in fulfilling their food demand. The problems are may arise due to the economic imbalance of their family or the price hike of the regular commodities or consumer goods in regular markets or due to their personal problems like anorexia etc. In my

study, I found that 66 percentages of the respondents do not have insufficiency within their family but they could not fulfill their food demand due to anorexia. It really a matter of sorrow that was revealed in study that 10 percent respondents cannot fulfill their food demands yet due to economic imbalance. Some respondent also explicated price hike as the main factor or logic behind not fulfilling their demand of food, the figure was 14 percent. Other causes like physical problems also hinder them to take all food as they like to eat as mentioned by 10 percentages of the respondents.

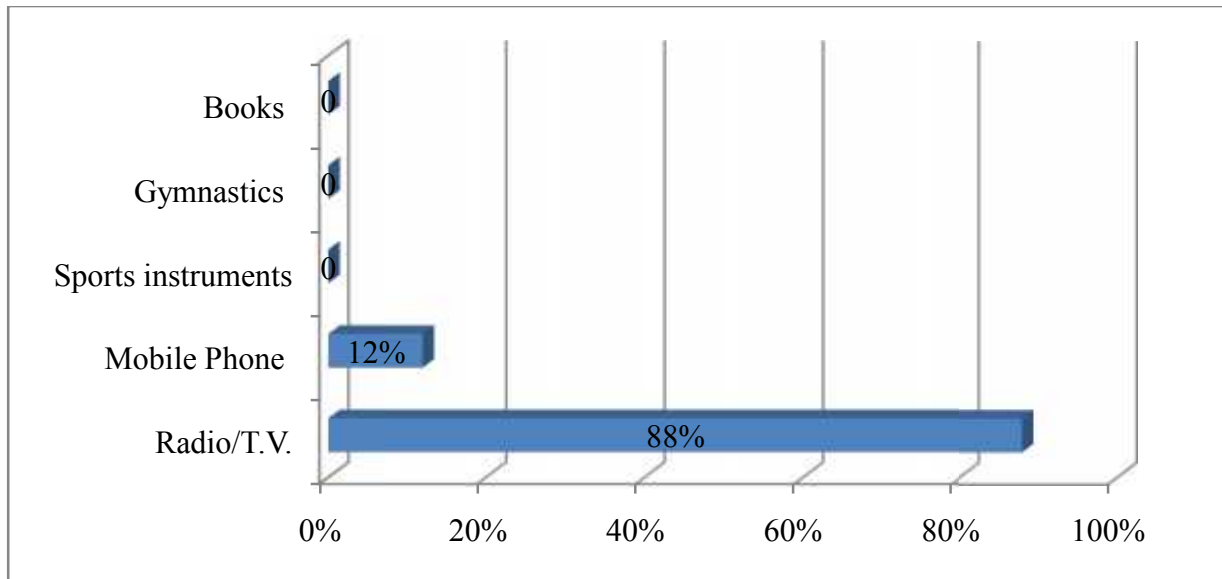
Figure: Problems associated with fulfilling food demand



Source: Field Survey-2015

5.3.3. Residential Indoor Recreational Pattern of the Respondents

The mode of recreation like use of radio, watching television, using mobile phone or reading books etc. were asked to the respondents to know how they recreate themselves. I found in my study that 88 percent of the total respondents used radio or television to recreate themselves. On the contrary, remaining 12 percent of the respondents used mobile phone as the medium of recreation. To an extent, though I added some others medium of recreation to the questionnaire but found in vein except radio, television, and mobile phone. Others mode like reading books, going to gymnasts, or using sports instruments etc. were not used by the respondents.

Figure: Residential indoor recreational pattern of the respondents

Source: Field Survey-2015

5.3.4. The Age of the Male Respondents during his Marriage

The ages of marriage for male are 21 as rectified by the government of Bangladesh. In my study, I wanted to disclose the general old trend of the ages of marriages. It is very much known to all, even outside the border, that the child age marriage in Bangladesh is frequent. In the findings of my study, I found that the highest percentages of the male respondents married at the age of 18 to 25, the figure is 58 percent. On the hand, no one married at the age of 36 and over. In terms of male, some marriages are also observed before the age of 18 till yet and the figure is 16 percent. The standard age of marriage is considered in Bangladesh as 26 to 30. In my study, I found that 20 percent of the respondents married in between that standard age and the ratio today increased slightly. Furthermore, some marriage ceremony was also observed that time in between the age of 31 to 35 and in my study, I got the findings as 06 percent. But today the age of marriage increased in terms of male as they want to marry after their establishment.

Figure: The age of the male respondents during his marriage

Age	Frequency	Percentage
>18	08	16
18-25	29	58
26-30	10	20
31-35	03	06
36 & Over	00	00
Total	50	100

Source: Field Survey-2015

5.3.5. The Age of the Female Respondents during her Marriage

Child marriage in terms of female is common in Bangladesh. Traditionally the ratio was in tremendous level but recently the situation has been changed and the age trend of marriage in terms of girl increased. As I collected data from the elderly people, the then situations were full of child marriage domination, that is why my findings shows that 68 percent of the total respondent got married before the age of 18 (considered as child marriage in terms of Bangladesh), almost four fold than those of male. The matter of sorrows that no one found in my study who got married after the age of 26, late alone 30 or 35! The trend is changing in now days because they girls started to concentrate on the study, joining to job market, and get started to empower. The rest percentages, as shown in the graph as 32 percent, as I got in the findings of my study, got married at the age of 18 to 25.

Figure: The age of the female respondents during her marriage

Age	Frequency	Percentage
>18	34	68
18-25	16	32
26-30	00	00
31-35	00	00
35 & Over	00	00
Total	50	100

Source: Field Survey-2015

5.3.6. Total Year of Conjugal Life of the Respondents

The conjugal life reflects the moment or ages of sharing and caring between husband and wife. In my study, I revealed an interesting point related to conjugal life is that no one was found who led his/her conjugal life less than 25 years! Only a handful amount of respondents were found who led their conjugal life 26-30 years, the figure is 06 percent. The matter of hope and exception is that the highest percentages of the respondent led or till leading their conjugal life more than 40 years! On the other hand, the ratio of conjugal life between the ages of 31-35 and 36-40 were 08 and 18 percent successively. It is really amazing that the people of Bangladesh get much more time in their conjugal life.

Figure: Total year of conjugal life of the respondents

Year	Frequency	Percentage
>20	00	00
21-25	00	00
26-30	03	06
31-35	04	08
36-40	09	18
40 and More	34	68
Total	50	100

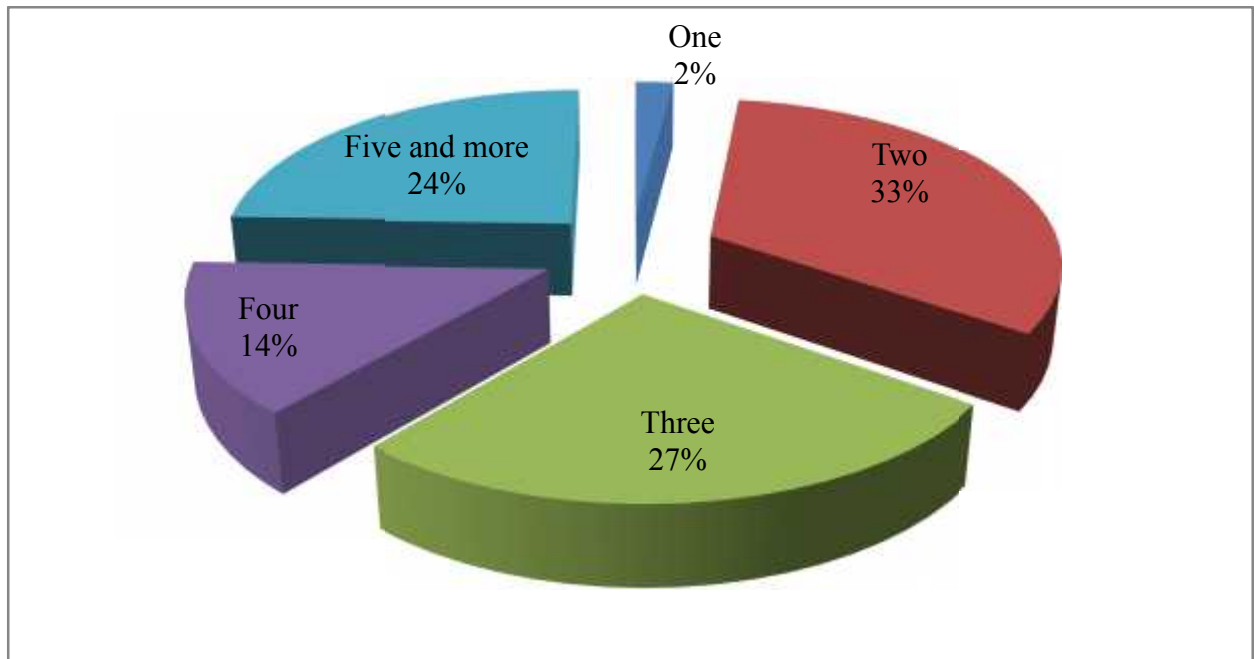
Source: Field Survey-2015

5.3.6. Total Alive Siblings of the Respondents

The government of Bangladesh emphasized and till emphasizing on the replacement population. That is why I also collected data to know the alive siblings of the respondents and to comprehend the caring of their children towards them. I found that the highest percentage of the respondents only two or replacement alive children, the figure is 32 percent. In the past, the trend of having only one child was a myth and that was proved in my study. I found

that only 02 percent of the respondents have one alive sibling. Additionally, the second highest of the respondents have three alive siblings, the figure is 26 percent. Astonishingly found that 24 percent of the respondents have five or more alive siblings, the trend is changing day by day. The remaining percentage, the figure is 14; of the respondents have four alive children.

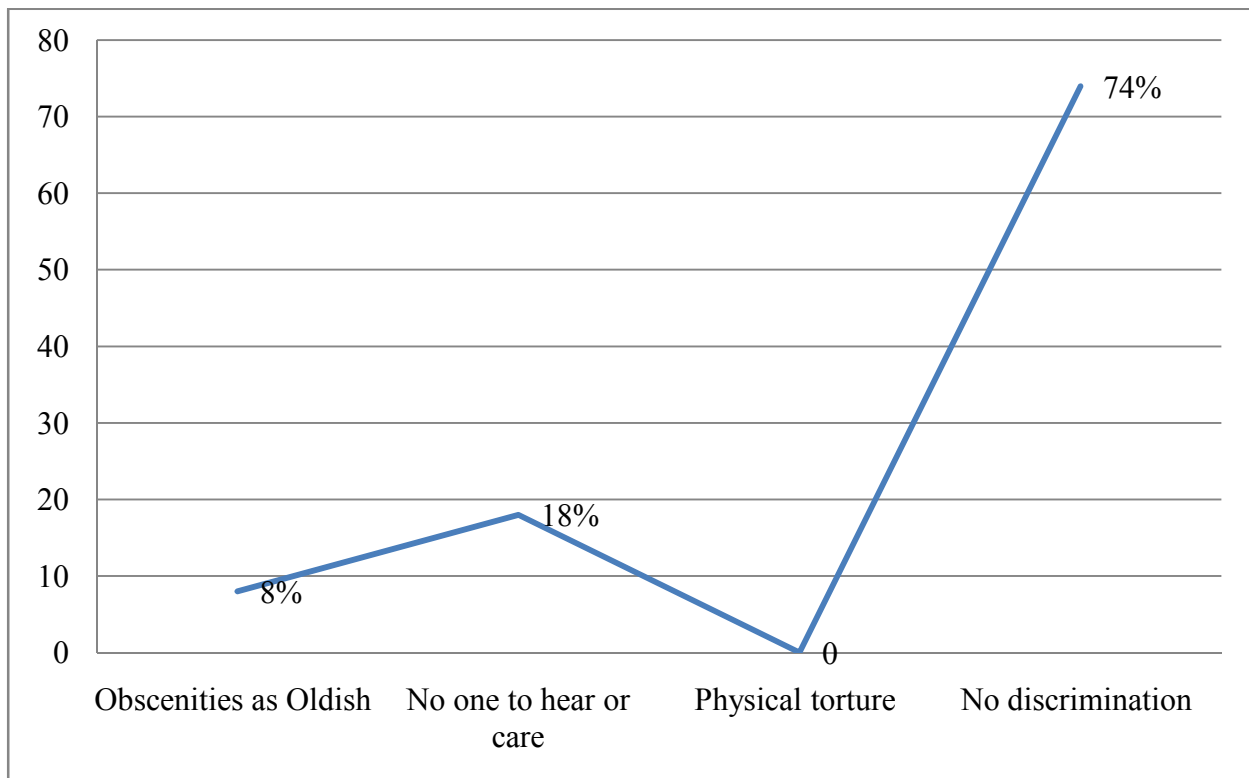
Figure: Total alive siblings of the respondents



Source: Field Survey-2015

5.3.7. Discrimination Faced by Respondents due to their Age

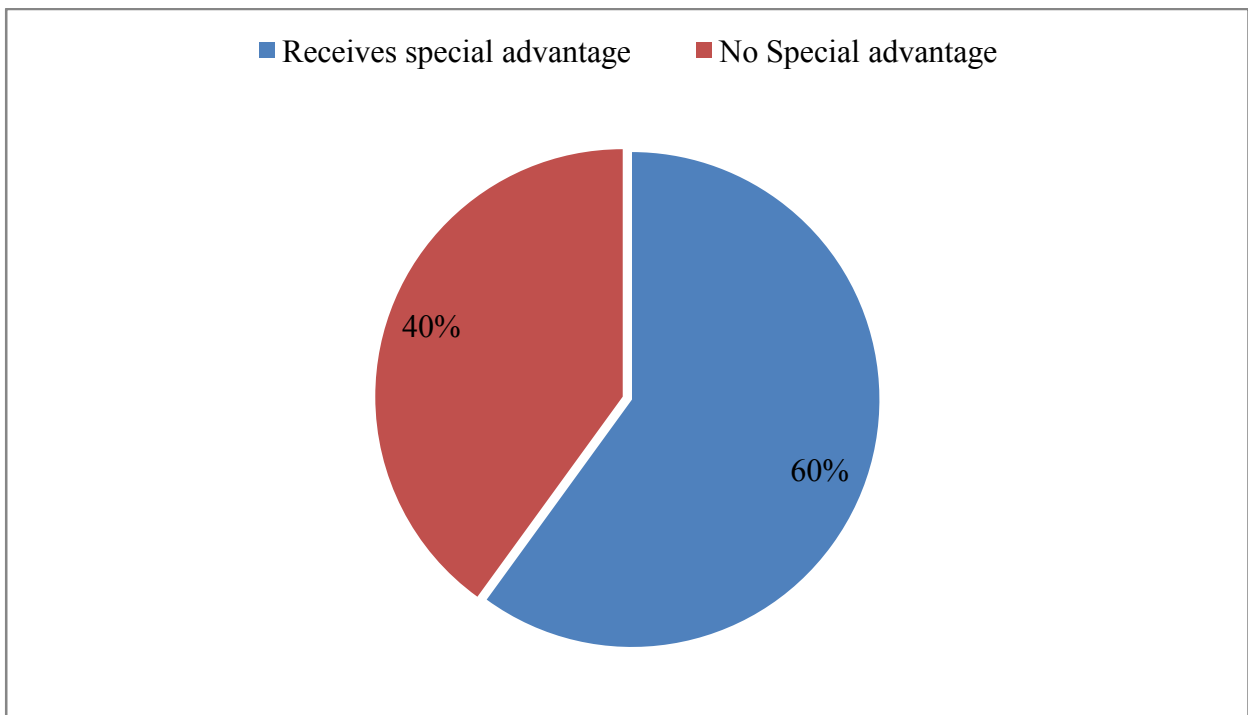
Though elderly people face discrimination by their family members but in my study I got a reverse situation. I found that the huge quantity of the respondents do not faces any discrimination within the family. I found that only 08 percent of the respondents who faces neglects within the family and mock them as Oldish. It is also a pleasing finding of my study that no one of the total respondents faced physical torture by the family members. Furthermore, the amazing findings of my study is the revelation that 74 percent of the respondent do not faces any discrimination by their family members and they feel comfort and happy without any obstacles of their life.

Figure: Discrimination faced by respondents due to their age

Source: Field Survey-2015

5.3.8. Special Advantages Offered and Received by the Respondents

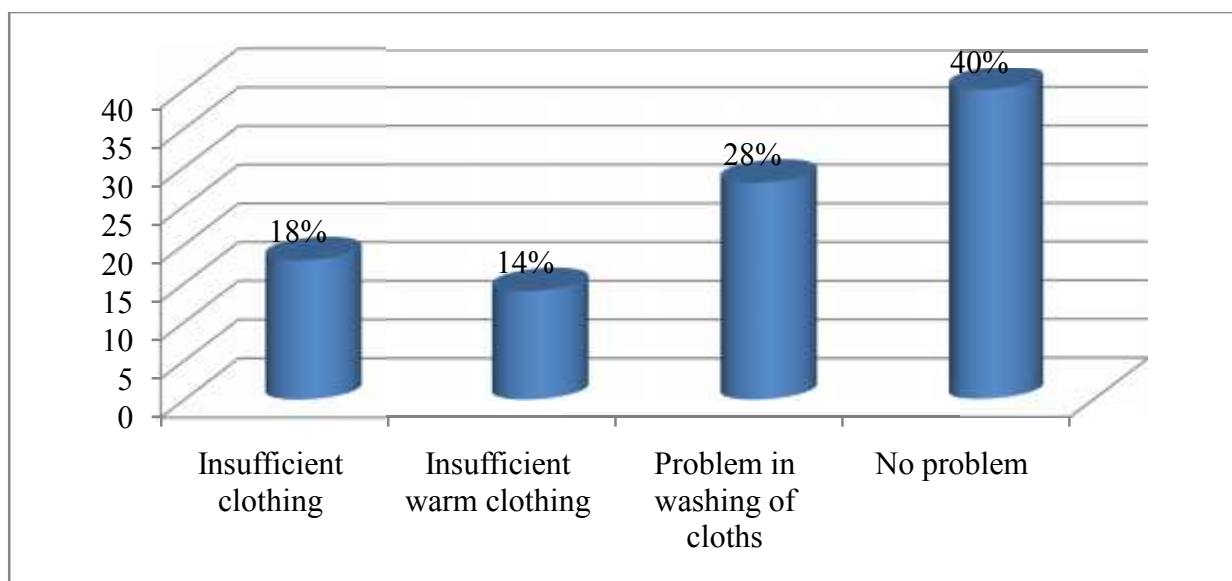
Family members bring special opportunities for the respondents within the family. Because they take of their parents and often decide to surprise their crowns. I tried to comprehend the advantages specially received by them from their family members. I found that 60 percent of the respondents receive special advantages from their family members whereas, the rest 40 percent do not receive such special advantages from their family members.

Figure: Special advantages offered and received by the respondents

Source: Field Survey-2015

5.3.9. Problems Faced by the Respondents in terms of Clothing

Clothing is one of the basic and most needy materials for the elderly people. Older people faces problem of clothing, mainly washing. In my study, I found in terms of problem faces by elderly in clothing that the highest percentage of the respondents, numerically 28 percent, faces problem in washing of clothing. They cannot wash their cloth regularly but it is really needed for them to wash it, though 40 percent of the respondents do not face any problems associated with their clothing. It is really a pathetic finding of my study that 18 percent of the respondents suffer from insufficient clothing. The rest 14 percent of the respondents faces warm clothing problems and do not get sufficient warm clothing.

Figure: Problems faced by the respondents in terms of clothing

Source: Field Survey-2015

5.3.10. Nature of Intaking Foods by the Respondents

Some elderly people suffer from different problems and cannot take food any time as they wish rather they are bound to obey the prescription of the doctor. I asked to the respondents on the nature of having meal. I found that almost all elderly have the capability to have food three times a day. 94 percent of the total respondents eat three times a day while, 04 percent eat two times a day. On 02 percent of the respondent have the habit of having four times meal per day.

Figure: Nature of having foods by the respondents

Times of Having Food	Frequency	Percentage
Two times per day	02	04
Three times per day	47	94
Four times per day	01	02
Total	50	100

Source: Field Survey-2015

5.3.11. Their Perceptions on Whether they Considered themselves as Burden or not

When people become older, then they are considered as burden for the society, and at large for the country. When the economic discrepancies arise within the family then the situation of elderly goes worsen. By considering this, I gathered data by demanding the perception of their family members on them. I found that the family members of 18 percent of total respondent consider the elderly as burden for their family while, the rest 82 percent of the elderly person's family do not think so. In this regard, the situation of Bangladesh is more or less worthy of remark.

