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A Comparative Study of the Elderly Living in Old Age Home and Urban Family in Bangladesh

PhD Dissertation

Samiran Sarker

Institute of Bangladesh Studies
University of Rajshahi, Bangladesh

June 2016

A Comparative Study of the Elderly Living in Old Age Home and Urban Family in Bangladesh

A Dissertation Submitted to the Institute of Bangladesh Studies in
Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy in Sociology

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June 2016

Certificate

This is to certify that the dissertation entitled "A Comparative Study of the Elderly Living in Old Age Home and Urban Family in Bangladesh" submitted by Samiran Sarker, PhD Fellow of the session 2013-2014 to the Institute of Bangladesh Studies, University of Rajshahi, Bangladesh for the degree of Doctor of Philosophy in Sociology is an original research work done under my supervision and guidance. To the best of my knowledge, this dissertation was not previously submitted for any diploma/degree/fellowship to any other University/Institute. Materials obtained from primary and secondary sources have been duly acknowledged in this dissertation.

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Declaration

I do hereby declare that the dissertation entitled "A Comparative Study of the Elderly Living in Old Age Home and Urban Family in Bangladesh" submitted to the Institute of Bangladesh Studies, University of Rajshahi, as part of the requirements for the degree of Doctor of Philosophy in Sociology is my original work. Neither the whole nor any part of it was submitted to any other university or institute for any other degree or diploma or other purposes. My indebtedness to other works has duly been acknowledged at the relevant places.

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Abstract

The growing trend of the elderly in Bangladesh is increasing rapidly. The size of the elderly was 5.42% in 1991, 6.38% in 2001 and 7.48% in 2011 of the total population of Bangladesh and it is projected to increase 10.39% in 2030 and 18.60% in 2050. Thus, the elderly issue is an important issue to consider and a big challenge for the development of the country. Again, in urban context increasing rate of the elderly is higher than the overall growth of the country. That was 14.9% in 1980, 19.8% in 1990, 23.6% in 2000 and 28.9% in 2012. It happens for two reasons; impact of declining birth and death rate and rural-urban migration.

Due to capitalism, globalization and modernization, socio-economic and cultural situation are changing very rapidly, as a result nuclear family and individualism have become a common tendency of urban society nowadays. Traditional living arrangement of the elderly is changing and becoming congested the place of living with children and grandchildren. New concept of living arrangement 'Old Age Home' has been developed in Bangladesh few decades ago that is socio-culturally totally different from traditional living arrangement.

The researcher has tried to find out differences between the elderly living in OAH and that of Urban Family in Bangladesh through this comparative study. To achieve the goal 94 respondents have been taken from two types of OAHs (47 respondents from OAH where the elderly live with pay and 47 respondents from OAH where the elderly live without pay) and 94 respondents from urban family. Two sets of questionnaire have also been developed for two categories of respondents (OAH and urban family) and they have been interviewed face to face. Questions were related with four major variables (social status, economic status, health status and psychological status of the elderly) of the study.

From the findings of the socio-economic status it is found that regarding marital status, relationship between husband and wife, relationship between respondents and family members, relationship between respondents and relatives, personal need priorities, decision making ability, food intake, participation in social programmes/occasions/festivals, property, income, present profession, old age allowance and financial help from various sources, freedom fighter status, separate room for living and so on, the elderly of urban family hold better position than the elderly of OAH. But in few cases the elderly of OAH hold better position than the

elderly of urban family, such as: literacy rate and higher education, systematic and well disciplined lifestyle, regular prayer, habit, library facilities and scope of newspaper reading etc.

Again, from the findings of the health status it is seen that regarding physical condition, diseases and duration of diseases, walking sometimes, using clean clothes, others help in physical weakness, memory status, sleeping condition and scope of others caring, the elderly of urban family belong in better position than the elderly of OAH. But regarding the some other issues of health status, such as: easy access to the medical facilities, regular walking, safe drinking water facilities, washing clothes from self, drug taking from self and habit of smoking/betel leaf-nut/tea-coffee/others, opposite scenario has been observed.

From the psychological condition it is found that respondents' attitude to the family members, family members' attitude to the respondents, respondents' attitude to the relatives, social outlook to the living arrangement of the elderly, experiences of life, freedom, self-esteem, satisfaction to life, alienation, having friends, scope of sharing personal matter, scope for going out, mixing with grandchildren and present relationship with OAH authority/head of family, for all these issues higher number of elderly of urban family opined positively than the elderly of OAH. But only for 'arrangement of recreation' higher number of the elderly of OAH gives positive opinion than the elderly of urban family. Thus, from the issue based discussion of the summary it is said that the overall situation (socio-economic status, health status and psychological condition) of the elderly of urban family is better than that of OAH of the study area. So, our concentration to the elderly should be enhanced and should take care the elderly within the family setting. Especially family members' cooperation must be increased to the elderly.

