

HUMAN RIGHTS SITUATION OF OLDER WOMEN: A STUDY IN DHAKA CITY

M Phil Dissertation

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DECLARATION

This dissertation entitled “Human Rights Situation of Older Women: A Study in Dhaka City” has been prepared by me. I have done this robust work to collect relevant information and it was completely an effort of mine. I have interviewed the study cases directly to collect accurate information from them and survey data have been collected using structured questionnaire from the study area. So it is a unique study paper of my authority. I have stated lots of precise references from different authors, although I am not able to seek permission from all of them. But I am grateful to them from the deep of my soul, and I am acknowledging their contribution to my dissertation. I am submitting this dissertation to the University of Dhaka Bangladesh through the Institute of Social Welfare and Research (ISWR) for required official procedure leading to the degree of Master of Philosophy. I have not presented or submitted any part of this dissertation anywhere for my assessment either in Bangladesh or abroad.

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CERTIFICATE OF APPROVAL

This is to certify that **Snigdha Sumona Hoque** has effectively completed her dissertation entitled “Human Rights Situation of Older Women: A Study in Dhaka City” under my guidance and supervision. To the best of my knowledge, it is a original and unique work absolutely and confidently done by her. I am recommending and forwarding this dissertation to the University of Dhaka through Institute of Social Welfare and Research for further official formalities to accept in partial fulfillment of the requirements for the degree of Master of Philosophy.

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ABBREVIATIONS

AD	Alzheimer's Disease
AIDS	Acquired Immune Deficiency Syndrome
ATP	Adenosine Triphosphate
BAAIGM	Bangladesh Association for Aged and Institute of Geriatric Medicine
BRAC	Bangladesh Rural Advancement Committee
CEDAW	Convention on Elimination of all form of Discrimination Against Women
DNA	Deoxyribo Nucleic Acid
DNCC	Dhaka North City Corporation
ECLAC	Economic Commission for Latin America and the Caribbean
HIV	Human Immune Virus
IACHR	Inter-American Commission on Human Rights
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social Cultural Rights
ICPD	International Conference on Population and Development in Cairo
IDBWP	International Data Base World Population
ILO	International Labor Organization
ISWR	Institute of Social Welfare and Research
NGO	Non Government Organization
NADP	Nicotinamide Adenine Dinucleotide Phosphate
NITOR	National Institute of Traumatology and Orthopedics Rehabilitation
PACE	Parliamentary Assembly of the Council of Europe
PAHO	Pan American Health Organization
SDG	Sustainable Development Goal
SPSS	Statistical Package for the Social Sciences
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organization

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Abstract

This study aimed to determine the human rights situation of older women living in Dhaka city. Both qualitative and quantitative method is used in the study. 8 case studies are done and a social survey among 100 respondents is conducted in the study area. Simple random sampling and structured and unstructured interview schedule is used for data collection. Descriptive analysis is used for the data presentation both in tabular and graphical form. The cases and survey respondents are selected from the upper, middle, lower and very poor socio-economic classes.

The case studies show that the older women of upper class, middle class and lower class are in socio-economic, physiological and psychological problems. The older women are neglected from their families by the family members e.g. negligence by her husband, by her children. If the older women are widow, then they are fallen in economical and social insecurity. Those older women that are divorced or their husband got second marriage, faced social and mental deprivation.

In total 64% and 27% older women are in age group 60-64 and 65-69 years respectively. More than half of the respondents are illiterate and 95% respondents are engaged with non-economic household activities. About 48% respondents are from lower and very poor group and 37% are from middle class socio-economic group, i.e. 85% women living in vulnerable economic condition. Most of the women (63%) respondents are living in husband's house, 21% living in son's house, and only 5% living in own house possessing some influences on rights and security of older women in place of study areas. The majority (62%) of older women are living in non-comfortable rooms. The food, clothing, sleeping management, and medical facilities influence on establishing rights of older women where 50%, 43%, 39%, and 27% respectively are happy i.e. sufficient; 15%, 11%, 14%, and 23% respectively are unhappy i.e. insufficient. In decision making and financial management issues, majority older women (61% and 80% respectively) are following the other family members.

As a whole, the older women are in severe situation in terms of basic human rights and social security. If we can assess effectively all prevailing threats and constrains and can implement strategic plan or policies with effective interventions, the older women will be able to improve the human rights situation in Dhaka city and finally within all urban areas of Bangladesh.

KEY WORDS: OLDER WOMEN, HUMAN RIGHTS, AGEING, ELDERLY.

Chapter One

Introduction

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Chapter One: Introduction

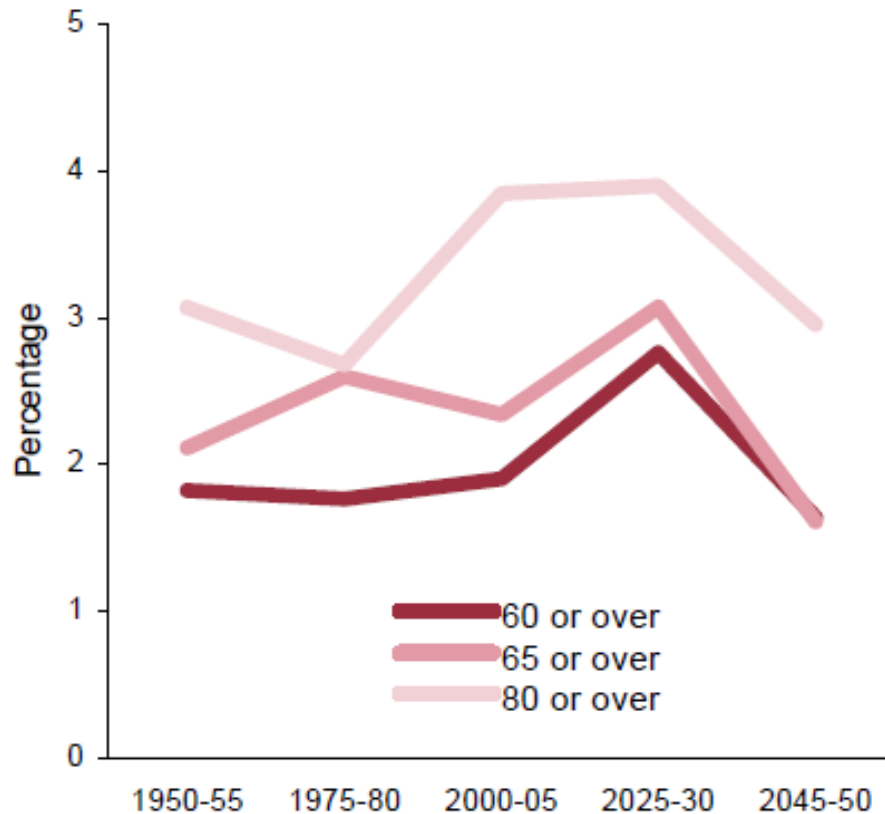
1.1 Introduction

1.1.1 Statement of the Problem

Ageing is generally defined as a process of deterioration in the functional capacity of an individual that results from structural changes with the advancement of age. In addition, *ageing* is a natural, multidimensional process of human life. Old age is the closing period of the life of an individual. A person's activities, attitudes towards life, relationships to the family and work, biological capacities and physical fitness are confined by the position in the age structure of the particular society in which she/he lives. Regardless, life at old age becomes typically more fragmented, disorderly, and unpredictable. Although the rigidity of the linear life plan has failed to keep up with new demographic realities, it offered a degree of security. In the new post-industrial life, people are increasingly isolated. Familiar social institutions like marriage and employment can no longer be counted on for security throughout adulthood, and therefore the last stage of life also becomes less predictable. Society has not yet come to terms with the meaning of '*ageing*' in such unpredictable times¹.

A notable aspect of the global *ageing* process is the progressive demographic ageing of the older population itself. For most nations, regardless of their geographic location or developmental stage, the 80 or over age group is growing faster than any younger segment of the older population. At the global level, the average annual growth rate of persons aged 80 years or over (3.8 per cent) is currently twice as high as the growth rate of the population over 60 years of age (1.9 per cent)².

Figure 1: Average annual population growth at ages 60 or over and 80 or over world 1950-2050



Global population has shifted to *ageing* as a heritage of the twentieth century. Older women in particular are affected by this trend. As of 2010, there were 771 million people worldwide of age 60 years or older (constituting 11.2 percent of the world population), and this generation is growing rapidly³. By 2050, 2 billion people, over 20 per cent of the world's population will be 60 or older. About 77 percent of the increase in the older population occurs currently in the developing world, where about 58 percent of the older population, are women, with Asia as the region with the largest number of older persons, and Africa facing the largest proportionate growth⁴.

The UN Secretary-General stated in 2011 report that, in 2050, for the first time in human history, there will be more persons over 60 than children in the world, more than one in five of the world's population will be aged 60 or older.

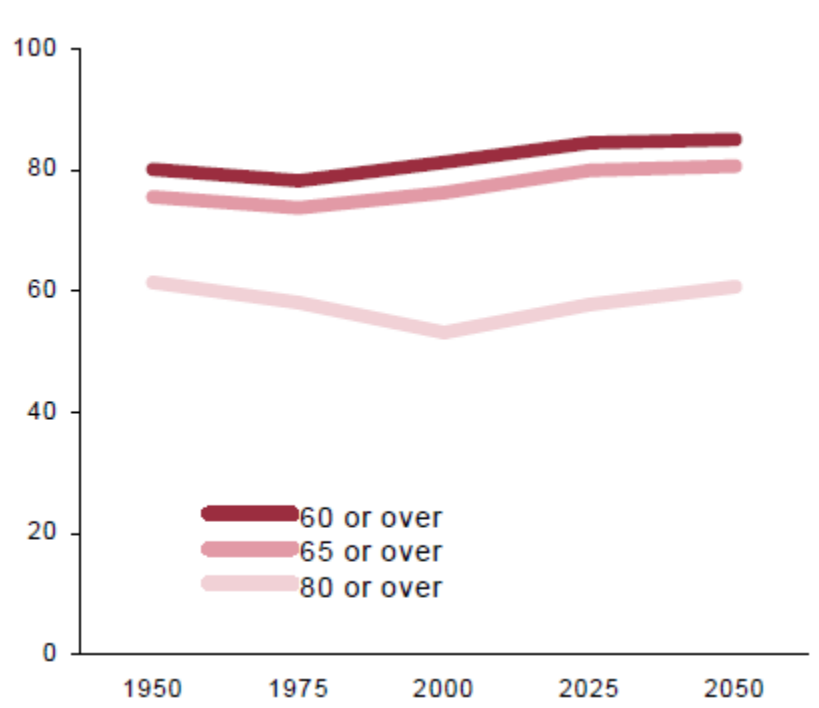
Women already outnumber men among those aged 60 or older, and are twice as numerous among those aged 80 or over⁵⁻⁶.

WHO stated that, in almost every country, the proportion of people aged over 60 years is growing faster than any other age group, as a result of both longer life expectancy and declining fertility rate. This population ageing can be seen as a success story for public health policies and for socioeconomic development, but it also challenges society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security⁶.

Women make up a significant majority of the older population; the female share increases with age because their life expectancy is greater than men's, women comprise a significant majority of the older population. In the year 2000, the global sex ratio of the population aged 60 or over was 81 males per hundred females (figure 2). Thus, there were approximately 63 million more women aged 60 years or older than there were men of the same age. Since female mortality rates are lower than male rates at older ages, the proportion of women among the older population grows substantially with advancing age. In 2000, women outnumbered men by almost 4 to 3 at ages 65 or older, and by almost 2 to 1 at ages 80 or above.

Sex ratios at older ages are expected to rise globally over the next half century. The sex ratios of the world population aged 60 or over and 65 or over remained practically the same in 2000 as they were in 1950. After a slight decline, from 80 men per hundred women in 1950 to 78 in 1975 at ages 60 or over, and from 76 to 74 at ages 65 or over, the world's sex ratios returned in 2000 to the original levels of 1950. In the case of the population aged 80 or over, however, the sex ratio consistently declined over the whole 50-year period, from 61 in 1950 to 58 in 1975 and to 53 in 2000.

Figure 2: Number of men per hundred women at ages 60 or over, 65 or over, and 80 or over: world, 1950-2050



Over the next half-century, the sex ratio of the older population is expected to increase. The evidence on which the projections are based suggests a somewhat faster growth in life expectancy among men than among women, particularly in the more developed regions. In 2050, the global number of men per hundred women is projected to rise to 85 at ages 60 or over, to 81 at ages 65 or over, and to 61 at ages 80 or over²⁻³.

The feminization of older population groups is a phenomenon observed throughout the world, because women live longer than men in a vast majority of countries (UN 1999). Social and cultural change creates differences between the younger and the elders. Today, in the first decade of the 21st century, we no longer have a shared map for the course of life. The timing of major life events has become less and less predictable at all levels of society. In upper socio-

economic groups, for example, a woman with a graduate degree and professional career may delay having her first child until age 35 or later. In other parts of the society, where teenage pregnancy rates are high, a 35-year old woman may well be a grandmother. We are no longer surprised when a 60-year old person retires from one career and takes up a new one¹. In Bangladesh, teenage pregnancy is still high and age difference between husband and wife is often very high. So there are many widow women in the society and sometimes they are living in a very worse condition of life in their elderly age.

In the near future, *ageing* populations will be one of the major challenges. While parents devote considerable resources to make a smooth transition for their children from childhood to adulthood, parents also need resources for their own benefit in old age. In most industrialized countries, various government programs provide some basic services and protect the interest of elderly people. In developing countries, there typically is a lack of appropriate policies and programs for the elderly, in particular for the women. With this in mind, enhanced attention to the particular needs and challenges faced by many older people is clearly required. Just as important, however, is the essential contribution the majority of older men and women can continue to make to the functioning of society if adequate guarantees are in place. Human rights lie at the core of all efforts in this regard.

1.1.2 Age Discrimination and Equality

The prohibition of discrimination and the duty to eradicate it provides a starting point of analysis for the rights of older persons, building on the founding principle that “all human beings are born free and equal in rights and dignity” (Article 1, UDHR, 1948) . Age discrimination, and the stigmatization of older people, is a challenge worldwide to the enjoyment of all rights, as it is

recognized that age discrimination undermines older people's self-esteem, dignity and human rights (Resolution 1793, 2011). It is arguable that increasing attention to the need for protection against discrimination on the grounds of age has emerged in human rights law as a reaction to the formalization of barriers relating to age emerging, firstly, in the regulation of employment and thereafter on a piecemeal basis in other areas ⁷.

The core human rights instruments guarantee equality and non-discrimination as do all the major regional instruments. Article 26 of International Covenant on Civil and Political Rights (ICCPR) has been interpreted to mean state parties have a general obligation not to enact legislation with a discriminatory content, nor to apply laws in a discriminatory way. The standards, therefore, encompass the prohibition of discrimination in law or in practice in any field regulated and protected by public authorities, whether the legislation relates to the ICCPR or the International Covenant on Economic, Social Cultural Rights (ICESCR). In this regard complaints can be made regarding discrimination in relation to areas of particular importance to older persons, such as social security.

1.1.3 Multiple-Discrimination of Older Women

Discrimination can also be multiple, or shaped by other characteristics that may define identity, such as sex, race, ethnicity, religion, disability, nationality, health or socio-economic condition impacting on the enjoyment of all rights. This can be a particularly complex issue requiring consideration and appropriate remedy which has been referred to in reports of the Committee on the Elimination of Discrimination Against Women (CEDAW Committee) and the Committee on Economic, Social and Cultural Rights (CESCR). Similarly, the Parliamentary Assembly of the Council of Europe (PACE) has expressly

recognized that older migrants may face double or even triple discrimination and require specific policies which are culturally sensitive.

A specific, and particularly relevant, example of multiple-discrimination, and the need for appropriate measures to ensure equal protection of rights, is the situation of older women. It is reported that at present women outnumber men by an estimated 66 million among those aged years or over, among those aged 80 or over women are nearly twice as numerous as men and among centenarians women are between four and five times as numerous as men. Gender inequalities may result in both on-going and cumulative impacts which become most pronounced in old age, such as: on health; economic security, as gender- based discrimination against women in employment throughout their lives may lead to disproportionately lower incomes and pensions compared with men; adequate housing, as in many societies older women face obstacles to inheriting housing, land and property; and access to productive resources which are essential to ageing with dignity. Differences in life expectancy also mean women are more likely to be older caregivers for their spouses but then rely on institutional or state supported care themselves.

The Report on human rights and extreme poverty has highlighted that contributory systems of social security accentuate gender inequalities with older women more likely to receive lower pensions as well as other contributory benefits. The recommendation that non- contributory pensions are therefore the most efficient means of ensuring the right to social security for older women, compensating them for their years of unpaid or inadequately paid work, demonstrates how an appreciation and understanding of issues of multiple-discrimination may have a bearing on evolving standards.

In recent years the CEDAW Committee has in many cases scrutinized the practices of State parties as they relate to older women with concluding observations and recommendations addressing a range of issues. Among these have included recommendations for the collection of sex disaggregated data and comprehensive statistical information on older women, appropriate measures to eliminate discrimination with respect to the ownership and inheritance of land, gender assessments of social sector legislation and policies special attention to the needs of older rural women, ensuring their participation in decision making processes and full access to education, health services and credit facilities. Issues of poverty and violence against women are also closely linked to discrimination and ageism and are explored further below, highlighting the need for gender responsive approaches to the situation of older women.

The 2003 Protocol of the ACHPR on the Rights of Women in Africa recognizes the vulnerability of older women and requests States to take a number of measures “commensurate with their physical, economic and social needs as well as their access to employment and professional training” and “ensure the right of elderly women to freedom from violence, including sexual abuse” in Article 22. Article 21(1) dedicates protection to the right of older widows to own property inherited from the husband. It can be seen that these provisions recognize the important connection between age and gender, minority status, marital status, minority status, health status, citizen or migrant status.

The international system has a limited ability under the current framework of protection to reflect such a necessarily nuanced recognition of inter-sectional or multiple discrimination issues as they relate to older persons, not only for women, but in relation to other grounds of identity which may result in

discrimination and marginalization. The development of norms particular to the situation of older persons would facilitate such approaches to be further elaborated.

1.1.4 Violence and Abuse with Older Women

The abuse of older persons, preying on their particular vulnerabilities, may be physical, emotional, psychological, financial or sexual, and is often a hidden phenomenon, either at home or in institutional settings. Abuse may be wide ranging, for example, neglect may be a form of abuse, as might psychological abuse such as intimidation, humiliation or infantilisation of older persons. Financial exploitation can also take various forms such as threats to property, income or goods, including fraud, arbitrary deprivation, theft or expropriation of land, property or goods. The WHO definition of elder abuse is “a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.” The legal bases on which the various forms of abuse may be protected are wide ranging at both an international and regional level, however, there is no general right conferring protective measures in relation to all forms of abuse, exploitation and marginalization. The Secretary-General noted in 2002 that, “Advances in research and in action will not be achieved without political commitment and a solid foundation of human rights and legal support in favor of eliminating abuse of older persons.” Human rights mechanisms have consistently recognized older persons as being a vulnerable group requiring special measures of protection against violence and abuse. The Committee against Torture has specified that State parties should prohibit, prevent and redress torture and ill- treatment including in institutions that provide care. Similarly the Special report on torture and other cruel, inhuman or degrading treatment or punishment has drawn attention to the fact that older persons are highly vulnerable in detention facilities and psychiatric institutions. The Special Rapporteur on the right to health also reported concern about

unreported violence against people in care and has flagged the importance of complaints mechanisms as well as training of health workers to identify possible cases of abuse. Finally, the CRPD, Article 16(1), requires “age-sensitive” assistance and support for persons with disabilities and their families to prevent exploitation, violence and abuse.

At an international level, it may be considered whether an elaboration of what constitutes torture, cruel, inhuman or degrading treatment or punishment could explicitly include reference to age as a factor of vulnerability.

1.1.5 The Situation of the Elderly in Bangladesh

One of the universal problems of contemporary society is ever-increasing generation gap. Bangladesh is no exception. It has been argued that the family as an agency of socialization and social control is gradually becoming a weaker organization. Day to day interactions at the family level often generate differences of opinion and attitude between the younger and the older generations, which also lead to misunderstandings and a generation gap⁸.

A small proportion (around 6%) of the total population of Bangladesh constitute the elderly population, but the absolute number of them is quite significant (about 7.2 million) and the rate of their increase is fairly high. In 2025, the percentage of elderly population in Bangladesh will increase about 9.3% including majority of elderly women (9.5%).

Tabel 1: Number and Percentage of Population aged 60+ of Selected Countries 1970, 1995 and 2025

Country	Number in Thousnad						Percentage					
	1970		1995		2025		1970		1995		2025	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
China	25432	31353	54870	59289	129859	144219	5.9	7.8	8.7	10.0	16.5	19.2
Japan	4997	6114	10837	14262	17191	21528	9.8	11.5	17.6	22.4	28.9	33.7
Indonesia	2901	3310	6206	7109	15987	19036	4.9	5.5	6.3	7.2	11.6	13.7
Bangladesh	2247	1795	2930	2934	9084	9117	6.5	5.6	4.7	5.0	9.1	9.5
Pakistan	1798	1503	3313	3270	11006	11209	5.3	4.7	4.5	4.8	7.5	8.0
India	17044	16180	32801	34499	84274	88847	5.9	6.0	6.8	7.6	11.8	13.1
Sri Lanka	415	328	775	811	1838	2330	6.4	5.4	8.4	8.8	14.8	18.5

The elderly population (aged 60 years and above) in Bangladesh in 1911, 1951, 1981, 1991, 2000 and 2015 were 1.37, 1.86, 4.90, 6.05 7.25, and 12.05 million respectively and the projected figures for 2025 is 17.62 millions. This change in population characteristics will have serious consequences on society as well as on the overall socio-economic development of the country.