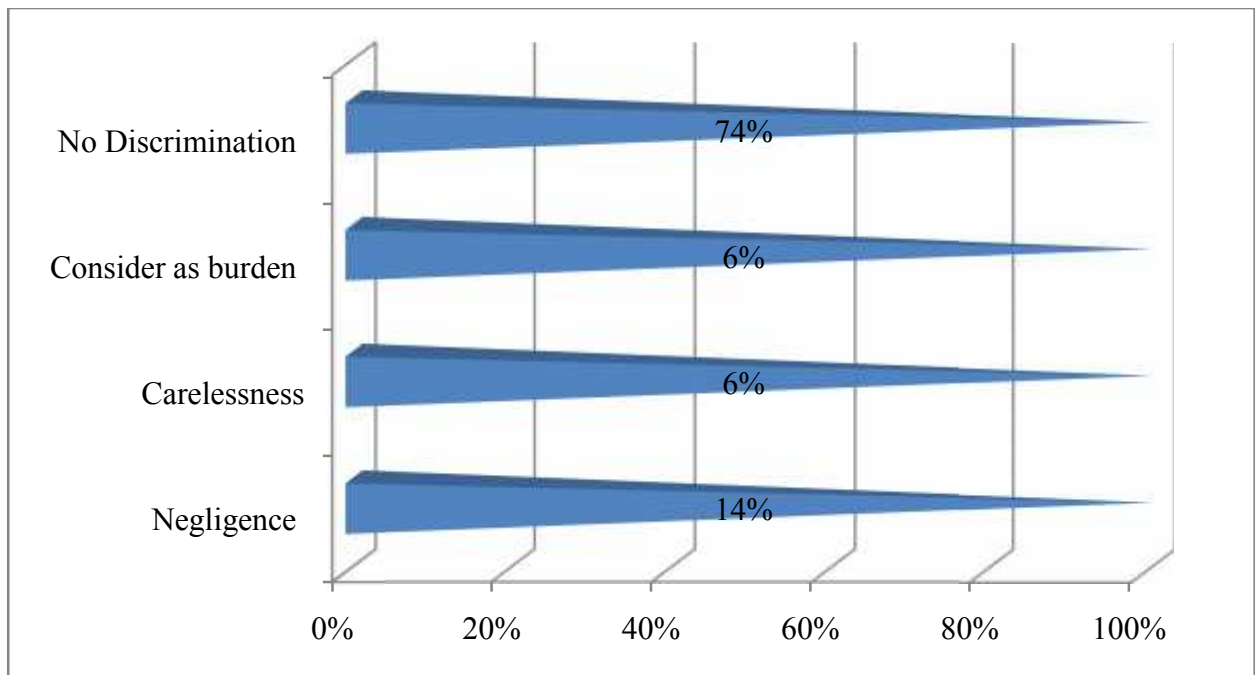
Figure: Their perceptions on whether they considered them as burden or not ever

Family Respondents Towards Them	Frequency	Percentage
Burden	09	18
Non-response	41	82
Total	50	100

Source: Field Survey-2015

5.3.12. Information Related to the Discrimination Faced by Respondents Ever

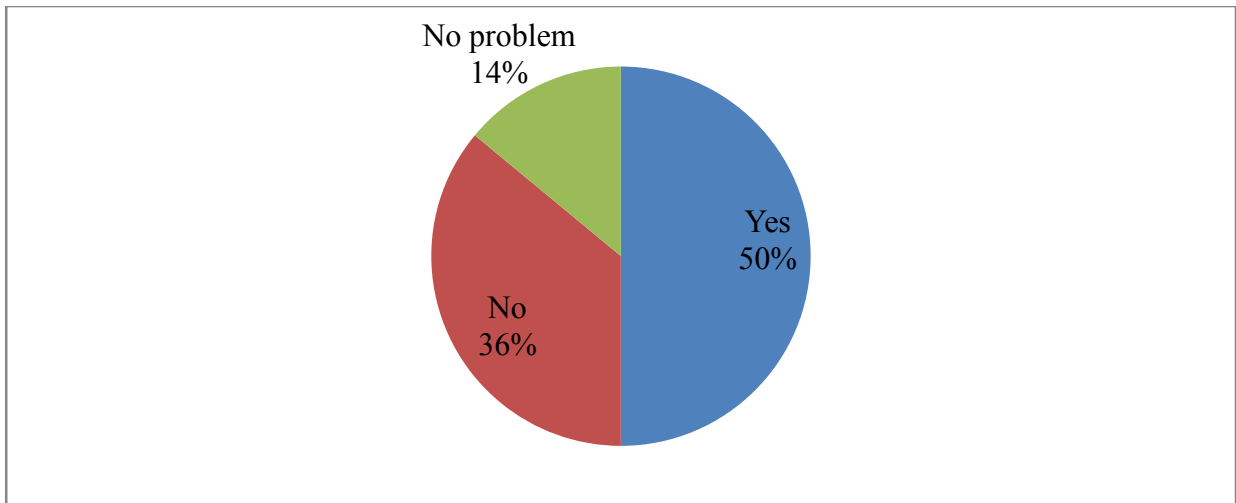
Elderly are most vulnerable who faces discrimination within the family in wide variety of ways. I tried to disclose the nature of discrimination faces by elderly within the family. I found that the highest percentage of the older person do not face any discrimination within their family, the figure is 74 percent. Additionally, 14 percent of the respondents faces negligence within their family whereas, 06 percent of the respondents faces carelessness within their family structure, same as for considering them as burden.

Figure: Information Related to the Discrimination Faced by Respondents Ever

Source: Field Survey-2015

5.3.13. Physical and Mental Problems Faced by the Respondents

Most of the elderly faces physical or mental problems. In my study, I found that the highest percentages of the respondents faces physical and mental problems whereas, only a few respondents do not faces any problem whether it may be physical or mental. I revealed that 50 percent of the respondents faces physical and mental problem while 36 percent of the respondents expressed their view by stating that they do not faces any problem related their physic or mental. Furthermore, 14 percent of the respondents did not tell anything regarding their physical and mental health problems.

Figure: Physical and mental problems faced by the respondents

Source: Field Survey-2015

5.3.14. Relations of Respondents with Family Members

With the passage of time, the relation of elderly with their family members is deteriorated. The problem is much more severe in economically insolvent families. In my study, I found that most of the respondents have very good relations with their family members and the percentage is 72. On the other hand no one has bad relations with their family members. 24 percent of the total respondents have a good relation with their families whereas, 04 percent have moderate relation. The most pleasant findings is that the highest percent of the respondents do not have any complain against their family members rather they maintain a good bondage within their families.

Figure: Relations of Respondents with Family Members

Relations type	Frequency	Percentage
Very Good	36	72
Good	12	24
Moderate	02	04
Bad	00	00
Total	50	100

Source: Field Survey-2015

5.3.15. Recognition or Priority of the Respondents Choice within Family

The choice of participation in decision making at family level is always influenced in Bengali culture. The truth revealed in my study. I found that 80 percent of the respondents' choices are prioritized within their family and that is why they can influence any decision easily. Only a handful respondents don not get that opportunity, the percentage is 06 percent. A good numbers of the respondents did not agree to comment on that.

Figure: Recognition or Priority of the Respondents Choice within Family

Priority of Respondents Choice	Frequency	Percentage
Yes	40	80
No	03	06
No comment	07	14
Total	50	100

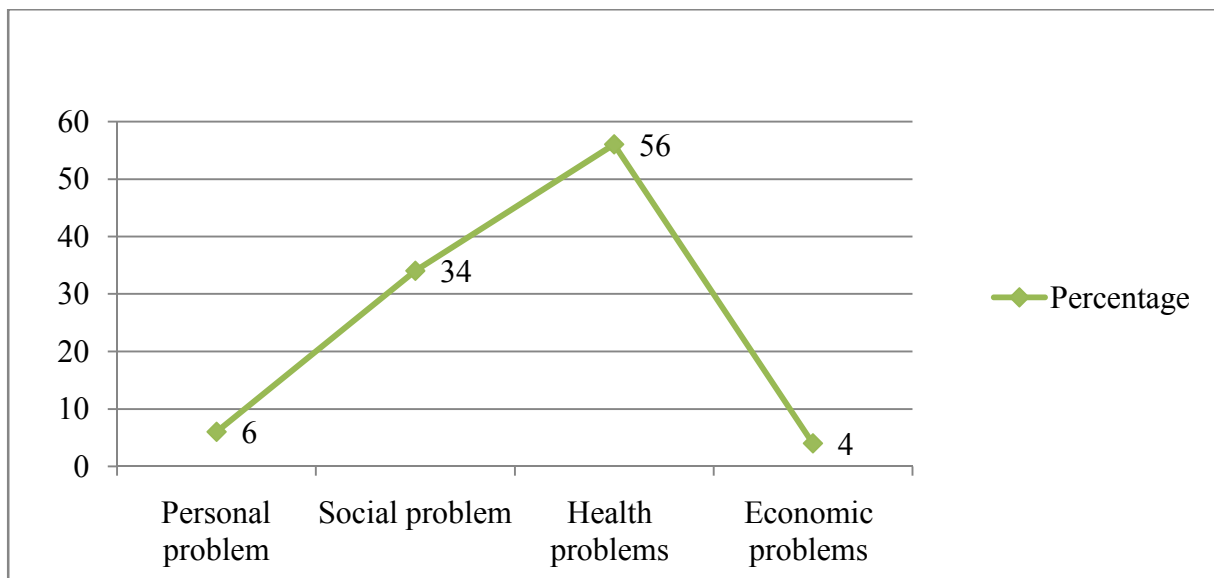
Source: Field Survey-2015

5.4. Problems of Respondents (1.Physical/Health, 2.Economical, 3.Security)

5.4.1. Respondents Opinion on the Nature of Aged Problems

Elderly are the most that face some types of problems whether it may be personal, economical, health or social. In my study, I found that the highest percentage of the respondents faces health related problems whereas, the lowest percentages of the respondents face economic problems, the figures are 56 percent and 04 percent consequently. This finding proves that the older people suffer from different kinds of problems associated with health. The elderly people also face social problems like carelessness, calling them Oldish or considering them as burden. The percentage of the respondents who face social problems is 34 percent, really I significant percentage of the total respondents. Only 06 percent of the respondents face personal problems astonishingly.

Figure: Respondents Opinion on the Nature of Aged Problems

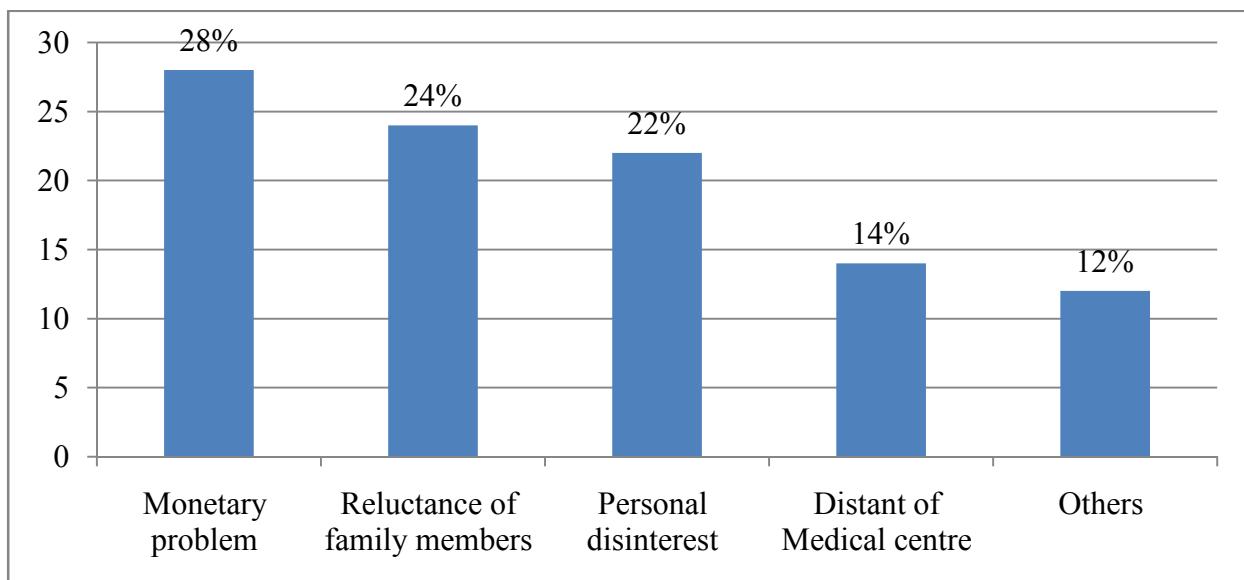


Source: Field Survey-2015

5.4.2. Problems Faced by the Respondents in terms of Receiving Health Treatment

The elderly people require time basis periodical treatment and care of the family members. In terms of treatment, they face different types of problems like family members' reluctance, economical imbalance, or lack of medical or health clinic. In my study, I found that the highest percentages of the respondents do not get proper receive due to monetary crisis, the figure is 28 percent. The matter of concerning that a huge number of the respondents deprive from receiving medical treatment facilities due to the reluctance of family members in spite of having economic solvency, the figure is 24 percent! The distant of medical centre also hinders 14 percent of the respondents to receive proper health care in spite of having economic solvency and the concern of family members. 22 percent of the respondents have reluctance and personal disinterest on receiving medical treatment facilities and that is why they do not seek the treatment in spite of having all elements of receiving treatment. 12 percent of the respondents faces other problems in terms of medical treatment like

Figure: Respondents opinion on the nature of aged problems



Source: Field Survey-2015

5.4.3. Place of Receiving Treatment by Respondents Initially

The nature of receiving treatment depends on the economical condition of the family. The more wealthier family, the more trend of going to private clinic as the expenses of private are much more. In my study, found that the highest percentage of the respondents receives their treatment facilities from government hospitals, the figure is 50 percent. As the days pass, the society largely affected by modern elements and that is why in my study I found that on one goes to Quack for treatment. Only 02 percent of the respondents receive their treatment from Pharmacist, but the trend is really decaying. The second highest, 44 percent of the total respondents, respondents of the study receive their health treatment from Private medical hospitals, considered largely effective but not deniable the present service of the government hospitals. Only 04 percent of the respondents use their personal chamber in terms of receiving health treatment as their profession is doctor.

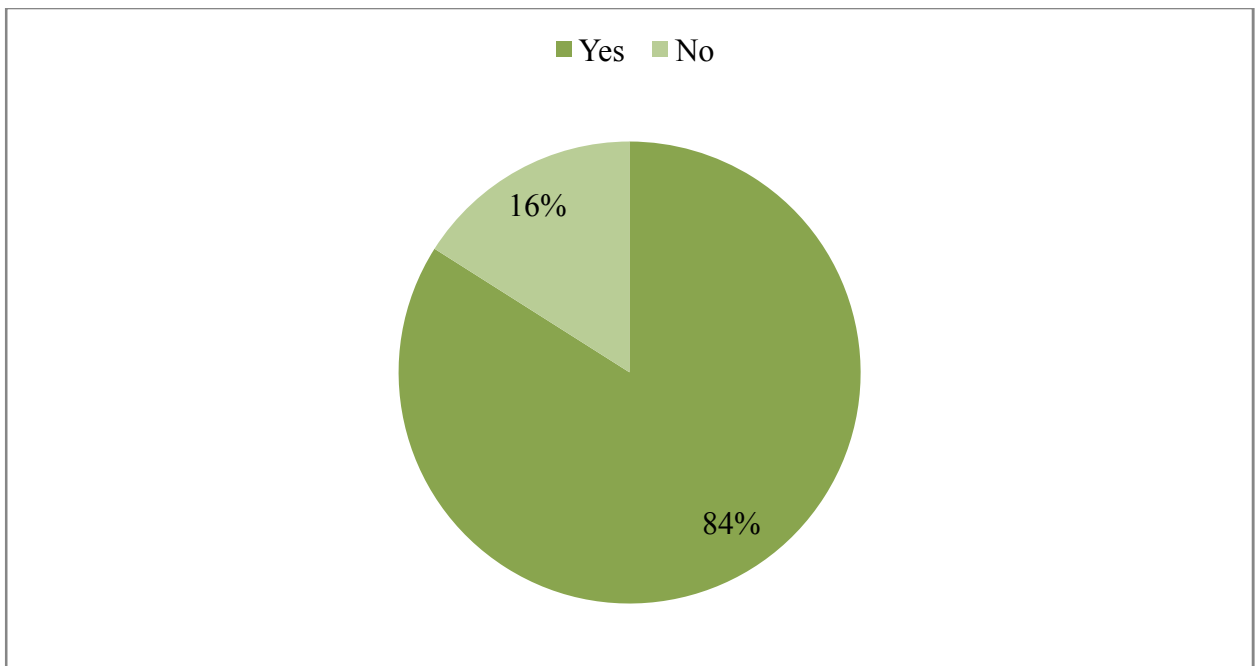
Figure: Place of receiving treatment by respondents initially

Treatment Clinic	Frequency	Percentage
Government Hospitals	25	50
Private Hospitals	22	44
Personal Chambers	02	04
Quack	00	00
Consult with Pharmacist	01	02
Total	50	100

Source: Field Survey-2015

5.4.4. Respondents Participation in Religious Activities

At elderly age, people generally prefer to pass their time with preciosity. In my study, I revealed that 84 percent of the respondents presser to spend their by doing religious activities like praying, hearing religious discussions, Puja or going to Milad etc. The other 16 percent of the respondents prefer doing anything outside of religiosity like taking rests, or receiving recreations.

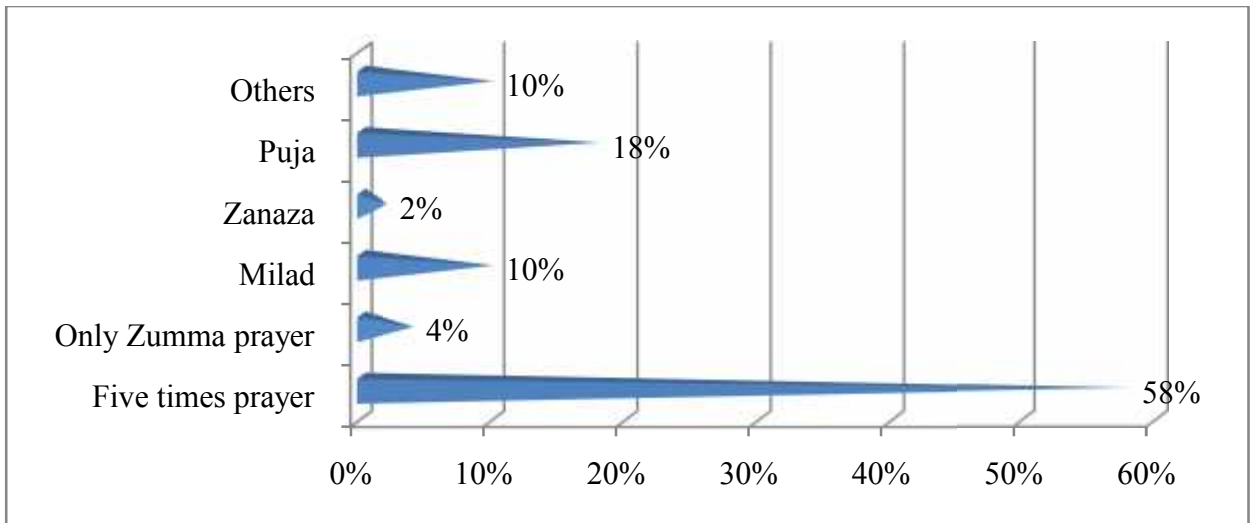
Figure: Respondents Participation in Religious Activities

Source: Field Survey-2015

5.4.5. Nature of Religious Activities Participated by the Respondents

In performing religiosity, the respondents do a lot of activities like praying, going to Milad or Zanaza or Puja etc. The findings of my study show that 58 percent of the respondents from Muslim religion perform their religiosity by praying. Some of the Muslim respondents perform their religious activities by going to Milad, Zanaza or by praying only Zumma prayer. The percentages are 10, 02 and 04 respectively. As the highest percentage of the respondents from Islamic religious background, that why the findings shows the trend or praying, or going to Milad and Zanaza. The rest, 18 percent, of the total respondents' religions were Hindus, and all they prefer Puja as their religious activities.