Based on the findings of the study policy suggestions have been made in two levels: government level and private level. In government level; long term population policy, reducing old age dependency ratio, continuation of growing trend of life expectancy, application of 'Parents Maintenance Law 2013' and 'National Policy on Older Persons 2013', financial support to the elderly, to aware the younger generation about their duties and responsibilities to the elderly have been emphasized. But in private level; to establish charitable institute/trust, to enhance the services to the elderly and to increase the NGO activities to the elderly have been highlighted.

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List of Abbreviations

ARCB	Ageing Resource Centre Bangladesh
BAAIGM	Bangladesh Association for the Aged and Institute of Geriatric Medicine
BBS	Bangladesh Bureau of Statistics
BDT	Bangladeshi Taka (Currency of Bangladesh)
BKMEA	Bangladesh Knitwear Manufacturers and Exporters Association
BWHC	Bangladesh Women's Health Coalition
CEDAW	Convention for Elimination of All forms Discrimination
CP	Cumulative Percentage
ECOSOC	Economic and Social Council
EID	Elderly Initiative for Development
GoB	Government of Bangladesh
GO	Government Organization
IBS	Institute of Bangladesh Studies
MDG	Millennium Development Goal
MIPAA	Madrid International Plan of Action on Ageing
NGO	Non Government Organization
OAA	Old Age Allowance
OAH	Old Age Home
ORC	Old Rehabilitation Center
PDB	Power Development Board
RIC	Resource Integration Centre
SCEP	Service Centre for Elderly People
SPSS	Statistical Package for Social Science
UGC	University Grant Commission
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
VIPAA	Vienna International Plan of Action on Ageing
WAA	World Assembly on Ageing

Glossary

Ashrama	Ashrama is widely used term of Hinduism. Depending on age and duties, human life is divided into four stages. These four stages are called four Ashramas.
Sannyasa	Sannyasa is the last stage (of four Ashramas) of human life according to Hinduism. Actually it is the stage of asceticism.
Moksha	Release from the circle of birth and death. It is the ultimate salvation.
Lac	Hundred thousand or one tenth of a million.
Paan (Betel Leaf)	Special kind of leaf which is eaten with betel nut.
Supari (Betel Nut)	*Supari* is one kind fruit of areca trees and widely cultivated in Asian countries. *Supari* may be used fresh, dried, or cured by boiling, baking, or roasting.
Jorda	*Jorda* is a mixture of tobacco leaf and some other chemicals.
Pucca Bari	*Pucca Bari* means brick built building with permanent roof of rod, cement and other materials. This *pucca* building may be multistoried.
Semi-Pucca	It is such kind of house of which four walls are made of brick but the roof of the house is made of tin.
Kancha Bari	It is also one kind of house that is made of bamboo, tin, straw and other temporary materials.
Xusui	Chinese traditional method of classifying age is called *Xusui*. According to this method age can be classified into 11 categories.
Samity	Association of a group of people with some interest or goal to achieve.
Para/Mahalla	*Para/Mahalla* is directly subordinate to a city or town. A few households or a neighborhood would constitute a *Para/Mahalla*, which might develop some cohesiveness but would have no formal leadership structure.
Basa	*Basa* is the Bengali synonym of residence. *Basa* is the place where a person lives with his family members in urban area.
Briddashram/Probin Nibas/Shanti Nibas	In Bangladesh old age home known as *Briddashram/Probin Nibas/ Shanti Nibas.* It is such a home where those older people live who has no one to look after.
Pohela Boishak	*Pohela Boishak/*Bengali New Year is the biggest festival of the people of Bangladesh that celebrated by the people of all religions. People of Bangladesh enjoy a national holiday on *Pohela Boishakh* and also enjoy fairs and programmes around the country.

Chapter One

Background of the Study

1.1. Introduction

Ageing is a rapidly growing social phenomenon nowadays all over the world. Presently, Bangladesh faces many obstacles to maintain its elderly successfully which is the current topic of the study. Ageing had started earlier in the more developed regions and was beginning to take place in some developing countries and was becoming more evident at the global scale around the time of the beginning of 21st century. Especially, for changing the social values ageing is now an important global problem.[1] The concentration ways of developed and developing countries on the concerned issue is different. Social safety net programme plays an important role for caring the elderly in developed countries but in developing countries social safety net programme is very poor and sometime totally absent. In Bangladesh traditional family system is the place of caring for the elderly.[2] Family care system of the elderly is an established custom of our country which includes emotional, social, economic and health support in old age.[3] But the breaking of joint family system is increasing day by day and we are losing traditional norms and values rapidly by the influence of urbanization and modernization. Tie among the family members is declining at the advancement of time.