Bangladesh's social customs encourage the elderly to stay with their children. Typically, the elderly became dependent on their children's income. In most cases, older people do not have control over financial resources, which results in a gradual decrease of control over family matters and eventually complete negligence.

The constitution of Bangladesh guarantees equality of men and women, but the economic, social and religious, and even legal status of women is determined by the male head of household's decisions and perceptions, as well as the generally patriarchal social structures. Consistent with the commitment of Bangladesh's Constitution, the Ministry of Social Welfare had introduced an Old-age Allowance Program in 1998. The Old-age Allowance Program was initiated to provide financial support to the poor and distressed old-age people. At present, about 1.7 million people of 65+ years of age are enjoying the benefit of this program.

1.1.6 Elderly Women of Bangladesh

The *ageing* problems of Bangladesh's women are complex and need to be understood in their specific socio-economic context. A special feature of Bangladesh is that people become old at a much earlier stage of life than in industrialized countries. This is particularly true for women. The main reason behind early ageing is Bangladesh's poverty level, which leads to a poor nutritional status and poor health. Despite recent progress, many girls marry early and usually have 4 to 7 pregnancies by their early thirties. In 1998 (which is the earliest year such data is available), out of 1000 girls/women between the age of 15-19 years, 114 gave birth. Ten years later, the adolescent fertility rate was reduced to 70.5 births per 1,000 girls/women between ages 15-19 years. For rural Bangladeshi women, who were in their teens 50 years ago, the adolescent fertility rate was obviously much higher. Furthermore, 50 years ago, poverty and malnutrition were also much higher⁹. Poverty, malnutrition, a high number of pregnancies, hard work, and the overall negative social attitude towards women, imply that the average Bangladeshi woman (excluding the upper classes) faces the 'ageing' problem as she crosses the age of 50 years. Based on the World Bank (2011), the percentage of malnourished children under 5 years of age was around 70 percent during the early 1990s, which is earliest such data is available in the Bank's World Development Indicators database.

The number of elderly women is rising gradually since 1990. Table 2 indicates that there is more elderly women than men in 2010-2030 and near future. Studies show that the access of credit is almost universally denied to elderly women because of explicit age barriers or lack of training, skills or confidence. Recently, the Bangladesh Rural Advancement Committee (BRAC), one of the

two major non-governmental organizations (NGOs in Bangladesh, excluded elderly people from their programs.

Table 2: Estimated sex-age distribution of population of Bangladesh in the old age range: 1950, 1980-2030 (Population in Thousand).

Age group	1950	1980	1990	2000	2010	2020	2030
Male							
Total	22227	45492	58785	69305	83713	95220	106061
60-64	600	822	958	1251	1718	2882	4209
65-69	390	654	685	904	1237	1812	3076
70-74	215	466	463	592	829	1200	2094
75-79	105	288	292	341	490	719	1111
80+	50	131	226	276	375	566	880
60 and over	1350	2361	2624	3364	4649	7179	11370
Female							
Total	19556	42729	52333	65113	78787	89970	100893
60-64	457	796	921	1291	1725	2672	4195
65-69	340	662	685	935	1310	1902	3036
70-74	230	447	467	600	902	1280	2077
75-79	134	267	304	356	533	812	1262
80+	50	122	200	262	367	604	975
60 and over	1211	2294	2577	3444	4837	7240	11545

Source: The sex and age distribution of world populations, the 1994 Revision, United Nations, New York, pl 178-179

However, social attitudes towards women are changing now. As a result, popular pressure (reinforced by various United Nations resolutions) has forced the government to enact laws that prohibit discrimination against women. But nothing specific has been done to protect the interest of older women, many of whom are economically inactive, with no social support. This indifference has the potential to create serious human rights problems in the future because the number of older women is increasing rapidly, and an *ageing* population will be one of the major challenges of the near future, even in countries like Bangladesh, who currently still have a majority of young people.

1.2 Justification of the Study

The Vienna International Plan of Action on *Ageing* emphasized both the humanitarian and developmental aspects of *ageing*. The recommendations of the Plan of Action are applicable to women and men with a view to providing them with protection and care, and ensuring their involvement and participation in social life and development. However, the Plan of Action recognizes a number of specific areas of concern for elderly women since their longer life expectancy frequently mean an old age aggravated by economic need and isolation for both unmarried women and widows, possibly with little or no prospect of paid employment. This applies particularly to those women whose lifetimes were spent in unpaid and unrecognized work in the home with little or no access to a pension. If women have an income, it is generally lower than men's, partly because their former employment status has in the majority of cases been broken by maternity and family responsibilities (Vienna International Plan of Action on *Ageing*).

Ageing is an emerging issue in Bangladesh. The developed countries evolved policy instruments in the form of social security as well as care for the elderly through institutions like old age homes, geriatric hospitals, old age recreation centers and many other public and private care systems for the aged. With the improvement of health care and increased life expectancy, it is becoming a vital problem in the developing countries including Bangladesh¹⁰. An increasing number of elderly people and the related socio-economic and gerontological aspects are gradually emerging as a population discourse in Bangladesh. Although the percentage of the elderly people is still not very high, the absolute number of the elderly people is absolutely high to get serious attention from the policy levels. The gradually increasing life expectancy, ageing index, median age and elderly support ratio are showing positive trends

towards the changing age structure of the population as well as an emerging *ageing* regime in the country. Increasing female life expectancy would certainly add a new dimension of feminization of *ageing*.

As pointed out in the Follow-up to the Fourth World Conference on Women, gender inequalities shape older women's experiences, despite their majority status among the older population. The life of elderly women in Bangladesh is just like being in a bad circle and they do not know how to get out of this circle. They just submit their future on the hand of God. There is no old home for the elderly women and neither are there any proper transport facilities for them. Elderly women do not get any special legal support¹¹.

The root cause of today's marginalized situations of elderly women in Bangladesh is the patriarchal social structure. However, most women are not conscious about this. There are powerful economic, social, political and cultural determinants which influence how women age with far reaching consequences for health and quality of life. Poor economic status earlier in life is a determinant for positions at later stages of life. This is especially true with regards to lack of access to education. But it also applies to lack of healthy food and safe drinking water, a gender based division of domestic chores, and various environmental hazards that make women's life pathetic and has a cumulative negative impact in their life when they become elderly¹².

This difficult and marginalized situation of elderly women is not specific to Bangladesh. As the United Nations (1999, paragraph 15) has pointed out that, elderly women's socio-economic status is partially rooted in the gender division of labor which assumes that women's primary involvement is in reproductive labor, unpaid household work, care giving and unequal power relations at home. Furthermore, the elderly population's physical disability often gives rise to profound anxiety and a sense of apathy and helplessness.

This situation is indeed very difficult, since the aged in such conditions invariably tend to be withdrawn, negative and inflexible. In such cases, the role of the family is crucial and calls for greater sensitivity and tolerance. It is also observed that women resist, more than men, in receiving and accepting any kind of correctional help or support. This tends to alienate and push the elderly, especially women, into a cycle of depression and social isolation (Nayar, 1995, Section 4).

Furthermore, the Nairobi Forward-looking Strategies for the Advancement of Women also stated that, women should be prepared early in life, both psychologically and socially, to face the consequences of longer life expectancy. Although, while getting older, professional and family roles of women are undergoing fundamental changes, ageing, at a stage of development, is a challenge for women¹³.

The UN report identifies that violence against older persons and women in particular closely linked with disempowerment and discrimination, violence often goes unreported and under-documented as older persons are reluctant or unable to report incidents¹⁴.

Socio-economic and demographic characteristics of elderly persons in Bangladesh indicate: a high proportion of men (app 90%) were married while women were widowed (67%); 98% of all elderly people reported having children; intergenerational co-residence with sons was common; and more than 70% of elderly men reported being in paid work while elderly women reported unpaid work. More than 95% of the elderly people reported experiencing health problems and most reported multiple health problems. More health problems were reported by women compared to men and in the rural region compared to the urban. Socio-economic factors were found to have little influence on reporting of health problems. In terms of provision of support,

support from family members in old age was found to be strong in Bangladesh. The role of providers of support, i.e. emotional, practical or material, was primarily shared between spouse, daughter, son and daughter-in-law. While elderly people reported receiving support from their family members, they also reported providing support in the functioning of their own households, both financially and with household activities.

Finally, as Ozalp, Tanir and Gurer (2006) have shown, older women face a variety of co-morbid medical problems as well as gynecologic problems that differ from those of younger women. These indicate same situation for elderly women in Bangladesh. Bangladeshi women also have socio-economic discrimination such that they will lead them to face the problems as stated by the UN. The UN also has Human Rights declaration for older people and CEDAW convention reserved women rights for their well being. The discourse related to population *ageing* and gender differentials asserted or implied that older women are universally more vulnerable to social, economic and health disadvantages than older men. But in Bangladesh, is it actually going well according to the human rights declarations for elderly women?

In Bangladesh many older people spend their lives in poverty and ill health which is major risk for the elderly population. After a lifetime of deprivation, old age is likely to mean ill health, social isolation and poverty. Poverty and exclusion are the greatest threats to the well being of older people. This is especially true for older women, who suffer from multiple disadvantages resulting from biases to gender, widowhood and old age. Women, particularly widows, who are without living sons or who live alone, are considered to be particularly at risk of economic destitution, social isolation, poor health and death. A Bangladeshi woman often enjoys power and authority if she happens to be head of the family. If this association is broken, her access to resources

for care and sustenance is reduced, making her vulnerable. This risk increases for women who have no assets for survival, such as education, possession or social status. The vulnerability when compounded by falling health, disability and widowhood makes the elderly women the most defenseless in the Bangladesh context.

The bulk of elderly people are women and most of them are living in rural areas. The average age at marriage is higher for men than women in Bangladesh, and women typically live longer. In a study, Tamima Sultana found that, though the women seem realistic with regards to their expectations, they wished for a more happy life in old age. They never imagined that they would become an extra burden of the family. Although elderly women's contributions remain significant many of them seem invisible to the policy makers. It is necessary to approach elderly women as a development agent and re-conceptualize them as active contributors to polity, economy and society¹¹. In Bangladesh, women are very much dreamy when they started their marital life. But most of their dreams do not come true. Then, they think that once their children will be grown up, they would take care of them. They think that they would be happy in their old age. However, for many of the cases, the old age situation differs sharply from their expectations. So we see many women in the street as homeless, foodless, moneyless and begging and running for food and financial help for their livings. Although they have children and assets, but misery is that children always do not have enough time, money and intension to look after their elderly parents.

In addition, data regarding elder abuse are difficult to find and interpret because elder abuse is relatively recently recognized entity, has a wide variety of definitions from state to state, and is subject to cultural interpretation. In the present circumstances the older persons are vulnerable to abuse, neglect and

exploitation. Thus, there is an urgent need of studies on the human rights situation of elderly women in line with socio-economic structure and abuse of the elderly women.

1.3 Objective of the Study

The general objective of the study is to find out the human rights situation of older women in Dhaka city.

The specific objectives of the research which are:

1. To know the Socio-economic background of the older women;
2. To explore the human rights situation of older women;
3. To reveal the human rights abuses of the respondents;
4. To find out the problems encountered by respondents in terms of human rights issues and
5. To suggest the measures to overcome the problems of the respondents.

1.4 Operational Definition of Key Concepts of the Study

1.4.1 Old Age

The United Nations defines older people as those 60 years of age and over, and the oldest of the old are those over 80 years of age. But in reality the definition of old age varies in different countries. In developing countries, typically with a large agro-based economy lacking formal social security systems, old age is not linked to retirement, but to the point where an individual ceases to be able to contribute to his own survival. An UN report stresses that older persons are not a homogenous group. The experience of old age varies greatly between men and women and may be very different for someone in their 60's versus another person in his or her 80's. Nonetheless, what often shared by older

persons as a group, is the experience of being stereotype, of political disempowerment and economic and social disadvantage¹⁵⁻¹⁷.

1.4.2 Older Women

Women aged at 60 years and above are older women is set in this project.

1.4.3 Human Rights

The basic rights and freedom, to which all humans are entitled, often held to include the right to life and liberty, freedom of thought and expression, and equality before the law. 'Human rights' is the idea that all people should have rights. These rights are seen as universal, which means they are meant for everyone, no matter what their race, religion, ethnicity, nationality, age, sex (also women's rights), political beliefs (or any other kind of beliefs), intelligence, disability, sexual orientation, or gender identity.

According to Stanford Encyclopedia of Philosophy, Human rights are international norms that help to protect all people everywhere from severe political, legal, and social abuses. The main sources of the contemporary conception of human rights are the Universal Declaration of Human Rights¹⁵ and the many human rights documents and treaties that followed in international organizations such as the United Nations, the Council of Europe, the Organization of American States, and the African Union.

1.4.5 The Human Rights of Women

Numerous international and regional instruments have drawn attention to gender-related dimensions of human rights issues, the most important being the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979.

In 1993, 45 years after the Universal Declaration of Human Rights was adopted, and eight years after CEDAW entered into force, the UN World Conference on Human Rights in Vienna confirmed that women's rights were human rights. That this statement was even necessary is striking – women's status as human beings entitled to rights should have never been in doubt. And yet this was a step forward in recognizing the rightful claims of one half of humanity, in identifying neglect of women's rights as a human rights violation and in drawing attention to the relationship between gender and human rights violations.

In 1994, the International Conference on Population and Development in Cairo (ICPD) articulated and affirmed the relationship between advancement and fulfillment of rights and gender equality and equity. It also clarified the concepts of women's empowerment, gender equity, and reproductive health and rights. The Program of Action of ICPD asserted that the empowerment and autonomy of women and the improvement of their political, social, economic and health status was a highly important end in itself as well as essential for the achievement of sustainable development. In 1995, the Fourth World Conference on Women in Beijing generated global commitments to advance a wider range of women's rights. The inclusion of gender equality and women's empowerment as one of the eight Millennium Development Goals was a reminder that many of those promises have yet to be kept. It also represents a critical opportunity to implement those promises.

In spite of these international agreements, the denial of women's basic human rights is persistent and widespread. For instance: Over half a million women continue to die each year from pregnancy and childbirth-related causes. Rates of HIV infection among women are rapidly increasing. Among those 15-24 years of age, young women now constitute the majority of those newly infected, in part because of their economic and social vulnerability. Gender-based violence kills and disables as many women between the ages of 15 and 44 as cancer. More often than not, perpetrators go unpunished. Worldwide, women are twice as likely as men to be illiterate.

As a consequence of their working conditions and characteristics, a disproportionate number of women are impoverished in both developing and developed countries. Despite some progress in women's wages in the 1990s, women still earn less than men, even for similar kinds of work. Many of the countries that have ratified CEDAW still have discriminatory laws governing marriage, land, property and inheritance.

While progress has been made in some areas, many of the challenges and obstacles identified in 1995 still remain. In addition, the new challenges for women's empowerment and gender equality that have emerged over the past decade, such as the feminization of the AIDS epidemic, feminization of migration, and increasing of trafficking on women need to be more effectively addressed.

1.4.6 Older Women and Discrimination

The rights of older women may be violated either on the individual level or on the institutional level. Violation of rights often manifests itself in various forms of discrimination. Discrimination against older women is often based on

deep-rooted cultural and social bias. The impact of gender inequalities throughout a woman's life span is obviously reflected in old age, and it often results in unfair resource allocation, maltreatment, abuse, gender based violence and prevention of access to basic services. Older women often face discrimination in the work place. Their ownership of or access to, land may be restricted due to discriminatory inheritance laws and practices. In many cases they are marginalized and deprived of participation on equal terms in the social, economic, cultural and political activities of their society.

Gender and age discrimination, accompanied by physical and emotional vulnerability, unsatisfactory arrangements for independent living and insufficient appreciation and estimation as members of their family or community, make the life of an older woman more difficult, as their rights are often violated. As many women age and their independence declines, they become more vulnerable to abuse, exploitation and violence. Older women in prison, older sex workers and older disabled women face especially severe neglect and abuse as they age; they also face insecurity in respect of their financial, medical and other basic needs. Negative stereotyping of older women, inadequate old age pensions and the impact of climate change, natural disasters and armed conflict are specific areas of vulnerability. Older women often play a crucial role as care-givers and parent substitutes in families affected by economic migration or the HIV and AIDS, but these important contributions often go unrecognized and undervalued.

A specific, and particularly relevant, example of multiple discriminations, and the need for appropriate measures to ensure equal protection of rights, is the situation of older women. It is reported that at present women outnumber men by an estimated 66 million among those aged 60 years or over, among those

aged 80 or over women are nearly twice as numerous as men and among centenarians women are between four and five times as numerous as men.

Older women who are poor or disabled or belong to minorities, or who are touched by sexuality issues, often experience multi-sectored discrimination. Many older women face neglect as they are considered no longer economically or reproductively useful, and are seen as a burden on their families. In addition widowhood, divorce, lack of care-givers for older women, postmenopausal difficulties and absence of geriatric medicine and health care are other grounds of discrimination that prohibit older women from enjoying their human rights.

1.5 Methodology of the Study

1.5.1 Principal Method

Both qualitative and quantitative research approach is used to conduct the study. This study is based on case study and social survey method.

1.5.2 Area of the study

All area of Dhaka North city corporation (DNCC) has been considered as the area of the study. But, I selected two administrative area such as Adabar Thana and Mohammadpur Thana in Dhaka city for the convenient of collecting data.

1.5.3 Study Population and Unit of Analysis

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

1.5.3.1 Inclusion Criteria

All the older women aged sixty years and above living in the study area are included in the study. Older women permanently residing in the study area are included in the study.

1.5.3.2 Exclusion Criteria

Those older women are not willingly participated in the study or not agree to give their information, are excluded from the study. Also older women very sick to speak or hear or outside during the data collection, are excluded in the study.

1.5.3.3 Discontinuation Criteria

The respondent who are not answer all of the questions, or has been unwilling to participate and continue in the interview during the data collection had been excluded at the data analyzing stage.

1.5.4 Sampling and Sample Size

For qualitative study, 10 respondents (elderly women) are selected purposively and they are considered irrespectively of race, age, color and culture. For quantitative study 100 elderly women are selected by simple random sampling technique. The respondents are representatives from the upper, middle and lower classes.

1.5.5 Research Instrument

A self-administered questionnaire was used to collect the data among the older women. The questionnaire is mainly designed to collect information about their personal memoranda, family life, educational status, occupation, residing place or room, food management, clothing, bed, medical or treatment facility, personal security, occupational security, social and state security etc.

The questionnaire is based on literature review and related research to cover study objectives and contents of the study.

1.5.6 Validity and Reliability of the study instruments

1.5.6.1 Content validity

The content of the research tool is adopted from the basic human rights declaration, and national and international regulations declared by the UN or other international agencies. The draft questionnaire is prepared in English and submitted to the supervisor for the content validity, clarification and appropriate wording. With their opinions, it is revised again. Then approved questionnaire is translated into Bengali to collect data from the research area in Bangladesh.

1.5.6.2 Reliability

The questionnaire is pre-tested in other than the study area with 10 respondents who have the same socio-demographic characteristic as the target subjects. The purpose of the test is to find out the problems concerning the structure, component, wordings used and instruction steps to fill up the questionnaire by the respondents, so that they can understand clearly and to determine the reliability.

1.5.7 Techniques of Data Collection

On the basis of objectives information is collected from every selected person through interview and observation. For survey, an interview schedule is used to collect information from the respondents. To make assure that respondents can easily understand they would be asked in lucid Bengali including the human rights issues. Relevant information is also collected by secondary sources i.e. literature, journal, brochures, document, newspaper etc.

1.5.8 Data Processing, Analysis and Interpretation

After the completion of case study, efforts are made to edit the collected qualitative data to ensure accuracy of information. The edited data is then furnished using a qualitative strategy and analyzed it in narrative form. Recorded narrative data is transcribed and analyzed with the corroborating information available in other studies or sources of information. On the other hand, the survey data are entered using data entry software and descriptive analysis is made by SPSS version 11.5 and presented in tabular form with compiled formats. Some necessary bar diagrams and pi-chart for better understanding of situations are also used.

1.5.9 Ethical Consideration

This study does not use any unethical mean to collect information. Participant's information sheets and consent forms are prepared in English. The participant information sheets cover the nature of the research, including its purpose, benefits and methods. The interview consent form has explained that consent is made on the basis of the information provided in the participant information sheet. It adds that participations are voluntary and withdrawals from the study are available at any time. It also clarifies the obligations of the researcher to maintain the confidentiality of participants, and to monitor any potential risks associated with participation in the study.

1.5.10 Limitations of the study

This research is done for an academic requirement for degree of Master of Philosophy and it is practical work of research methodology. Due to time

constraints and financial limitations, the study is performed among a limited area of limited populations only. The sampling technique is simple random method. So, there lies some selection bias. The social survey data collection is done by some apprentice, so there may be some observational errors.

Chapter Two

Theories of Ageing

2.1 Biological Theory of Ageing

2.2 Sociological Theories

2.2.1 Disengagement Theory

2.2.2 Activity Theory

2.2.3 Continuity Theory

2.3 Other Theories of Ageing

2.3.1 E. Erikson's Psychodynamic Theory

2.3.2 The Gerotranscendence Theory

Chapter Two: Theories of Ageing

2. Theories of Ageing

In recent decades, the use of conceptual and theoretical framework in research on *Ageing* has been increasing. By using conceptual and theoretical framework, attempts have been made to organize many different determining factors into one explanatory concept. There are some influential theories that have been developed in the field of study *Ageing*. However, in spite of recent advances in molecular biology and genetics, the mysteries that control human lifespan are yet to be unraveled. Many theories have been proposed to explain the process of ageing, but neither of them appears to be fully satisfactory¹⁸.