Figure: Nature of religious activities participated by the respondents

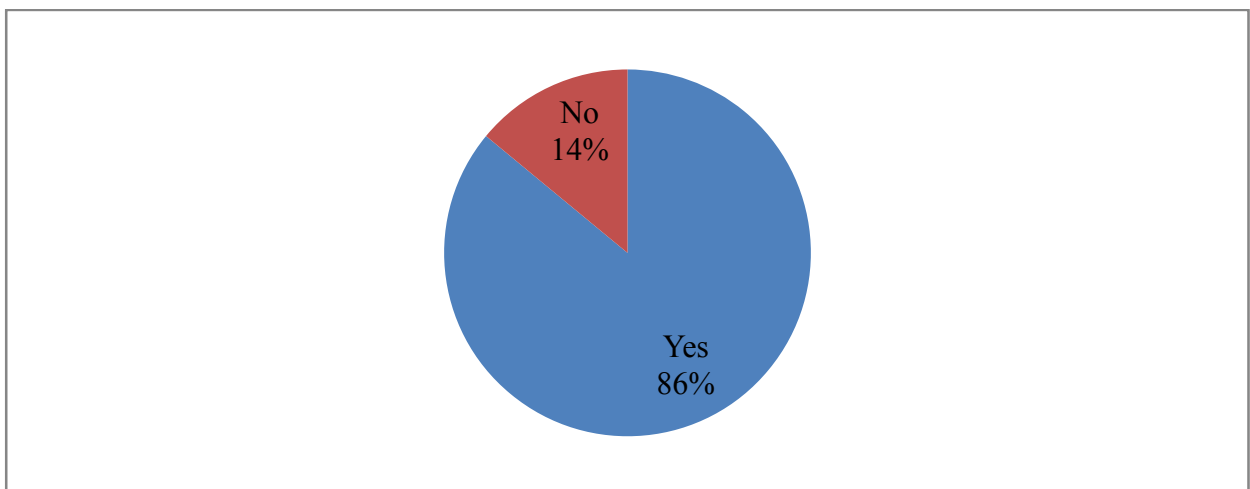


Source: Field Survey-2015

5.4.6. Diseases Affected by the Respondents

Elderly suffers from different diseases and old age is the age when people mostly caught by different diseases. I found in my study that 86 percent of the respondents suffer from different diseases like cholera, Diabetics, or high Pressure etc. whereas, the rest of the 14 percent of the respondents do not suffer from remarkable diseases.

Figure: Diseases affected by the respondents



Source: Field Survey-2015

5.4.7. *Nature of Diseases Suffered by the Respondents*

The older people suffer from different diseases like back pain, teeth problems, or Diabetics etc. I revealed in my study that 36 percent of the respondents are affected by High Pressure that is somehow common among elderly of today. Other 22 percent of the respondents suffer from Diabetics but the trend is increasing day by day in Bangladesh. Another common disease among the elderly is back pain. I found that 26 percent of the respondents suffer from back pain. The matter of pleasant is that in the past most of the elderly suffered from Cholera but the trend has been changed over time. In my study I found that no one suffer from Cholera. I also found that 08 and 14 percent of the respondents suffer from teeth problems and liver problems respectively. Heart diseases are seen among some of the elderly people today that were found in my study as 12 percent. In some cases, problems associated with stomach are also seen and the figure was 06 percent in my study who suffer from stomach related diseases.

Figure: Nature of diseases suffered by the respondents

Nature of Diseases	Frequency	Percentage
Cholera	00	00
Diabetics	11	22
High Pressure	18	36
Heart Diseases	06	12
Problem in stomach	03	06
Back Pain	13	26
Teeth problems	04	08
Liver problems	07	14

Source: Field Survey-2015

5.4.8. *Psycho-social and Mental Health Problems Faced by the Respondents*

Older people suffer from different psycho-social problems. I wanted to reveal the trend of different psycho social problems faced by the elderly. I found that 40 percent of the

respondents suffer from insomnia that hinders them from sound sleep. Mental retardation and hyper tension is also frequent among the elderly people of Bangladesh as found in my study. My study depicts that 24 percent of the respondents suffer from retardation same as hyper tension. 16 percent of the respondents face the problem of physical deterioration and cannot do whatever they like. On the other hand, 08 percent of the respondents face the problems of malnutrition same as for Shas Kosto, that really a matter of concern.

Figure: Psycho-social and Mental Health Problems Faced by the Respondents

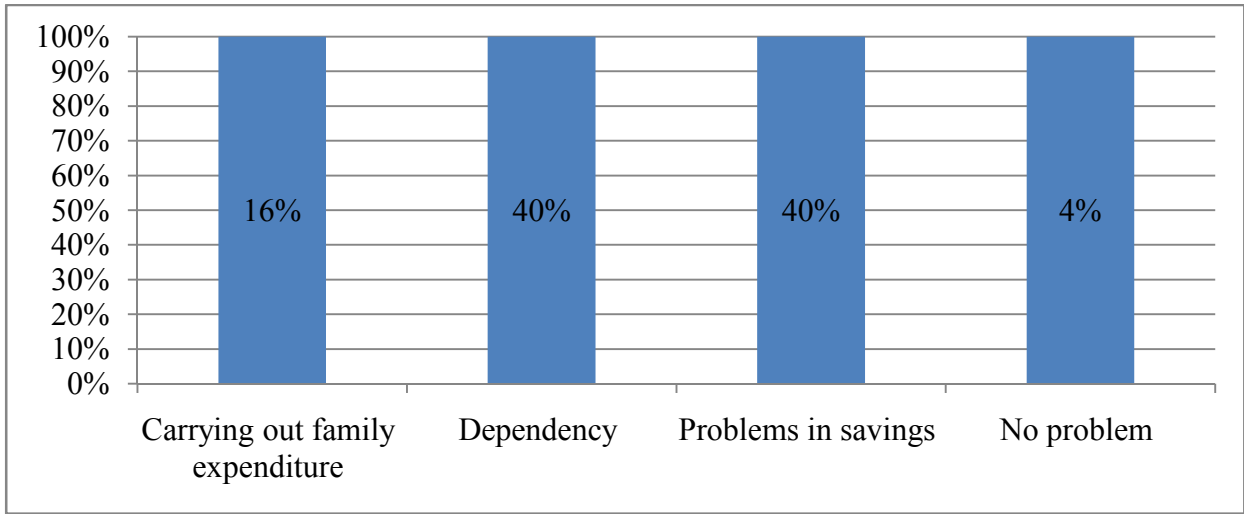
Psycho-social problems	Frequency	Percentage
Malnutrition	04	08
Hearing/Physical Disability	08	16
Mental retardation	12	24
Insomnia	20	40
Hyper tension	12	24
Shas Kosto	04	08
Others	01	02

Source: Field Survey-2015

5.4.9. Economic Problems Faced by the Respondents in the Wake of Livelihood

In my study, I tried to explore the nature of economic problems faced by the respondents. I found that 40 percent of the respondents think that they are dependent on others and do not have economic solvency. The same percent of the respondents face the problems in savings. The both group are desperate as they are dependent to others and cannot save some sort of cash for their emergency needs. Some of the respondents feel the problem of guiltiness as they cannot support their family economically to carry out economic expenditure. Only 04 percent of the respondents do not face any economic problems whether it may be in terms of savings or dependency or carrying out family expenditure.

Figure: Economic problems faced by the respondents in the wake of livelihood

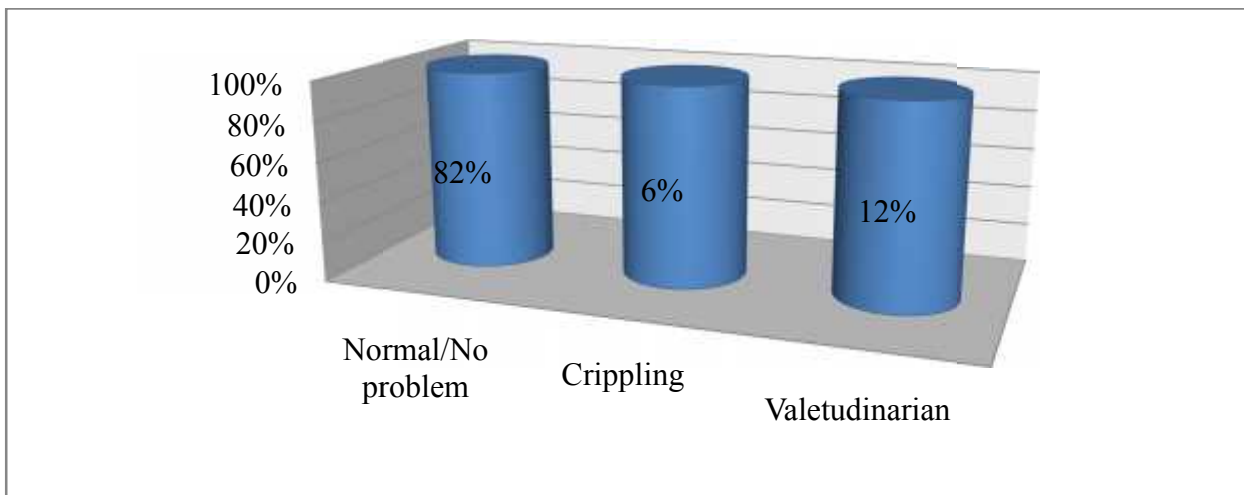


Source: Field Survey-2015

5.4.10. Health Status Related Information of the Respondents

With increasing the ages of the older people, their health starts to deteriorate. In my study I found that 82 percent of the respondents do not feel in physical problem. I also revealed that 12 percent of the respondents physical conditions in Valetudinarian situation. On the other hand, 06 percent of respondents' health are in crippling situation and cannot do any hard work.

Figure: Health status related information of the respondents

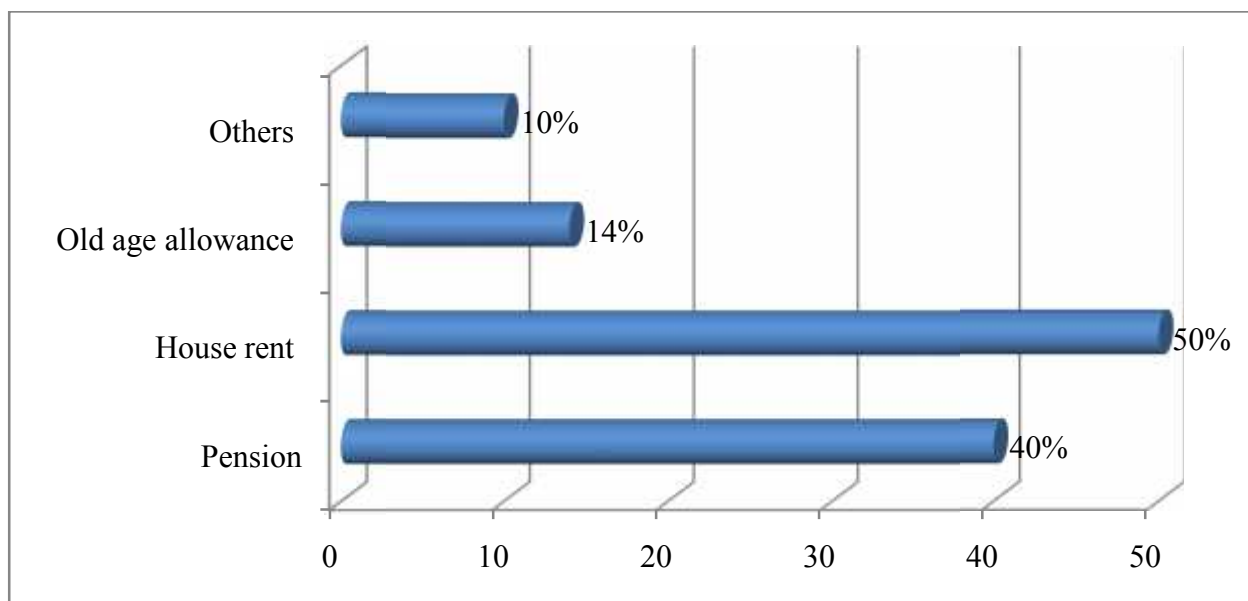


Source: Field Survey-2015

5.4.10. Present Income Source of the Respondents

I wanted to reveal the source of the income of the respondents if any have. I found that 50 percent of the respondents do not have any other income without the rent of their houses. Additionally 36 percent of the respondents do not have any other source of income without pension and are to lead a painful life. Furthermore, 10 percent of the respondents prime income source is old age allowance the amount of which is only 300 taka! The remaining respondents, total 10 percent of the respondents, have other source of income like business, income of siblings, and some of them do not have any income source.

Figure: Present income source of the respondents



Source: Field Survey-2015

5.4.11. Addiction of Respondents towards some Addicted Elements

Elderly become addicted to some eating habits that start from Betel leaf to drug! In my study, I desired to find out the addiction of my respondents. I found that 56 percent of the respondents are addicted to betel leaf. In Bangladeshi culture, elderly are mostly addicted to betel leaf. Additionally, 16 percent of the respondents have addition on Cigarette. In spite of a caution in the package of Cigarette by stating the negative impact of that on human health, most of them are addicted to snoke though none of them are addicted to Biri and Gul. The remaining 28 percent of the respondents do not have any addiction to any think like betel leaf or cigarette though some of them have an addiction to having tea.

Figure: Addiction of respondents towards some addicted elements

Addiction of Respondents	Frequency	Percentage
Biri	00	00
Betel leaf	28	56
Cigarette	08	16
Gul	00	00
Others	14	28
Totals	50	00

Source: Field Survey-2015

5.4.12. Type of Family where the Respondents Belong

In the era of globalization, the nature of family has been changed. In my study, I put a question to reveal the nature of family types. I found that 78 percent of the respondents in my study were from nuclear family, whereas 18 percent of the respondents were from extended family. A pathetic scenario came out in my study that 04 percent of the respondents don't get support by their family and that is why they are to live outside of the family. They need to support themselves and earn to lead their life.

Figure: Type of family where the respondents belong

Type of Respondents Family	Frequency	Percentage
Nuclear	39	78
Extended	09	18
Alone	02	04
Total	50	100

Source: Field Survey-2015

5.4.13. Social Problems Associated with the Respondents

Older people face some social problems also. In my study, I found that 38 percent of the respondents face the problems of disability whether it may be physical, mental, or hearing. Additionally, 18 percent of the respondents do not face any problem related to their health. Furthermore, 28 percent of the respondents face the problem of addiction. Finally, the rest 16 percent of the respondents face the problem of poverty.

Figure: Social problems associated with the respondents

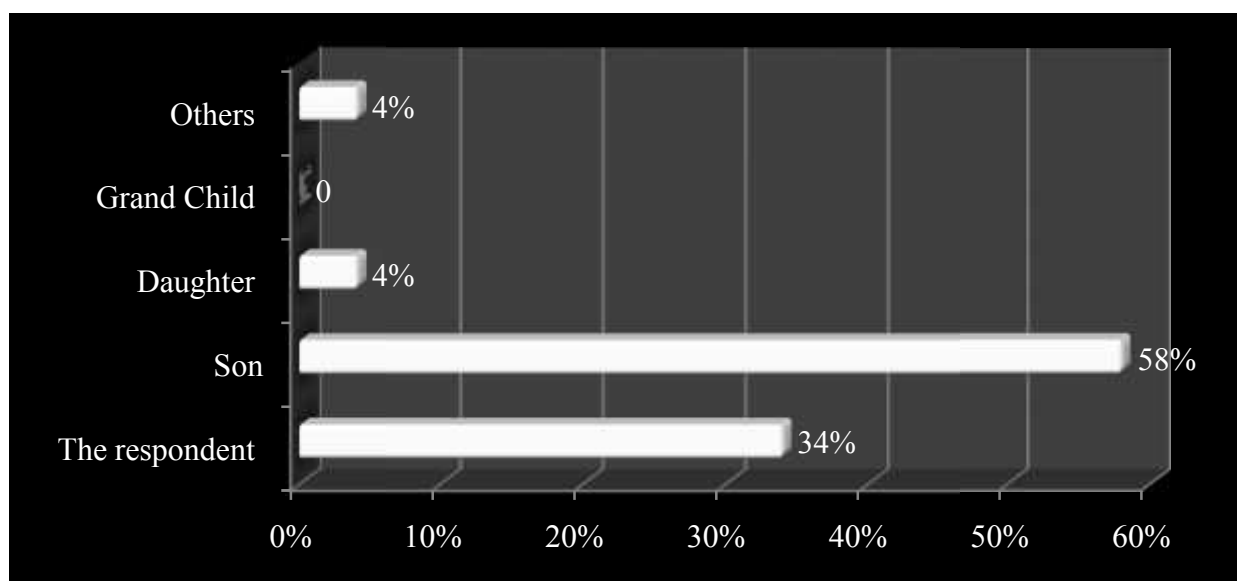
Problems type	Frequency	Percentage
Disability	19	38
Poverty	08	16
Drug addiction	14	28
No problem	09	18
Total	50	100

Source: Field Survey-2015

5.5. Family and Societal Attitude towards the Elderly People

5.5.1. Relations with the Head of Family of the Respondents

With the increasing of age of the older people, the family responsibly goes to the hand of juniors. I revealed in my study that 58 percent of the respondent families head are son whereas, only 04 percent families head are daughter. The matter of astonishing that though the age of respondents above 60, yet 34 percent of the respondents family head are the respondents themselves! In some cases it was seen that wife was the wage earner for the family and with her income, the bread and butter are brought.

Figure: Relations with the head of the family of respondents

Source: Field Survey-2015

5.5.2. Nature of Relations or Ties of the Respondents with their Neighbors

When people become older, they get enough time to maintain relations with relatives. That is why I tried to explore the nature of relationship of older people with their relatives in my study. I found that 82 percent of the respondents have 'Very Good' relation with their relatives and neighbor. On the contrary, on one have bad relations with their relatives, let alone very bad relations! I also found that 14 percent of the respondents 'Good' relations with their respondents. A total of 96 percent of the respondents have maintained harmonious relations with their relatives and neighbor! The remaining 04 percent of the respondents have moderate relations with their relatives, in comparison no one have bad relation with relatives.

Figure: Nature of relations or ties of the respondents with their neighbors

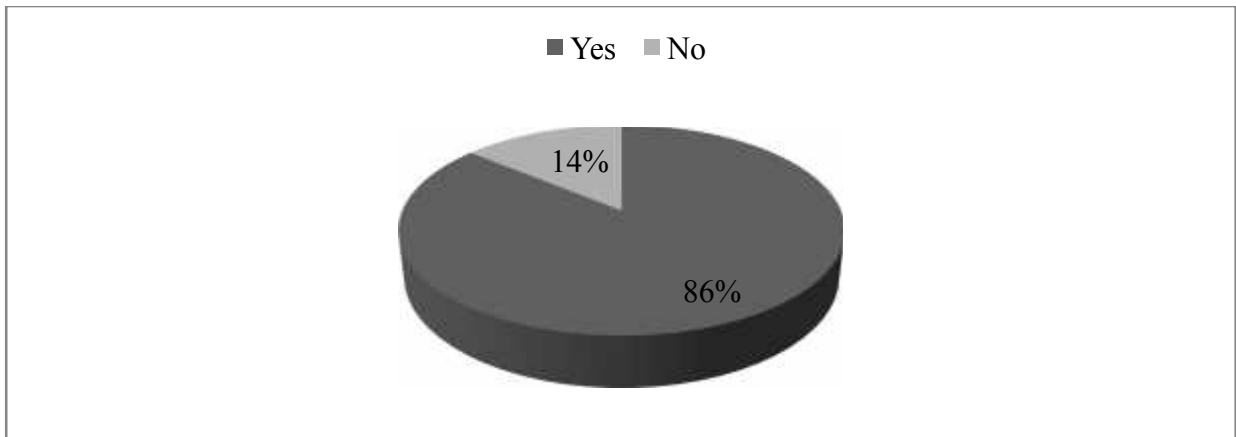
Relations with Relatives	Frequency	Percentage
Very good	41	82
Good	07	14
Moderate	02	04
Bad	00	00
Very bad	00	00
Total	50	100

Source: Field Survey-2015

5.5.3. Respondents Participation and Priority in Decision Making within Family

Though elderly got the baggage of age on their shoulder and considered them, in most of the cases in Bangladesh, as burden for family, till I found in my study that 86 percent of the respondents have the power of influencing in the level decision making whether it may in or outside issue of family. Only 14 of the respondents do not have the power of influencing in the level of decision making and contributing in family issues.