In the global context, elderly is the fastest growing population group, causing rapid changing family structures and declining family support systems. As a global concept 'Ageing' is a matter of tension of the world leaders. In every second two

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[1] Sharmistha Roy, "*Joutho Paribarer Aashthitishelata Abong Bangladehser Gramanchale Bridhader Nirapattar Upar Er Prabhab: Ekti Thanavittik Shamikkha* (Instability of Joint Family and its Impact on Security of Aged in Rural Bangladesh: A Study of A Thana)" (PhD diss., Institute of Bangladesh Studies, University of Rajshahi, 2000), 4.

[2] Md. Ahsan Kabir, "Rights and Care for Elderly People: Bangladesh Perspective." *Rajshahi University Law Journal* 3 (2006): 73.

[3] Md. Rabiul Islam, and Kanij Fatema, "Problems of the Elderly in Changing Families: A Study on Urban Areas of Bangladesh." *Social Science Review [The Dhaka University Studies, Part-D]* 28, no. 1 (2011): 166.

persons join in older population around the world and it is annually almost 58 million.[4] The size of the older people of the world was 841 million in 2013 which was more than four times higher than the 202 million in 1950 and it is projected to increase more than 2 billion in 2050. That is, it would be almost 10 times higher by the year 1950 to 2050.[5] "With one in nine persons in the world aged 60 years or over, projected to increase to one in five by 2050, population ageing is a phenomenon that we can no longer ignore."[6]

Most developed countries and some developing countries with low fertility and high life expectancy already face significant population ageing. In the developing regions, the total number of the older population was 554 million in 2013, which was five times larger than 108 million in 1950. The size of the older people is projected to 1.6 billion by 2050 in this region, which is about triple of the older people of 2013.[7] However, now the most of the older people live in developing countries, which was 66 percent in 2013 and it is projected 79 percent by 2050.[8] So, the speed of the population ageing is very high in developing countries than the developed countries.

Improvement of the medical science, health education and the level of consciousness are the major contributing factors for the remarkable growth of the elderly. Especially the rigorous control of deadly diseases e.g. diarrhoea, tuberculosis, small-pox and the improvements of hygiene and sanitation and better standard of living are the causes of lower fertility rate and higher life expectancy. As a result the fertility rate is declining and life expectancy of the people is increasing from last few decades in Bangladesh like other developing countries of the world. Total fertility rate per women was 4.70 in 1986, 4.33 in 1990, 2.98 in 1998, 2.55 in 2002, 2.41 in 2006

[4] UNFPA., and HelpAge International, *Ageing in the twenty-first century: A celebration and a challenge.* Research Report (New York and London: 2012.), 12.

[5] UN Department of Economic and Social Affairs, *World Population Ageing*. United Nations, Population Division (New York: 2013), 9.

[6] UNFPA., and HelpAge International, *Ageing in the twenty-first century*, 11.

[7] UN Department of Economic and Social Affairs, *World Population Ageing*, 9.

[8] Ibid., 50.

and 2.11 in 2011 and the life expectancy at birth was 58.7 years in 1995, 64.9 years in 2002, 65.5 years in 2006 and 69.0 years in 2011 in Bangladesh.[9] So, the age structure of the population is changing rapidly and the size of elderly population aged 60 years and above in our country has been increasing very fast over time.[10]

Impact of the growth rate of population and rural-urban migration are two major causes of the overall population growth of urban areas, which is very high in Bangladesh. That was 14.9% in 1980, 19.8% in 1990, 23.6% in 2000 and 28.9% in 2012 of the total population of our country.[11] The statistics show that the number of elderly has increased near about double during the year 1980 and 2012. So, the situation of the elderly of urban areas in Bangladesh is a burning issue in present time and the elderly living arrangement situation is more vulnerable. By the influence of individualistic urban life, children cannot give time and pay concentration to their parents within the family and outside the family. Due to children's indifference, parents (older people) suffer from loneliness, alienation, health problem and poverty. For this withdrawal process of society the elderly think themselves as intruder member of family.

Family is such a place where a person grows up as a human being to social being and spends his or her whole life cycle from birth to death. Human being learns norms and values, duties and responsibilities from family and society. But our traditional norms and values already has changed due to the impact of modernization and urbanization. Many Old Age Homes have been established for the time being at various cities in Bangladesh like the other developing countries of the world. In spite of the averseness, the elderly are compelled to go to these old age homes which are

[9] Bangladesh Bureau of Statistics, *Statistical Yearbook of Bangladesh 2012*. 32nd ed. Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: August 2013), 54-59.