2.1 Biological Theory of Ageing

According to the traditional ageing theories, ageing is not an adaptation or genetically programmed. But, modern biological theories of *ageing* in humans fall into two main categories: **programmed** and **damage** or **error** theories. The programmed theories imply that *ageing* follows a biological timetable, perhaps a continuation of the one that regulates childhood growth and development. This regulation would depend on changes in gene expression that affect the systems responsible for maintenance, repair and defense responses. The damage or error theories emphasize environmental assaults to living organisms that induce cumulative damage at various levels as the cause of *ageing*.

The programmed theory has three sub-categories:

1) Programmed Longevity: *Ageing* is the result of a sequential switching on and off of certain genes, with senescence being defined as the time when age-

associated deficits are manifested. Dr. Davidovic et. al. discuss the role of genetic instability in *ageing* and dynamics of the *ageing* process¹⁹.

2) Endocrine Theory: Biological clocks act through hormones to control the pace of *ageing*. Recent studies confirm that *ageing* is hormonally regulated and that the evolutionarily conserved insulin/IGF-1 signaling (IIS) pathway plays a key role in the hormonal regulation of *ageing*. Dr. van Heemst discusses the potential mechanism underlying IIS and *ageing* process¹⁸.

3) Immunological Theory: The immune system is programmed to decline over time, which leads to an increased vulnerability to infectious disease and thus *ageing* and death. It is well documented that the effectiveness of the immune system peaks at puberty and gradually declines thereafter with advance in age. For example, as one grows older, antibodies lose their effectiveness, and fewer new diseases can be combated effectively by the body, which causes cellular stress and eventual death. Indeed, dysregulated immune response has been linked to cardiovascular disease, inflammation, Alzheimer's disease (AD), and cancer. Although direct causal relationships have not been established for all these detrimental outcomes, the immune system have been at least indirectly implicated¹⁸.

The damage or error theory includes:

1) The Wear and Tear theory: Cells and tissues have vital parts that wear out resulting in *ageing*. Like components of an *ageing* car, parts of the body eventually wear out from repeated use, killing them and then the body. So the wear and tear theory of *ageing* was first introduced by Dr. August Weismann, a German biologist, in 1882, it sounds perfectly reasonable to many people even today, because this is what happens to most familiar things around them.

2) The Rate of Living theory: The greater an organism rate of oxygen basal metabolism, the shorter its life span. The rate-of-living theory of *ageing* while helpful is not completely adequate in explaining the maximum life span. Dr. Rollo proposes a modified version of Pearl's rate of living theory emphasizing the hard-wired antagonism of growth and stress resistance²⁰.

3) The Cross-Linking theory: The cross-linking theory of was proposed by Johan Bjorksten¹⁸ in 1942. According to this theory, an accumulation of cross-linked proteins damages cells and tissues, slowing down bodily processes result in. Recent studies show that cross-linking reactions are involved in the age related changes in the studied proteins.

4) The Free Radicals theory: This theory, which was first introduced by Dr. Gerschman in 1954, but was developed by Dr. Denham Harman¹⁸ proposes that superoxide and other free radicals cause damage to the macromolecular components of the cell, giving rise to accumulated damage causing cells, and eventually organs, to stop functioning. The term free radical describes any molecule that has a free electron, and this property makes it react with healthy molecules in a destructive way. The macromolecules such as nucleic acids, lipids, sugars, and proteins are susceptible to free radical attack. Because the free radical molecule has an extra electron it creates an extra negative charge. This unbalanced energy makes the free radical bind itself to another balanced molecule as it tries to steal electrons. In so doing, the balanced molecule becomes unbalanced and thus a free radical itself. It is known that diet, lifestyle, drugs (e.g. tobacco and alcohol) and radiation etc., are all accelerators of free radical production within the body.

5) The Somatic DNA damage theory: DNA damages occur continuously in cells of living organisms. While most of these damages are repaired, some accumulate, as the DNA Polymerases and other repair mechanisms cannot

correct defects as fast as they are apparently produced. In particular, there is evidence for DNA damage accumulation in non-dividing cells of mammals. Genetic mutations occur and accumulate with increasing age, causing cells to deteriorate and malfunction. In particular, damage to mitochondrial DNA might lead to mitochondrial dysfunction. Therefore, results from damage to the genetic integrity of the body's cells.

6) The Neuro-Endocrine Theory: First proposed by Professor Vladimir Dilman and Ward Dean MD, this theory elaborates on wear and tear by focusing on the neuro-endocrine system. This system is a complicated network of bio-chemicals that govern the release of hormones which are altered by the walnut sized gland called the hypothalamus located in the brain. The hypothalamus controls various chain-reactions to instruct other organs and glands to release their hormones etc. The hypothalamus also responds to the body hormone levels as a guide to the overall hormonal activity. But as we grow older the hypothalamus loses its precision regulatory ability and the receptors which uptake individual hormones become less sensitive to them. Accordingly, as we age the secretion of many hormones declines and their effectiveness (compared unit to unit) is also reduced due to the receptors down-grading.

7) The Membrane Theory of Ageing: The membrane theory of *ageing* was first described by Professor Imre Zs. Nagy of Debrecen University, Hungary. According to this theory it is the age-related changes of the cells ability to transfer chemicals, heat and electrical processes that impair it. As we grow older the cell membrane becomes less lipid (less watery and more solid). This impedes its efficiency to conduct normal function and in particular there is a toxic accumulation.

8) The Mitochondrial Decline Theory: The mitochondria are the power producing organelles found in every cell of every organ. Their primary job is to create Adenosine Tri-phosphate (ATP) and they do so in the various energy cycles that involve nutrients such as Acetyl-L-Carnitine, CoQ10 (Idebenone), NADH and some B vitamins etc. Enhancement and protection of the mitochondria is an essential part of preventing and slowing *ageing*. Enhancement can be achieved with the above mention nutrients, as well as ATP supplements themselves.

2.2 Sociological theories

Sociological theories focus on the changing roles and relationships that accompany *ageing*. These theories discuss how these changing roles, relationships, and status impact the older individual's ability to adapt.

2.2.1 Disengagement Theory

The Disengagement Theory, one of the earliest and most controversial theories of *ageing*, views *ageing* as a process of gradual withdrawal between society and the older adult. This mutual withdrawal or disengagement is a natural, acceptable, and universal process that accompanies growing old. It is applicable to elders in all cultures, although there might be variations. According to this theory, disengagement benefits both the older population and the social system. Gradual withdrawal from society and relationships preserves social equilibrium and promotes self-reflection for elders who are freed from societal roles. It furnishes an orderly means for the transfer of knowledge, capital, and power from the older generation to the young. It makes it possible for society to continue functioning after valuable older members die.

However, there is no base of evidence or research to support this theory. Additionally, many older people desire to remain occupied and involved with society. Imposed withdrawal from society may be harmful to elders and society alike. This theory has been largely discounted by gerontologists.

2.2.2 Activity Theory

The Activity Theory, developed by Havighurst and associates in 1953, asserts that remaining active and engaged with society is pivotal to satisfaction in old age. This mentality is diametrically opposed to the Disengagement Theory. Successful *ageing* equals active *ageing*. Activity can be physical or intellectual in nature, but mainly refers to maintaining active roles in society. To maintain a positive self-image, the older person must develop new interests, hobbies, roles, and relationships to replace those that are diminished or lost in late life. This theory proposes that an older person should continue a middle-aged lifestyle, denying the limitations of old age as long as possible. Likewise, society should avoid the injustice of ageism by applying the same norms to old age as it does to middle age. Society should not demand declining involvement of its *ageing* members.

Activity is preferable to inactivity because it facilitates well-being on multiple levels. Because of improved general health and prosperity in the older population, remaining active is more feasible now than when this theory was first proposed by Havighurst nearly six decades ago. The activity theory is applicable for a stable, post-industrial society, which offers its older members many opportunities for meaningful participation.

However, some *ageing* persons cannot maintain a middle-aged lifestyle, due to functional limitations, lack of income, or lack of a desire to do so. Many older

adults lack the resources to maintain active roles in society. On the flip side, some elders may insist on continuing activities in late life that pose a danger to themselves and others, such as driving at night with low visual acuity or doing maintenance work to the house while climbing with severely arthritic knees. In doing so, they are denying their limitations and engaging in unsafe behaviors.

2.2.3 Continuity Theory

The Continuity Theory of *ageing* relates that personality, values, morals, preferences, role activity, and basic patterns of behavior are consistent throughout the life span, regardless of the life changes one encounters. This theory builds upon and modifies the Activity Theory. Unlike the other two sociological theories, the Continuity Theory offers the backdrop of life perspective to describe normal *ageing*. The latter part of life is simply a continuation of the earlier part of life, a component of the entire life cycle. For instance, a garrulous extrovert at 25 years of age will most likely be a social butterfly at 70 years of age; whereas a laconic, withdrawn young person will probably remain reclusive as he ages. In fact, personality traits often become more entrenched with age.

Patterns developed over a lifetime determine behavior, traditions, and beliefs in old age. Past coping strategies recur as older adults adjust to the challenges of *ageing* and facing death. Successful methods used throughout life for adjusting to situational and maturational stressors are repeated.

Ageing is a complex process, and the Continuity Theory explores these complexities to a greater extent than the other sociological theories, and within a holistic framework. Aspects of *ageing* are studied in regards to their relation to other aspects of human life. It encourages young people to consider that their current behaviors are laying the foundation for their own future old age. What

one becomes in late life is a product of a lifetime of personal choices. Within the sociological theories of *ageing*, variables of ethnicity, gender, lifestyle, and socioeconomic status are only minimally considered, if taken into account at all.

2.3 Other Theories of Ageing

2.3.1 E. Erikson's Psychodynamic Theory

This is a theory of human growth and maturation from birth to old age, which includes the process of *ageing*. According to this theory, human development passes through seven stages, each associated with different identity crises and solutions. For each stage there is an emphasis on ego development, which is underpinned by physical development and biological maturation. The manner in which a person masters any particular stage influences future success or lack of success in mastering the next stage of development. The outcome of each stage results in personal growth. Having arrived at the end, the eighth stage, it is hoped that an individual has attained a higher state of maturity. Erikson considered that development was an evolutionary process based on sequencing biological, psychological and social events. Erikson also believed that the maturation of bodily functions was linked with the expectations of the society and culture in which the person lives²¹.

2.3.2 The Gerotranscendence Theory

This theory states that human development is a life-long process that continues into old age. Living implies a process during which the degree of gerotranscendence increases, but the process can be obstructed or accelerated by various aspects of the culture. The process towards gerotranscendence,

when optimized, ends in a new perspective, which is qualitatively different from those occurring earlier in life²².

In the theory of gerotranscendence, it is suggested that human *ageing*, the very process of living into old age, is characterized by a general potential towards gerotranscendence. The theory of gerotranscendence assumes a predisposition for a progression towards maturation and wisdom. Gerotranscendence is regarded as the final stage in a natural progression towards maturation and wisdom, and achieving gerotranscendence implies achieving wisdom. It offers an idea of what positive old age may entail and attempts to describe a positive and natural form of life for older people.

Gerotranscendence is described as a shift in meta-perspective from a materialistic and rational view of the world to a more cosmic and transcendent one, normally followed by an increase in life satisfaction. It defines a reality somewhat different from the middle-age reality and lifestyle.

According to the theory, the individual develops towards gerotranscendence and may experience and show a series of changes. In the process of gerotranscendence, the individual experiences a redefinition of self and of relationships with others and a new understanding of fundamental existential issues. Thus, the theory of gerotranscendence adopts a perspective that emphasizes change and development. It proposes that the individual becomes, for example, less self-occupied and at the same time more selective in his/her choice of social and other activities.

Older people who withdraw from physical and social activities should not be regarded as disengaged or apathetic because they have a greater need for reflection. The signs of gerotranscendence can be described as ontological changes on three levels: the cosmic level, the level of self and the level of social and personal relations.

Overall, while multiple theories of *ageing* have been proposed, currently there is no consensus on this issue. Many of the proposed theories interact with each other in a complex way. By understanding and testing the existing and new *ageing* theories, it may be possible to promote successful *ageing* as well as to enhance the lifespan of mankind.



Chapter Three
Conceptual Framework

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- 3.1 Conceptual Framework of the Study**
 - 3.2 Sociological Interpretations of Age and Gender**

Chapter Three: Conceptual Framework

3.1 Conceptual Framework of the Study

According to the objectives and methodology of the study, this is certainly determined that Sociological Theories of *Ageing* can be drawn to state the conceptual frame work of the study.

The Universal Declaration of Human Rights has articles those expresses the specific rights to older populations as well as older women. Human rights will relate with the social theories of ageing. **Social theories** of *ageing* are expected progressions from midlife to older life based on social factors. The social theories attempt to explain how certain people age well. These theories discuss how people don't despair or become depressed from their normal life in the older age.

The concept of social age refers to the attitudes and behaviours that are regarded as being appropriate for a given chronological age group²³. This view of old age, like that of gender, is a social and historical construct based on the meaning which the cultural model assigns to the biological processes of ageing. It relates to a biologically based social category framed by subjective perceptions, how old a person feels and imputed age, how old others think a person is²³. Viewed from this vantage point, old age (aside from its direct relationship to a person's chronological or natural age) is intrinsically determined by the production process, certain trends in consumption and the pace or pattern of life mandated by each society.

Social gerontology emerged as a multidisciplinary field of study which attempted to respond to the social, health and economic policy implications and projections of population change²⁴. The wide disciplinary subject matter of

social gerontology was shaped by significant external forces: first, by state intervention to achieve specific outcomes in health and social policy for older people; secondly, by a socio-political and economic environment which viewed an *ageing* population as creating a 'social problem' for western society in general²⁵. The important point to note is that theories often mirror the norms and values of their creators and their social times reflecting culturally dominant views of what should be the appropriate way to analyze social phenomena²⁶. The Disengagement and Activity theory follow this normative pattern. Both disengagement and activity theories postulate not only how individual behavior changes with *ageing*, but also imply how it should change.

The **Disengagement Theory** is the process of individuals withdrawing and isolating from prior social interactions due to age. This is important, because in the time since the 1950s there has been an explosion of elderly activity. Work in the 1950s was often very hard on the body and the medical care was not what we're used to today. These life and medicine issues led to shorter life-spans and a less vigorous old people. Back then, it was quite intuitive to say that as people grew older, they would disengage from activities they were part of because they no longer had the stamina or energy to stay involved.

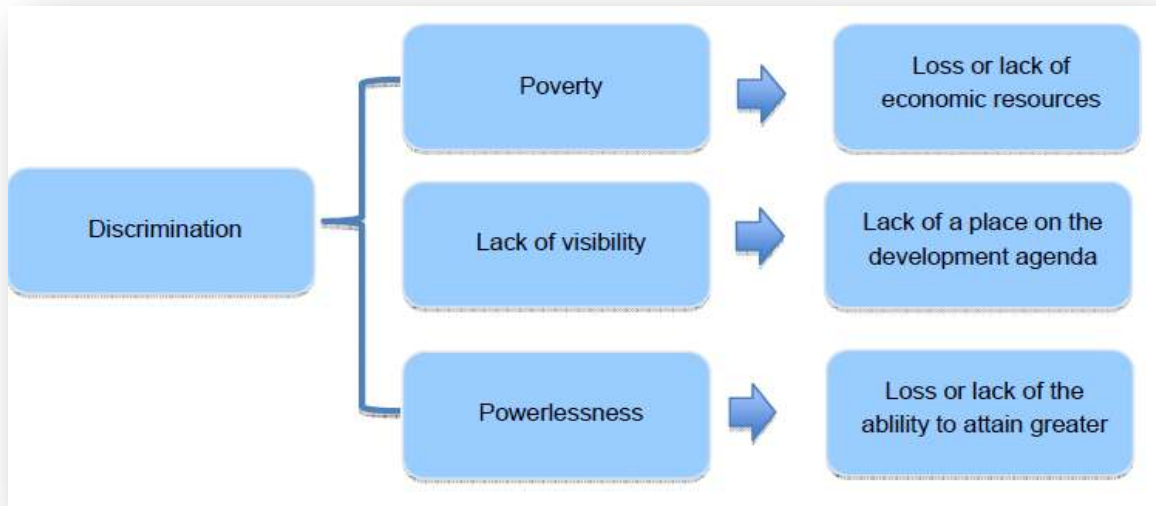
This theory has been largely abandoned or modified due to the increase in the life-span of people as well as the increase in the general health level of elderly people. Older folks don't sit at home in rocking chairs anymore. While they may not be climbing Everest every day, they are staying involved through volunteer work, continuing to work past retirement, and engaging in more activities with retirement. It has been modified to indicate that older people may disengage from activities but will likely engage themselves in an alternate activity, such as spending time with their family or hobbies.

Cumming and Henry (1961) advocate that the process of disengagement is inevitable, rewarding and universal process of mutual withdrawal of the individual and society from each other with advancing age - was normal and to be expected²⁷. This theory argued that it was beneficial for both the *ageing* individual and society that such disengagement takes place in order to minimize the social disruption caused at an *ageing* person's eventual death²⁸. Retirement is an illustration of the disengagement process, enabling older person to be freed of the roles of an occupation and to pursue other roles not necessarily aligned to full-pay of economic generation. Through disengagement, Cumming and Henry argued, society anticipated the loss of *ageing* people through death and brought "new blood" into full participation within the social world²⁹ further portends 'in old age, the individual is normally disengaged from the main streams of economic and community activity'. Not surprisingly for Bromley 'The disengagement process is graded to suit the declining biological and psychological capacities of the individual and the needs of society'. In order to legitimize its generalizations, disengagement theory self-praised itself to objective and value-free rigor of research methods: survey and questionnaire methods of gerontological inquiry. In a sense, by arguing for 'disengagement' from work roles under the guise of objectivity based on scientific predisposition is a powerful argument for governments to legitimize boundaries of who can work and who cannot work based on age³⁰⁻³².

A society's transition towards demographic maturity is the logical outcome of a number of highly positive factors and should therefore be regarded as yet a further step in societal evolution. It does, however, give rise to a series of difficulties unless the social protection system has been adjusted to accommodate this demographic change. This is why the policymakers who devise development strategies in countries with old or ageing populations

waver between a positive and negative view of this process. Thus far, four main ways of characterizing the relationship between ageing and development have emerged, each of which relates to

FIGURE 3: Risks associated with old age and their manifestations.



Source: Paper presented at the Regional Seminar of Experts on *Ageing*, Gender and Public Policy, organized by the Interdisciplinary Study Group on Old Age and *Ageing* of the Universidad de la República, with support from the United Nations Population Fund (UNFPA), Montevideo, 9 and 10 September 2010.

a different and potentially conflicting interpretation of the actuality, meaning and concept of old age as viewed from an individual standpoint³³:

1. Older persons are a low priority on society's development agenda, as they are seen as being incapable of making a contribution to the development effort or of benefiting from it. They are thus regarded as the beneficiaries of special measures within a context of scarce resources.
2. Older persons are viewed as an impediment to development because of their economically dependent position. They are perceived as being a drain on scarce resources, precisely because they have traditional values

and beliefs that are seen as running counter to the changes associated with economic growth and modernization.

3. Older persons are regarded as a development resource and a back-up labor force.
4. Older persons are seen as potential victims of modernization because their status declines as countries develop³⁴.

Virtually all physiological functions lose efficiency with ageing. In general terms, we accept that ageing causes a loss in the capacity to maintain the internal milieu of the individual when faced by changes in the external atmosphere. A good example of this is the lower capacity of elderly persons to endure extreme temperatures, infections, or in general the situations in which stress occurs. Thus, the force and elasticity of the skeletal muscular system are deteriorated; there is a lower glomerular filtration in the kidneys, lower pulmonary ventilation, and a lower maximal blood flow through the heart³⁵. Biological factors such as molecular and cellular changes are called **primary ageing**, while aging that occurs due to controllable factors such as lack of physical exercise and poor diet is called **secondary ageing**.

The basis of the **Activity Theory** is that the need to remain involved in activities continues into older life, but the meaning and the focus changes. Older people have the same wants, needs, and motivations as their middle-life counterparts. To say that you cross an imaginary threshold and now suddenly you're a different person doesn't really make sense.

With the activity theory, it is assumed that people will transition from midlife to older age and remain at their current level of activity. The actual activities that they take part in, though, may change as their priorities change. Before, they may have been involved with their children, but as the kids moved out, the

parents may take a greater role with pets or animals. There is a shifting of priorities, not a reduction in them.

The Activity theory is a counterpoint to disengagement theory, since it claims a successful 'old age' is can be achieved by maintaining roles and relationships³². Activity theory actually pre-dates disengagement theory. In the 1950s Havighurst and Albrecht²⁹ insisted ageing can be lively and creative experience. For activity theorists, disengagement is not a natural process as advocated by Cumming and Henry. For activity theorists, disengagement theory is inherently ageist and does not promote in any shape or form 'positive ageing'. Nevertheless, Activity theory neglects issues of power, inequality and conflict between age groups. An apparent 'value consensus' may reflect the interests of powerful and dominant groups within society who find it advantageous to have age power relations organized in such a way. Whilst Phillipson (1998) sees such functionalist schools as important in shaping social theory responses to them, such functionalist theories 'impose' a sense of causality on *ageing* by implying you will either 'disengage' or will be 'active'²⁴. Such theories of *ageing* are very macro orientated and fail to resolve tensions within age-group relations which impinge upon the inter-connection of 'race', class and gender with age³⁰.