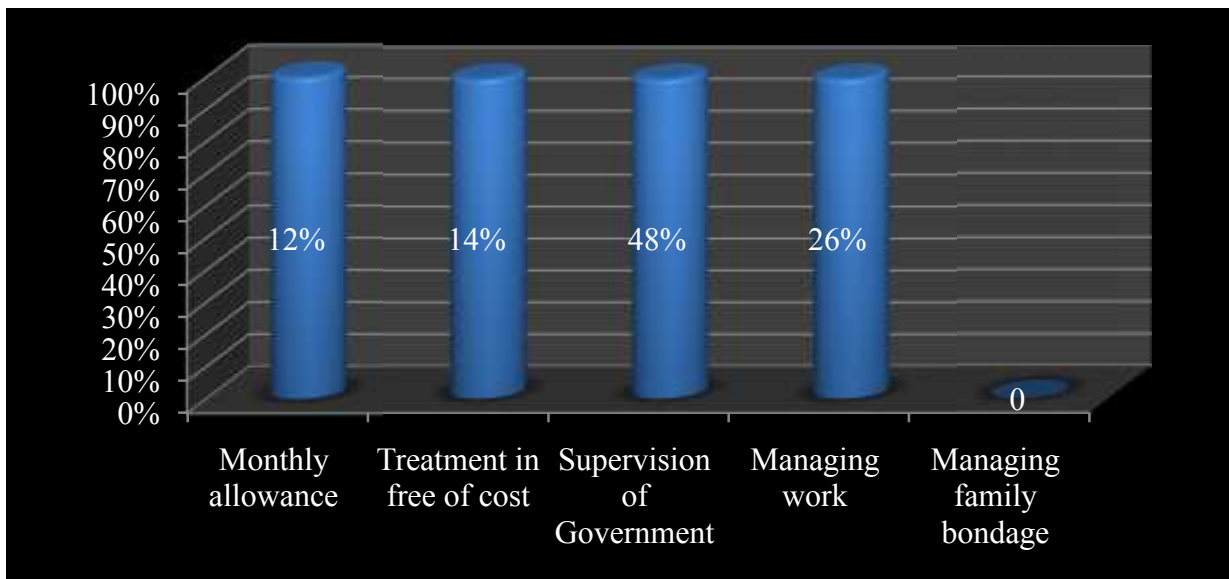
Figure: Respondents Participation and Priority in Decision Making within Family



Source: Field Survey-2015

5.5.6. Expectations of the Respondents from Family and Society

I wanted to disclose the expectations of the older persons from the society and at large from the government. I found that 48 percent of the respondents prefer to have the supervision of government at older age without any monetary expense. They think that at older age, people become dependent on other and that is why they need extra care from family, at large from the government. Importantly, 26 percent of the respondents think that they should be provided with job opportunity as they can earn money and support themselves. 14 percent of the respondents think that older people cannot join in workforce due their physical hardship but needed extra care and that is why they should be provided with treatment facilities in free of cost from Government. Only 12 percent of the respondents think that their monthly allowance should be increased and should initiate a process of selection to grant allowance where nepotism will not prioritized.

Figure: Expectations of the Respondents from Family and Society

Source: Field Survey-2015

5.5.6. Respondents Opinion on the Causes of the Problems of Older Age

I wanted to devise the perception of older people regarding the causes of old age problems. I found that the highest percent of the respondents, 62 percent in accordance with the findings of my study, believe illiteracy is the main source of old age problems. People in their older age become more vulnerable only when they are illiterate and were day laborer in their working life. Another 10 percent of the respondents believe ‘Rapid Urbanization’ is the prime cause of arising the problem of older. Additionally, 08 percent of the respondents believe that the changed social structure is mainly responsible for old age problems. They think that the turning of nuclear family system and rapid urbanization pose the elderly people in desperation and carelessness of family members to them. Furthermore, 20 percent of the respondents believe that just due to the absence of intimacy is the prime cause of older age problems.

Figure: Respondents opinion on the causes of the problems of older age

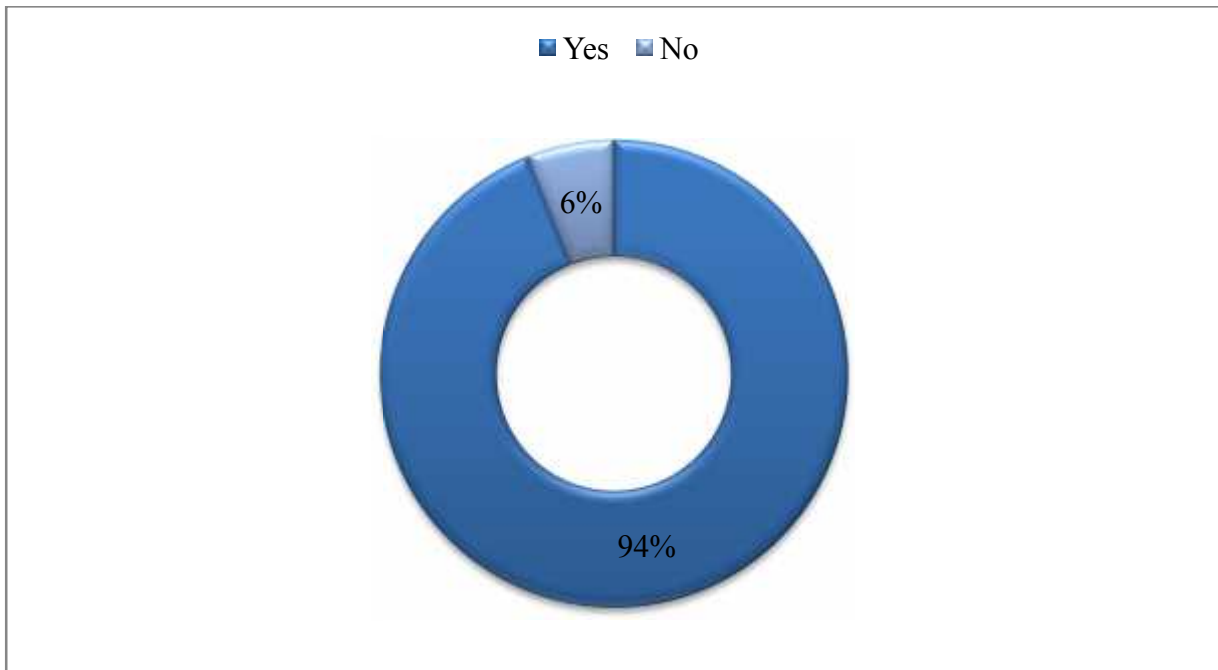
Causes of old age problems	Frequency	Percentage
Illiteracy	31	62
Rapid urbanization	05	10
Absence of intimacy	10	20
Changed social structure	04	08
Total	50	100

Source: Field Survey-2015

5.5.7. Importance of the Older Peoples Role in Society

When people become older, in some cases their value decrease and vice versa. In my study, I found that though my respondents were more than 60 and above but 94 percent of them are valued within their family by family members whereas, only 06 percent of the respondents, as devised in my study, are not respected by their family members.

Figure: Importance of the older peoples role in society



Source: Field Survey-2015

5.5.8. Quality of Time That Spent with the Respondents by his/her Family Members

Due to modernization and globalization, nuclear family has been introduced and the earnings members of family engaged with diverse activities that somehow influenced the amount of time being spent with family members. In my study, I found that 50 percent of the respondents spend small amount of time with their family members. The reason behind is not that the elderly do not have enough time rather the other members of the family do not have that. On the contrary, 42 percent of the total respondents spend enough time with the family members. Only a handful of the respondents, 08 percent of total respondents, do not get enough time to spend with their family members.

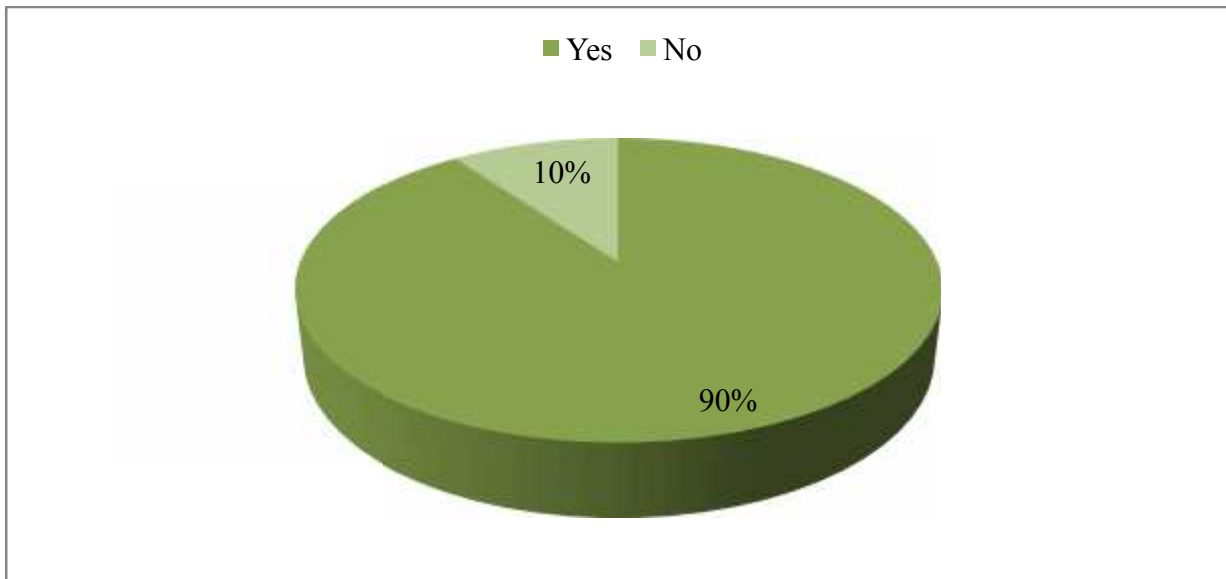
Figure: Quality of time that spent with the respondents by his/her family members

Amount of time spent with family	Frequency	Percentage
Small amount	25	50
Huge amount	21	42
Moderate	04	08
Total	50	100

Source: Field Survey-2015

5.5.9. Participation in Societal Ceremonies/Functions by Respondents

In older age, one of the prime responsibilities is to participate in different social festivals. In my study, I searched and found that 90 percent of the respondents participate in different social festivals and delegate from the family. On the contrary, 10 percent of the respondents do not go for participating in festivals.

Figure: Participation in societal ceremonies/functions by respondents

Source: Field Survey-2015

5.5.10. Nature of Societal/Family Ceremonies Participated by the Respondents

I tried to know the nature of festivals participated by the respondents. In my study, I found that 56 percent of the respondents participate in religious festivals like Milad, Muharram or Puja etc. On the other hand, 52 percent of the respondents participate in marriage ceremony organized by relatives or neighbors and delegate their families. Additionally, 04 percent of the respondents participate in birthday party of the juniors arranged occasionally by relatives. Other 14 percent of respondents gave different opinion, like some of them never participated or do not participate in festivals organized by relatives or neighbor. Some of them stated that they participate in all types of festivities whether it may marriage or birthday party or religious festivities.

Figure: Nature of societal/family ceremonies participated by the respondents

Nature of Ceremonies	Frequency	Percentage
Marriage	26	52
Birthday party	02	04
Religious festivals	28	56
Others	07	14

Source: Field Survey-2015

5.6. Ways and Means of Solving Older People Problems

5.6.1. Information on the Participation of Government

I devised the perception of older people to alleviate the problems and miseries of the older people in old age. Most of the respondents chose the initial alleviation of their problems by increasing the old age allowance. 80 percent of the respondents recommend increasing the old age allowance to reduce the miseries of older people whereas, rest 20 percent of the respondents emphasized on imitating a new policy for the older people regarding their miseries and sufferings and statement of support from the government and the society.

Figure: Information on the participation of government

Recommended Opinions	Frequency	Percentage
Increase old age allowance	40	80
Initiate old age policy	10	20
Total	50	100

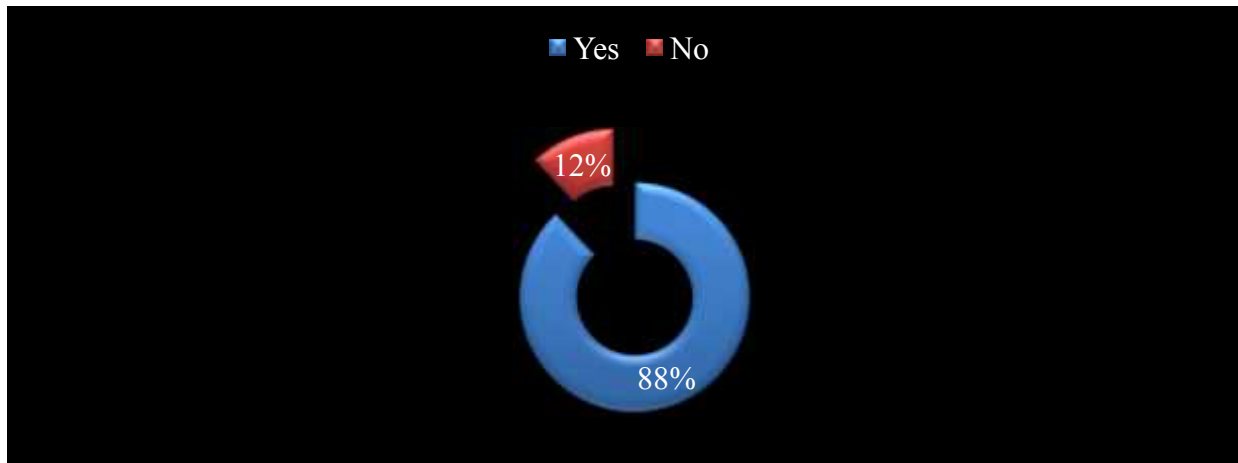
Source: Field Survey-2015

5.6.2. Necessity of Making an Artificial Environment where they can Recreate Themselves

I wanted to know the necessities of making an artificial environment where older people will gather and will spend time collaborate and enjoy the beauty of that environment. On this regard, I found that 88 percent of the respondents think that an artificial environment will be

a better opportunity for them if possible. On the contrary, the rest 12 percent of the respondents prefer to live in the existed environment and do not want to have an artificial environment.

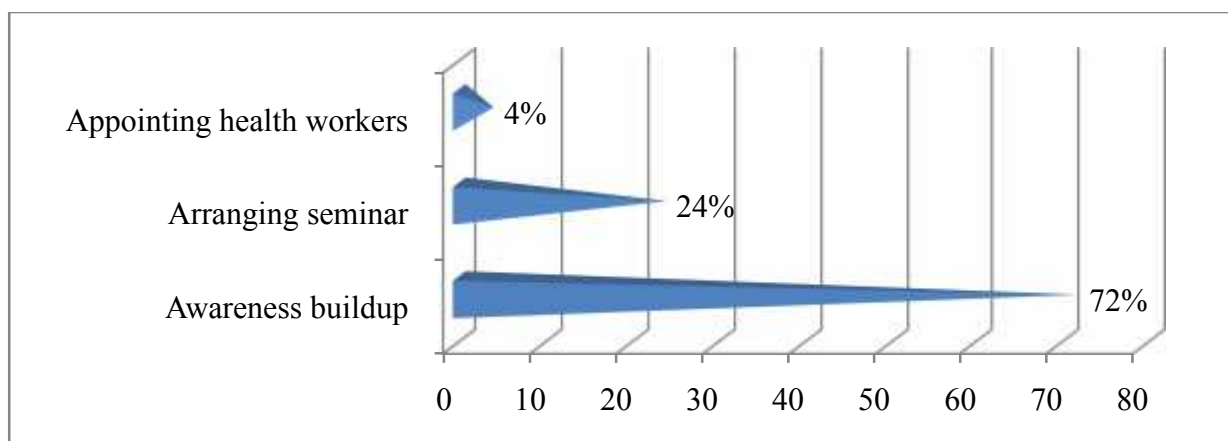
Figure: Necessity of making an artificial environment where they can recreate themselves



Source: Field Survey-2015

5.6.3. State Initiatives on the Welfare of the Older People

I wanted to know the perception of the older people regarding the initiatives should be taken by the state for them. Here, 72 percent of them believe that state should take initiative to buildup awareness among the masses regarding the problems and needs of the older people as if the mass people sympathize on them. On the other hand, 24 percent of the respondents prefer to arrange seminar by state on the needs and demands of elderly. Only 04 percent of the respondents demanded that the state should extra specialized health workers to serve the elderly.

Figure: State initiatives on the welfare of the older people

Source: Field Survey-2015

5.6.4. Encouraging Participation of Respondents in Ceremonies

In my study, I made queries to know where the older people should be encouraged to participate in programs. I found that 50 percent of the respondents emphasized that older people should be encouraged to participate in ceremonies organized in union level whereas, 20 percent of them believe that the encouragement should be in upazila level. On the contrary, 30 percent of the total respondents believe in this regard that they should encourage participating in the ceremonies organized in district level.

Figure: Encouraging participation of respondents in ceremonies

Encouraging participation	Frequency	Percentage
Upazila Level	10	20
Union Level	25	50
District Level	15	30
Total	50	100

Source: Field Survey-2015

5.6.5. Information on not to Criticize the opinion of Older People in front of others

Older people cannot hear their criticism in front of others. I revealed in my study that 82 percent of the respondents are not willing to hear their criticism in front of their son and daughters whereas only 04 percent of the respondents are not willing to hear their criticism in front of their grandson. On the contrary, as social environment is a big place and related to public, that is why 14 percent of the respondents are reluctant to hear their criticism in social environment.

Figure: Information on not to criticize the opinion of older People in front of others

Criticism of older	Frequency	Percentage
In front of son & daughter	41	82
In front of Grand son	02	04
In Social environment	07	14
Total	50	100

Source: Field Survey-2015

5.6.6. Information on Activities that Make the Respondents Fell Pain

The painful tasks that hurt them and should be avoided as listed and surveyed. I found that 60 percent of the respondents cannot tolerate their criticism whether it may in front of family members or outsiders. On the other hand, 22 percent of the respondents get hurt when they face physical problems or disabilities. The rest 18 percent of the respondents get pain only when they face the carelessness from the near and dear one.

Figure: Information on activities that make the respondents felt pain

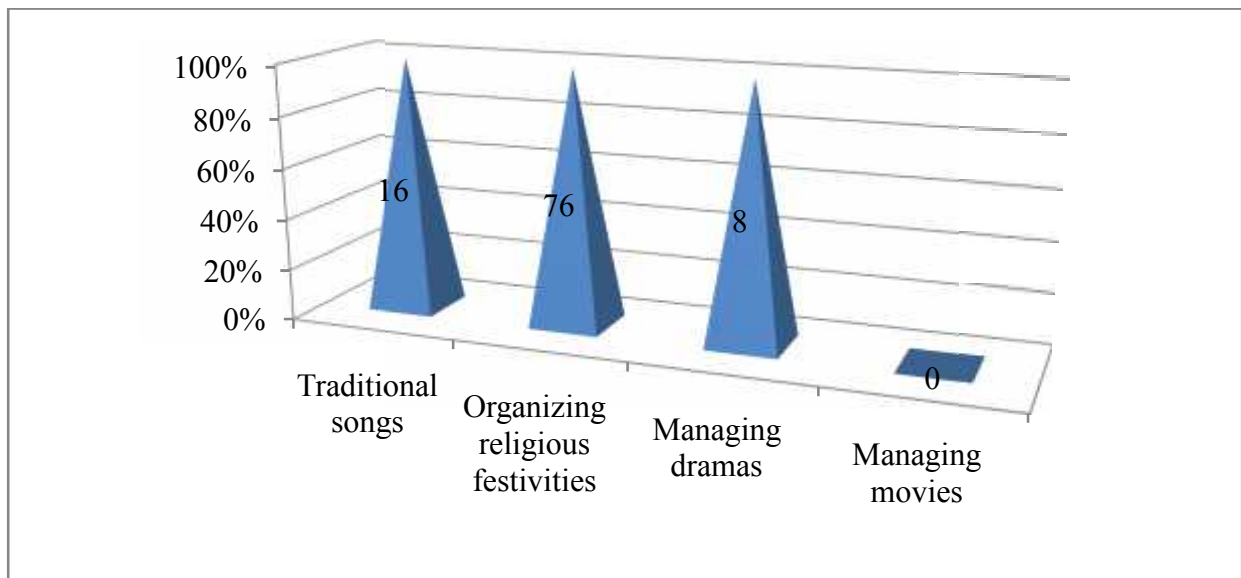
Painful Tasks	Frequency	Percentage
Do not criticize	30	60
Physical problem	11	22
Carelessness	09	18
Total	50	100

Source: Field Survey-2015

5.6.7. Information on Arranging Cultural Festivities

Older people have a personal choice in terms of cultural festivities. Some of them prefer to hear traditional songs where other prefers to watch movies or participating in religious festivities. In my study I found that 76 percent of the respondents prefer to organize cultural festivities within their society or family. Additionally, 18 percent of the respondents like to hear traditional songs in time of loneliness to recreate them. On one would like watch movies whether it may Hollywood or Bollywood or traditional in nature. 08 percent of the respondents like to watch dramas in time of loneliness to pass their time.

Figure: Information on arranging cultural festivities



Source: Field Survey-2015

5.6.8. Monthly Programs that Should be Inaugurate for the Sake of Older People

Which one, if organized, will be preferred by the respondents also revised in my study to celebrate throughout the whole year like the national old age day. I found that 88 percent of the respondents prefer to arrange and participate in monthly meeting whereas the rest 12 percent of the respondents prefer to arrange yearly seminar on old age issues. No one argued for symposium to organize.