[10] ABM Shamsul Islam, "Socio-Demographic Scenario of the Ageing Population in Bangladesh: An Overview." *Bangladesh Journal of Geriatrics* 46 (2011): 22.

[11] UN Economic and Social Commission for Asia and the Pacific, *Statistical Yearbook for Asia and the Pacific*, United Nations (Bangkok: 2013), 17.

yet a new phenomenon to the people of Bangladesh. At present there are about twenty old age homes in Bangladesh, where many elderly people live there as their ultimate shelter house.

1.2. Statement of the Problem

Changes in social structure are a salient feature in the society of Bangladesh which is occurred by the impact of many socio-economic and cultural factors and elderly issue is one of the important factors. Demographic changes of a country play a significant role to the overall development due to its close relationship with the elements of the process of development, such as education, health, economy, accommodation, employment and basic needs etc.. So, the present issue of the study keeps a demand to analyze deeply and the situation of the elderly as a problem needs to be stated.

Table 1.1 shows the total number of the elderly is growing up rapidly in Bangladesh. The number of elderly was 5.42% in 1991, 4.37% in 1995, 6.38% in 2001 and 7.48% in 2011 of the total population of Bangladesh. So, the elderly population has increased more than 2% from the year 1991 to 2011. Though it is only 2% but the actual figure of the elderly has increased more than 4 million during this period, which is already an alarming ratio for Bangladesh.

Table 1.1: Number of Elderly Population of Bangladesh by Year (In '000')

Population	**Year**			
	1991	1995	2001	2011
Total	111455	119957	124355	144043
Aged 60 Years and above	6045 (5.42%)	5250 (4.37%)	7729 (6.38%)	10759 (7.48%)

Source: Bangladesh Bureau of Statistics, *Statistical Yearbook of Bangladesh 2012*. 32nd ed. Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh. (Dhaka: August 2013), 46-47.

This percentage of elderly population is projected to increase 7.50% in 2020, 10.39% in 2030, 14.76% in 2040 and 18.60% in 2050.[12] Again, the old age dependency ratio will be almost triple in Bangladesh during the period between 2000 and 2050.[13] Statistics shows that every year nearly 3 lac elderly people joint our population during last 10 years (2001-2011) but unfortunately they are often being neglected.

Rapid growth of ageing in Bangladesh and rapid changes in socio-economic condition affecting the situation of the elderly, while family has traditionally been the pillar of support for this segment of population. Living with children or grandchildren is the most common type of arrangement among the elderly in Bangladesh. Samad Abedin stated that "The growing number of the aged population and change in the population age structure coupled with change in lifestyle and values of the young and tendency to decline traditional family support system, the elderly population has emerged as a vulnerable group in the society."[14] Rural-urban migration is a salient feature of our country due to various push and pull factors (major pull factors are health facilities, high standard of living, better education, recreational facilities, job opportunities, economic security etc. and common push factors are poverty, low standard of living, lack of educational facilities, lack of security, lack of transportation and communication, lack of health facilities, lack of recreational facilities, lack of job opportunities and natural disaster etc.). Traditional joint family is turning into nuclear family, especially in urban areas, is the common scenario. Nuclear family and individualism is now a general tendency of urban people. As a result, traditional

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[12] Shamsul Islam, "Socio-Demographic Scenario of the Ageing Population in Bangladesh", 23-25.

[13] Mohammad Didar Hossain, "Reflection of Aging Issues in Social Policies of Bangladesh: An Overview." *Bangladesh Journal of Geriatrics* 48 (2013): 79.

[14] Samad Abedin, "Living and Care Arrangement of the Elderly in Bangladesh." In *The Elderly: Contemporary Issues,* edited by M. Kabir, 100-107 (Dhaka: Presidency Press, 2003), 100.

concept of living arrangement and social security of the elderly is changing and becoming congested the place of living with children and grandchildren.[15]

What does happen to parents when space is limited in the heart and home of their children? Old age is the most critical part of life. To make this part of life comfortable and easy children and other family members should play a vital role. The elderly will feel young if they feel happy from heart.[16] Getting no support from children the elderly fall into depression. Old Age Home has started its journey a few decades ago in Bangladesh. Now several old age homes are working as a shelter house for the elderly in many urban areas. In one side, elderly people are growing very fast, on the other side the support to the elderly is not sufficient from the state and of the society due to socio-economic weakness of the country. So, as an important issue of research, the researcher has tried to find out the situation of the elderly living in old age home and urban family and its present state in the context of Bangladesh.