Although many older persons who live alone are in good health and are actively engaged in society, those living on their own can be vulnerable when ill health or other hardships arise. In both developed and developing countries, studies show that older persons living alone are more likely than those living with a partner or in a multigenerational household to be lonely and depressed, to have a small social network, and to have infrequent contact with children³⁶. The activity theory can also incorporate the disengagement theory within its

framework. A person who spent their life working with others may now enjoy solitary time reading, painting, or traveling. They have disengaged from social networks but have re-engaged in a normal process.

The **Continuity Theory** builds upon and modifies the Activity Theory. Differing from the other two sociological theories, the Continuity Theory offers the backdrop of life perspective to describe normal *ageing*. The latter part of life is simply a continuation of the earlier part of life, a component of the entire life cycle. Patterns developed over a lifetime determine behavior, traditions, and beliefs in old age. Past coping strategies recur as older adults adjust to the challenges of *ageing* and facing death. Successful methods used throughout life for adjusting to situational and maturational stressors are repeated.

Ageing is a complex process, and the Continuity Theory explores these complexities to a greater extent than the other sociological theories, and within a holistic framework. Aspects of *ageing* are studied in regards to their relation to other aspects of human life. It encourages young people to consider that their current behaviors are laying the foundation for their own future old age. What one becomes in late life is a product of a lifetime of personal choices.

3.2 Sociological Interpretations of Age and Gender:

In recent years, there has been an acceleration of Feminist insights into understanding age and gender as identity variables of analysis²³. There are two important issues: first, power imbalances shape theoretical construction; second, a group's place within the social structure influences theoretical attention they are afforded. Henceforth, because older women tend to occupy a position of lower class status, especially in terms of economic status than men

of all ages and younger women, they are given less theoretical attention²³. Gender relations of distribution in capitalist society are historically rooted and are transformed as the means of production change. Similarly, age relations are linked to the capitalist mode of production and relations of distribution. "Wages" take on a specific meaning depending on age. For example, teenagers work for less money than adults, who in turn work for less money than middle-aged adults. Further, young children rely on personal relations with family figures such as parents. Many older people rely on resources distributed by the state.

Older women are viewed as unworthy of respect or consideration. Itzin claims that the double standard of *ageing* as arising from the sets of conventional expectations as to age-pertinent attitudes and roles for each sex which apply in patriarchal society. These are defined by Itzin as a male and a female 'chronology', socially defined and sanctioned so that the experience of prescribed roles is sanctioned by disapproval. Male chronology hinges on employment, but a woman's age status is defined in terms of events in the reproductive cycle.

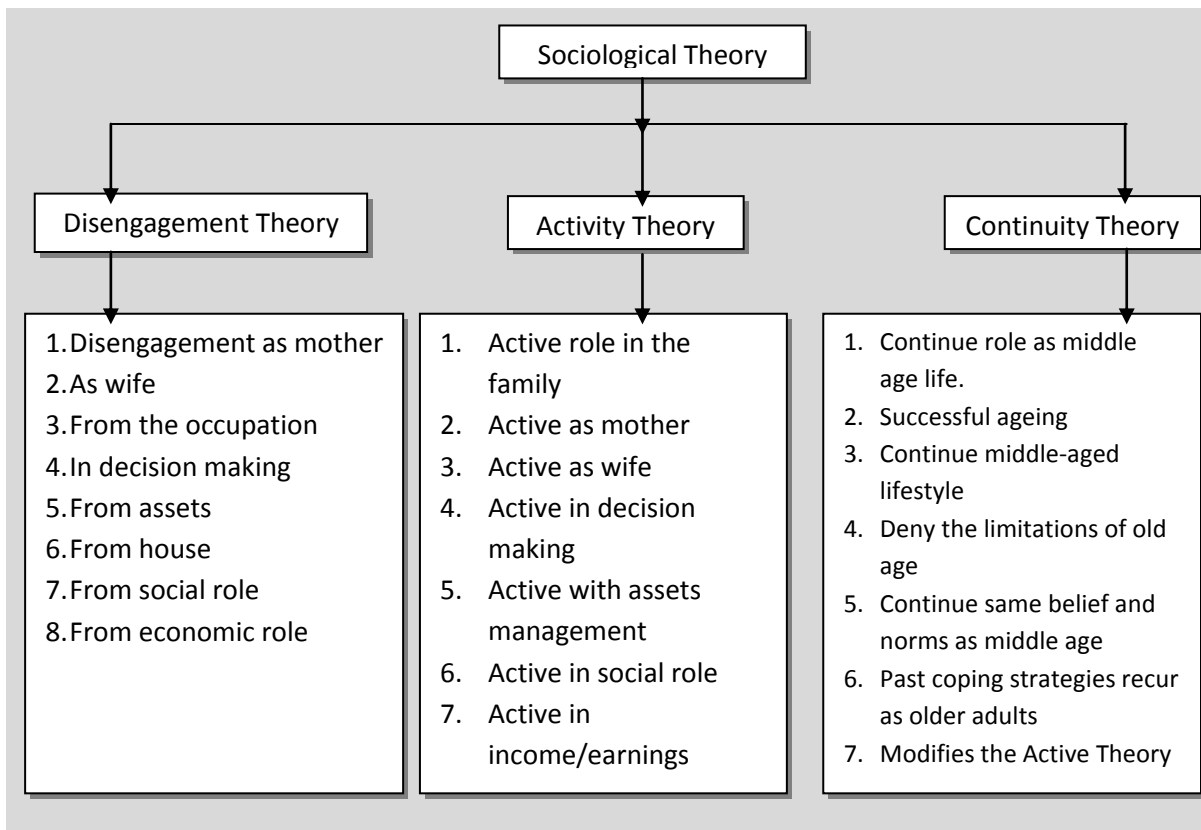
Arguably, Arber & Ginn (1991) claim because women's value is exercised the awareness of a loss of a youthful appearance brings social devaluation; vulnerability to pressure is penetrated by cosmeticisation. For older black women, the ideal of 'beauty' portrayed by white male culture was doubly distant and alienating, until growing black consciousness subverted disparaging language and argued 'black is beautiful'²³.

It is perhaps emblematic of contemporary western society that *ageing* marginalizes the experiences of women through an inter-connected oppression of gender and *ageing*. The reason for this as Arber and Ginn (1991) claim, that patriarchal society exercises power through the chronologies of employment

and reproduction, and through the sexualized promotion of a 'youthful' appearance in women²³.

Sociological Theory of Ageing confirms the need to keep active and continue the ageing of the elderly population.

Figure 4: Sociological Theory of Ageing



The Sociological Theory of *ageing* for elderly women in Bangladesh reflects according to the above figure. In Bangladesh, most of the women evolve their life as ‘daughter-wife-mother’. When they are living in their own parent’s family, they have no rights to take part any kind of decision making even on their own choice. The parents as well as male member of the family decide their fate, their livelihood, even their study, marriage, everything. So they

become conditioned as they have no right in decision making process. When the women go to husband's family, there also they live as a follower. As most of the women in Bangladesh spent their life as housewife, so they have no participation in income generating activities. As a result, except some cases, women have less contribution to decision making even on their own children. When the women grow old, they become more negligible in the family as well as in the society.

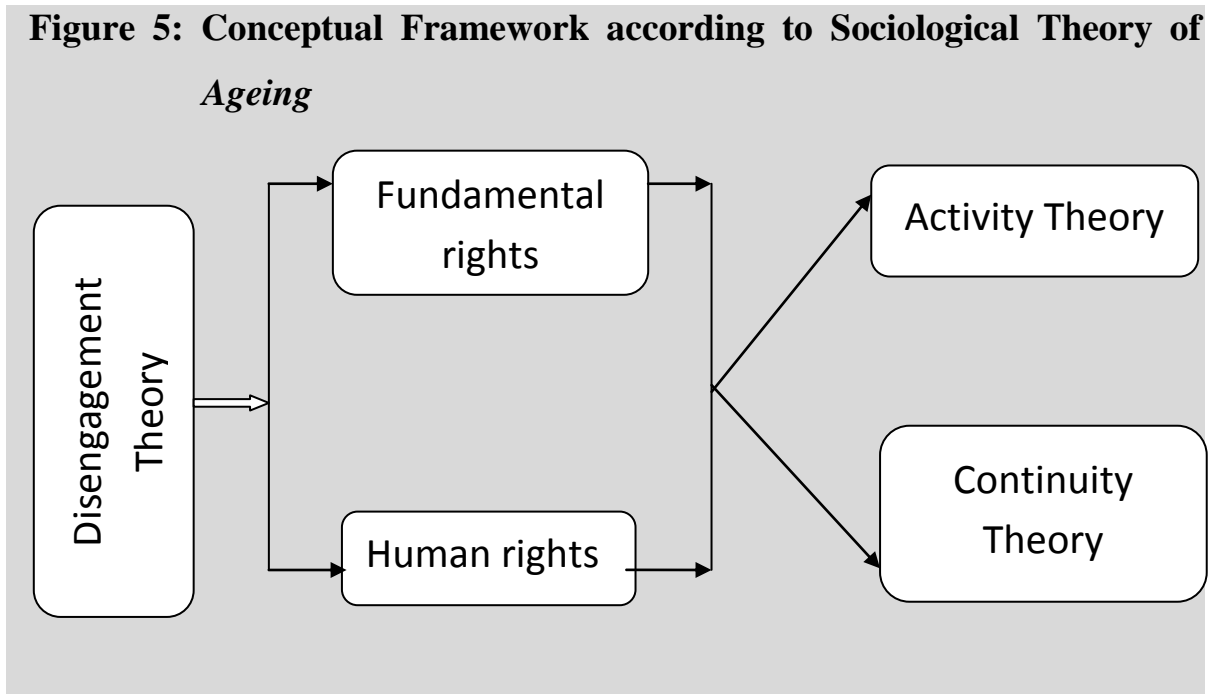
According to the Disengagement Theory, the women have disengaged from the family, from the society, they are less involved in decision making, disengaged from the occupation, from the assets, from the house, from the economic role, from the social role as whole. But, according to the Active Theory, if the human rights of the women insured throughout their life, they have the chance to remain active in their older age also. Say for example, if the women have adequate education, proper employment and all other basic needs of human rights, they can perform active role in the family as well as in the society. As Continuity Theory is a continuity of the life style of the middle age, it may state that assurance of fundamental and human rights of women are the most necessity. The women should follow the past coping strategies in older age, deny the limitations of old age and continue same belief and norms as middle age so that they will remain active in their rest period of life.

Considering the **Sociological Theory of Ageing**, the following conceptual frame work may be drawn. The fundamental rights and human rights can relate Disengagement Theory to Activity and Continuity Theory.

The issues of Human Rights considered here are:

1. Adequate food, housing and medical care
2. Withdrawal from work or employment

3. Standard of living adequate for the health and wellbeing
4. Right to life, liberty and security of person.
5. Lack of livelihood in circumstances beyond his or her control.



The Fundamental Rights issues considered here are:

1. Rights to property.
2. Rights to necessary social services.
3. Right to security in unemployment, sickness, disability, widowhood, old age.
4. Rights to safe from torture or to cruel, inhuman or degrading treatment or punishment.
5. Everyone has the right to recognition everywhere as a person before the law.
6. Rights to treat equal before the law and entitled without any discrimination to equal protection of the law.

7. Right to freedom of peaceful assembly and association. No one may be compelled to belong to an association.

This study is an endeavor to illustrate the human rights situation of elderly women in lights of **Sociological Theory of Ageing** to find some recommendations for them. The Sociological theory is considered as the study methodology as well as to analyze the study findings and set recommendations. According to this conceptual framework, if fundamental and human rights is eliminated during the ageing process of the senior citizens, social disengagement is reflected on the older women's life. On the other hand, ensuring fundamental needs and human rights during the aged period, the older women prolonged their life of activity and continuity of social and personal engagement. This study set structured and unstructured interview schedule to find out the human rights situation based on 'adequate food, housing and medical care', 'not withdrawal from work or employment', 'standard of living adequate for the health and wellbeing' 'right to life, liberty and security of person' and 'Lack of livelihood in circumstances beyond his or her control'.

This conceptual frame work of the study is based on the fundamental and basic human rights of the older population. To ensure Activity ageing and Continuity ageing the following rights should be preserved in the development activities³³:

1. The right to equality and non-discrimination

The rights of the older persons should reaffirm the basic principle of equality and non-discrimination on the basis of age, as explicitly recognized by international standards and human rights bodies. This further involves the adoption of 'affirmative action' or 'special measures,' allowing for the differential treatment of older persons; and 'reasonable accommodation,'

allowing for adjusting general State regulations to the specific needs of the older persons.

2. Awareness-raising

States, in cooperation with older persons people associations, educational institutions, means of communication, and other civil society actors, should adopt measures in order to raise awareness concerning the rights of the older persons. These measures may include:

- (a) The recognition of older persons' authority, wisdom, productivity and other important contributions to society;
- (b) The promotion of a dignified and respectful treatment of the older persons;
- (c) The promotion of a positive and realist image about ageing and the elimination of stereotypes.

3. Right to life and to a dignified death

The rights of older persons may reaffirm the inherent right to life of all human beings, and the need for States measures in order to guarantee the effective enjoyment of this right by the older persons. Existing or developing standards regarding the right to a dignified death include:

- (a) The limitation of the imposition of the death penalty or life prison by reason of age;
- (b) The right of access to palliative treatment in order ensure terminal or dying patients a dignified and painless death; and
- (c) The prohibition of the abandonment of treatment or active euthanasia for financial reasons.

4. Right to physical, mental and emotional integrity, and to a dignified treatment

A clear normative consensus exists with regards to the right of older persons to receive a dignified treatment and to not to be subject to abuse, an issue that was specifically addressed by WHO Toronto Declaration on the Global Prevention of Elder Abuse and by PAHO Plan of action on the health of older persons, including active and healthy ageing. The rights of the older persons should cover, among other issues:

- (a) The right of older persons to be free from any kind of physical, mental, emotional or financial abuse, exploitation and abandonment;
- (b) States measures to prevent, stop and punish the responsible for those actions;
- (c) The right of older persons not to be subject to torture or other cruel, inhuman or degrading treatment or punishment, or to medical or scientific experiments without their free, prior, and informed consent;
- (d) The protection of the rights and dignity of older persons living in assistance institutions, both public and private, including through periodic visits to medical and psychiatric institutions; and
- (e) The establishment of prevention and supervisory mechanisms, as well as the reinforcement of judicial mechanisms, in order to prevent interfamily violence against older persons.

5. Older persons in situation of detention or imprisonment

Existing human rights standards of universal or regional scope, including the United Nations Principles for Older Persons, the United Nations Standard Minimum Rules for non-custodial measures, and the IACHR Principles and

Good Practices regarding the protection of persons deprived from liberty in the Americas, affirm the right of older persons deprived from liberty to a preferential treatment in penitentiary establishments, subject to the supervision by an independent and impartial judge or other competent authority. This preferential treatment includes measures allowing for:

- (a) The separation of older persons, men and women in different sections within penitentiary establishments;
- (b) The provision of adequate provisions and services as required in order to meet the special needs of the older persons, particularly regarding their physical and mental health, and
- (c) Allowing access by older persons, without discrimination, to punishment measures other than the deprivation of liberty and other penitentiary benefits.

6. Legal personality and capacity

Taken the United Nations Convention on disabilities as a model of reference, a convention on the rights of the older persons may:

- (a) Affirm the full rights and legal entitlement of these persons, on an equal footing with any other persons;
- (b) Recognize their entitlement to exercise their rights or otherwise bestow other persons with the necessary permissions to act on their behalf;
- (c) Prohibit limiting their legal capacity excepting after a judicial decision.

7. Right to participate in the social, cultural and political life

The active participation by the older persons in society in all political, economic, social, cultural and spiritual activities in the countries in which they live, according to their own capacities, needs, and preferences is one of the

basic principles affirmed by the United Nations Principles on Older People and further reinforced by other instruments. The rights of the older persons to participate in the life of the community are affirmed in relation to:

- (a) The right to participate actively in the formulation and implementation of legislative and policy measures directly affecting their rights, particularly with regard to ageing policies, social development and poverty-reduction strategies;
- (b) The right to establish their own movements or associations, and to receive State supports through legal or financial measures;
- (c) The promotion of participation by older persons in volunteer and in inter-generational activities; and
- (d) The development of social, cultural or leisure programs and activities specifically designed for older persons, particularly those living in care institutions.

8. Right to an adequate standard of living and social services

The rights of the older persons should incorporate the minimum standards regarding the rights of these persons, as well as the obligations by States, international organizations and other actors, in relation to the various areas covered under the umbrella of the right to an adequate standard of living, as well as the basic tenets of the modern normative understanding regarding welfare and social policies in the context of old age. These basic tenets include:

- (a) The adoption of an age-specific perspective into social services, promoting the preservation to the maximum extent as possible, of their active functions;

- (b) The facilitation to older persons for physical accessibility and transportation to social services;
- (c) Special protection to prevent poverty among the older persons;
- (d) The promotion of volunteer activities in favor of these persons, particularly within care institutions.

9. Right to physical and mental health

Several instruments and policies, and particularly the Vienna and Madrid plans of action and the WHO policy on active ageing and PAHO Plan of action on the health of older persons, including active and healthy aging have already developed the special measures required to ensure the enjoyment of the right to health by the older persons. These include, among others:

- (a) The recognition of the right to enjoy the highest possible level of physical and mental health, without discrimination, and with full respect of their dignity and autonomy.
- (b) The recognition of the right to enjoy preventive and restorative health attention, particularly through primary care, including rehabilitation services.
- (c) The promotion of their preferential access to medicines directed to aged-related illnesses.
- (d) The promotion of and financial and technical support to home assistance, as well as intra-familial forms of care, including by training and periodic visits.
- (e) Whenever the internment in care centers is unavoidable, States shall ensure that these persons enjoy an adequate standard of living and full respect of their human rights.

- (f) The recognition of their right to provide their informed consent before any medical treatment or test, as well as before their internment in care centers.

10. Right to education and culture

As affirmed by international standards, older persons should enjoy the rights to education in both formal and informal institutions, within a paradigm of life-long learning. In addition, States should strive to take measures aiming at:

- (a) The promotion of active policies oriented to fight against illiteracy, particularly among older women;
- (b) The promotion of older persons' access to and active participation in cultural institutions and activities, including through volunteer activities.
- (c) The promotion of educational programs allowing the older persons to transmit their knowledge, culture and spiritual values.

11. Right to housing and to a healthy environment

An important concern has also been raised by the international community regarding the housing conditions and specific needs of the older persons, as important factors contributing to their independence and health. Existing international standards affirm, in this regard:

- (a) The right to enjoy an adequate housing, particularly in situations of crisis, emergency, displacement, or development-based evictions, and to be prioritized in the assignment of houses or land in those situations for the older persons.
- b) The right to live in a secure and healthy environment, including access to clean water and air, and to be free from exposure to pollution.

- c) The right to remain in their own homes for as much time as possible, according to their own wishes and needs.

12. Rights at work

A fundamental area to be covered by the rights of the older persons is labor. The international minimum consensus on this issue, as enshrined in the United Nations Principles for Older Persons and the Vienna Plan of Action, as well as in various ILO convention and recommendations, includes the recognition of:

- (a) The right of older persons to work and have access to other income-generating activities;
- (b) The right to equal treatment and opportunity, particularly with regards to access to equal remuneration, labor conditions, professional orientation and vocational training, and employment placement;
- (c) The adoption of active employment policies that promote the participation or re-entry into the labor market by older workers;
- (d) The right to freedom of association without discrimination based on age;
- (e) The promotion of legal reforms and financial incentives in order to allow for the employment of older persons beyond the compulsory age of retirement, in accordance with their capacities, experience, and preferences, including such measures as the gradual reduction of the working day, part-time jobs, and flexible time;
- (f) The diffusion of information about retirement rights and benefits, as well as of possibilities of other professional or volunteer activities.

13. Right to social security

The right of older persons to benefit from social security and other form of social protection in case of retirement, old age, widowhood, disability and other cases of loss of their means of subsistence for involuntary reasons. States should further ensure, within their availability of resources, that older persons have access to those benefits when, in reaching the retirement age prescribed by national legislation, they are not entitled to retirement or other social security benefits. The jurisprudence of human rights bodies have further contributed to elaborating upon some of these standards, including:

- (a) The equality of retirement conditions for men and women;
- (b) The proscription of the reduction of retirement benefits by subsequent State regulations;
- (c) The State's duty to provide an "exceptional diligence" in responding to legal claims related to the provision of old age or widowhood benefits.

14. The rights of older women

The need to pay a particularized attention to situation and needs of older women is common to international instruments regarding the older persons, which have unmistakably taken a gender perspective. Particularly worth-mentioning in this regard are General Assembly resolutions 31/113, 49/162, and 58/177, as well as CEDAW Decision 26/III, referring specifically to the rights of older women. The older persons should also reflect the existing commitment by the international community to

- (a) Eliminate all kinds of discrimination based on age and ensure the full recognition of and respect for the rights of older women;

- (b) Prevent all forms of violence against older women, including sexual violence
- (c) Abolish widow rites and other harmful traditional practices that may affect the integrity of older women;
- (d) Recognize the role that older women play in the political, social, economic and cultural development of their communities, and ensure their equal participation in design and implementation of plans at all levels, particularly in the rural milieu;
- (e) Ensure their access to social security and other measures of social protection, particularly when older women do not enjoy retirement benefits as a result of intra-familial work or other forms of informal occupation, and
- (f) Guarantee the rights to property and possession of older widows.