Figure: Monthly programs that should be inaugurate for the sake of older people

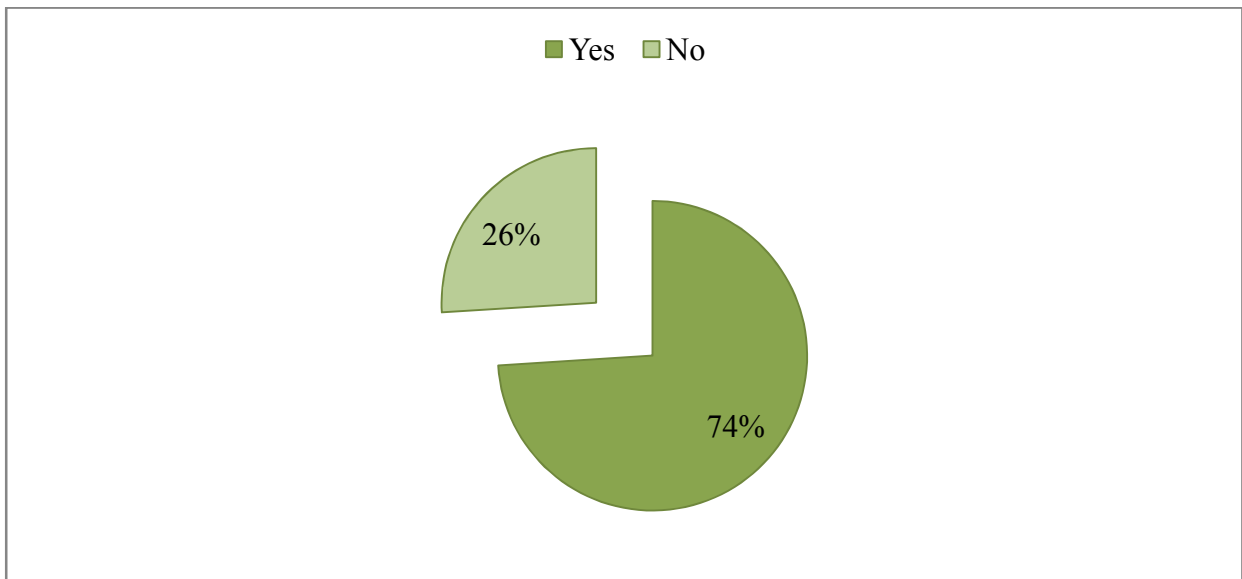
Monthly festivities	Frequency	Percentage
Monthly meeting	44	88
Seminar	06	12
Symposium	00	00
Total	50	100

Source: Field Survey-2015

5.6.9. Opinion on not Considering them as Burden by Family and Society

In my study I found that 74 percent of the respondents gave their consents in favor of not to consider them as burden. On other hand 26 percent of the respondents disagreed not to consider them as burden. They think that really they are buden for their family as they cannot support their family at this moment and that is why they should be considered as burden.

Figure: Opinion on not considering them as burden by family and society



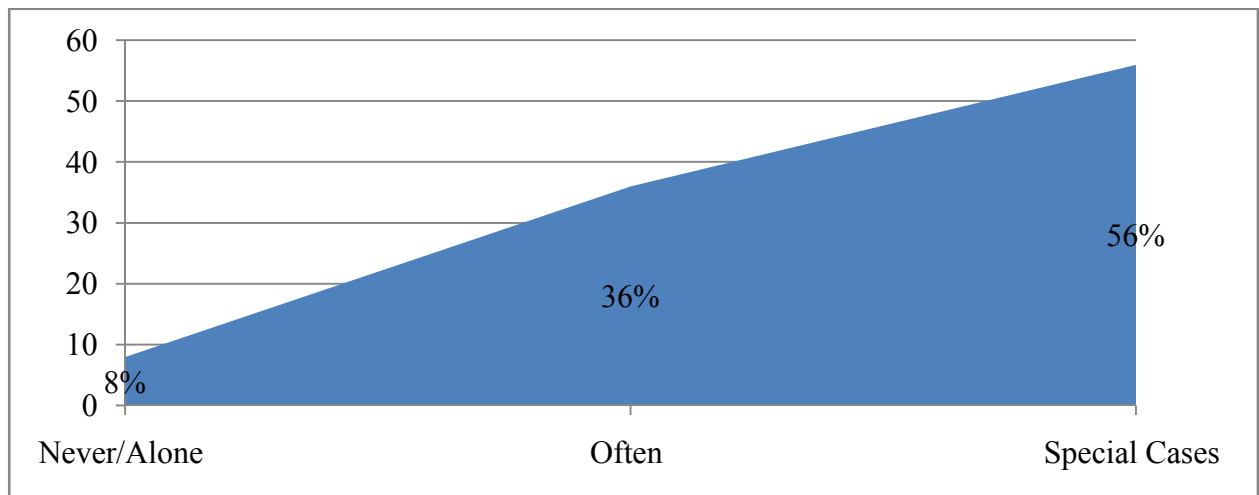
Source: Field Survey-2015

5.6.10. Seeking Support from others in terms of Completing Their Personal Tasks

I wanted to from the older persons whether they need to help or not in accomplishing their daily tasks. In doing so, I found that 36 percent of the respondents totally dependent on other

in accomplishing their daily tasks to complete. On the other hand 56 percent of the respondents require the help and support of others in special cases of their work. Only 08 percent of the respondents stated that they never seek the support of others in completing their daily tasks.

Figure: Seeking support from others in terms of completing their personal tasks

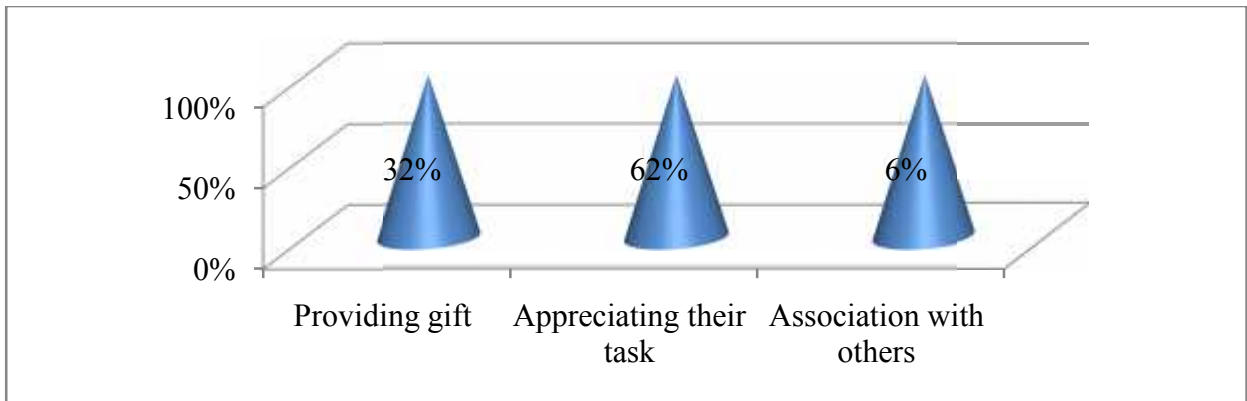


Source: Field Survey-2015

5.6.11. Motivation that Works and Inspire them to Proceed

Sometime the motivations that work in terms of other person make them happy and help to be confident. I investigated into the motivation that works the older people. I found that 62 percent of the respondents agreed that they are motivated when they are appreciated by others in terms of their work. On the contrary, 32 percent of the respondents get motivated when they get gifts from others like family members or members of society or from neighbor. Only 06 percent of the respondents get motivation when they associate with new faces and can talk with them freely.

Figure: Motivations that work and inspire the elderly



Source: Field Survey-2015

5.6.12. Nature of Food that should be Served to Older People

With the increasing age of older people, variations come into light to the food type of older people. In found in my study that 68 percent of the respondents prefer to have digestful food to eat. They can eat whatever they like and that is why they require digestful food. On the same way, 24 percent of the respondents prefer soft food to eat as they cannot eat solid food. On the contrary, 08 percent of the respondents prefer not to serve them spices food as it hamper their health and affect in a negative way.

Figure: Nature of food that should be served to older people

Food Type	Frequency	Percentage
Soft Food	12	24
Digestful food	34	68
Not serving spices food	04	08
Total	50	100

Source: Field Survey-2015

5.6.13. Information on Meetings with Relatives by the Respondents

Older people get enough time to spend with their relatives and to meet with them. With that curiosity, I discovered the time of association of older people with their relatives. I found that the highest percent of the respondents, 70 percent as found in my survey, meet with their relatives two times per day while 18 percent of the respondents meet one time with their relatives in a day. Badly I found in my study that 10 percent of the respondents do not have the scope of meeting with their relatives daily. On the contrary, 02 percent of the respondents gets the opportunity to meet with their relatives more than two times per day.

Figure: Information on meetings with relatives by the respondents

Association with relatives	Frequency	Percentage
No Scope	05	10
Only once a day	09	18
Two times a day	35	70
More than two times	01	02
Total	50	100

Source: Field Survey-2015

5.6.14. Need for Changing Attitude towards the Elderly People

I wanted to know that what should be the attitude of the mass people towards them and what should be changed in terms of attitude of mass people. In doing so, I found that 70 percent of the total respondents think that they should not be considered as burden by societal people or family members. People think generally the elderly as burden and that attitude should be changed. Some people consider them as non-useful person and that is why 24 percent of the respondents think that this attitude should also be changed. A few members of the society think older people as inactive member in all respect and 06 percent of the respondents think that the attitude of the mass toward them as inactive should be changed. No one considered that matter of experience.

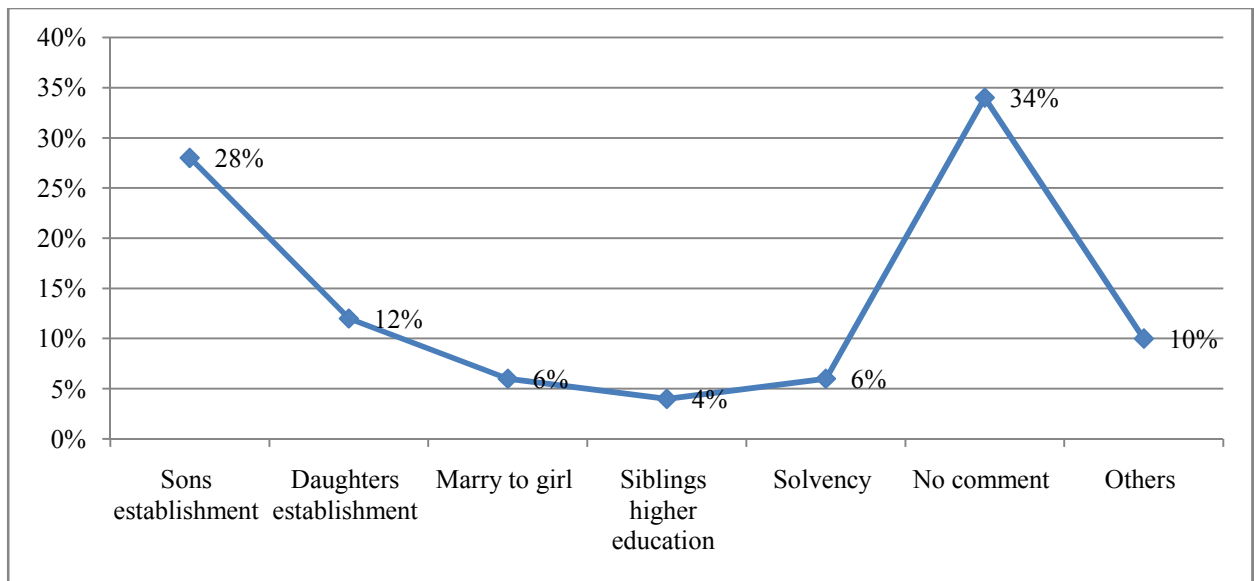
Figure: Need for changing attitude towards the elderly people

Attitude toward them	Frequency	Percentage
Not as burden	35	70
Not as useful	12	24
Not inactive	03	06
Not experienced	00	00
Total	50	100

Source: Field Survey-2015

5.6.14. Achievements/Works that Make the Respondents Happier

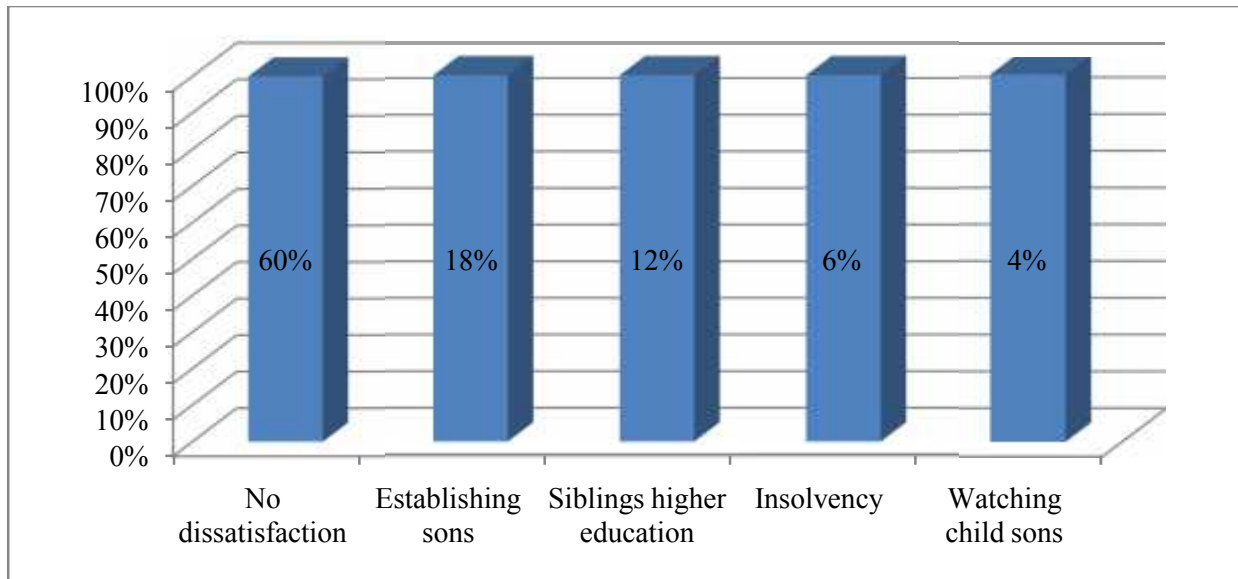
Every people have some stories in his life that make them happy or unhappy. I wanted to disclose the issue that made happier of my respondents. I found that 28 percent of the respondents feel happy on for the establishment of their son. By establishing their son in earth, they feel happier than any other issues of their life. The highest percentage of the respondents did not talk on this issue and they avoided this part simply stating that I do not have any comment. Additionally, 04 percent of the respondents feel happy as they got the opportunity to educate their children and to reach them in a good position. Some of the respondents were not afraid of the establishment of their sons establish but for their daughter. That is why I found that 12 percent of the respondents feel happier as they became able to establish their daughter. Furthermore, 06 percent of the respondents feel happy as they got solvency from economically miserable situation from starting to the end of their life. Some of the respondents gave different opinions that made them happy like seeing sons sons or daughter same as for daughters, or there is nothing in them of happiness!

Figure: Achievements/Works that make the respondents happier

Source: Field Survey-2015

5.6.15. Stories/Failures that Make the Respondents Unhappy/Desperate

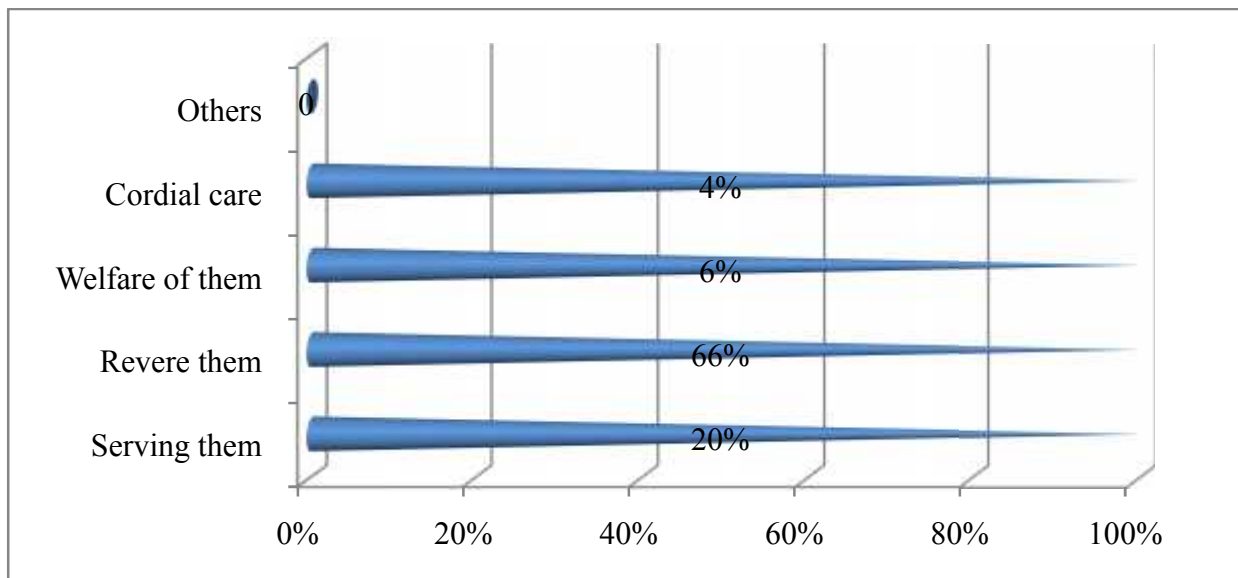
Stories that the respondents wanted to achieve but failed and that make him desperate also tried to reveal in my study. In my study, I found that 60 percent of the respondents got whatever they wanted and that is why they do not have any frustration in their life. Additionally, 18 percent of the respondents stated that they wanted their sons' establishment but failed and that is why they are unhappy till their old age. Furthermore, 12 percent of the respondents failed to give higher education to their siblings but failed. That is why they feel unhappy and this frustration makes them sad. In the same way, 04 percent of the respondents wanted to see the face of their siblings' sons and daughter but this dream is not fulfilling, that make them unhappy. On the contrary, 06 percent of the respondents wanted to get solvency in their life but they failed in spite of struggling hard and that make them unhappy.

Figure: Stories/Failures that make the respondents unhappy/desperate

Source: Field Survey-2015

5.6.16. Initiatives that should be Taken by the Society and Family for their Welfare

I wanted to hear from the older people regarding initiatives that should be taken by family and society for their welfare. The matter of astonishing that the highest percentage of the respondents do not want any initiative rather just they want revere and respects from the societal and family members whereas, the lowest percent of the respondents want to get cordial care from family and societal members, the figures are 66 percent and 04 percent respectively. On the other hand, 20 percent of the respondents want to getting served them by societal and family members. In the same way, 06 percent of the respondents stated to take welfare initiatives for their welfare by the members of the family and society.

Figure: Initiatives that should be taken by the society and family for their welfare

Source: Field Survey-2015

5.6.17. Recommendations of Respondents in regard to Solving of Problems of Older People

Lots of problems have been identified related to elderly in my study and I wanted to know from the older people the recommendations how these problems may be solved. In this regard, I found some recommendations like establishing old age shelter, creating suitable workplace, establishing pastime sparing association or increasing old age allowance. I found in my findings that 58 percent of the respondents recommended establishing new old age shelter to alleviate the problems of the older people. In the same way, 12 percent of the respondents recommended to educate morally to the new generation as they become more empathetic to the elderly people and come forward to solve the problems of elderly same as recommended to extend the old age allowance for older people. Other 10 percent of the respondents think that the older people do not have any income source and that is why they are considered as burden for the society and family. To change this attitude toward them and to make them solvent, establishment of suitable workplace is mandatory. The lowest but not deniable percentage of the respondents, 06 percent in according to my findings,

recommended to create separate pastime association where older people can go easily, meet with one another and can spare their time jointly in jolly mood.