1.3. Definition of Key Concepts

1.3.1. Elderly

The term 'elderly' means 'people who are old'; it is used as a polite word for 'old'. Actually, it is relating to later life of people. There is no specific rule and definition about the age that a person should be considered elderly or old. In the developing countries like Bangladesh, chronological age has little significance in the meaning of old age. It is seemed to begin of the old age when working strength is no longer possible. From this point of view experts consider that 60 years of age is a realistic definition for the elderly in Bangladesh. It includes average retirement age, health conditions and so on.[17] United Nations Department of Economic and Social Affairs

[15] Roy, "*Joutho Paribarer Aashthitishelata Abong Bangladehser Gramanchale Bridhader Nirapattar Upar Er Prabhab: Ekti Thanavittik Shamikkha* (Instability of Joint Family and its Impact on Security of Aged in Rural Bangladesh: A Study of A Thana)", 184.

[16] Parul Tripathi, "Elderly: Care and Crisis in Old Age Home." *IRC'S International Journal of Multidisciplinary Research in Social & Management Sciences* 2, no. 2, (2014): 87.

[17] Rabiul Islam, and Kanij Fatema, "Problems of the Elderly in Changing Families", 170.

consider older persons aged 60 years or above for preparing their report.[18] United Nations has also categorized the elderly into three segments, such as 'young-old' (60-69), 'old-old' (70-79) and 'older' (80+).[19] In many places the term elderly define as not their chronological age but what they can do.[20] In this study 60 years and above aged persons has been considered as elderly.

1.3.2. Situation

Situation is a concept relating to a position or status with regard to conditions and circumstances. It is the combination of circumstances at a given moment or a state of affairs. There are two sides of a situation, one is objective and another one is subjective. Where an individual express his or her experience not only in terms of own needs and wishes but also in terms of traditions, customs, beliefs and expectations of social environment. In this study situation includes four key terms, these are: social status, economic status, health status and psychological status.

1. 3.3. Old Age Home

An old age home is usually the place, a home for those old people who have no one to look after them or those who have been thrown out of their homes by their children or other family members. The place is of course like home where the inmates get all the facilities for a routine living, like food, clothing, and shelter. Old age home is a new social concept in the society of Bangladesh. There are two types of old age home in Bangladesh one is with pay (where the elderly are to pay for living in old age home) and another is without pay (where the elderly need not to pay for living in old age home). In Bangladesh, old age home sometime known as 'old home' and sometimes '*Briddashram/Probin Nibas/Shanti Nibas*'.

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[18] UN Economic and Social Commission for Asia and the Pacific, *Statistical Yearbook for Asia and the Pacific*, United Nations (Bangkok: 2013), 3.

[19] Forhana Rahman, "Ageing, the Reality and Its Gender Dimension." *Bangladesh Journal of Geriatrics* 46 (2011): 7.

[20] Ahsan Kabir, "Rights and Care for Elderly People", 73.

Hess and Markson opined that “Usually denotes a dormitory-like facility where old people live in one location and receive meals there. In the majority of the old-age homes, nursing care is not provided, although some have an infirmary to which the bedridden or very confused may move”.[21]

1.3.4. Ageing

The word ‘ageing’ means the process of ‘growing old’. Actually, ageing is a degenerative process which refers to the becoming older. It is a biological phenomenon advancing with chronological age. It leads to the deterioration and cumulating extinction of life.[22] On the other hand, it is a psychological and socio-cultural phenomenon. It consider in a particular social context. Aged persons’ health and activities may be influenced by how the people of the particular society growing old and how they are treated by others.[23]

1.3.5. Life expectancy

Life expectancy is a term which means expected average age from birth. It can vary from region to region for the food habit, medical facilities, health status and socio-psychological condition and so on.

According to World Population Ageing:

> Life expectancy at a specific age is the average number of additional years a person of that age could expect to live if current mortality levels observed for ages above that age were to continue for the rest of that person’s life. In particular, life expectancy at birth is the average number of years a newborn would live if current age-specific mortality rates were to continue.[24]

[21] Beth B. Hess, and Elizabeth W. Markson, *Ageing and Old Age: An Introduction to Social Gerontology* (New York: Macmillan Publishing Co. Inc., 1980), 176.

[22] Rabiul Islam, and Kanij Fatema, “Problems of the Elderly in Changing Families”, 169.

[23] Ahsan Kabir, “Rights and Care for Elderly People, 81.

[24] UN Department of Economic and Social Affairs, *World Population Ageing*, 84.