15. The rights of indigenous elders

As noted above, both the United Nations Declaration on the Rights of Indigenous Peoples and the draft American Declaration on the Rights of Indigenous People. These instruments:

- (a) Identify indigenous elders as specific groups within indigenous communities requiring of special protection in view of their special needs, particularly against all kind of violence against them.
- (b) Protect indigenous family systems, particularly the extended family, based on criteria of gender and generational equality.

The above mentioned fifteen issues are the fundamental factor to ensure the active and continue standard life of older people. Several national and

international conventions, treaty and legal frame work has been derived to protect the rights of the older population as well as elderly women.

As a whole this study is a unique attempt to discover the human rights situation of elderly women living in urban area of the capital city. The interview schedule (both structured and unstructured) is designed according to the conceptual frame work as stated above.



Chapter Four
Review of the Literature

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- 4.1 Literature Review 1**
 - 4.2 Literature Review 2**
 - 4.3 Literature Review 3**

Chapter Four: Review of Literature

4.1 Literature Review 1: “*When negligence intersects ageing: a study on Dhaka city*” by Zohara et al. October 2013 Vol. 48, Page 129-145, Bangladesh Journal of Geriatrics³⁷.

This study paper was published on Bangladesh Journal of Geriatrics Vol. 48. In introduction, the researchers’ stated that Bangladesh is experiencing current global ageing stream in its population including more than 10 million older people who are facing a dawning challenging of providing social security, health care and other supports and safety net to the seniors. The rapid population growth in urban areas and the demographic transition having lower fertility with higher longevity are the last two decades demographic changes occurring in Bangladesh. Due to rural-urban migration, most young and young-adults are prone to migrate, leaving older people behind, and that crates social gap which enhances negligence to older person. The researchers’ forecasted that the old-age dependency ratio will be tripled. This indicates that there will be fewer people to look after the older people. This will create more negligence and deprivation of the senior citizens.

This paper indicates that the Bangladeshi tradition of caring older family members has changed due to growing up of nuclear family at large scale. Perceived society’s belief and lack of proper policy implementations, social safety-net programs, health and housing for *ageing* population are the main issues of negligence in Bangladesh as well as in the world. There is hardly found any attempt for the welfare for the older person in Bangladesh.

According to this paper, in Bangladesh *ageing* population has become an important social concern because like many other developing countries, there is

no social security system. In view of the size of population, scarcity of resources, existing poverty, insufficient health facilities and absence of social security, *ageing* and negligence has become a major phenomenon in Bangladesh. The elderly in Bangladesh will face many problems such as insolvency, loss of authority, social insecurity, insufficient recreational facilities, lack of overall physical and mental care, problems associated with the living arrangements etc. the situation faced by the old men is substantially better on this dimension than faced by the older women, because most men remain married until they die, while most women experience the death of their husbands and end their lives as widow where the majorities (68%) of older women in Bangladesh are widowed.

The study revealed that today the traditional family support system is under pressure, due to demographic, social and economic change. But the traditional form of family support for the older people is weakening due to formation of more and more nuclear families and migration due to poverty and increased landlessness. Besides, people are having fewer children and the adult children are moving away to find work. Migration and unemployment have had a major impact on intergenerational support to the elderly. The increase in life expectancy offers new opportunity but it also creates challenges for the future. As people live longer, there will be growing demand for elderly care. Health care system as various levels in Bangladesh is designed for the general population and traditionally focuses on mothers with children with under five and women in reproductive ages. There is no special care system for elderly. So that, they have to receive medical and health services from government health facilities at various tiers. Even those who live in cities and towns can often only reach health facilities by using public transport which is expensive and not suitable for easy access. Mental health of the elderly is another

important are in understanding their overall health situation. Inadequate economic support, poor health, inadequate living space, unfinished familial tasks, lack recreational facilities and the problems of spending time are the causes of their mental illness.

The methodology of the study was case study as qualitative method. The objectives were to know the family condition of older person, their negligence situation and their suggestions to cope with these challenges. The researchers hope that this paper will help others for further study in this field.

In findings, this study shows that poor children used to neglect older parents due to poverty and the older women who meets all her requirements by her own saving, the negligence is less prominent than others. Most of the children don't take any responsibility and hardly communicate with their older parents. Most of them neglect the decision of their older parents and also don't ask for it even an important matter and they don't like to share time with their parents.

In recommendations, the study focuses on a gender based research need to be conducted to find out the negligence situation of older male and female and the research need to be conducted among the older persons from various classes of the society.

4.2 Literature Review 2: “*Role and Status of Active Elderly Women in Urban Bangladesh*” by Rezina Sultana, October 2013 Vol. 48, P 28-57; Bangladesh Journal of Geriatrics³⁸.

This study paper was published on Bangladesh Journal of Geriatrics Vol. 48. This study introduced as Bangladesh is one of the twenty countries that has largest number of elderly population and by 2025 along with four other Asian countries, Bangladesh will account for about of the world's total elderly

population. Since, women bear a disproportionately low status in every aspect of life in Bangladesh it can be assumed that among all the vulnerable elderly population, the elderly women are more vulnerable due to social and economic marginalization. They won few assets and they have less control over their family income as evident from recent research, active elderly women, in spite of their vulnerability are playing different roles contributing to the interest of the family for their own existence. The researcher stated evidence from different studies about the role and activities of elderly women in the family. In our society it is historically fundamental that mother should take care of home and small children either personally or supervise the servants in their duties. This attitude towards women has not yet changed even this 21st century, not even towards working women. For this reason, the researcher has felt the importance to investigate the role and status of active elderly women in urban Bangladesh.

The specific objectives of the study was to understand the socio-economic background of the active elderly women in urban Bangladesh, to identify their present roles in performing household chores, to find out their role with grandchildren and to know their present status in the family.

The study method was survey, but to get in-depth knowledge about the active elderly women and their present status, ten cases were also studied. The data analysis was done both quantitative and qualitative method and sample was women aged 57 to 70 years, and sample size was 80 women.

In findings, the researcher presented the socio-demographic characteristics of the respondents. The median age of the women was 61.4 years. About the marital status of the women, she pointed that about 40 percent of the respondents were widows which is really an alarming situation for today's Bangladesh. Everywhere widowhood is a tragic incident in a human's life, as

in a male dominated world, she has hardly any existence of her own (Chakrabarti, 2010:97). This study stated that 45 percent of the respondents have dependent children. This data indicate an alarming situation for a Bangladesh where the old age allowance and unemployment benefits for the youths are quite absent. So, usually the active elderly women face financial and economic problems to run the family.

This study revealed that, about 58 percent of the respondents were living in their own families with husband, whereas 36 percent living with their married sons. 61 percent respondents cook for the family, 30 percent of them clean household things and about 34 percent of them nurses the sick member of the family. So the active elderly women were helping their families performing the tough jobs. This study also found that about 37 percent respondents devote 3 – 5 hours daily on an average to caring of their grandchildren, which followed 30 percent spent 5 – 7 hours daily in this respect. The study further demonstrate that 41 percent of the respondents got 3 – 4 hours rest daily on an average excluding their sleep time at night.

But this study hasn't defined the term 'active elderly women' and the basic principles to remain active in their old age. There is no reflection of human rights situations of the active elderly women. This study only analyzed the contribution of active older women to their respective families. The situation of basic rights of the older women like food, shelter, clothing's, medical facilities, rights to property, role in decision making as well active participation in the society should be investigated to discuss the active role of the older women, which was totally ignored here. So, further study should be required about the human rights situation of the older women.

4.3 Literature Review 3: “Expectations, Realities and Coping Strategies of Elderly Women in a Village of Bangladesh” by Tamima Sultana, Junior Research Associate, Bangladesh Development Research Center (BDRC), December 2011³⁹.

This paper focuses on the socio-economic status of elderly women, based on 20 elderly women in the village North-Doulatpur in Phulgazi Sadar Upazila of Feni district, Bangladesh. Information had been collected through in-depth interviews, and then, on the basis of interviews, seven case studies have been prepared. The major findings of this research are that poverty has an important role in the life of elderly village women and that women are more vulnerable than men in their old age, partly because of a patriarchal social structure. They expected a happy old age, which did typically not materialize. Most of the elderly women suffer from various chronic diseases like back pain, nerve disorder, insomnia, joint pain and pelvic relaxation with uterine prolepses. Despite their sufferings, most of them do not get proper care. None of the women in this study get any government allowance or other necessary services from the government. Elderly women follow various strategies for survive, though some of them could be categorized as negative coping mechanisms.

This study revealed that among the elderly worldwide, poverty appears in the form of social and economic insecurity, health hazards, loneliness, illiteracy and dependency. Poverty among older women is not accidental. It is multidimensional in that it stems from the multi-layered inequalities that women experience during their life time. Throughout the world, older women are more likely to live in poverty than men and this group is increasing rapidly. Hence, gender aging and poverty are interrelated. In Bangladesh, elderly women think that poverty is one of the important causes for their painful life.

Because of poverty they cannot fulfill their basic needs like food, clothes, and medical care.

The respondents of the study have urged that not only poverty is an important factor of their old age unhappy, but lack of education, malnutrition and a decrease of their ability to work responsible for their calamity. Due to poverty, they need to do hard work inside and outside of the house. 80 percent of the respondents live in unhygienic household situation that reflects their lower economic status in the family and society, so that sanitation system seems as problematic for them.

This study finds out that vulnerability of older women inflicted by gender disparity. *Ageing* takes greater toll on women beyond multiple social inequalities. No access and no control of property make elderly women more vulnerable than men. The researcher stated that, “*Razia, Rabeya, Sajeda, Ankurunnesa, Sofura, Atia, Jotsna, Prova, Halima, Nurunnesa, Hasina, Hajera, and Ojiba are widows. Because they are widows, they became dependent on their sons. However, they think that their sons do not give any importance about them.*”

Regarding older women's expectations, this study refers that though the women seem realistic with regards to their expectations, they wished for a more happy life in old age. They never imagined that they would become an extra burden of the family. Although elderly women's contributions remain significant many of them seem invisible to the policy makers. So it is necessary to approach elderly women as a development agent and re-conceptualize them as active contributors to polity, economy and society. According to the researcher, “*Razia was very much dreamy when she started her marital life. But most of her dreams did not come true. Then, she thought that once her children are grown up, they would look after of her. She thought that she*

would be happy in her old age. However, her present situation differs sharply from her expectations.” The sickness of a female member in the family never gets importance. The elderly women can’t go outside to spend leisure time by meeting with others. In some cases, women eat a very little after all the family member have eaten.

Regarding health problems, this study exposed that, elderly women experience proportionately higher rates of chronic illness and disability. Elderly women live with numerous chronic conditions, many of which are irreversible but not life threatening. Most of these illnesses, such as senile dementia, have a deleterious effect on women’s lives and social support networks. Elderly women suffer specifically from female diseases, like pelvic relaxation with uterine prop lapse and genital malignancies. Postmenopausal vaginal bleeding was also observed in some women. But nobody cares about these diseases and nobody thinks that these are diseases that need to be consulted with a doctor. In any case, doctors are not sympathetic and do not take extra care for the elderly women. Moreover, women feel that any discussion about these diseases would be a matter of shame. If elderly women go to a doctor and get some prescription for medicine, they typically do not have the money to pay for the medicine. Particularly elderly women adopt the non-allopathic therapy because they have no more money for receiving allopathic treatment. According to the researcher, “Most of the women are feeling insecure. They are suffering from loneliness, depression, insomnia, irritation and isolation due to their inability to get proper support. Indeed, all of the women interviewed face loneliness and irritations due to their physical and psychological inability.”

In the area under discussion of family treatment and role in the community of older women, this study found that, though the elderly women living with their families, but they have lost their importance. While they have to look after the

grand children, they are not taken seriously and many of the women became frustrated because they cannot accept their unimportance within the family. In Bangladesh, rural society has an aesthetic value that the elderly women are an important personality in social ceremonies as they have experience and knowledge related to tradition. But according to the respondents of this study, despite the acceptance of elderly women within the rural community, community members are due to poverty not able to help them financially.

In Coping Mechanisms of Elderly Women, this study formulated that, elderly women are adapting themselves with the changing life. They follow some strategies for avoiding the sadness of their life. Sometimes they are successful, but most of the time they fail. They are sacrificing their views, their desire, escape their demands and tolerate the powerlessness within the family. These sacrifices can be categorized as positive and negative coping mechanisms. Positive coping mechanisms are those that are not harmful for them. Negative coping mechanisms are harmful for them.

Lastly this study recommends that the life of elderly women in Bangladesh is just like being in a bad circle and they do not know how to get out of this circle. They just submit their future on the hand of God. There were no old home for the elderly women in the study area and neither were there any proper transport facilities for them. Elderly women do not get any special legal support. So it is clear that the government takes steps towards improving the situation for elderly women, though many of these steps are more talk than action. In any case, the actions taken are far from sufficient and typically reach only a few.

There is a need to recognize the survival mechanisms already developed by these women as basic strategies in their own right and to build on them. A first priority would be to strengthen their organization capabilities by providing

physical, financial and human resources, as well as education and training. Also of extreme importance is the need to revitalize these women's aspirations in order to eliminate the chronic despair that characterizes their daily lives.

This study only expressed the coping mechanism of elderly women in a particular rural area of the country. But the picture may be different to the urban area of Bangladesh. So, a study on human rights situation of elderly women in the urban area is a necessity.

Chapter Five

Qualitative Findings (Case Study)

- 5.1 Case One**
- 5.2 Case Two**
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Chapter Five: Qualitative Findings (Case Study)

5.1 Case One

Monoara Begum (Penname), 62 of age is living in Adabr, a mother of three sons and two daughters. She has to marry very early age. She has an education only high school level. She has suddenly widowed in 2008. Her husband was a retired government officer in income tax cadre. Her husband built a four story house for her. They have some shrimp yard in their home district Bagherhat. Her husband also left a car for her. But recently she sold the car as she can't manage it with the driver. As a whole her family was a rich one. But as her description, the family was not a happy one. Because of her sons activities, life patterns and so on, she can't spent her life in peace.

Her elder son had some history of indiscipline lifestyle. So his first marry was not last long. Then he married again and settled in Australia from 2005 with his own family. He comes to see her not at all.

Her second son married a daughter of Joint Secretary by affair. But this son was not too much educated and falls in some unsocial activities like *chadabzi*, *chintai*, *smuggling drugs* etc. So his wife after a short time can realize his fate and leave the family very soon living a daughter of two years. Then this son involved with some anti-state and anti-law activities. So he arrested some times by the police, set into jail. During the 'State Emergency of 2007 to 2009', he caught by the police and tortured a lot. After that he became very weak. But suddenly he died in 2015 by a massive heart attack when he was visiting their village home. This son's only daughter (Monoara's daughter-in-law) is now 13 years old and living with the grandmother alone.

Monoara Begum faced indescribable sufferings and pain in her old life. She said, *“I should die, I want to die some time, but after while I think who will take care my daughter-in-law, the orphan teen girl? What will be the fate of this young girl as no one to look after her? To die in old age is more painful.”* She also had a young son living with her but help her very little. Her daughters’ husband is a doctor in profession. They have a very little time to visit the old widow mother.

Monoara Begum’s overall health conditions are not so good. She feels so weak and day by day her health condition is deteriorating. But generally, she performs all indoor and outdoor activities. In 2013, she broke her hand while walking by the road side at Adabar.

Monoara Begum can’t participate in the social and cultural programs like marriage ceremony as she couldn’t move frequently now and as she sold her car due to unexpected troubles from the driver. Even she couldn’t buy new cloths by herself as she can’t go to market.

In this old age of life, Monoara Begum has to work in house and outside, but she gets no recognition in the family and society. She does not getting proper treatment and medical facilities, nutritious food for old age. His eldest son has sent money for her health check-up and medical treatment, but as she is in financial crisis, she spends the whole money for the repair of her house and paid the municipality tax. She has spent all her life to serve her husband and children, but in her old age, there is none left to take care her. There is none to listen about her sufferings and sorrows. She feels very helpless and lonely now. In the evening, she used to stand with a passionless eye for a long time. If she finds a known passerby or neighbor, she talks to them and tell them to visit her.

5.2 Case Two

Mrs. Sufia Akter, age 65, was married immediately when she passed the S.S.C Examination. Her husband was a student of Dhaka University at that time. After graduation, her husband got job as Live Stock Officer in Government sector. He has retired as being a Director in Directorate of Live Stock. Sufia Akter had three sons and one daughter. Among them the middle son and the daughter are twin. Sufia Akter never resided at her father-in-laws house. She was living at her father's house in Mymensingh district with her children. Her husband posted at various place of the country and he used to travel to her. She never enjoyed financial liberty in her married life. Her husband fulfilled all her family requirements, but never gave money to her own hand. But the house in Mymensingh town is in her ownership.

Sufia never got good and friendly behavior from her husband in the whole conjugal life. She has no right at all in the family. But she has maintained the conjugal life only thinking about the future of her children. To grow up and establish her children was the only vision of her life. Her husband has dishonest nature in character from the very begging and that was expanded severe gradually. She said, *"I tried to fulfill all of my husband's conjugal life's demand, but he never corrected. He never looked back me and practice illegal sexual life. Destroying all my dreams, he has married a lower classed woman and started to live separate place. Situation stands like that, I can't live in Mymensingh and I decided to live with my eldest son living in Uttara, Dhaka"*. For the last ten years Sufia is living separate from her husband.

Sufia Akter's eldest son was studying in London and doing job there. Recently he has come back to the country. He got married just few days ago and living with her. But the middle son has got married earlier and at the same time, the

daughter's wedding also done. Unfortunately her daughter got divorced and she is trying to wed the daughter again. But she can't arrange the marriage of her only daughter to settle a family.

Being un-joint from her husband, Sufia was living her middle son's family and that son also has broken his family earlier. Sufia was caring son's child for the last 10 years. But just only couple of months ago, she was got out from his house with misconduct by her own son. Now she was living at Adabar of Dhaka in a hired flat with her other children.

Sufia Akter likes to travel, but with whom she will travel? The conjugal relationship with her husband has been cutoff long ago. She feels lonely, loneliness has made her depressed. Her children show supreme respect to her, her life partner, who can wipe away the loneliness, doesn't take any news of her health, happiness or sorrows. In the past of her family life with her husband, she has no power of decision making and has no financial freedom. For the whole life, she never enjoyed the financial solvency and freedom. In her family with the children, now she has leading role. The children living with her show great honor and importance to her opinion.

5.3 Case Three

Mrs. Ayesha Khanom is the child of a martyred freedom fighter of Bangladesh's liberation war in 1971. She was retired from Dhaka City College as a Professor of Geography and Environmental Science in 2015.

After the martyrdom death of her father in 1971, Ayesha was growing up with her mother's care. Her mother was a nurse. Mrs. Ayesha wed after the completion of her University Study. Her husband was also in teaching

profession, retired as Professor of Sociology from Government College in 2012. He is also a great freedom fighter and professional activist.

She was the only child of her parents. She has a house in Chittagong town and lots of wealth left by her father and mother. Ayesha was not so beautiful and her complexion was dark. Her body was not attractive as a whole. But her father's left over money and wealth was huge. So, she believed that her wretched husband married her being greedy of her parent's property. Her husband has made a four storied building at Dhanmondi, Dhaka by selling all the properties in Chittagong. In the aftermath, her husband again sold the house at Dhanmondi in 1994 and has built a new house at Adabar, Dhaka by his own name. That is, Ayesha lost his property right by this equation. Her only property remained as her job at Dhaka City College. As her description, *"My husband tried to marry several times in our conjugal life. As I am not beautiful, many times my husband seeks my written permission to marry again. He forced me, physically assault me, said bad language and so on"*.

Mrs. Ayesha is a mother of two sons, the elder son born in 1982. Her early conjugal life was not happy at all. She said, *"When my elder son was too young, one night my husband and sister-in-law get me out of house. I have to stay standing at the stair of the house in severe cold of winter. It happened several times in my life. After a long crying and requesting and knocking the door I have allowed enter in the house"*. The second son was born in 1995. This kind of violence against her was happened repeatedly. When her children have grown up, the oppressions to her have stopped.

As Ayesha was not beautiful to look or her husband's nature caused, she never got the proper dignity to her husband. As her husband failed to marry again, has fallen in illegal relationships one by one. She can realize all. Very beginning, she tried to protest but got no result, in addition, she fall in more

outrage. She was born as human being, has grown up in endearment of parents, but she never got happiness in domestic life. Day by day, she becomes a little bit mentally depressed. Her life has flowing like in this way.

Mrs. Ayesa Khanom is still living in her family with her husband and children. Her retired husband was suffering from diabetic mellitus and hypertension for long time and he is busy with social service. He has very little time to pay attention to her retired wife. She passes her time reading news paper, viewing television, cooking food for the family with the help of maid. Sometimes she goes to shopping for daily requisites alone or with the maid. Her elder son finished his studies but not employed yet. The second son is studying in higher secondary. So, Mrs. Ayesha always lives in tension about the future of her children. She has no property rights, no dignity in husband's life. So she lives in very narrowness in her mind and belief. She never feels comfort to participate in social and cultural occasions both in the family and outside.

During 2007, Mrs. Ayesha Khanom got an accident when she was travelling to her work place by rickshaw, a motor car pulled from behind and she has fallen to the road broken one of her leg. At that time she suffered a long time to recovery. Till date, she feels some pain at the broken leg. She has chronic asthma with bronchitis. Some time it causes much trouble in her daily life especially in cold season. After all, her health is quite normal.