Figure: Recommendations of respondents in regard to solving of problems of older people

Recommendations	Frequency	Percentage
Old age shelter	29	58
Suitable workplace	05	10
Moral education	06	12
Old age allowance	06	12
Establish pastime association	03	06
Separate health care	00	00
Total	50	100

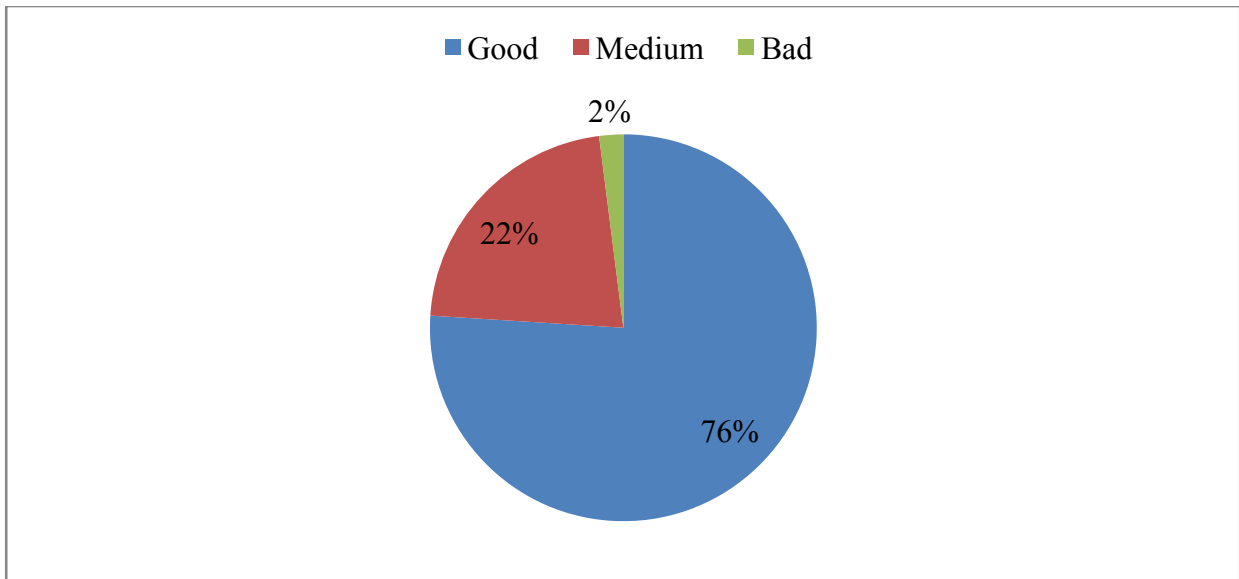
Source: Field Survey-2015

5.7. (Observational Findings)

5.7.1. Residential Conditions of the Respondents

In time of collecting data, I observed the housing conditions and found that the residential situation of 76 percent of respondents were good whereas, 22 percents respondents house were in medium situation. The rest of the respondent's houses conditions were very bad and uncomfortable.

Figure: Residential conditions of the respondents

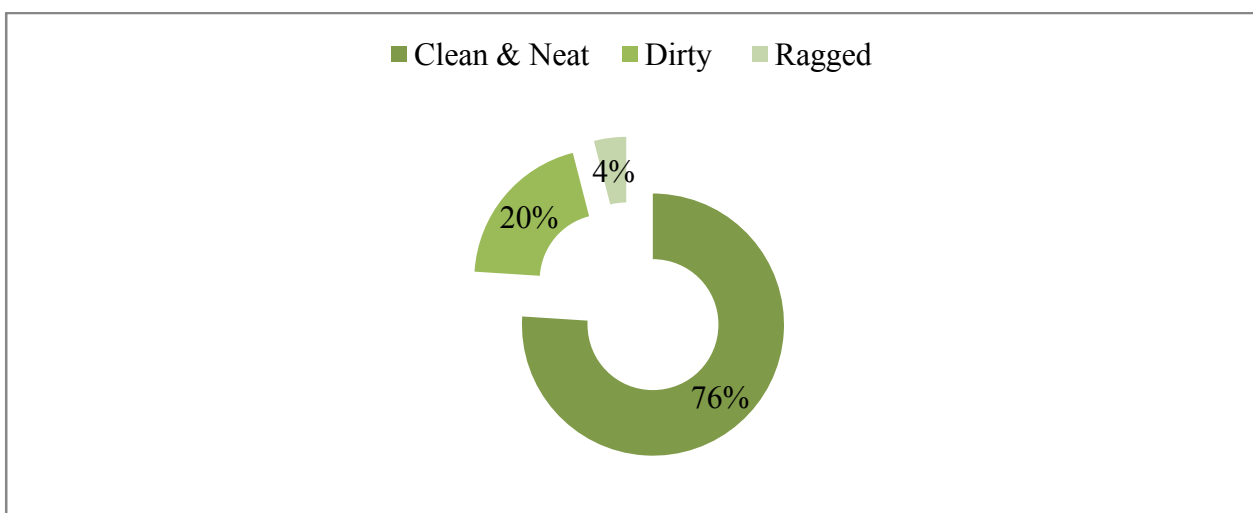


Source: Field Survey-2015

5.7.2. Clothing of the Respondents

I collected data about the dress pattern of respondents through my observations. I found that the dress pattern of 76 percent respondents were neat and clean whereas, 20 percent of respondents dress pattern were dirty. Additionally, 04 percent respondent's dresses were ragged.

Figure: Clothing of the respondents

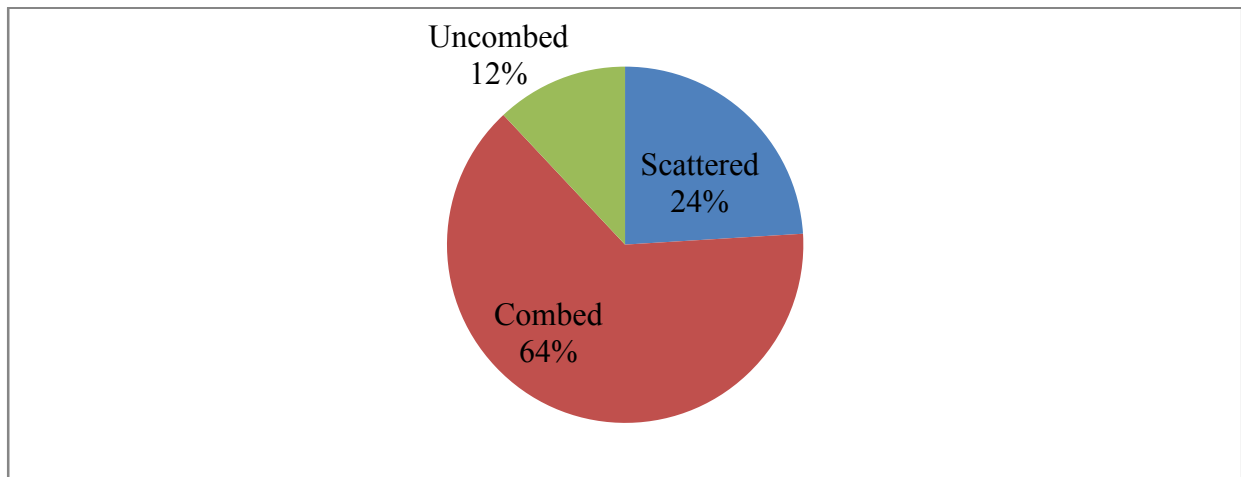


Source: Field Survey-2015

5.7.3. Hair Condition of the Respondents

I also observed the hairstyle of the respondents' in time of collecting data. I found that the highest percent of the respondent's hair were combed whereas, the lowest percentages of the respondents' hair were uncombed, the figures were 64 percent and 12 percent successively. The rest 24 percent of the respondents' hair were scattered.

Figure: Hair condition of the respondents

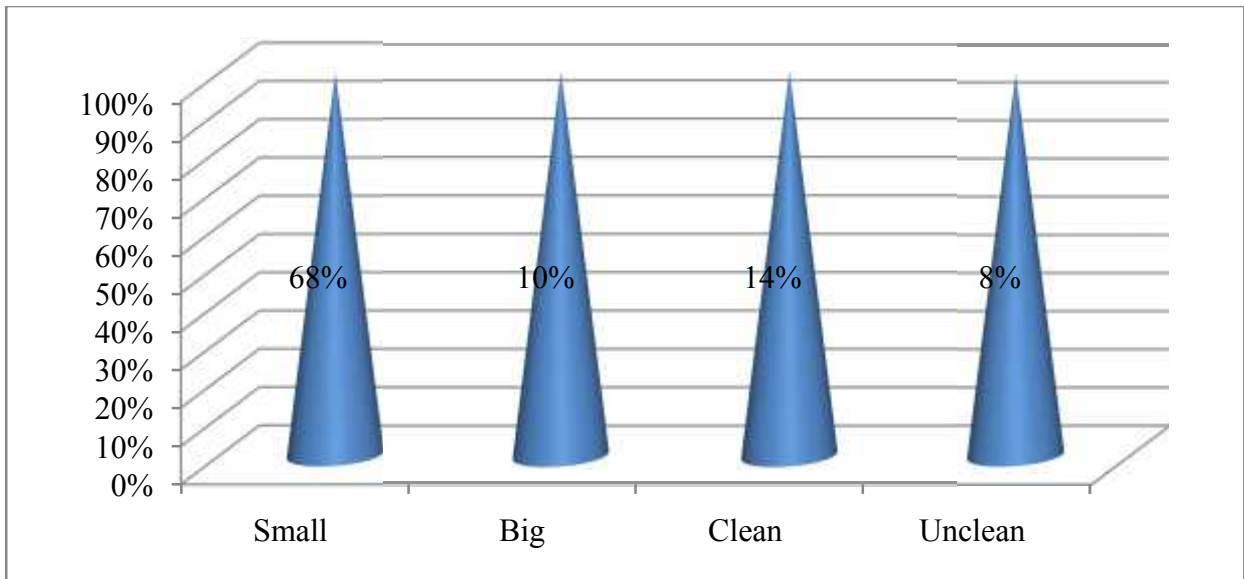


Source: Field Survey-2015

5.7.4. Nail Conditions of the Respondents

The size of nail is another symbol to understand whether the family members care for of elderly or not. In my observation, I found that the highest percentage of the respondents nail were small whereas, the lowest percentage of the respondents nail were unclean, the figures were 68 percent and 08 percent. Other 14 percents of the respondents nail were neat and clean. Only 10 percent of the respondents' nails were big.

Figure: Nail conditions of the respondents

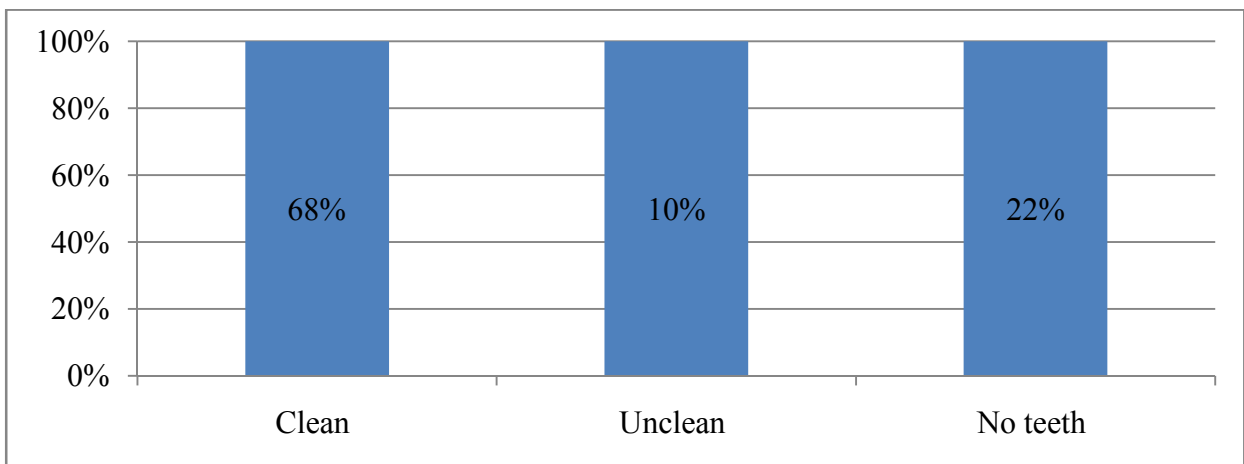


Source: Field Survey-2015

5.7.5. Teeth Conditions of the Respondents

I also observed their teeth whether it was clean or unclean. I found that 68 percent of the respondents' teeth were clean whereas 10 percent of the respondents' teeth were unclean. The rest 22 percent of the respondents have no teeth as found in my study.

Figure: Teeth conditions of the respondents

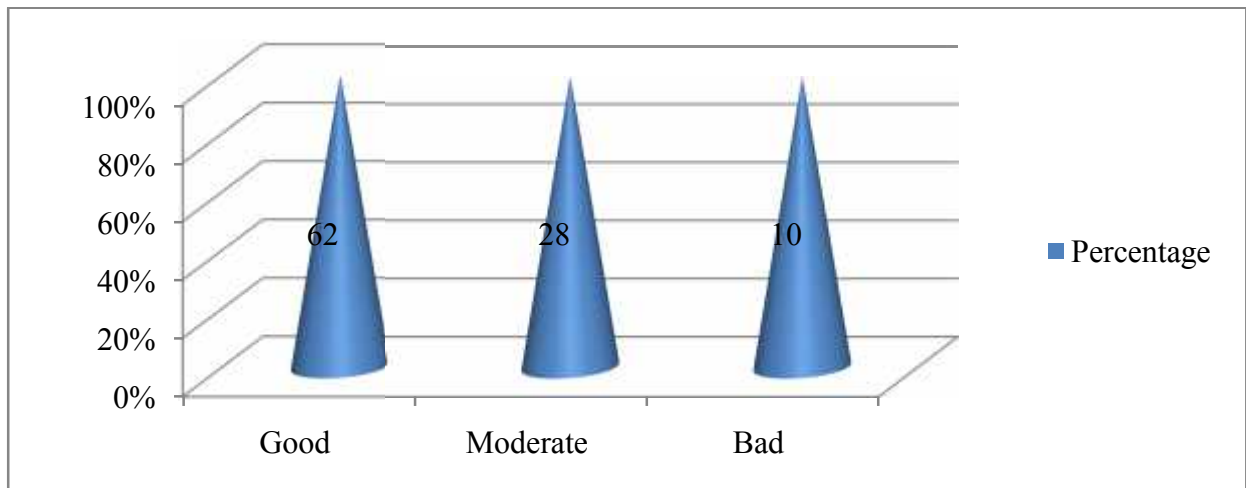


Source: Field Survey-2015

5.7.6. Physical Cleanliness of the Respondents

I also observed the physical appearance of respondents. I observed that the highest percentage of the respondents physical appearance were good whereas, 10 percent of the respondents physical conditions were bad, the figures are 62 percent 10 percent respectively. The remaining 28 percent of the respondents physical conditions were moderate in level.

Figure: Physical cleanliness of the respondents



Source: Field Survey-2015

Chapter Six

Case Studies

Chapter Six

A Study on the Problems of the Older People

Presentation of Case Studies

Introduction

A number of selected cases of both younger and elderly respondents' interview are interpreted and analyzed as follows where the major focuses are given on the problems of the older persons mainly they face in the wake of their lives, their perceptions about old life, their recommendation on how to solve the problems of older people. I also tried to depict their natural life and miseries and hardships they face in their everyday life. Some selected case studies described as follows.

Case Study-01

Just a five minute away from Korotia Hat, and beside the river a man lives in a tinshed building. At the age of 90s he lost his one eye and also bent down as new moon. Although he was a day laborer and worked in the lands of holders, now he is physically unable to do any job.

Abdul Kader Pramanik is this one eyed day laborer. Although his grandfather was a powerful person and performed local Salish, only for ignorance and illiteracy he had become a day laborer and poverty, physical illness and economic insolvency makes him more vulnerable than the age itself.

After the seven decades of conjugal life they are separate, although they married when he was 20 and his wife was only 13 at that time. As like as usual man he had a wife and two sons. But by the verse of fate two sons are separate from each other, and now consequently he has to live with his elder son and his wife lives with younger one, because two sons are in conflict with each other.

In his two sons family the only income source is small business of his elder son (60) although he (elder son) has 4 members in his family. His income is about 5000 to 6000 taka per month.

Abdul Kader, at this stage passes most of his time as leisure and this gives him a pleasure less pain without his lovely wife. Although he takes three times a day but for lack of money his daily food intake and nutrition level is not fulfilling.

When expressing grievance he told that nobody wants to hear his worse as he is an old man. As senior and aged person in the family he does not get anything especial from the family members. Now he thinks that he a burden to his family and an object of negligence. Consequently, when he was asked whether when he was a victim of physical or mental torture, he kept silence. Although he was silence about the dignity of performances and his likeness, but he burst into tears when he told that the relationship with family members are worse.

Three years ago when his wife was with him he felt some sorts of pleasure. His wife can make new nakshi Kantha. As result some economic support was available. Nobody understands him, and the absence of his wife made the condition worse. Economic insolvency makes the health facilities unavailable and as a result he has to consult with a local Kobiraz or Hekim.

Abdul Kader Pramanik is religious man but he is not regular in his prayers for old age. Now he is suffering from heart diseases, malnutrition's, and suffering from acute pain in teeth. Socially he segregated and nobody wants to help him although he doesn't beg anything to people.

He is physically and mentally fit but his only income source is from rent of one room of his house. He has no addiction to cigarette, biris but he prefers to eat betel leaf. Poverty made him more ill socially than the physical conditions.

His son is the head of family and he has friendly relationship with his neighbors. He is separated and obeyed when any decision is made. Adbul Kader expects to the government that they will provide a specialized and separate treatment system for the aged persons. He thinks that lack of education creates the problems of ageing and he does not see any role of aged people in the society.

Presently he passes most of time with family members and this is not enough quality. He only participates in religious festivals. When Abdul Kader was asked about the possible ways of relieving from the challenges of aged people he told that government should increase the old age allowance and creates awareness among the people. He hopes that the aged people can

participate in district level functions and the family members will not criticize on the opinion of older. He loves to watch classic dramas and claims that monthly seminars can be arranged for the old aged in the villages.

His thinking is that older people are not burden and they like to get encouragement and they want to get help in their preferable activities, need digestible food and they should meet once with their neighbors' every day.

He informed that in his whole life he did not gather any knowledge about old age. He dreamt not to die during healthy and not victim of disparity. When he was interviewed, his habitual was comparatively better, dress was not clean. Although his body was not clean, his teeth were fresh. Abdul Kader Pramik suggested to reduce the problem of aged people by proper employment opportunities can be initiated and care to be given to the best possible ways.

Case Study-02

Rumi Khondokar, 63 years of old women and a widower. She lost her husband 6 years ago, who was a government employee. She is a Muslim woman and personally educated at secondary level. At present there are three members in her family and her daughters take care of her and her only son is studying and he is unemployed.

Her daughter is the only one working member and works in local NGO and earns 12000 taka per month. She lives in a building and it is her assets. Personally she gets support from the pension money that was left by her husband. Her daughter Rubina has not married yet and she is trying to get married to her only daughter.

Though most of the time of her leisure spends within religious environment, she spends some of her time with the neighbors' children by telling stories and advising them.

The daily life of Rumi Khandokar is very simple as age prefers simplicity. She has not enough demand for foods and she eats less. Although she was married at the early age, she has only two children. When she was 17 years old her husband was 32 and her husband died at the age 72, as a result their conjugal life lasts for 40 years. She gets all of her necessary dresses, foods and medicine from her daughter and she believes that she never had to victim of disparities but she was silent when she was asked about herself is she a burden of her family or not.

She never felt any physical or mental problems from her son and daughter. She informs that the relationship between herself and her daughter and son is very good. She is given priority in the decision making process. She also informs that she feels physical illness and problems. Health facilities are available for her daughter and she generally did not go to doctor for her laziness.

As she is middle class women she prefers to get medical treatment from private clinic although she believes that government should provide free medical treatment to the older aged people. She told that she performs her prayer regularly and she attends five time salad everyday and she recites holy Quran and other religious books as an entertainment and pleasant work.

At present she is suffering from various illnesses such as high blood pressure, and hypertension. Now she is dependent on her children fully although she gets pension money. But she is physically fit. She has no bad habit except taking betel leaf.

Although she is living in a single family she is socially challenged. She is good woman. She behaves with her neighbors well and the relationship is good. She has an active participation in decision making process. She thinks that the government should provide free medical facilities to the older person and there is less awareness and lack of education in this regard. She spends most of her time with the family members and participates in many social ceremonies like marriage ceremonies, Eid-ul-fitr etc.

She hopes that government will provide more old age allowance and create positive environment for them and the role of aged should not be criticized in the social level, also there is a necessity to make active participation in the functions at union level and whether it is the duty of the state to create awareness about the older aged people.

As a part of cultural activity there should be a scope for hearing cultural and classic songs for the aged who can hear. She also believes that monthly get together can be arranged for them. She argued that older people are not the burden for the family and society and she also suggests that these people are to be encouraged and suggested in those chores which they prefers.

She prefers foods which can be easily digested and she meet with the neighbors two times a day. She believes that older people are not burden rather they are assets. She felt from her life

empowerment of women are necessary. She has grieved that her son is unemployed and does not do any job.

Her suggestion for reducing the problems of aged people is to establish more and more old home and provide services as the family members. When she was interviewed her dress was clean, hair was combed, nail was short and smooth, her house was good and her teeth were clear. Physically she was enough healthier.

Case Study-03

Md. Solaiman Miah is a freedom fighter. He lives at the village of Karatia in Tangail district. Now he is 65 years old. He is a Muslim. He completed his graduation and worked as government employee. He got married at the age of 25 but now he is retired person.

Mr. Solaiman Miah lives in a nuclear family. He has 3 daughters and all of the got married and only one son is unmarried. They are searching girl for his son to marry him. He has also four grand children. His sons completed his study from engineering university and now engaged in job of a large company. He has two storied building in Karotia bazaar. With cash money, he has also arable land. He does not face any economic crisis but he has some physical problems like diabetics, and thin health problems. When becomes ill he is face a lot of problems. Family members also come forward in accordance with their ability and give him respect and honor properly.