1.3.6. Socio-economic Status

As an important concept socio-economic status plays a significant role to analyze the situation of individual's or group's position within a particular society. It covers many social and economic factors as a whole. It is a way of looking at how the members fit into society using economic and social measures. "Socioeconomic status depends on a combination of variables, including occupation, education, income, wealth, and place of residence. Sociologists often use socioeconomic status as a means of predicting behavior."[25]

1.3.7. Family

Family is a primary social group and a fundamental unit of a society generally consisting of parents and their children, who share goals and values, have common ancestry and long-term commitments to one another and reside usually in the same dwelling place. All the members live and take their meal together in one household. Family is of various types in Bangladesh, such as nuclear family, joint family and extended family. But the number of joint and extended families are changing into nuclear families day by day due to modernization and urbanization. Now, the number of joint families is fewer and extended families are rare in city area. In the urban society of Bangladesh every family is known as *basa* that functions as a unit of economic endeavor and social identity.

[25] http://dictionary.reference.com/browse/ socioeconomic + status (accessed August 08, 2014).

1.4. Research Questions

From the analysis of the statement of the problem some relevant questions have appeared which are as follows:

1. What is the present demographic state of the elderly in Bangladesh?
2. What are the differences between the elderly living in old age home and that of urban family-

    i. in terms of their socio-economic status?

    ii. in terms of their health status? and

    iii. in terms of their psychological condition?

1.5. Objectives of the Study

On the basis of research questions objectives of this research are divided into two categories- general objective and specific objective.

1.5.1. General Objective

The general objective of the study is to compare the situation of the elderly living in old age home and that of urban family in Bangladesh.

1.5.2. Specific Objectives

The specific objectives of the study are:

1. To delineate the overall demographic state of the elderly in Bangladesh;

To compare between-

2. the socio-economic status of the elderly living in old age home and that of urban family;
3. the health status of the elderly living in old age home and that of urban family; and
4. the psychological condition of the elderly living in old age home and that of urban family.

1.6. Review of the Literature

The researcher has got many MPhil/PhD dissertations, books and articles of renowned journals on ageing issue, but no such research works are available on the present topic. Only few research articles have been carried out following this concerned area of interest on elderly issue. There are certain works, which are closely or distantly related to this particular area of research. Among which some are reviewed.

A.K.M. Shafiul Islam (2002) did his PhD research on "Social Aspect of Aging in Bangladesh: A Case Study of Rajshahi City". [26] The research was based on empirical findings and focused on the trends and changing patterns of the elderly and analysis of various socio-economic conditions, living arrangements and health status of the elderly. It also analyzed the role and status and the problems of the elderly in the society. This study has mainly employed the sample survey and participant observation methods. The researcher found the socio-economic condition of the elderly was not so good and the health status of the elderly was also vulnerable. However, this study has revealed the major aspects of ageing and its processes in the context of Bangladesh by its four core chapters. It also has given some policy recommendations for the elderly population in Bangladesh.

A.S.M. Atiqur Rahman (2002) carried out his PhD research titled "The Problems of Aging in Bangladesh: A Socio-Demographic Study".[27] The researcher found out the problems of the elderly in two different ways that is rural and urban areas. The urban elderly face the problems of exclusion and loneliness lack of employment and income opportunity, mental incongruity and social stress. On the contrary, the rural elderly suffer from physical illness, poverty and income insecurity. He also showed that lack of access to health services along with poverty is the

[26] A.K.M. Shafiul Islam, "Social Aspect of Aging in Bangladesh: A Case Study of Rajshahi City." PhD diss., Department of Sociology, University of Rajshahi, 2002.

[27] A.S.M. Atiqur Rahman, "The Problems of Aging in Bangladesh: A Socio-Demographic Study." PhD diss., Institute of Social Welfare and Research, University of Dhaka, 2002.

greatest threat to the interest older people. In recent time there have been visible a slow but steadily persisting awareness among the elderly.

A.S.M. Atiqur Rahman (2011) has made a discussion on launch of Madrid +10 from the Bangladesh and global issue.[28] The researcher has tried to find out the ageing situation and the measures have been taken by the governments according to Madrid world assembly on ageing. He many steps have been accepted by the government of Bangladesh such as national policy on older person on 2006 and old age allowances.

ABM Shamsul Islam (2011) has investigated the socio-demographic scenario of the ageing population in Bangladesh and showed that the size of the elderly population has increased from 1.9 million to 7.6 million from 1951 to 2001.[29] Life expectancy has increased from 36.6 years to 60.7 years between 1950 and 2005. Besides these he discussed gender composition, rural and urban distribution, marital status, economic problem, accommodation problem, socio-psychological problem and policies for ageing population etc.