Now her husband insists her to join any private university as part time teacher. He will arrange the job for Ayesha Khanom as this will earn some more for the family, but she doesn't agree. She said, *"I am not nice looking, my husband never loves me, never evaluated me with dignity, but always tried to grab money from my earnings. Still today, he is trying to settle me in job and have some economical profit from me at this end period of my life. My fate is so so"*. She doesn't get anything, but lost her house property, lost all of her personal

assets. There are many hindrance unrest and sorrow in her heart. But there is no one to dissolve her miseries. In her whole conjugal life she realized all her husband's undue behaviors, but she never rivals. She feels wisely that there is no benefit of rivals. She suffers from mental stress and troubles, she can't sleep at night as she feels that there is nothing that she able to enjoy and earn her whole life. She has to bearing an unhappy life to the end.

5.4 Case Four

Somula Begum is a woman of aged 65 years. Her husband was late Ayesh Ali of village Tangail under the Belabo upazila of Norshingdi district. She has got admitted at the NITOR (National Institute of Traumatology and Orthopedics Rehabilitation) so called 'Pongu Hospital' on 14 September 2015. She has got a fracture in her leg in an accident when she happened to fall down from the roof. She is now in a helpless, unsecured stage.

Somula Begum has been interviewed for a long time and my purpose was to know about her condition. Her husband was died long ago. She has three sons and two daughters. She lives in her son's house. All the children are married. She does not possess enough property. She has tried her best, struggled a lot to bring up her children. She had a dream that they should look after her. But it was perceived that she does not get enough freedom in her son's house. She lives there only to get enough meal, security and a good life. But all her sons are busy with their own families.

She is suffering from malnutrition and weakness. She is deprived of her meal, proper case which is a must at her age. She has got pains in her hands and legs and there is the lack of calcium. She is being deprived of her basic rights off life. She has given all her money to her children, hoping that they might give

her a secured life. One of her daughters is helping her but it is hard for her to help her mother financially. She feels helpless. She needs to undergo a surgery; a steel rod is to be inserted in her leg. But she does not have enough money.

She is actually deprived of the basic human rights including freedom, mental strength, and good health. She is gradually recovering from her illness but she is suffering mentally. She is told that after her recovery she might be sent to her village but she has no ear ones there. Her own sons live in Dhaka. She has a daughter in the village who lives in her father-in-law house; will she be able to look after her mother? Somula is utterly helpless now. Who will give her a secured life? She is living a difficult life full of frustration, fear and anxiety.

5.5 Case Five

Joba is a street beggar woman of aged 66 years from the village Lejugina under Lalmohan upazila of Bhola district. Her husband late Abul Kalam died long ago. Poverty has driven her to the profession of begging as she has no one to help or take care her during the old days of her life.

Joba has three daughter and two sons. All her daughters are married. Her sons are also married. She lives in a slum at Agargaon, Dhaka. Her monthly house-rent is 120 taka. She does not have any fixed income; it ranges from 50 to 100 taka. She begs in the street the whole day, comes back to her home at night and prepares her meal. She cooks them by herself.

None of her children want to take the responsibility of Joba. One of her sons looked after her for a few days but she had to beg still then. Her son and his wife would press her for money and threat her, she leads a poor life. Her health does not seem to be sound. She does not get enough food. Moreover, she lacks

mental peace. She is deprived of all these requirements. She feels anxious about the coming days when she will become more feeble and inactive.

Who will take care of her then? Perhaps she will not be able to stay in the Agargaon slum. She feels unsecured and lonely when she perceives that she does not have the advantage of enjoying her life as a family member or as a part of a society. She has so many questions towards her family, society and the state. Perhaps there are many such women in the society who are in such a pathetic condition like Joba. Can anybody take the initiative to restore Joba to a normal healthy life? Can anyone give her the assurance of enjoying the basic human right like food, clothing and shelter? Can anyone help her to say good bye to the detectable habit of begging? Cannot we form a united community to help such persons in their miserable condition?

5.6 Case Six

Khuki, a street beggar in Dhaka, is an aged woman of eighty years. She is from the village East Gopalpur under the sadar upazila of Rangpur district, situated in the northern area of Bangladesh. This area of Bangladesh was under the extreme poverty. Her husband late Borij Uddin died many years ago leaving her with three young children, in a miserable and helpless lonely life. As her family was a extreme poor one and they have no source of income, by losing the husband Khuki has fallen a very vulnerable situation of life. Poverty has driven her to the mean profession of begging. She has two daughters and a son. The two daughters are married but unfortunately the eldest daughter has become a widow. Her son is also married. Her son has a son and a daughter.

Khuki was found begging in the street with her broken leg. Then she has taken at a relaxed, peaceful place under the shade of a tree and inquired about the reason behind her coming to this profession.

She has revealed that her husband had died during the liberation war. After that, her brother-in-laws drove her away from their house. Then she came away to Dhaka. Here she started working in peoples' houses. She had a secret hope that her son would eventually take care of her but these were mere dreams. Her son is rickshaw puller.

She feels uncomfortable in her son's house. They do not provide her enough meal. Her eldest daughter lives with her who cannot work anywhere because of problems in her bones. Khuki's son tortured his sister as much as he is responsible for her broken legs. She does not have enough money to visit a doctor and get proper treatment. Her income ranges from 100 to 150 taka per day, but this is insufficient. Her monthly house rent is 500 taka. She lives in a room in a slum near to National Science Museum in Agargaon area with her daughter and three more persons.

Khuki lives in an unhealthy environment. She is being deprived of her basic rights. She feels in secured. She even doesn't know what will be happen when she will not be able to beg at the street or go out for begging. She is worried that when she will become seriously ill, how she will manage her daily basic need. But, in this civilized world, it is desired that every person in the society must be fulfilled by his satisfaction regarding the basic rights of food, shelter and also mental peace and a secured feeling.

5.7 Case Seven

The beggar **Rupjan** is a helpless woman from her very birth. She was deprived of her basic rights even in her father's house. Her father was a farmer who used to work in other persons' fields. They used to live from hand to mouth. They were five sisters and brothers; four daughters and one son. Everyone is married but no one is living a well-to-do life.

Rupjan was married in her early life in another poor family. But unfortunately she lost her two legs in a massive accident and she becomes a misfit in the society. Everyone treats her badly and throws away her from the family. Being helpless, she has started begging.

Her life is a tale of sufferings. She did not get peace at her husband's house and now her plight is that no one wants to recognize her worth at her husband's house as she has become disabled. She does not have any son of her own either. Her husband abandoned her throwing in a vast sea of sufferings. There is no one to look after her and bear her daily requisites to live. Sometimes she thought that if she had children, they could take care her but her dreams destroyed when she found that many of her fellows living alone though they have earning children. She said, *"I sometime feel for children as there is none to see me, but I become hopeless when see my neighbor beggar living by her own though they have many children"*.

Rupjan is a living example of life's bitter sufferings and pains to us. It is becoming difficult for her to bear the expenses of her own medical treatment. Now she is totally frustrated about her future. She said crying, *"I have no property, no money savings and no permanent shelter. My health is growing more severe due to broken legs. I have no hope to be better in life"*. Moreover,

the slum that she lives in is going to be destroyed because a new building might be built there. Life has become a great problem for her.

5.8 Case Eight

The street beggar Golapjan is a women of 62 years. She begs in front of NITOR (National Institute of Traumatology and Orthopedic Rehabilitation), so called Pongu Hospital. She resides at Agargaon Shaymoli slum. Her husband Kuddus is died 15 years ago in a fatal accident and she lost her two legs broken. Her husband was a day laborer.

Golapjan has been living the miserable life of a beggar for long 10 years. She has a daughter and she was married. But unfortunately her husband has gone away leaving her with two sons and one daughter. Her daughter cannot do any outdoor work as her children are of a very tender age. Golapjan has to bear all the expenses. Her monthly income is 3,000 taka. If she becomes sick for a day, all other member becomes afraid of living.

Golapjan is not getting all her basic needs of her living. She does not have any freedom to life but she is bound to earn livelihood. She feels unsecured and faces many obstacles to life. She does not have any property or land in the village. She feels helpless. She said, *“I don't know where I will be buried after my death at all”*.

The people of the society ignore her existence. She bursts into crying, *“Everyday I spread my hands to many people in the street, but few people give me a little money to me. I cry to help me and my family of five members that we have none to look after. But I fail to draw attention of the passerby's. What is the state's responsibility to me or people like me? What the government doing*

for the poor people in the society. I have heard about some programs but that goes to the positioned peoples' grasp, we can't reach those".

She does not get proper recognition and evaluation. According to the universal human rights proclamation she is being deprived of all her basic needs. She is being deprived of the basic rights of food, shelter, clothing and medical facilities. She lives in an unhealthy environment. On the whole, she is getting depressed day by day. Life is a great problem for her.

5.9 Case Nine

Julekha Bibi (Pseudo name) lives in a torn hut at Adabar 16 no. area of Adabar thana, Dhaka. She is a widow of 75 year old. She is living on begging on the street. But ill health always does not permit to go to her profession. So she has to pass many days in starving.

She is the youngest daughter among the seven children of her parents. Her parents were living in a village named Charghosherpara of Ghosherpar union parishad under Melandaha upazila of Jamalpur district. This area of is very much river erosion prone and inhabitants are usually very poor. Julekah's parents were very poor. She doesn't get enough childhood care as well as sufficient daily foods.

In the poor and big family, she was treated as a burden because she was a girl. So, she was married at the age of eleven. Her husband Rokan Ali (Pseudo name) was the inhabitant of the same area and he was also form a poor family. He is an illiterate man and day laborer. He can't earn enough to live a happy family of two sons and three daughters. After the huge river erosion, Julekha's family shifted to Dhaka and lived in slums of many areas. Her husband died forty five years ago by heart disease.

After the demise of her husband, Julekha began struggle to survive along with her five children. She used to work hard in the residence of others, brick fields to bring up her children. She had to do hardships to feed her five children. But her dissatisfaction is that she couldn't make her children educated. She said, *“I became a helpless widow, I tried hard to serve food, clothing, and shelter to my children, but couldn't make them educated. So they don't able to manage good jobs at all”*.

Now all of her children are married. Her two sons are also very poor. They draw rickshaw-van and sometimes go for day labor. Both the sons became separated and make their own families in other places. None of them take care and look after the poor and widow elderly mother. Julekha's three daughters are also married in their early ages. But unfortunately the elderly daughter divorced with two children and came back to live with Julekha. This is become an extra burden to her in this old age both economically and psychologically.

Julekha's other two daughters and their husbands are also very poor. They are living in the same slum, but they can't give her any kind of support for her livelihood. Julekha built tiny conjugal huts in the land of others where she lives with her elder daughter and her two younger children. The cottages are made of bamboo, plastic sheets, tin and mud. The house is always marshy and become more severe during rainy season. Water drops come throughout the roof and the floor becomes watered. The house doesn't have any furniture at all and so that they have to lie on the floor.

As Julekha Bibi do not get any financial support from their sons and daughters. Further her elder daughter is depending on her. For older age, she couldn't do hard work and can't work regular in other's house. As a result, she lives on begging.

Physically she has been suffering from old age illness. She feels pain in her waist bone and she doubts that her bone has been broken while she is begging and fallen into a road drain. So she needs orthopaedic treatment but can't go to hospital or doctors due to money shortage. For that reason, she is visiting to a kabiraj for indigenous treatment. She said, *"Where do I go for treatment? Government Hospitals do not take good care for the poor. I have not enough money to give doctor's visit and for diagnosis and medicine. So I catch a kabiraj for herbal treatment. But I sometimes even can't go to the kabiraj due to lack of money"*. Besides her present illness, she suffers from eye sight problem, gastric and abdominal pain, hearing problem and insomnia. She takes indigenous treatment. She takes poor meals twice or even once daily. Her belongings and dresses are seen torn, old and unclean. As she has no warm cloth, she feels severe cold during winter season.

In this helpless situation, Julekha Bibi became fully dependent on her divorced poor daughter. But this daughter earns a little amount of money working in several houses as maid servant. With this poor income of the daughter, it is very hard to run a family of four members.

As a beggar widow, she doesn't get respect and honor from the people, community and society. At this old age, she doesn't know whether her children and other relatives are alive or not, so that they can help her to be cured and happy. She doesn't get supports from her neighbors because they are also poor. She never invited to any marriage ceremony or other socio-cultural festivals, but sometimes peoples call her for 'kangali bhoj' on some special occasions only.

She is passing her illness leisure lying on a torn mat of marshy floor. As she is illiterate and has no religious learning, she doesn't know how to offer prayer. She said, *"I can't call my Lord, say my prayers, because I haven't learnt these*

in my childhood. My family and society of char usually don't care about religious affairs. So I pray to Allah in my own mean".

Julekha doesn't guilt her sons for not looking after her, but she only blames her fate for having such sufferings and deprivation in the whole life. She said that she would like to go to old home if anyone arrange for her. She doesn't get old age allowance or any other government or non-governmental supports. She requested many of local affluent persons to give some money for her treatment, but none responds her. She argued that she had heard thousands of NGOs are working throughout the country for the development of the poor peoples', but none served any help to her yet. She more urged the government to realize and re-think about the distribution of its support among the distressed and old women.

Julekha Bibi is a distressed and helpless old widow whose basic and fundamental needs remain unfulfilled throughout her life. Now in this beautiful world, she doesn't make any dream to have golden opportunity, but desires for death only. Her life is now a curse only.

5.10 Case Ten

Arifa Khatun (Pseudo name) is an older widow who lives at Baitul aman housing society, Adabar area of Adabar thana of Dhaka city. Her parental residence was at the village named Jhitka of Harirampur thana under Manikganj district. She was the eldest daughter among the four children of her parents. She was married when she was only fifteen years old. She is the mother of four sons and two daughters. She had been enjoying conjugal life for long 45 years and she was almost happy in her conjugal life. About 15 years ago husband died. She is now 75 years old.

Arifa Khatun's husband was not financially affluent, he kept good relationship with her and they loved each other very much. Her husband maintains a disciplined conjugal life with her. Both of them work hard to maintain the family of seven members. They have not any land in the village. Her husband used to cultivate other's land and work as day laborer. With the small earnings, they couldn't able to give their children sufficient education. Her husband shifted the family to the capital city with dream of better income. Here he takes the profession of rickshaw puller. Her husband arranged marriage for all of their children. Now they are live separately with their own families.

Being widow, Arifa Khatun is living in the family of her second son which consists of five members. They are she herself, her son and his wife and one grand-son and one grand-daughter. She lives in a tiny teen shed house at Adabar area. This is a hired house for lower income group. The house contains semi-packa latrine, electricity, steel furniture and so on. Her bedroom has wooden chowki, mat, kantha and pillow, bed sheet are old, torn and unclean. Her dresses are also shown the sign of severe poverty. She shared her bed with her grand children. The second son looks after her as per his ability. This son is a shop keeper. He earns a small amount of money by which he maintains his family and bears the expenditure of his older mother.

Arifa Khatun does not blame her other sons as they don't look after her. These sons are very poor and pulls rickshaw for their livelihood. So, she always prays to the Almighty to let them be financially solvent and happy. Arifa Khatun said, *"I have a great dream to form a happy family with my own children and grand-children. I worked hard with my husband, but would not able to earn enough to make my children educated. So, none of my children is doing good job or business to earn an adequate amount of money to maintain their family and my expense. Sometimes I shed tears to Allah for the fate of myself and my*

children. Sometimes I become so frustrated that I ask the Almighty to sanction my death". Arifa's daughters live far away from her, so that she can't go to visit them due to old age and illness. The travel cost is another major cause of unable to go to the daughter's house. Sometimes her daughters and grandchildren come to see her but can't contribute money for her feeding and health check-up.

Now-a-days Arifa Khatun isn't able to do any hard work. She can do the works for herself only like taking bath, using latrine, washing her clothes and sometimes cook foods for herself and for the family. Usually she takes meals three times daily, but she can't get costly and nutritious food like milk, egg, fish, meat and fruits. She has been suffering from eye sight problem, hearing complications, insomnia and gastro-intestinal disorder. Sometime she fails to remember things and attacked by dementia. She feels that she should be diagnosed by specialists, but she can't go to doctor due to lack of money. When become severely ill, she receives treatment from a 'Kabiraj' or non-qualified practitioners.

Arifa Khatun feels extreme aloneness realizing the demise of her relatives and contemporaries. Her only sister who is still alive among her siblings, sometimes comes to visit her from the village, but she can't go to see her due to physical disabilities. She does not say her prayers regularly as she doesn't know how to say prayers. But she calls the Almighty in her own way. Though she is an old widow and poorest woman, she doesn't get Old Age Allowance or other government and non-government supports. She said, "*Lives of poor peoples' are only for sufferings. I feel myself a burden of my family and the society. Only my death can draw the solution of my problems*". She recommends that the government and community grants should attain the doors

of every distressed elderly. Special care provision by the government should be taken to address the old age problems of elderly women.

5.11 Summary Findings of the Case study

The cases of this study were being from the different socio-economic group of the society. This section presents the major findings from the case studies and in-depth interviews, examining following topics:

- (1) education,
- (2) marital status,
- (3) occupation,
- (4) economic status,
- (5) vulnerability of life,
- (6) house accommodation,
- (7) food security,
- (8) clothing supply,
- (9) health problems,
- (10) elderly women's expectations,
- (11) economic role in the family,
- (12) psychological problems,
- (13) treatment by family members,
- (14) role in decision making and
- (15) rights to property.

Level of education determines the standard life of a human being in the world now. Socio-economic conditions also vary according to the education. The in-depth study shows that higher educated older women are remaining in a better situation of human rights. Those women have their living husband, ensuring better human rights situations than those are widows. Employed and retired women are less vulnerable and they are living in good economic status in the family. But most of the older women under the case studies, those are from the lower economic group and widows, are living in severe condition of life. Some of them living in the slum and begging in the street. Though they have earning sons, even they are not taking care of these helpless mothers.

Elderly women usually expect happy old age with their families, but only few of them enjoy it. Many of the elderly women passed their whole life serving her family, children without any income generating activities. So, their economic role and importance are totally ignored in the family and society. Very poor socio-economic group elderly women become frustrated about their future as they have not any kind of support from the family, society and state. Even they don't know what will be happen to their life when they will be ill or more aged. When the poor old women lost her all kinds of support from the family, society they have to start begging in the street and door-to-door.

Elderly women living in their families, always busy to take care the grand children and those are sick, but no one cares from the family when they become ill. But sometimes they do not get adequate food for the proper nutrition of their old age. So, they have to suffer from many kinds of physical illness throughout the old age. The elderly women can never take part in the decision making of major issues in the family. Widowed women has give lest importance in the decision making. Most of the elderly women can never enjoy the rights to property. They have live in her husband's house or with their son's

family, where they sometimes treated as a burden. Elderly women sometimes suffers from psychological problem like depression, dementia etc.

The research shows that the older women of upper class, middle class and lower class are in socio-economic, physiological and psychological problems. Firstly, the older women are neglected from their families by the family members e.g. negligence by her husband, by her children.

Secondly, if the older women are widow, then they are fallen in economical and social insecurity.

Thirdly, those older women that are divorced or their husband got second marriage these women faced social and mental deprivation.

Fourthly, there are many married women in our society that they leave behind their whole conjugal life abiding by their husband's dishonest or indiscipline behavior or extra marital relationships. They continued their conjugal life for the future of their children or their own social security. If the women have occupation or employment, they can leave the husband. But situation becomes critical for housewives. As they have no economic freedom and no empowerment, they have to tolerate their husband's immoral activities. They let their cries quite for the whole life. They never enjoy the power of decision making in the family. When these women become aged, their lives have fallen in more severe condition of deprivation. In many cases, when the children grew old and make their own families or go abroad, then the husband married again.

Fifthly, everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housings and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Motherhood and childhood

are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection. But the older women suffer from age related diseases like arthritis, osteoporosis, diabetes, hypertension etc. But there is ignorance and negligence about the health and medical care for the older women of the family. In many cases, older women remain too busy about the other family members, so that they can't manage time for their own health check up and treatment.

Sixthly, everyone has the right to freedom of opinion and expression. As the father is the owner the property, so that he has given the power in decision making but the mother enjoy less or no rights to take decision about the property management. Older women are better off in societies that allow for the acquisition and exercise of property rights and in which property is institutionalized and generated by law. Property is based on right rather than strength or abilities that can decline with age. Property also gives the aged power over other age group. In Bangladesh, the older women also suffer from the psycho-social problem due to loss of authority in decision making in family affairs

Seventhly, although the widow older women have the property of financial solvency, she feels lonely. But those women has no economical solvency, are more helpless.

Eighthly, everyone has the right to own property alone as well as in association with others. No one shall be arbitrarily deprived of his property. But the older women face difficulty to take shelter of law. When the women deprived by her own children from property rights, even she can't go to the court against them. In most cases, they do not get the rights to property, if the women get right to property she has to expend it for the children.

Ninthly, no one shall be subjected to torture or to cruel, inhuman or degrading treatment. But the case studies show that most of the women in the society faced inhuman or degrading treatment by any of her family member in their life.

Finally, in our male dominant society, the conjugal life of the women depends on the husband's behavior or activity. If the husband is well mannered, then the women lead her life happy and sound; but if the husband fond of immoral behaviors, the women's life becomes unbearable. The situation becomes more indescribable in old ages.

5.12 Sociological Theory of Ageing and Qualitative Findings

This theory describes Disengagement, Activity and Continuity of ageing. Qualitative findings indicate that major component of the fundamental and basic human rights are cut-off with the cases, which has made their life poor, painful and unsecured. Human rights situation strongly determines the life of the elderly women. Case one (Monoar Begum) and case three (Ayesha Khanom) have fulfilled most of their human rights during their earlier family or conjugal life. The in-depth case studies discovered their moderate satisfactory life is ensured by providing most of the fundamental and human rights. But case two, Sufia Akter never get mental peace and fundamental need during her early conjugal life with her husband and family life.