Mr. Solaiman Miah believes that poverty change of social values and industrialization is the core agent of changes in the family structure. He appreciated that older person is the big assets for society. They are not inexpert eventually they are expert in every sector. Now he is ill person. He is facing various problems of health.

Today the daily goods prices are increasing day by day but he does not have any economic crisis. That is why they can buy the daily necessary goods required by them. He is suffering from weakness and old problems as like as diabetics, lack of sleepiness.

Being aged right and his listening power is good. He has the habit of smoking. It affects his health very much. Now he is thin man. His physical condition is going bad day by day. At the

time of illness, he usually takes treatment from the nongovernment hospitals. The family members always carry out him. His family sources of incomes are pensions and house rents.

Mr. Solaiman Miah performs his religious activities as possible as health conditions. He take place when accept any decision in family. He spends many times with his family members. He suggested that government participation and increasing old age allowance is essential for older person. He recommended creating awareness about problem of the older persons. So always good behave with them. Nobody takes them as burden, do not thread them and always face them softly.

He has a good relation with neighbors. He meets with neighbors daily two times. He feels very good for giving higher education to his sibling as with good job. He does not have any demands to anyone. Mr. Solaiman Miah recommended establishing old age shelter in every district, to gibe respect to older person.

He opines that older person want respect and new generation should give them honor with respect. Government and state should paly some in resolving the problems of the older persons. If the government plays their role effectively, older people will get their assistance properly.

Mr. Solaiman Miah opines that specialized medical assistance should be provided for the elderly. He did not receive any old age allowance from government. As an elderly, they need more health support from family. They want to work as an elderly that they able to do.

Case Study-04

Hena, a 60 years of old widow lives near Korotia Jamindarbari Masjid. She is a muslim women who lost her husband last year. She is housewife and she can just sing her name. Her husband was day laborer. And she has two children, one son and another one is daughter. Both of them are married. Her daughter has a son and son has a daughter. But for the failure of luck she lives with her daughter in daughters' father in laws house. Three month ago, her son in law also died, so her daughter is also a widow.

At present she cannot live with her son because sons wife driven her to live with her daughter. Besides her daughter also lives alone and hence decided to live with her daughter. Her daughter husks paddy and sells rice in the market as husking rice sells good. It is a small business and she earns 3000 taka per month.

Now Hena lives in a tinshed building and she has nothing names as wealth. She passes most of her leisure time in the religious environment. When she was married with her husband she was 17 years old and husband was 25 years. Both of them passes 43 years of conjugal life.

As she was widow as well as aged, most of the people blame her as old man and her widow daughter cannot provide her old mother with special facilities. When she was interviewed she worn a dusty dress and her dress was not clean. She also informed that she did not get enough cloth for winter season.

She takes poor meals in three times in a day. This old women thinks that she suffers from discrimination and consider her as burden for her family. She physically and mentally tortured many times by her son and his wife. On the other hand the relationship between herself and her family members are not so bad. The family members do not give priority and dignity in her preferences. Whenever she was asked about the nature of old age or ageing problems, she informed that she has physical and mental problems. She cannot go for consultation for the lack of money and economic problems and she only consult with hakim or Kabiraz.

She is not regular in religious practice, she only attends in Milads. At present she is suffering from gastrological problems. Her auditory and visual problems have lessened over the times. Now her only income source is old age allowance. She generally likes to eat fresh foods but

she has no addiction for anything like betel leaf or biri or cigarette. In her three members family poverty is the number one problem.

Although she is physically and economically insolvent, she is very much adaptive and well behaved with her neighbors. She has no power in decision making within her family.

She hopes to the government that poor and distressed older people will get monthly allowance. She mentioned that in the population problem absence of intimate relationship is mainly responsible. She motions that older people has a positive role in the festivals.

She was asked about the possible ways in reducing the problems of older people, she replied that government should increase the old age allowance and create workforce for the elderly people as if they might be self sufficient and making people more aware about the old age.

She demanded that family members will not criticize them when they give decision and monthly seminar should be arranged in the union level and government should take initiatives to improve the physical conditions that will save them from the painful situation. She hopes that older people will not been seen as burden for family and they can be pleased to arrange possible measures for old classic songs. Aged people are too helped in their preferable works.

Hena, generally cannot communicate with her neighbors because she does not hear well. She suggests that older people are to be provided soft foods and they should not be imagined as burden rather they are assets. At the end of life, she cannot evaluate her life and she thinks nothing to learn from her life. She wanted happiness in her daughter's life but failed.

Her recommendations to reduce the problems of ageing are- to increase old age allowance, a cordial behavior in taking care of older persons in all family. When she was interviewed her household was poor, dresses were shabby and hair was dusty. Her nail was short but teeth were not clean, body was dusty.

Case Study-05

Nur Banu, 72 years old, wife of late Abdul Kader Pramanik, lives at Karatia in Tangail district. She is Muslim. She can write down her name. She became widow 14 years ago when her husband died. Her husband was a day laborer. Nur Banu had six children. But now she has three alive children. After giving birth, her 3 children died. She was talk less. Now she is okay. But her mental pain is not finish yet. Without any source of income, she was not able to educate her daughters. Her elder daughter took the responsibility of bearing the educational expenses of her elder son.

Nur Banu used to work as a maid servant in another home to bear the expenses of the household. Her elder daughter Sabura Khatun is 50 years old whereas, second daughter is 45 years. In the same way, her elder son is now 40 years. He is businessman but not success in business. He always borrows money from other persons. His family depends on hand to mouth. When her son got married, he did not look after her mother properly. Nur Banu worked her whole life as maid servent in others home. But she is unable physically to do that work. Her daughters are very poor. So they are unable to bear her expenses. She always faces the problems of clothing's, medication and other necessities. She receives Zakat for poverty. She has no special care for her family.

Nur Banu is a burden for her family. She receives old age allowance form government. She said that the government is giving Vata to many old persons. But she doesn't get it properly. Because of her physical disability, she cannot go to union parishads. If the government recruits employees to reach the allowance to home they will be benefitted more.

Her second daughter receives the allowance in the name of her and she takes care of her mother. She is not able to cook foods three times properly and that is why she often visits the house of her younger daughter to receive meals. He son's wife has to go the father's house as he is paralyzed. She has wanted of food appetite. Her physical conditions were not good. Moving from one place to another is very tough for her as her physical conditions goes worsen day by day.

Nur Banu has only the land of her house and she does not have any other property or agricultural property. She has mental and physical problems. Nur Banu is feeling insecure and helpless psychologically. She has been suffering from loneliness, depression and confusion. She responds to natural call in her bed. Nur Banu said that she faces problems

such as, irritations, loneliness, and depression, and confusion, isolation due to her inability to get proper support due to her physical and psychological disabilities. Her elder daughter takes care of her if she is sick. But her daughter cannot afford to stay longer. Because her daughter has family and children, so she cannot support her mother properly.

Nur Banu feels back pain with disabilities physically. She feels very weak. Nur Banu pass her days with pain in her back and both knees and her eye sight and her hearing power decreasing day by day. Yet she is to consultant to government physicians late alone private physicians. Often she is depends on quack.

Nur Banu does not have solvency in her life. It is a great pain for her life. She is not happy. She has visited government hospitals for 1 to 2 times. But doctor told her that she needs to take rest. She also fells stomach pain and also has back pain. Nobody buys medicine for her. She is unable to afford the money for medicine. As she said, ‘if you grow old like me, you are like a baby. Your body will require more care. You have to take care more. You must keep yourself in rest and peace. You have to take good food. To keep your body well, you have to eat good foods like fruits. I am poor women and that is why I cannot eat all these anytime. So my body became sick. Now a day’s Nur Banu can’t cut her won nails because of her body imbalance and she faces difficulties in toilets setting because of her back pain.

When she asked about her suggestions, Nur Banu simply wants to have a place to talk with her and simply meals to eat. She says that to establish old age shelter, to enhance access to old age allowance. She has no expectation for her life, just pray to Allah- ‘take me away from this earth; this is not suitable place for her’. If she was able to work, she might not pray that. She added that she is unlucky as she has no value to anyone.

Case Study- 06

Teachers are the builder of nation and they in fact the guardian of civilization. Mrs. Monowra Khatun, is a 66 years old women who worked as teacher in a secondary high school and who lives at Karatia in Tangail sadar upazila under the district of Tangail. She studied up to graduation. There are two members in her family. The name of her husband is Khandkar Mahmud Hasan who works as teacher in same school with her wife. Now they are retired person and spend time by watching television or religious activities.

Mrs. Monowra Khatun has two daughters. They also got married with well educated husband. Mrs. Monowra Khatun got married at the age of 25. Her husband has 3 decimal lands. Mrs. Monowra Khatun and Khandkar Mahbub Hasan lives together. Her two daughters are engaged in job. She has no income now. Because they worked in non-government school of their locality and that is why they do not receive any sorts of pension or grants. He gets house rent money and led their life with that. They are in nuclear family. So she completely depended on her daughter's income. Gross monthly income of her family is almost 10000 taka. This amount of money is not sufficient to lead her life luxury. That is why some basic needs of them ramming unfulfilled.

At present she feels insecure and anxiety. She does not face any problems in getting clothing's. She gets special care from her family members. She gets the opportunity of in taking three times meals. She opines that problem of the older person is a social problem. Poverty is the one of prime causes of economic problem of elderly.

Mrs. Monowra Khatun informs that she is suffering from various physical problems. She suffers from physical weakness of body, hypertension, and diabetics. She receives treatment from non-government hospitals.

Now and then family members take her opinion in making decision in related to family issues. She gets invitations and participates in various local functions and ceremonies such as marriage ceremony, Akika, Milad, and so on.

Mrs. Monowra Khatun has good relation with her relative and neighbors. She performs all religious tasks regularly. She meets neighbors two times daily. Mrs. Monowra Khatun opines that new generation does not pay homage and respect to the decision of elderly people. They think that they are all in all but older who they are! It is not good. They are valuable asset of

our society. We cannot think about development without older person of our country. Older expects good behavior and enough care from the family members.

Government has good number of rules for older people problem recovery including free cost health services should be provided for all older persons, and to increase old age allowance. She also recommended that it is essential to inspire the new generation about the responsibility towards the older person. She is happy person. But she has physical problems with insecurity. She feels very happy to give higher education of their daughters. She has no want in her life. When I get her interview, she looks good, teeth are clean, hair was combed, and nail was short and clean. Finally physically she looks good.

Case Study- 07

Laila Bilkish a Muslim housewife and a member of governing body of English Medium School. At the age of 65, she is now a widow. She is an educated women and S.S.C. level education. Having two sons and both sons are educated and has their families. They love their mother and cares very effectively. Except some difficulties she is overall a happy woman. Her two sons are well established and older one is highly educated and works as an English spokesman in police training centre in US and younger one works in US embassy. Both of them are highly educated. Elder son established as English medium school and Mrs. Bilkish is the chairman of that school. Laila Bilkis family earns 150,000 taka. She lives in two steroids' buildings with her granddaughter and grandson. She has both residential and agricultural land.

Laila Bilkis was married at the age of 17 with a 25 years old man. Her husband was died at the age of 60s. But within these 23 years she educated her sons and now she is enjoying her life. She enjoys most of her time in religious environment but sometimes she hears radio and watch television. She informed that she never feel any discrimination for age and gets all types of facilities from the family members as a senior person.

But she shamefully told that it is not easy for her to clean the cloths. She takes three times food daily and never pretends herself as burden for the family members. Happiness is a mixed environment; all the facilities cannot protect her from physical and mental torture.

She maintains a warm relationship with her family members and family gives priority in the words. She also believes that ageing problem is not a personal or physical problem rather it is social. She informs that she has enough treatment facilities but she is not taking it personally. Generally she prefers to go private clinic for treatment. She is moderately religious and she prays five times salat a day as her religious interest.

She informed that she is suffering from heart diseases and her auditory or vision power has lessened. Sleepiness is one of the major problem in her old age. She informed that she no need but she partially dependent on her sons. Now she is physically and socially fit. Now she has no bad habit such as like eating Zorda, betel leaf. She likes single household family. She highly social person and her family give priority in her decisions.

In old age her philosophy is that older people can give their society their experience and can play positive role for their society. She complains that family members do not give her enough time. She attends in many social festivals like marriage ceremony, birthday celebrations, and many other religious festivals and she is very much respected in her society.

Laial Bilkis expects from the government that they will increase the old age allowance, awareness building campaign, and arrange regular seminar on old age in the district level and also suggested that in the social environment the decisions of older people cannot be ignored.

She expects that religious functions can her arranged from them and she in the portion of aged people who are agree ion arranging monthly get together. She hopes that the aged people cannot be pretended as a burden in family and in society and they can be pleased by gift giving. She hopes that her family and neighborhood will help herself a when she needs.

Generally she meets with her relatives twice a day and she thinks that aged people are not burden and they are the assets. She repeatedly feels that her present condition was possible only for the established environment for her two sons. At the end of life she has no demand left and she proposed some suggestion in respect of reducing the ageing problem are to increase religious and value related education and to ensure respect and labor for the older son. At the time of interview, Laila Bilkis residence was well enough and her dresses were clean and hair was combed. Her nails were small and all the teeth were clean and body was physically fit.

Case Study- 08

Md. Mozzafarul hasan was a librarian and a father of two siblings. He lives in Karatia village in Tangail district. His children are below 30 years old. His wife is still alive. He is 64 years old. His wife is a house wife. Now Md. Mozzafarul hasan is retired person. He is Muslim. His physical condition is not good. He tries to pray regularly. He has one building. He has arable and hose land but no cash money.

Md. Mozzafarul hasan takes food three times daily. But he has want of food appetite. Md. Mozzafarul hasan got married at the age of 25. Now he is the father of two children. He elapsed 34 years of conjugal life.

He has no grand children. Md. Mozzafarul hasan lives in nuclear family. His eldest son got married also. He is engaged in good job. Md. Mozzafarul hasan studied upto graduation. He is living in building. His monthly income is about 9000 taka. He has house rent money and pension. He is dependent on family members. Now and then, his sons look after him.

Md. Mozzafarul hasan is attacked with heart problem. He has trouble of breathing. He eats betel leafs. His relationships with neighbors are very good. His physical conditions are very week. So he cannot meet with his neighbors regularly. But neighbors always meet with him. He has problem of saving money. But his economic condition is not bad.

Now his son is the head of the family. He was the winner of the two gold medals in honors and masters life. Md. Mozzafarul hasan is suffering bad cold. As a result he has trouble of breathing. Physically he is thin and weak. He suffers from mental agony because of being unable to say her prayer. He wishes death in silent. When I went to visit with him and started talking with him I observed that he cannot sit properly. His sufferings know no bounds. He thinks that the fate of life is not in his favor. His entire problem will be solved after his death.

Md. Mozzafarul hasan gets treatment from private hospitals. Neighbors always come to visit him. He remains always neat and clean. He has no demand. He has no economic problem. For this reason, he does not take old age allowance. He recommended that to establish old age shelter, to engage old age allowance, to assist financial support and earth care from the government, and finally to come forward of the wealthy section of the society for the welfare of the society.

Today new generation does not show the honor and respect to the senior citizen. They are not carrying out older person. Md. Mozzafarul Hasan suggested that family and society has some responsibility to take care of senior citizen. Only government and state cannot well for the senior citizen. Societal people can take part the pioneer role to the senior citizen. We have to know very perfectly that they are important part and parcel of our civilization.

Case Study- 09

Life in a village is quite different from the town. Their life is very easy and they are familiar with village life. Md. Abdul Aziz Miah is 62 years old who live in Karatia of Tangail district. He studied up to class seven. He is a Muslim and his profession is farming. He got married at the age of 22. His wife is a house wife and he has two children. One of them is 14 years old and elder one is 19 years old. They are not married. They are continuing their study.

Md. Abdul Aziz Miah is a person who earns his living by farming. Generally a farmer lives in a village. In our country a farmer is usually poor. Most often he has no land of his own. So he cultivates the lands of others. He leads a very poor life. He does not get enough food to eat. Sometimes he has little land. He gets up early in the morning and goes to his land. He works hard on his land from the dawn to dusks. Even he works in rain and sun.

He lives in tinshed house. He has no cash money. He leads his family with daily short income. Md. Abdul Aziz Miah ploughs and seeds his land. He cannot work as like as her past age because of his weakness. During harvest time he is to work up to late night. He works hard for the plating or seeding seed in the field. He cannot apply the scientific method of cultivation on his land. The lot of farmers depends on the whim of nature. Sometimes crops don't grow well to the natural calamities like draughts and floods. They face economic crises then.

He opines that the driving force of our economy is agriculture. So we know about his contributions to our national economy is great. I like the work of a farmer very much. The farmer should do something to improve the condition of farmer very soon.

He cannot clean his cloth properly. His clothing's were dirty and his dresses were not neat and clean. Now he is growing older and cannot work properly as he did before. He has no

enough food to eat. Food problem is one of the acute problems in our country. It means the shortage of basic food supply compared to the population.

In fact, food problem or food crisis is acute not only in Bangladesh but also throughout the world. Our farmers are very neglected by the government and the authorities concerned. They do not get much help whether it might be financial or economical or other facilities. So they are not encouraged to do better in growing more food crops. Food is the first basic needs of a man. So the shortage of food causes some fundamental problem for us. It creates instability in society and nation.

Physically and psychologically Md. Abdul Aziz Miah has many problems. He has mental harassment, depression, and confusion. He cannot afford his family easily. At present his income source is low. He told me about the importance of the older person in our society.

He spends his leisure time by gossiping. Sometimes he spends time with his family members. He opines that elder should be attending any festivals and cultural programs. He goes to governmental hospitals for treatment. He has no solvency and that is why they cannot afford their treatment fees.

Many times they cannot go hospitals for treatment. he suggested that government should give treatment facilities to the older in free of cost with medications. He does not get old age allowance. He is not happy with his life because of economic crisis. His monthly income is 4000 to 5000 taka that is too short. He does not pray regularly. His relationships with neighbors are good.

He recommended that to reduce the problems of the older persons government should establish more association where the older can spend their time regularly, family and societal people should be aware about the old age and provide them sufficient support to cope with their vulnerabilities. For this purpose the government as well as the authorities should take necessary steps. This recommendation is very simple but carries solution of almost all the problems of the older person.

Case Study- 10

Nuria Khnaom Maloti, a 60 years of old housewife. She is a Muslim women and came from a higher-class Muslim family and she is educated, studied up to higher secondary level. She was married at the age of 13 when her husband was nearly 30 years old. Last year her husband was died at the age of 77 and she is a widow now. In the 47 years of conjugal life she has 3 sons and 1 daughter and all of them are alive now. Two of her sons are studying in USA and one in homeland. Her daughter married with a businessman and they are leading happy life. Her two sons are the source opf income and another one is taking care of agricultural land, large house and business accounts. The income of the family is almost 1 lakh per month. Now Nuria Khanom leads a very happy life and she is religious also. She prays regularly and performs her prayer regularly. As a medium of entertainment, she hears songs on radio, and watch television. She is suffering from appetite and she thinks that as older aged women she never feels any discrimination and gets all types of facilities from the family members. She has no problems of clothing's and she takes three time nutrias food daily. She added that she doesn't feel any discrimination or unhappiness within her family. At this stage of life she has to suffer from different diseases whether it might be physical or mental. The relationships between her family members are excellent and family members give priority on decisions and preferences.

She thinks that ageing is a social problem not physical or economical. She cannot treatment for the lack of interest of the family members, and she prefers to receive initial treatment from the consultant of personal chambers.

At present she is suffering from some sorts of physical illness such as high blood pressure and her mental illness Is hyper tension. She has no economic problem at this stage and she is physically normal and she earns her livelihood by house rent. Although she has no bad habit like eating Jatda, Gul, she eats betel.

Her son is the head of the households and she maintains an excellent relationship with her neighbors. She hope that government will increase the old age allowance and create working appropriate working environment for them, and create awareness among the mass people and also the family members will not criticize on their and role and suggested that for the aged people.

Overall, her suggestion to eradicate or reduce the problems of ageing that nit criticize the older people and arrange religious meetings and monthly meetings. She sees the aged people as the burden for the family and older one cannot prized many times. She suggests that older people should be provided with soft foods. She meets with her neighbors two times a day and as her philosophy older people are not burden for the family.

She feels that her sons and her daughter's solvency made herself very happy and she has no demands at the sunset off life. Nuria Khanoms suggestions in the cases of ageing problems are to establish more and older homes and they should be provided more care and honor. When she was interviewed her household was well furnished, and dress was clean, hair was combed and body was better and clean.