Abul Kashem Mohammad Enamul Haque (2008) examined with the aim of identifying the common health problems of the elderly and remedial measures adopted by them in rural areas of Ghior upazila, Manikganj district in Bangladesh.[30] The researcher explored the various socio-cultural factors, interacting with the health behavior and practices in the study area. The perception level of illness and attitude towards different healers and the existing healing practices in relation to the elderly illness were also examined. Arthritis and back pain were highly prevalent among the respondents. Tuberculosis, problems with eye sights, paralysis, high blood pressure,

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[28] A.S.M. Atiqur Rahman, "Launch of Madrid +10: The Growing Opportunities and Challenges of Global Ageing and Ageing Situation in Bangladesh." *Bangladesh Journal of Geriatrics* 46 (2011): 96-106.

[29] ABM Shamsul Islam, "Socio-Demographic Scenario of the Ageing Population in Bangladesh", 22-35.

[30] Abul Kashem Mohammad Enamul Haque, "Illness and the Healing Practices: A Study on Health Behavior of the Elderly in Rural Bangladesh." PhD diss., Institute of Bangladesh Studies, University of Rajshahi, 2008.

cough and fever, gastric pain, diarrhoea, asthma, and fever were the common diseases among the elderly. The characteristics availability and pattern of utilization of different systems of health care services by the rural elderly confirm the existence of pluralistic health care in Bangladesh. The study showed that a wide range of options of treatment was available for the rural people.

Aruna Dubey, Seema Bhasin, Neelima Gupta, and Neeraj Sharma (2011) in their article titled "A Study of Elderly Living in Old Age Home and Within Family Set-Up in Jammu",[31] described about the elderly living in old age home and within family set-up in Jammu. This study included 30 elderly women as sample purposively and interview scheduled and observation techniques have been used. It revealed that most of the elderly felt the attitude of the younger generation is unsatisfactory towards them especially those were in old age homes in terms of getting respect, love and affection from the family members instead they were considered as burden for others. Women living in the families had a positive attitude towards old age.

B. Nalini (2009) explained the deprivation among the elderly relatively. He emphasized on the socio-psychological condition of the elderly.[32] Sociological explanation, individual's development and evaluation of their own positions had also a vital role in this study. It was an exploratory study and used random sampling method. The study explored the reference groups in their mind even during the retired life. The reference group that create a sense of relative satisfaction or relative deprivation in them come out spontaneously. The study found a significant difference between men and women.

Bazlul H. Khondker, and Syed Shah Saad Andalib (2013) in their published article about impacts of expended old age allowance programme in Bangladesh,

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[31] Aruna Dubey, Seema Bhasin, Neelima Gupta, and Neeraj Sharma. "A Study of Elderly Living in Old Age Home and Within Family Set-Up in Jammu." *Stud Home Com Sci* 5, no. 2 (2011): 93-98. http://tailieu.vn/doc/a-study-of-elderly-living-in-old-age-home-and-within-family-set-up-in-jammu-1327738.html (Accessed February 13, 2015).

[32] B. Nalini, "Relative Deprivation among the Elderly." *Bangladesh Journal of Geriatrics* 44 (2009): 191-200.

described old age allowance programme is a prominent social security programme in Bangladesh for the elderly.[33] They tried to find out the impact of Old Age Allowance on poverty alleviation of the elderly population in Bangladesh. This study is mostly conducted from economic view.

Bhakta B. Gubhaju (2011) conducted a study titled "Demographic Transition in Southern Asia: Challenges and Opportunities".[34] He stated the challenges and opportunities of demographic transition in southern Asia. This study delineated fertility and mortality trends in Southern Asia their consequences for changes in age structure, dependency ratio, population ageing and feminization of the elderly population. It emphasized on challenges and opportunities of demographic transition.

Catherine S.K. Tang, Anise M. S. Wu, Dannil Yeung, and Elsie Yan (2009) in their research work assessed age-cohort differences on attitudes and intention toward old age home placement. Compared to young adults and middle aged Chinese, older Chinese were more likely to view old age homes positively.[35] Middle aged Chinese reported greater intention, as compared to young adult Chinese, to refer older people to old age home. The old age home placement is not associated with unfilial thinking in contemporary Chinese society. Their study title was "Attitudes and Intention toward Old Age Home Placement: A Study of Young Adult, Middle-Aged and Older Chinese".

Daniel O. Clark (2009) showed the various aspect of social ageing.[36] From the social aspect researcher discussed social stratification of the life-course, health related quality of life, age cohort, sex, socio-economic and minority status and self acre.

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[33] Bazlul H. Khondker, and Syed Shah Saad Andalib, "Poverty Impacts of Expended Old Age Allowance Programme in Bangladesh: A Micro-Simulation Exercise." *Social Science Review [The Dhaka University Studies, Part-D]* 30, no. 2 (2013): 1-22.