For the rest of the cases, they respondents are from the extreme poor groups and they never enjoyed a sound fundamental and human rights situation during their life. In the old ages, they have to suffer from poverty, ill health and shelter less. They are living on their own begging profession and in a most vulnerable situation regarding human rights. Though they are active at the old age and

continue their active live for the question of existence. But this kind of life is not expected by the Sociological Theory of Ageing.

The conceptual frame work is drawn according to the Sociological Theory of Ageing. According to the Social Disengagement Theory, elderly population usually withdraw themselves from all sorts of involvements and participations in the social activities. This kind of withdrawal is both a response to the social context of *ageing* and a process that helps the older persons adjust to his or her diminished capacities and face death. In the course of disengagement, older freed from society's expectations and can focus on their own need. On the other hand, according to the Activity Theory, elderly men and women should maintain the attitudes and activities of middle age as long as possible and then find substitutes for the activities they must give up. The Continuity Theory proposed that elderly people should continue their lives as of the early and middle age. But the conceptual frame work has set the 'human rights' as the bridge between disengagement and activity or continuity. The case studies find that human rights should be reserved for the elderly women during their active age. Besides physical and mental hazards, old age of women are followed by some socio-economic problems such as poverty, aloneness, deprivation of social status and position, social stress and frustration, elderly abuse, lacking of care, lack of proper treatment and health care and so on. When elderly women face these problems individually, then it is individual's problem. But this situation may turn to social problems. These social problems should be addressed by pursuing all the basic and fundamental human rights of elderly women in the society. So that, they will remain active in the old age and will be able to continue their role for the society and nation. The case studies revels that there is a major gap of human rights with the elderly women.

Chapter Six

Quantitative Data Analysis and Presentations

- 6.1 Age of the Respondents**
- 6.2 Husband's status of the respondents**
- 6.3 Educations level of the respondents**
- 6.4 Occupational status of the respondents**
- 6.5 Socio-economic status of the respondents**
- 6.6 Ownership of residence of the respondents**
- 6.7 Comfort residing place of the respondents**
- 6.8 Food, Clothing, Sleeping and Medical Facilities of the respondents**
- 6.9 Personal, Social and State Provided Security of the respondents**
- 6.10 Decision Making and Financial Management role of the respondents**

Chapter Six: Quantitative Data Analysis and Presentation

A survey has been conducted in the study area among the study population using a pretested interview schedule. One hundred respondents were selected purposively from the upper, middle, lower and very poor socio-economic group. Among the total 100 older women were being interviewed like:

Arifa Khatun (61), Rumi Hoque (64), Shirin (65), Rabeya Khatun (66) representing higher classed older women;

Khaleda Akter (61), Johura Begum (66), Marium Begum (70), Jobeda Khatun (80) representing middle classed older women;

Afroza Banu (62), Nuri Begum (63), Farida Begum (65), Ahia (99) representing lower classed older women; and

Jobeda Khatun (62), Nurjahan Begum (63), Salma Begum (64), Khitarunnesa (65) representing unclassified older women living in Dhaka city.

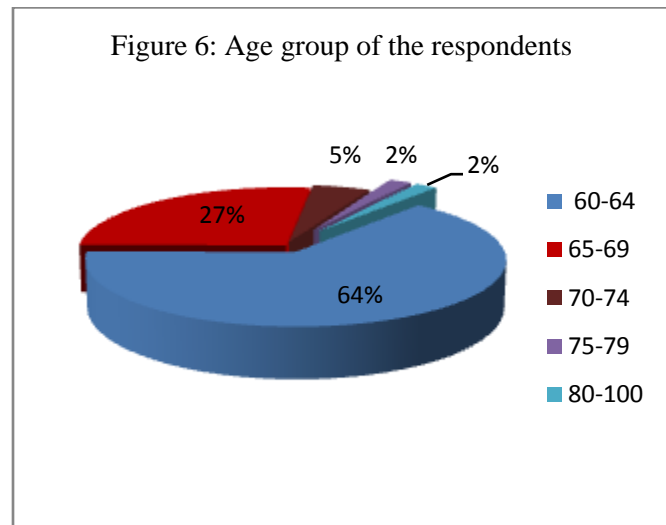
After data cleaning, all the data entry was done by Epidata software and exported them to SPSS version 11.9 and descriptive analysis has been made to formulate decisions. Then data has being represented both in tabular form and related bar diagram and pi-chart.

6.1 Age of the respondents

Age is the major concern of elderly women in Bangladesh. In view of growing number of elderly in Bangladesh, the aged population gradually emerges as a vulnerable group in our society. As the projected number of elderly population will be dominated by women, measure should be taken to combat their basic needs. The survey data shows the respondents age limit as follows:

Table 3: Age group of the respondents (N=100)

Age group	Frequency	Percent
60-64	64	64.0
65-69	27	27.0
70-74	5	5.0
75-79	2	2.0
80-100	2	2.0
Total	100	100.0
Mean Age	63.91 years	



In the study 100 women were being interviewed in different age groups mentioned here. The table no. 3, the age group 60-64 years frequency was 64, age group 65- 69 years frequency was 27, age group 70- 74 years frequency was 5, age group 75- 79 years frequency was 2, age group 80- 100 years frequency was 2. Data also shows that the mean age of the respondents is 63.91 years which is very closer to the average life expectancy of Bangladesh.

6.2 Husband's status of the respondents

Among 100 respondents, all of them were married. But at the old age many of the elderly women are widow and living without their life partner in the world. As a result, the elderly women become more unsecured and vulnerable in the society. The survey data shows the following status of the respondent's husband.

Table 4: Husband's status of the respondent (N=100)

Husband's Status	Frequency	Percent
Alive	73	73.0
Late	25	25.0
Divorced	2	2.0
Total	100	100.0

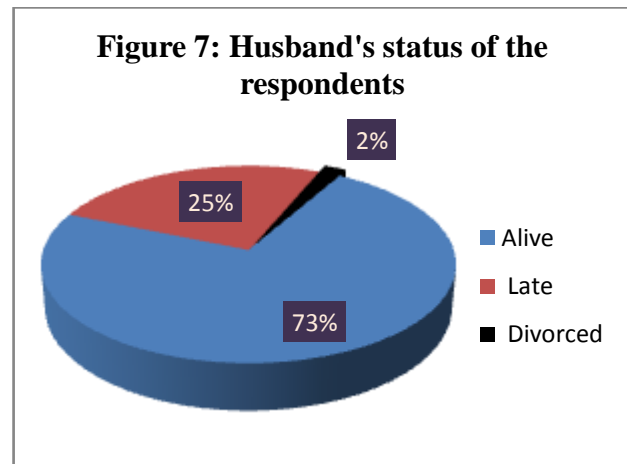


Table no. 4 shows that among the respondents, 25% are widowed and only 2% are divorced. 73% of the respondents are having their husband alive. But there is nothing to be happy that they are going to enjoy widowhood very soon in their life which will cause some unpredictable situation of life. This can be interpreted as usually in Bangladesh a man marry a woman more younger than him, sometimes the gap stands more than double of the bride.

According to Kevin and Wan, marital status affects the socio-economic situation, living arrangements, and overall health and well-being of older men and women. Research points to a host of physical and mental health benefits associated with marriage⁴⁰.

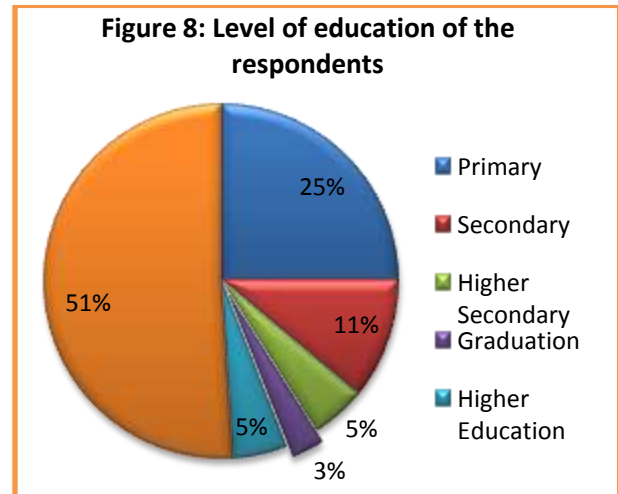
However, older women's economic situation is usually more strongly influenced by marital status than is men's. For women, widowhood often means at least a partial loss of old-age pension benefits once shared with a spouse. In some settings, especially in developing countries, women lack legal and enforceable property inheritance rights when the husband dies and have little or no recourse if the husband's relatives move to take over the dwelling, landholding or other property (United Nations Centre for Human Settlements, August 2006).

On average, around three quarters of those aged 60 years or over in the less developed regions live with children and/or grandchildren, compared with about a quarter of the older population in the more developed regions. Older individuals in the developed world are more likely to be living as a couple or, especially after the death of a spouse, in a single-person household. Since the surviving spouse is usually the wife, older women are very likely to become widows and spend their older years alone, especially after the age of 75 (The United Nations, 2005). Older women living alone, especially the oldest-old (aged 80 years or over), are at high risk of poverty (United Nations 2011).

6.3 Education level of the respondents

Table 5: Level of Education of the respondents (N=100).

Level of Education	Frequency	Percent
Primary	25	25.0
Secondary	11	11.0
Higher Secondary	5	5.0
Graduation	3	3.0
Higher Education	5	5.0
Illiterate	51	51.0
Total	100	100.0

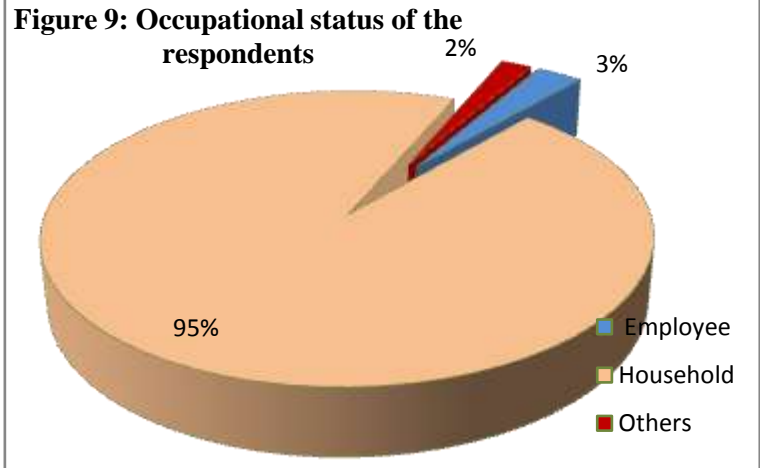


The level of education has remarkable influences on understanding legal human rights and security in place. Table no. 5 describes that among the respondents being interviewed where at the top 51% respondents were illiterate, secondly 25% respondents were primary level educated, thirdly 11% respondents were higher secondary level educated, fourthly 5% each respondents were under higher secondary and higher level educated, and finally 3% respondents were graduation level educated in place. So if we want to make aware the older women as well as all the women about their rights, we must ensure their education level at least secondary level or more.

6.4 Occupational status of the respondents

Table 6: Occupational status of the respondents (N=100)

Type of Occupation	Frequency	Percent
Employee	3	3.0
Household	95	95.0
Others	2	2.0
Total	100	100.0



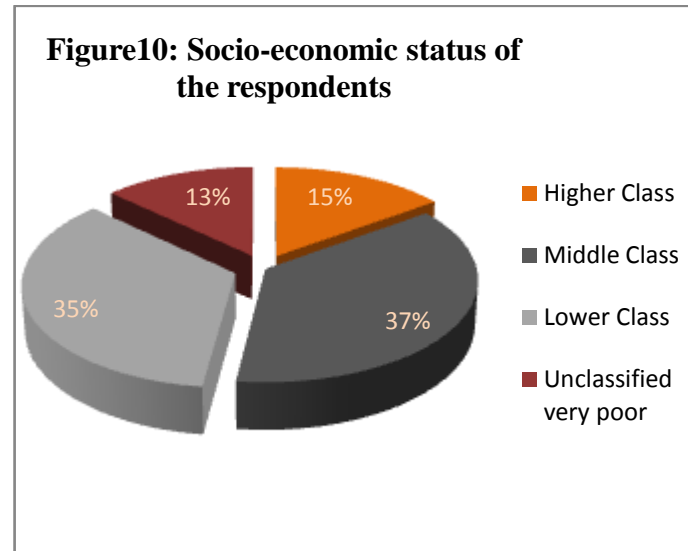
The table no. 6 reveals that 95% respondents were engaged with very non-economic and non-evaluated household activities in their families, secondly only 3% respondents were engaged with formal job i.e. economic and evaluated activities outside the home. These non-economic and non-evaluated activities have no influences on establishing of rights and security of older women.

This result actually describes the status of women in the society as well as the elderly women. In Bangladesh, women are usually no or less educated, so they hardly engaged with formal job. But they remain devoted with their household works, cooking, children nursing, agricultural production etc. This activities are never recognizes as economical contributory to the family. As a result, women remain more dependable in their old age.

6.5 Socio-economic status of the respondents

Table 7: Socio-economic status of the respondents (N=100)

Socio-economic status of Respondent	Frequency	Percent
Higher Class	15	15.0
Middle Class	37	37.0
Lower Class	35	35.0
Unclassified very poor	13	13.0
Total	100	100.0



According to the table no. 7, the survey drives us to a result that about 48% respondents were from lower and very poor group and 37% are from middle class socio-economic group. Only 15% respondents were from higher classed peoples. The leading numbers of women (85%) were from the lower, middle or very poor group have a very little influences on establishing the rights and security in contrast with the higher classed.

So they elderly people rarely enjoy honorable social status in the society. They are never invited in the social activities like marriage, social festival etc. The elderly women never get respect to other especially those are from the lower economic group. According to a study in India, 47.5% elderly respondent's social environment status of their family/society is respectable while majority (52.5%) find the social environment around their houses and in the society not respectful. Almost every third elderly (34.3%) had no access to safe, affordable

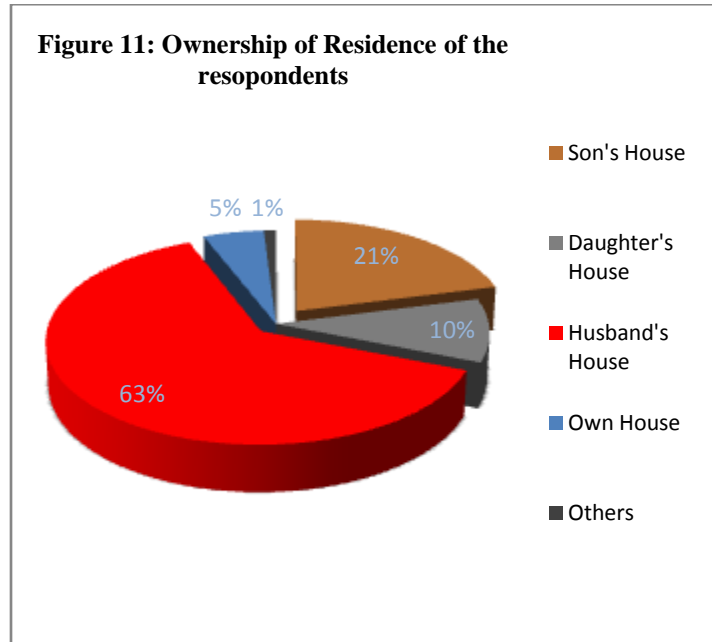
accessible and sustainable transport facility. 81.03% elderly respondents don't find road transport facilities elderly friendly⁴¹.

6.6 Ownership of Residence of the respondents

Table 8: Ownership of Residence of the respondents (N=100)

Ownership type of residence	Frequency	Percent
Son's House	21	21.0
Daughter's House	10	10.0
Husband's House	63	63.0
Own House	5	5.0
Others	1	1.0
Total	100	100.0

Figure 11: Ownership of Residence of the respondents



The residence is a basic right of the older women. The types of the residence of the respondents indicate the status of establishing their legal human rights and security in place. The table no. 8 illustrates that 63% respondents were living in husband's house, secondly 21% respondents were living in son's house, thirdly 10% respondents were living in daughter's house, fourthly 5% respondents were living in own house, and 1% respondents were living in other's house. The women living in husband's and son's house may have a good chance to establish their rights to residence at all.

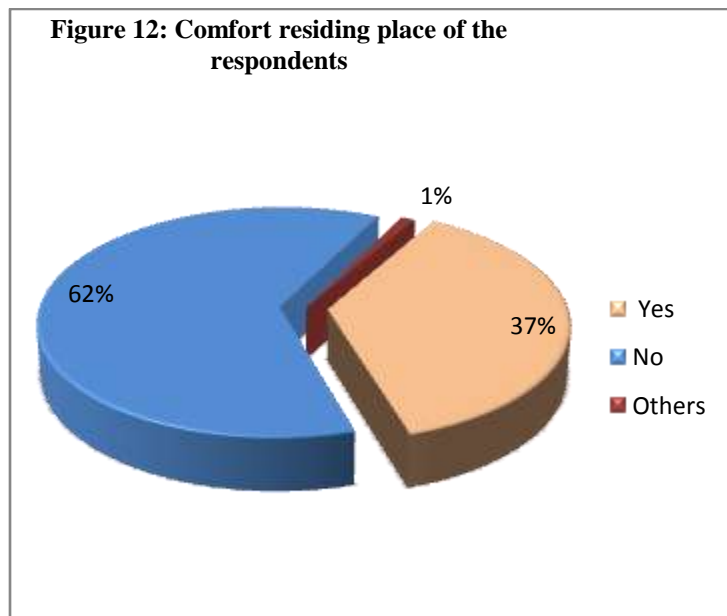
Even where residential situations appear stable in the aggregate, studies following the same individuals over time have found that many older persons'

living arrangements change within a period of a few years, often in connection with changes in health and economic status⁴². Study results from Eastern and South-Eastern Asia suggest that while co-residence generally remains common, “the content of the household relationships appears to be altering. Older women, instead of being deferentially waited upon by their children and children-in-law in accord with traditional practices, are often involved in childcare for grandchildren and in cooking for the busy dual wage-earner couple (Hermalin, pp. 12-13, August 2000.)”

6.7 Comfort residing place of the respondents:

Table 9: Comfort residing place of the respondents (N=100)

Comfort room	Frequency	Percent
Yes	37	37.0
No	62	62.0
Others	1	1.0
Total	100	100.0

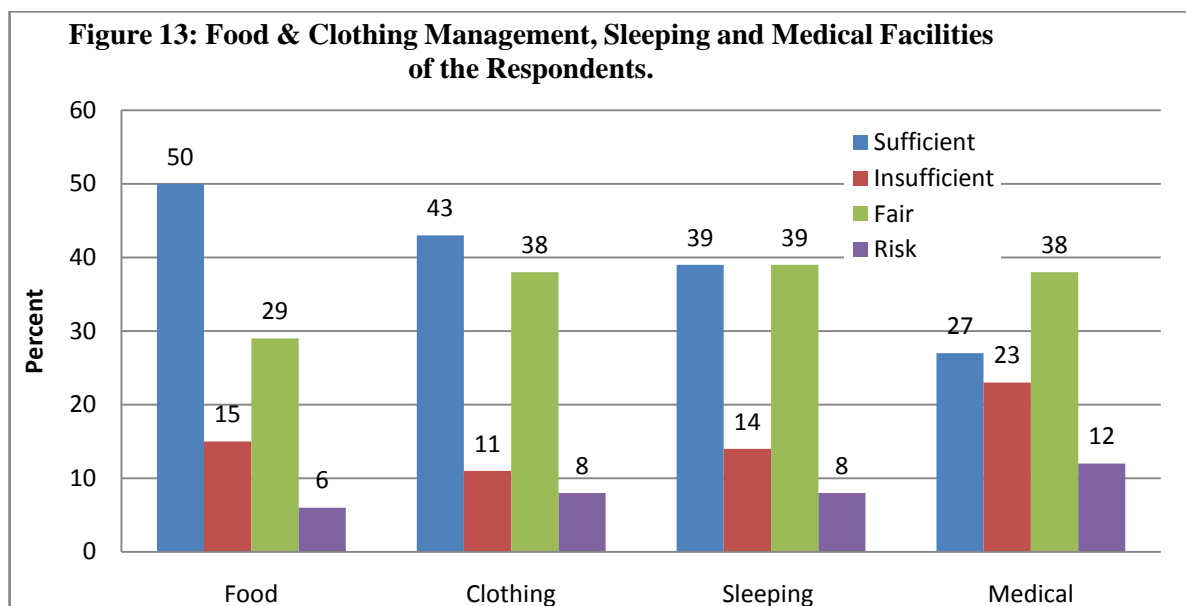


The comfort of living rooms of the respondents may be an important indicator for the older women to establish human rights and security. The table no.9 shows that, among the respondents 62% respondents were living in non-comfortable rooms, whereas 37% respondents were living in comfortable rooms.