Chapter Seven

Analysis of Major Findings of the Study

Chapter Seven

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Introduction

This study attempted to understand the problems of older people in Karatia village of Tangail district through emphasizing quantitative method since the exploration of the problems of older people requires an analysis of in-depth interview of respondents. In this chapter I am going to and analyze the major findings of the study that I found through survey and case study method. I also show the findings of my observation in the practical field.

Socio-demographic Situation, Education and Vulnerability

In my study I revealed that the less educated family's older people are more sufferers and vulnerable in comparison to those families whose family's older received more education. In my study I found the highest number of respondents who received higher education were less vulnerable in comparison to those who received their education up to secondary, higher secondary or primary. Among all respondents 28 percent were graduated while others were less educated but more vulnerable. Even the more family members sometimes helps the older people to get free from loneliness but some cases it put economical constraints and hardships within the family. I found that the percentages of family comprised by four members were the highest whereas, the lowest percentages of the family were comprised of six members; the figures include 38 percent and 04 percent successively. In the joint family system, older people feels more comfort and get accompany of their family members but in nuclear family the situation was reverse as revealed in my study. It is also matter of astonishing that in the era of globalization or modernization, the 7 members' families are yet seen. In my study, the percentages of 7 members' family were 06 percent of the total respondents.

Economical Situation, Income and Prime Sources

Income source is the key of assessing the fairness of the elderly in the family structure. In generally it is believed that the more income within family, the life is happier. That is why I

also collected data related to the prime income source of the respondents. In my study, it is shown that business was the highest source of income within the family of the respondents whereas, it was the lowest in agriculture, the figures were 60 percent and 00 percent successively. As my study area was Karatia village of Tangail district that was almost like a city, that is why people are engaged here in diverse profession here except agriculture and that was proved through my study. Additionally, handicrafts in Bangladesh almost related to the pastoral income generation source and for that reason only 02 percent of the total respondents' incomes were handicrafts found as the prime source of income. Furthermore, job and foreign remittance were the other sources of income. It is mostly observed that due to nuclear family and globalization system, the trend of job nature also changes and that is why most of the respondents were from outsider in terms of profession rather than agriculture. That made abject the older to get accompany of their nearer and dearer ones. Another astonishing fact that the highest numbers respondent's family member's wage earner was only one member! It also proves the trend of nuclear family system where the family comprised of parents and son with his wife. In those family wife caught busy with household works and husband works outsider and the older people kept them feel alone. In my study, the highest percentages of the respondents family's total income were nine thousand or more whereas, the lowest percentage were three to four thousand, the figures were 26 percent and 00 percent successively. Additionally, the second highest income of the respondents' family was six to seven thousand and the figure was 22 percent. This income level also showcased the hardships they are to face. Because it is really tough to lead life with the income of 6 to 7 thousand s only! Through this money, it was really tough for them to support themselves and to bear the expenses of medication of their elderly. The economical earnings also made the elderly more abject within their family. In my study, most of the respondents lived in Pacca houses and the figure was 58 percent while others were lived in semi-pacca or kancha house. On contrary, almost all of the respondents have residential area, the figure was 94 percent. With residential area, some of the respondents also have arable land or cash money as narrated by them. On the other hand, 26 percent of the respondent's properties include arable land with residential area. Additionally, 20 percent of the respondents property includes cash money including, some case, residential area. These prove their economical insolvency though some of the family members background were appreciable and worthy up. They feel more joy and comfort within their family.

Pastime Activities and Loneliness of Older People

While the older of developed countries pass their time by carrying out research or in old homes under the supervision of the government but the situation is reverse in my country. As Bangladesh is a Muslim country, that is why I found that most of them prefer to spend their by religiosity. I found that the highest percentage of the respondents spent their time by doing religious activities like praying, puja, milad etc., the figure was 64 percent. Some respondents also like spend their leisure time with their family members. The percentage of the respondents who preferred to spend their time with family members and get that scope was as revealed only 08 percent. The mode of recreation like use of radio, watching television, using mobile phone or reading books etc. were asked to the respondents to know how they recreate themselves. As they do not get accompany of their family members and feel alone, that is why they choose TV as the mode of their recreation. I found in my study that 88 percent of the total respondents used radio or television to recreate themselves.

Situation of Elderly with the Family and the Hardships they Face

The ages of marriage for male are 21 as rectified by the government of Bangladesh. In my study, I wanted to disclose the general old trend of the ages of marriages. In my study I found that the highest percentages of the male respondents married at the age of 18 to 25, the figure is 58 percent whereas, the situations were full of child marriage domination in terms of female, that is why my findings showed that 68 percent of the total female respondent got married before the age of 18. Furthermore, I found that the highest percentage of the respondents had only two or replacement alive children, the figure are 32 percent. That proved the decreasing level of family members systems and followed by modernization system. Physical torture is rarely observed in Bangladesh. I found that the huge quantity of the respondents do not faces any discrimination within the family. It is also a pleasing finding of my study that no one of the total respondents faced physical torture by the family members. Furthermore, the amazing findings of my study is the revelation that 74 percent of the respondent do not faces any discrimination by their family members and they feel comfort and happy without any obstacles of their life. Even in some cases they receive some special adavantages from their family members. I found that 60 percent of the respondents receive special advantages from their family members whereas, the rest 40 percent do not receive such special advantages from their family members. Clothing is not a problem of the older in our country also. In my study, I found in terms of problem faces by elderly in clothing that

the highest percentage of the respondents, numerically 28 percent, faces problem in washing of clothing though 40 percent of the respondents do not face any problems associated with their clothing. Even they do not face any problems associated with foods. I found that almost all elderly have the capability to have food three times a day. 94 percent of the total respondents eat three times a day while, 04 percent eat two times a day. On 02 percent of the respondent have the habit of having four times meal per day. In spite of all these situations, some elderly are to face problems of intaking foods. . I found that the family members of 18 percent of total respondent consider the elderly as burden for their family while, the rest 82 percent of the elderly person's family do not think so. I also found the trend of discriminations faced by the elderly people in Bangladesh. I found that the highest percentage of the older person do not face any discrimination within their family, the figure is 74 percent. Additionally, 14 percent of the respondents faces negligence within their family whereas, 06 percent of the respondents faces carelessness within their family structure, same as for considering them as burden. To an extent, they also face physical and mental problems and cannot bear the expenses of their medication. I revealed that 50 percent of the respondents faces physical and mental problem while 36 percent of the respondents expressed their view by stating that they do not faces any problem related their physic or mental. Furthermore, 14 percent of the respondents did not tell anything regarding their physical and mental health problems. In spite of all these hardships, they maintain good relations with their family members. I found that most of the respondents have very good relations with their family members and the percentage is 72. On the other hand no one has bad relations with their family members.

Physical, Economical and Security Related Problems of the Elderly

Elderly are the most vulnerable and susceptible to problems whether it might be physical, mental or social. In my study, I found that the highest percentage of the respondents faces health related problems whereas, the lowest percentages of the respondents face economic problems, the figures are 56 percent and 04 percent consequently. In the same way, due to their health associated problems, they require support to dwell happily. In my study, I found that the highest percentages of the respondents do not get proper receive due to monetary crisis, the figure is 28 percent. The matter of concerning that a huge number of the respondents deprive from receiving medical treatment facilities due to the reluctance of

family members in spite of having economic solvency, the figure is 24 percent! But with their miseries, the trend of awareness changed and people became more aware with the passage of time. . In my study, found that the highest percentage of the respondents receives their treatment facilities from government hospitals, the figure is 50 percent. As the days pass, the society largely affected by modern elements and that is why in my study I found that on one goes to Quack for treatment. Only 02 percent of the respondents receive their treatment from Pharmacist, but the trend is really decaying. The second highest, 44 percent of the total respondents, respondents of the study receive their health treatment from Private medical hospitals. With the ages of the elder increases, the trend of religiosity gets priorities. In my study, I revealed that 84 percent of the respondents presser to spend their by doing religious activities like praying, hearing religious discussions, Puja or going to Milad etc. The other 16 percent of the respondents prefer doing anything outside of religiosity like taking rests, or receiving recreations. It was a common issue that almost all of the elderly faces some problems whether it might be physical, mental or social. . I found in my study that 86 percent of the respondents suffer from different diseases like cholera, Diabetics, or high Pressure etc. whereas, the rest of the 14 percent of the respondents do not suffer from remarkable diseases. I also found that 36 percent of the respondents are affected by High Pressure whereas, other 22 percent of the respondents suffer from Diabetics. I also found that 26 percent of the respondents suffer from back pain. In the same way, psycho-social problems of the elderly are also more severe. . I found that 40 percent of the respondents suffer from insomnia that hinders them from sound sleep. Mental retardation and hyper tension is also frequent among the elderly people of Bangladesh as found in my study. My study depicts that 24 percent of the respondents suffer from retardation same as hyper tension. 16 percent of the respondents face the problem of physical deterioration and cannot do whatever they like. With the age of the elderly, they become burden to their family. I found that 40 percent of the respondents think that they are dependent on others and do not have economic solvency. The same percent of the respondents face the problems in savings. I also found that 50 percent of the respondents do not have any other income without the rent of their houses. Additionally 36 percent of the respondents do not have any other source of income without pension and are to lead a painful life. Elderly also have some addictions that make them susceptible to more diseases. I found that 56 percent of the respondents are addicted to betel leaf. In Bangladeshi culture, elderly are mostly addicted to betel leaf. Additionally, 16 percent of the respondents have addition on Cigarette.

Family and Societal Attitude towards the Elderly

When the responsibility of the family goes at the hand of the juniors, the respect and position decrease, in some cases, with that. I revealed in my study that 58 percent of the respondent families head are son whereas, only 04 percent families head are daughter. The matter of astonishing that though the age of respondents above 60, yet 34 percent of the respondents family head are the respondents themselves! The nature of relations with the elderly always remains good. A total of 96 percent of the respondents have maintained harmonious relations with their relatives and neighbor! Again I found that 82 percent of the respondents have 'Very Good' relation with their relatives and neighbor. With their age extension, the role of decision making lessens within their family. But the situation I revealed the reverse. I found in my study that 86 percent of the respondents have the power of influencing in the level decision making whether it may in or outside issue of family. I wanted to devise their expectations from the family and society. I found that 48 percent of the respondents prefer to have the supervision of government at older age without any monetary expense. . Importantly, 26 percent of the respondents think that they should be provided with job opportunity as they can earn money and support themselves. 14 percent of the respondents think that older people cannot join in workforce due their physical hardship but needed extra care and that is why they should be provided with treatment facilities in free of cost from Government. The nature of time spent with family members also changed with the passage of time. In my study, I found that 50 percent of the respondents spend small amount of time with their family members.

Perceptions and Recommendations of the Elderly on their Problems

I devised the perception of older people to alleviate the problems and miseries of the older people in old age. Most of the respondents chose the initial alleviation of their problems by increasing the old age allowance. 80 percent of the respondents recommend increasing the old age allowance to reduce the miseries of older people whereas, rest 20 percent of the respondents emphasized on imitating a new policy for the older people regarding their miseries and sufferings and statement of support from the government and the society. I also demanded to know whether they demand for any artificial environment or not. I found that 88

percent of the respondents think that an artificial environment will be a better opportunity for them if possible. On the contrary, the rest 12 percent of the respondents prefer to live in the existed environment and do not want to have an artificial environment. I also tried to devise their demands from the government. I found that 72 percent of them believe that state should take initiative to buildup awareness among the masses regarding the problems and needs of the older people as if the mass people sympathize on them. On the other hand, 24 percent of the respondents prefer to arrange seminar by state on the needs and demands of elderly. I also found that 50 percent of the respondents emphasized that older people should be encouraged to participate in ceremonies organized in union level whereas, 20 percent of them believe that the encouragement should be in upazila level. On the contrary, 30 percent of the total respondents believe in this regard that they should encourage participating in the ceremonies organized in district level. They added that they cannot tolerate their criticism in front of others. I found that 60 percent of the respondents cannot tolerate their criticism whether it may in front of family members or outsiders. They recommended some solutions to their problems. in found some recommendations like establishing old age shelter, creating suitable workplace, establishing pastime sparing association or increasing old age allowance. I found in my findings that 58 percent of the respondents recommended establishing new old age shelter to alleviate the problems of the older people. In the same way, 12 percent of the respondents recommended to educate morally to the new generation as they become more empathetic to the elderly people and come forward to solve the problems of elderly same as recommended to extend the old age allowance for older people. Other 10 percent of the respondents think that the older people do not have any income source and that is why they are considered as burden for the society and family. To change this attitude toward them and to make them solvent, establishment of suitable workplace is mandatory. The lowest but not deniable percentage of the respondents, 06 percent in according to my findings, recommended to create separate pastime association where older people can go easily, meet with one another and can spare their time jointly in jolly mood. I found some recommendations like establishing old age shelter, creating suitable workplace, establishing pastime sparing association or increasing old age allowance. I found in my findings that 58 percent of the respondents recommended establishing new old age shelter to alleviate the problems of the older people. In the same way, 12 percent of the respondents recommended to educate morally to the new generation as they become more empathetic to the elderly people and come forward to solve the problems of elderly same as recommended to extend the old age allowance for older people. Other 10 percent of the respondents think that the

older people do not have any income source and that is why they are considered as burden for the society and family. To change this attitude toward them and to make them solvent, establishment of suitable workplace is mandatory. The lowest but not deniable percentage of the respondents, 06 percent in according to my findings, recommended to create separate pastime association where older people can go easily, meet with one another and can spare their time jointly in jolly mood.

Major findings of the case study

I took all cases in my study from Korotia village. I tried to devise the socio-demographic condition, earning members and leaders within the family, nature of support and medication they received from their family, problems they faces in their present life, perception on about the things which make the elderly more abject in old age, their present needs and demands, and finally depicted some findings of observation.

The overall findings of case studies show that the less educated person are more susceptible to chronic problems in their old age in comparison to their counterpart who have education. It is observed that educated person had a good job in their young age, make educated their siblings and have a savings and these opportunities made them feel happier in their old age in comparison to those who failed in grabbing all these opportunities. In my cases, Abdul Kader Pramanik, Hena, Nur Banu, Md. Abdul Aziz Miah, Md. Mozzafarul hasan are vulnerable situation as their educational background was very poor whereas, Rumi Khondokar, Md. Solaiman Miah, Mrs. Monowra Khatun, Nuria Khnaom Maloti led good life in comparison to their counterpart as they were more educated, even their profession and income was better in comparison to their to that group.

It is found in my study that poverty, physical illness and economic insolvency make elder people more vulnerable than the age itself. It is found that as in their age, the income sources closed, family members start to consider them as burden, oppose to bear the expenses of their medication and all these situations make them more abject in comparison to their age. As senior and aged person, in the family they do not get anything especial from the family members. Consequently, when they were asked whether they were ever a victim of physical or mental torture within their family, most of them remained silence. On the contrary, some my cases replied that they do not face any discrimination and get the equal opportunity of decision making within the family as mentioned by Rumi Khandokar, Md. Solaiman Miah, Mrs. Monowra Khatun. When expressing grievance, they told that nobody wants to hear them as they are old man expressed almost by all! Due to all these reason, they think themselves as burden to their family and an object of negligence.

Every older people suffer from different diseases whether it might be normal or acute in nature. Generally the nature of diseases include acute pain, heart diseases, malnutrition's, illness, high blood pressure, hypertension, diabetics, insomnia, less of appetite, eye sight decrease etc. Among all these problems, it was found that diabetics, loss of teeth, insomnia, illness and eye problems observed mostly among the elderly of that village. The respondents whose economic background was good, they receive treatment from private or government clinics and doctors with their family's support whereas, some cases replied that as their economic background was very poor and that is why they cannot receive full treatment and go government hospital or Oja or Qyuack for treatment in cheap. Due to all these problems, they cannot est properly and require digestive food.

However, whatever their problems remain and they faces, still they have good relations with their neighbors as they get enough time to visit them. They often go outing to visit their neighbors. They mentioned they might have decision making power within their family or not, but they cannot tolerate their criticism in front of others. Hence they recommended that they should not be criticized in front of others. On the contrary, observational findings shows that most of the elderly peoples dress were dirty, they nail was unclean and dirty, and they often require the support of others in accomplishing their daily activities.

They most recommended that different seminar and symposium can be organized whether it might be weekly or monthly, or quarterly or yearly to make aware the masses to all issues of elderly. They also expect from their siblings and neighbors respect and care in their old age. They expect from government to increase services, especially medical treatment and medications in free of cost.

Conclusion

To conclude it can be said that the older people are the most vulnerable within our society. They require care, support, treatment and felicitations. Their problems are increasing with the rapid urbanization and globalization. All segments should be aware about the ageing issues, give extra care and make them resource to utilize as a muscle of development.

Chapter Eight

Recommendations and Conclusion

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Suggestive Measures

Elderly are the most vulnerable within the society, especially female elderly in comparison to their counterparts. Their problems cannot be explained within one or two statement. They require the support of family members, societal people, and largely by the government. If are resource as they are the most experienced persons of the society. Without utilizing their knowledge and experiences, moving forward will be just a day dream. Hence time bound initiatives are mandatory for the elderly to utilize them as resource.

- 1) First and foremost duty must be observed by the family members because they are nearer and dearer one of the elderly. The family members must be cautious about their food, health, treatment, clothing, and especially about their care. They must give accompany to the elderly at their pas-time and create the opportunity within the family as if the elderly might not feel alone in household.
- 2) Societal people must respect to elderly and they also need to talk with elderly emphatic way, never neglect them, care for whenever required, and value their opinions in respect to societal aspects.
- 3) Government should establish more old age centre for the elderly as if they might stay in there in free of cost. Additionally, they also required to be served by government through providing especial treatment and medical care. Furthermore, government should extend the budget for older people as if they might get easy access to that allowance and can bear their living expenses.
- 4) Bangladesh government needs to declare those citizens of 60 years and above through legislation as senior citizen. This will enable them to enjoy some privileges as are being practiced in different countries. Similarly legislation should be enacted so that the children should not neglect their older parents willfully.

- 5) Older persons must be allowed as full participants in all the national and development activities and also share in its benefits. Support of mass media is indispensable as it is the harbinger of societal changes.
- 6) Steps are to be taken to introduce home care, day care and community based care programs for covering all groups of older persons in the country.
- 7) Development partners, BGOs, honor agencies, civil societies, corporate bodies etc. should come forward, be more active and continue playing sincere role of complementing and supplementing the government run age care programs and services in Bangladesh. Moreover they should endeavor to undertake different elderly welfare project such as health, income generation, housing, socio-economic, recreation services to meet the felt needs of older persons.

Conclusion

To conclude it can be said that the elderly people are the most vulnerable people of the society. Though they are the most experiences and knowledgeable person of the society, we cannot use their capacity due to our economical constraints and hardships. Though our constitution declared to support the elderly fully but we failed to support them fully. Every year, government allocates a satisfactory amount of money, on the basis of our economy, but due to nepotism and corruption, the amount of allowance does not reach to the actual beneficiary. Even huge corruptions are there. Within the transformation of family system, nuclear family got priority and the traditional care system has been abolished within the nuclear family system. Globalization has opened the door of global market and also opened the door of global job market. Husband and wife go outside of the residence in search of better living. Through this process, traditional care has lost in the deep sea. With the passage of time, morals and values have lost. Today youth do not respect the elderly likewise the past. Hence they do not feel them as contributor within the family, rather think them as burden and hope for death. Once affirmed by Oscar Wilde, ‘the tragedy of old age is not that one is old, but that one is young’. We tend to think that youth is best but each stage of life has its own joys and it can be a wonderful and fulfilling world for people of all ages. Elderly are on such a situation which reaches at that position after passing a huge time working for them and for

their families. They managed to be well-off physically, mentally and economically but over time, they lose their physical as well as mental power. At this time they can do hard labor a little but they can think very sharply, and very quickly, along with their lines of understanding. Sometime it is said that the elderly people fear much and do not challenge the new situation – misguided, because Bertrand Russell married for the fourth time at the age of 70 and Pablo Picasso, who died at the age of 83, did not stop working before his death. Additionally, Sher-E-Bangla A. K. Fazlul Haque was not a burden for the family or society or for the nation till his death, who passed away at the age of 80. In the same way, Dr. Muhammad Shahidullah, Poet Al-Mahmud, Poet and Writer Syed Ali Ahsan, Professor Kabir Chowdhury- all died after 70 years of their age, even more than 80s were not burden rather resource of Bangladesh. All these issue remind us to take extra care of the elderly. Hence we should initiative some modern measure as stated above for the elderly. To an extent, day care, home care, and community based care also require it. The elderly is promising but we have to provide them terrestrial facilities and utilize them as a dynamic muscle of development.

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Annexes

Annex -1 : Interview schedule

Annex -2: Study Area Map (a) Bangladesh Map

(b) Village Of karatia Map in tangail District

Annex -3 : Tangail inside the insight

Annex -4 : United Nations Principles for Older Persons

Annex -5 : Abbrevialtion