6.8 Food, Clothing, Sleeping and Medical Facilities of the respondents

Table 10: Food, Cloths, Sleeping management and Medical facilities of the respondents (N=100)

Status	Food		Clothing		Sleeping		Medical	
	Frequency	Percent	Freq.	Percent	Freq.	Percent	Freq.	Percent
Sufficient	50	50.0	43	43.0	39	39.0	27	27.0
Insufficient	15	15.0	11	11.0	14	14.0	23	23.0
Fair	29	29.0	38	38.0	39	39.0	38	38.0
Risk	6	6.0	8	8.0	8	8.0	12	12.0
Total	100	100.0	100	100.0	100	100.0	100	100.0



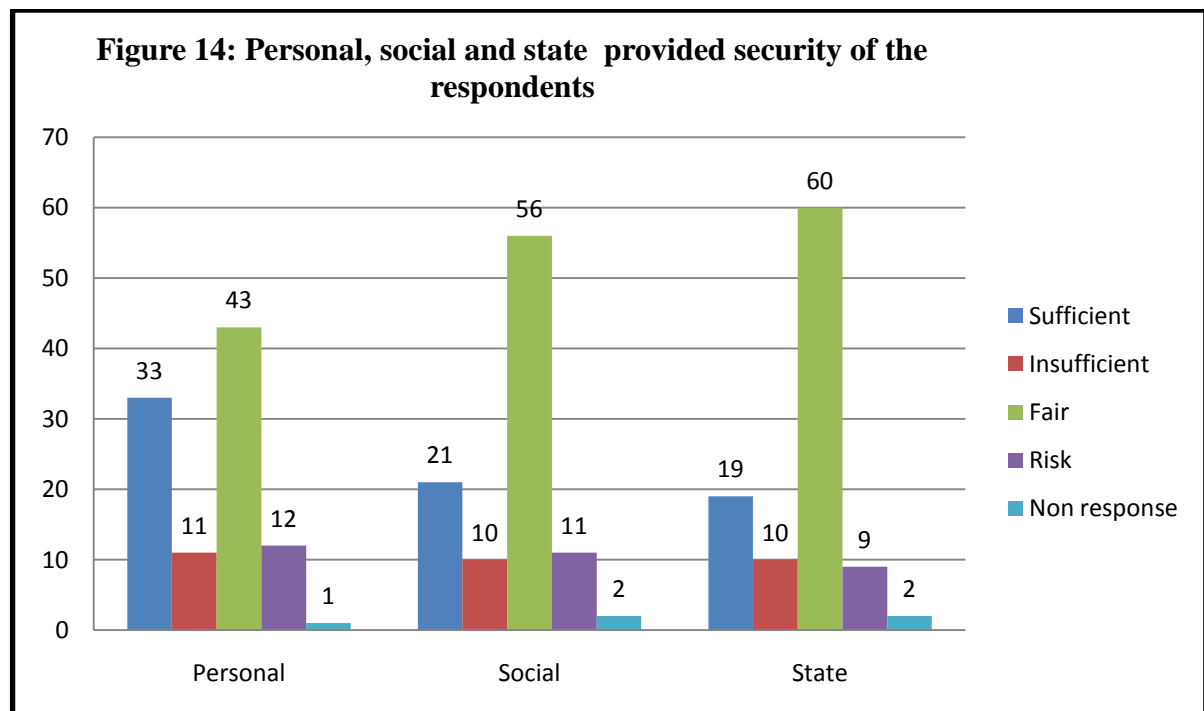
The table no. 10 describes that for food management, clothing management, sleeping management, and medical facilities 50%, 43%, 39%, and 27% respectively are happy i.e. sufficient; 15%, 11%, 14%, and 23% respectively are unhappy i.e. insufficient; 29%, 38%, 39%, and 38% respectively are average i.e. fair; finally 6%, 8%, 8%, and 12 respectively are very unhappy i.e. in risk; These food management, clothing management, sleeping management,

and medical facilities have an influences on establishing of rights and security of older women in the higher classed dominated living and livelihood situation. The status of food management, clothing management, sleeping management, and medical facilities of the respondents indicate the status of establishing legal human rights and security in place.

6.9 Personal, Social and State Provided Security of the respondents

Table 11: Personal, Social and State provided security of the respondents (N=100)

Status	Personal		Social		State	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Sufficient	33	33.0	21	21.0	19	19.0
Insufficient	11	11.0	10	10.0	10	10.0
Fair	43	43.0	56	56.0	60	60.0
Risk	12	12.0	11	11.0	9	9.0
Non response	1	1.0	2	2.0	2	2.0
Total	100	100.0	100	100.0	100	100.0

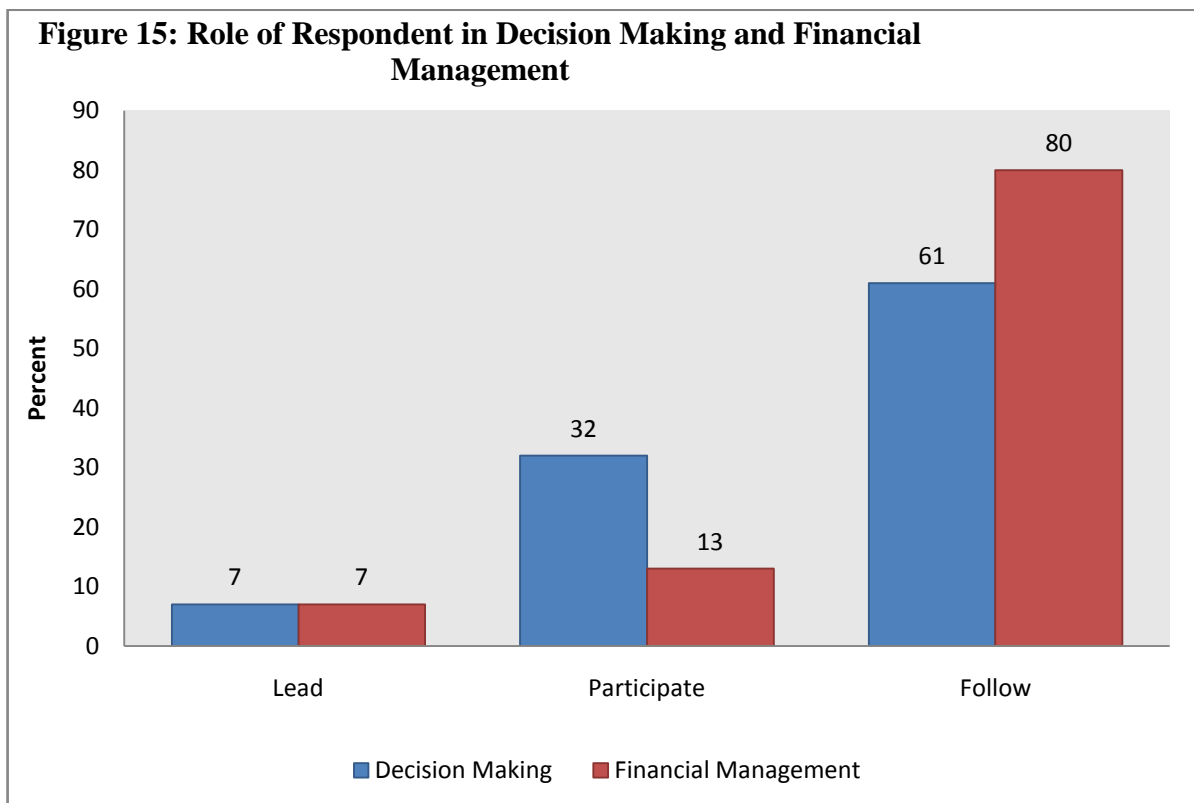


The table no. 11 shows that for personal security, social security, and state security 33%, 21%, and 19%, respectively are happy i.e. sufficient; 11%, 10%, and 10% respectively are unhappy i.e. insufficient; 43%, 56%, and 60% respectively are i.e. fair; 12%, 11%, and 9% respectively very unhappy i.e. risk, finally 1%, 2%, and 2% respectively are very unhappy i.e. in risk; finally 1%, 2%, and 2% respectively non-respondent.

6.10 Decision making and financial management

Table 12: Decision making and Financial management role of the respondents (N=100)

Status	Decision Making		Financial Management	
	Frequency	Percent	Frequency	Percent
Lead	7	7.0	7	7.0
Participate	32	32.0	13	13.0
Follow	61	61.0	80	80.0
Total	100	100.0	100	100.0



The role of decision making and financial management of the respondents indicate the status of establishing basic human rights and security. The table no. 12 shows that for decision making, and financial management 7%, and 7%, respectively are lead i.e. dominating; 32%, and 13% respectively are participate i.e. balancing; 61%, and 80% respectively are follow i.e. no identical functioning. These status indicated that older women having a very little control over decision making and financial management to influence on establishing of rights and security of older women.

Chapter Seven

Major Findings and Recommendations

7.1 Major Findings

7.2 Recommendations

7.2.1 Policy Recommendations

7.2.2 Future Research Recommendations

7.3 Limitations

7.4 Conclusions

Chapter Seven: Major Findings and Recommendations

7.1 Major Findings

The case studies show that the older women of upper class, middle class and lower class are in socio-economic, physiological and psychological problems. The older women are neglected from their families by the family members e.g. negligence by her husband, by her children. If the older women are widow, then they are fallen in economical and social insecurity. Those older women that are divorced or their husband got second marriage these women faced social and mental deprivation. There are many married women in our society that they leave behind their whole conjugal life abiding by their husband's dishonest or indiscipline behavior or extra marital relationships. They continued their conjugal life for the future of their children or their own social security.

The survey data revealed that total 64% and 27% older women were in age group 60-64 and 65-69 years respectively and all the respondents were married. 25% women were widowed and 2% were divorced. 73% older women are still with living husband that reflects a better situation of them, but this satisfactory situation will not last long. More than half of the respondents were illiterate and 95% respondents are engaged with non-economic household activities. So they are very much ignorant about their basic rights due to lack of adequate access of information. About 48% respondents were from lower and very poor group and 37% are from middle class socio-economic group, i.e. 85% women living in vulnerable economic condition. Especially those women were widowed and divorced face hardship bearing their livelihood. Most of the women (63%) were living in husband's house, 21% living in son's house, and

only 5% living in own house possessing some influences on rights and security of older women in place of study areas. The majority (62%) of older women was living in non-comfortable rooms.

The food, clothing, sleeping management, and medical facilities influence on establishing rights of older women where 50%, 43%, 39%, and 27% respectively are happy i.e. sufficient; 15%, 11%, 14%, and 23% respectively are unhappy i.e. insufficient. The status of decision making and financial management of the respondents indicate the status of establishing legal human rights where majority older women (61% and 80% respectively) are following the other family members.

As a whole, the older women are in severe situation in terms of basic human rights and social security. If we can assess effectively all prevailing threats and constrains and can implement strategic plan or policies with effective interventions, the older women will be able to improve the human rights situation in Dhaka city and finally within all urban areas in Bangladesh. This study identified that the urban older women were not in satisfactory situation. The middle and lower economic class older women are living in unjust human rights and social security system. The government is implementing several activities, but those are remaining un-reachable to most of the urban older women.

It can be hoped that with effective implementation of national and international rules and regulations, international decisions and declarations in place we will be able improve the prevailing situations towards establishing human rights and security for older women i.e. senior citizens. There is a proverb that 'old is gold' which indicates the senior experienced citizens of our beloved Bangladesh who can contribute a lot with their intellectuality for improving

situation in the family level, social level and in the national level even in the international level.

Finally it can be hoped that with effective implementation of national and international rules & regulations, international decisions & declarations in place we will be able improve the prevailing situations to establish rights and security towards a peaceful secured convenient Bangladesh where older women will enjoy required legal human rights and security in place.

7.2 Recommendations

7.2.1 Policy Recommendation

From this study analysis, the following policy measures may be drawn:

Based on the detailed study results and recommendations a short and long term activity plan or strategies may be formulated to ensure the basic human rights of the older women.

Public expenditure on older people especially for the older women (through the provision of pensions, other welfare and health care) should be increased because investment for them can return active aged population.

Government should create a welfare trust or fund for the senior citizens as well as for the older women in Bangladesh. During the younger age all the population will contribute to this trust or fund and get benefit at the older age. It may be operated as older insurance scheme across the country.

The generation gap between the older population and the young must be mutually mitigated through campaign and enacting some norms and values in the society. Family bonding should be regained so that the both the younger and the older generation will be benefited through this.

For the widowed and divorced older women, the state should implement some income generating interventions. So the elderly women would be able to earn their livelihood. Also they will be able to bring some social security at the end stage of their life.

All prevailing threats and constrains related to education, occupation and socio-economic stages may be eliminated implementing strategic plan with effective interventions.

Newly passed laws for the older peoples social security should be implemented and monitored crating some particular authority for the better residence, food & clothing management, sleeping & medical facilities for establishing women's right and security in Dhaka city and finally within all urban areas in Bangladesh.

As the older population is rising high, long term programs should be taken to ensure the personal, mental, social and state provide security of the older women in Bangladesh.

7.2.2 Future Research Recommendations

This research has done only for an academic requirement for degree of Master of Philosophy and it is practical work of research methodology. Due to time constraints and financial limitations, the study was performed among a limited area of limited populations, so a broader study will be needed to understand the national human rights situation of the older women in Bangladesh.

A comparative study may also be performed to understand the socio-economic and demographic effect to understand the cause of prevailing human rights situation of the older women in Bangladesh.

A case-control study may also be done to find out the indicators that dominate the human rights situations of older women as well as elderly population of Bangladesh.

This is a cross-sectional study performed in small urban area of Dhaka City. A comparative study among the older women in other urban areas of Dhaka City should be done for better understanding.

A comparative study may be performed between rural and urban area to find out the cause and effect behind the current human rights situation of older women in Bangladesh.

This study was conducted only using some limited variables. So a further qualitative study may be done with other relevant variables, more sample size, area to establish a generalized hypothesis about the human rights and security of older women in Bangladesh.

The current study was carried out in a particular district of Bangladesh. So the result will not show the overall situation of older women. Avoiding selection bias, an integrated study with representative sample size may be done very soon in Bangladesh, because no study was found in this regard.

Another intervention study may be done to develop the perceived society's belief towards the senior citizens in Bangladesh.

7.3 Limitations

To perform the study, researcher identified the following limitations:

1. **Time and Financial constraint:** Due to time constraints and financial limitations, the study is performed among a limited area and in limited populations.

2. **Sampling Technique:** The sampling technique used simple random sampling method. So, there lies some selection bias. The data collection is done by some apprentice, so there may be some observational errors. As the sample size is small so, the sample population may not be representative.
3. **Availability of Respondent's Time:** The urban population leads a very busy life here. The case studies have been done carefully, but for the poor and extreme poor respondents were hard to reach and to have their time for interview. Interview time is a major factor to get in-depth data of the cases. Specially, the poor people, like a street beggar, usually do not agree to spend much time with the interviewer as they think their time is more valuable to take part in the research work.
4. **Research Benefit:** As there is no provision to provide compensation, the respondents asked for benefit, as what will they get in return of the research. Some middle class cases was very shy to say their life experiences with others or strangers.
5. **Contact to Respondents:** The survey data collection was also done carefully, but sometimes it was not easy to get-into the older women's house in the urban area.
6. **Unwillingness to Response:** In some area like 'Bijli Mohalla' of Mohammadpur, where the war refuses lived, they asked for permanent solution of their sufferings. The elderly women of this said do not get any 'old allowance' in the age of 100 year although. But the data collector has nothing to suggest or provide them anything.

Despite of the above limitations, this work is a unique one according to the researcher's consideration.

7.4 Conclusions

This study was a sample survey and case study, aimed to know the Socio-economic background and to explore the human rights situation of older women in Bangladesh. The study also aimed to reveal the human rights abuses of the respondents and to find out the problems encountered by respondents in terms of human rights issues. Both case studies and sample survey were used to collect information from the target populations. Twenty cases were studied randomly from different socio-economic groups and among them eight cases were included in the text. Simultaneously, a sample survey was performed with a structured questionnaire among one hundred older women in the study area. Descriptive analysis is used for the data presentation both in tabular and graphical form. The cases and survey respondents were selected from the upper, middle, lower and very poor socio-economic classes.

This dissertation has been submitted to the Institute of Social Welfare and Research, University of Dhaka for the degree of Master of Philosophy in Social Welfare. The title is ‘Human rights situation of older women: A study in Dhaka city’. The general objective of the study is to find out the human rights situation of older women in Dhaka city. The specific objectives of the research are: (1) To know the Socio-economic background of the older women; (2) To explore the human rights situation of older women; (3) To reveal the human rights abuses of the respondents; (4) To find out the problems encountered by respondents in terms of human rights issues and (5) To suggest the measures to overcome the problems of the respondents. Hence, this study sets some recommendation for the human rights situation of elderly women of Dhaka city as well as in the country.

Ageing is an emerging issue in Bangladesh. Because of reduce in child mortality and morbidity and other health and family planning intervention, the life expectancy of people rises potentially, the number of elderly population will be grown very rapidly and it will be major development issue for the country. The developed countries evolved policy instruments in the form of social security as well as care for the elderly through institutions like old age homes, geriatric hospitals, old age recreation centers and many other public and private care systems for the aged. With the improvement of health care and increased life expectancy, it is becoming a vital problem in the developing countries including Bangladesh. So the study title is very much important and necessity for the nation.

Both qualitative and quantitative research approach is used to conduct the study. This study is based on case study and social survey method. For the case studies, in-depth interview method is used and for the social survey an interview schedule has been developed.

Related literature review has done before the formulation of the conceptual frame work of the study. General and fundamental, national and international convention, treaties and legal issues for the human rights of older population has been studied to select the interview schedule. Basic theories of ageing have been studied and social theories of ageing have been selected to set the conceptual frame work of the study, though this theory has some drawback. Under this theory, lack of basic and fundamental human rights has been shown as the relationship between disengagement and active ageing.

Case study and survey data has been analyzed both narrative and descriptive method to show the human rights situation of older women. Case study and social survey findings show that the urban elderly women are not in a good and

satisfactory human rights situation. Some recommendations have been made to take development measures for the elderly women in the urban area as well as in the country.

This research has been done according to the supervisor's guidance and directions. This academic work teaches me how to set the research question, form the research title. Following the research title, I have set the research objectives and research methodology. Research design and sampling design is followed to set the sample for the case studies and social survey. Data entry, data processing, data analysis and presentation technique have been learnt through this research work. This study has developed my research skill and analysis technique.

According to the research findings, it is observed that the socio-demographic situations of the elderly women in urban area are at risk. In total 64% and 27% older women are in age group 60-64 and 65-69 years respectively. More than half of the respondents are illiterate and 95% respondents are engaged with non-economic household activities. About 48% respondents are from lower and very poor group and 37% are from middle class socio-economic group, i.e. 85% women living in vulnerable economic condition. Most of the women (63%) respondents are living in husband's house, 21% living in son's house, and only 5% living in own house possessing some influences on rights and security of older women in place of study areas. The majority (62%) of older women are living in non-comfortable rooms. The food, clothing, sleeping management, and medical facilities influence on establishing rights of older women where 50%, 43%, 39%, and 27% respectively are happy i.e. sufficient; 15%, 11%, 14%, and 23% respectively are unhappy i.e. insufficient. In decision making and financial management issues, majority older women (61% and 80% respectively) are following the other family members.

As a whole, the older women are in severe situation in terms of basic human rights and social security. If we can assess effectively all prevailing threats and constrains and can implement strategic plan or policies with effective interventions, the older women will be able to improve the human rights situation in Dhaka city and finally within all urban areas of Bangladesh. Therefore, they will be to contribute in achieving the SDG goals in coming days for Bangladesh.

In conclusion I would like to mention that, considering the above facts, I am confident enough as I have gained both the qualitative and quantitative research data analysis, interpretation and policy implication of this study. This study is significant for the situation analysis of the older persons who are in most vulnerable position in the society.



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Interview Schedule

Annex (ii): Interview Schedule

HUMAN RIGHTS SITUATION OF OLDER WOMEN: A STUDY IN DHAKA CITY

(Note: Put tick mark in applicable box. Your information will be kept confidential and used only for research work.)

1. Personal information:

1.1 Name of the

respondent: _____

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1.2 NID

1.3 Marital Status: (a) Married , (b) Unmarried , (c) Divorced .

1.4 Husband's name: _____.

1.5 Husband's status: (a) Husband Alive , (b) Husband late .

1.6 Age of the respondent: _____ Years.

1.7 Religion of the respondent: (a) Islam , (b) Hinduism , (c) Buddhist ,

(d) Christianity , (e) Others (write): _____

1.8 Level of Education: (a) Illiterate , (b) Primary , (c) Secondary , (d) Higher Secondary , (e) Graduate , (e) Higher Education .

1.9 Occupation: (a) Employed , (b) Agriculture , (c) Business , (d) Household works , (e) Others (write) _____

1.10 Socio-economic Classification: (a) Upper class , (b) Middle class ,

(c) Lower class , (d) Unclassified very poor .

2. Human rights related information:

2.1 Housing Status: (a) Son's house , (b) Daughter's house , (c) Husband's house , (d) Own house , (e) Others , (write) _____

2.2 Type of House: (a) Flat , (b) Building , (c) Tin shed house ,

(d) Hired house , (e) Slum , (f) Others (write) _____

2.3 Comfortable Room: (a) Yes , (b) No , (c) Others (write) _____

2.4 Food Supply: (a) Sufficient , (b) Insufficient , (c) Fair , (d) Risk

2.5 Clothing Supply: (a) Sufficient , (b) Insufficient , (c) Fair , (d) Risk

2.6 Bed Availability: (a) Sufficient , (b) Insufficient , (c) Fair , (d) Risk

2.7 Medical Facility: (a) Sufficient , (b) Insufficient , (c) Fair , (d) Risk

3. Security Related Information:

3.1 Personal Security: (a) Sufficient , (b) Insufficient , (c) Fair , (d) Risk

3.2 Occupational Security: (a) Sufficient , (b) Insufficient , (c) Fair , (d) Risk

3.3 Social Security: (a) Sufficient , (b) Insufficient , (c) Fair , (d) Risk

3.4 State Security: (a) Sufficient , (b) Insufficient , (c) Fair , (d) Risk

4. **Decision Making Role:** (a) Leadership , (b) Participation , (c) Follow others

5. **Financial Role:** (a) Leadership , (b) Participation , (c) Follow others

6. **Additional Information** (if any, write): _____

Thank you for your cooperation.

Signature: _____