[34] Bhakta B. Gubhaju, "Demographic Transition in Southern Asia: Challenges and Opportunities." *Asia-Pacific Population Journal* 26, no. 4 (2011): 3-25.

[35] Catherine S.K. Tang et al., "Attitudes and Intention toward Old Age Home Placement: A Study of Young Adult, Middle-Aged and Older Chinese." *Ageing International* 34 (2009): 237-251. doi:10.1007/s12126-009-9047-2 (accessed October 20, 2014).

[36] Daniel O. Clark, "Social Aspect of Ageing." *Bangladesh Journal of Geriatrics* 44 (2009): 154-169.

Social experiences over the life course are highly varied, but common experiences occur as a result of shared social and physical situations.

David L. Decker (1980) in his famous book on "Social Gerontology: An Introduction to the Dynamics of Ageing",[37] has described the demography of ageing, the psychology of ageing, retirement and leisure in detailed. Besides this social security of older, ageing and the family, ageing and the future has also emphasized in this book. The writer has also discussed the role of the family and society to the elderly. The writer found role of the society is changing towards the aged people.

E N. Arifin (2006) studied on "Growing Old in Asia: Declining Labour Supply, Living Arrangements and Active Ageing."[38] He discussed in the perspective of Asia regarding declining labour supply, living arrangements and active ageing. He showed the number of elderly increasing very rapidly in Asia but the labour supply, living arrangements and active ageing has declined proportionately. The researcher also argued in the future, Asia will see a surge of smaller families and therefore smaller networks of resources regardless of the living arrangements in place. As a result dependency ratio has been increasing, that was working as an obstacle of development.

Forhana Rahman (2011) has investigated about ageing reality and gender dimension in her published article.[39] The dependency ratio of the aged is increasing with advancement of time and most of the aged population is 60-69 years of age. Changes in the age structure also alter the dependency burden that is, the share of population that is likely to require financial support from the working age population. Older persons make major contributions to society. Contributions to development can only be ensured if older persons enjoy adequate levels of health.

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[37] David L. Decker, *Social Gerontology: An Introduction to the Dynamics of Ageing*. Canada: Little, Brown & Company, 1980.

[38] E N. Arifin, "Growing Old in Asia: Declining Labour Supply, Living Arrangements and Active Ageing." *Asia-Pacific Population Journal* 21, no. 3 (2006): 17-30.

[39] Forhana Rahman, "Ageing, the Reality and Its Gender Dimension", 7-21.

H. Thomae (1963) revealed the ageing and problems of adjustment. This study explored that the relationship between ageing and adjustment, that is a problem of the whole life-span.[40] This relationship provides a sound foundation for the overall development trends of the ageing process. The development is somehow dependent on ageing because social securities are to increase for the rapidly increasing older persons.

Hom Nath. Chalise (2014) studied on "Depression among the Elderly Living in Briddashram (Old Age Home)."[41] He emphasized on depression among the elderly. It was a cross-sectional study and carried out in 2012. Of the total respondents 31% were of nuclear family background, 25% were married, only 18% were literate and 93% had the health problems. The study indicated most of the elderly, who live in old age home suffered from depression. The researcher recommended by taking some measures by the authority can reduce the level of depression of the elderly of old age home.

Jurgis Karuza (2009) discussed the importance of social support in the lives of the elderly and the geriatric care.[42] He explored the link between social support and the wellbeing of the elderly. He also found the impact of the care giving on the caregiver. Social support and relationships of the elderly are pivotal in the maintenance of elderly wellbeing and health. Physicians should be aware to social support in developing care plans. Family care giver and medical care giver need to have consistency to provide care to the elderly.

Liesbeth M. Haken, Nardi Steverink, Wim J. A. van den Heuvel, and Siegwart M. (2002) studied in their article about orientation towards living in an old age

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[40] H. Thomae, "Ageing and Problems of Adjustment." *International Social Science Journal (Old Age)* XV no. 3, (1963): 366-376.

[41] Hom Nath. Chalise, "Depression among the Elderly Living in Briddashram (Old Age Home)." *Advances in Ageing Research* 3, no. 1 (2014) 6-11. http://dx.doi.org/10.4236/aar.2014. 31002 (accessed April 13, 2015).

[42] Jurgis Karuza, "Social Support." *Bangladesh Journal of Geriatrics* 44 (2009): 140-153.

home.[43] It showed that the subjective demand as measured by the orientation toward admission into an old age home is indeed related to actual use of an old age home. The level of physical impairments and age are sometimes, but not always, significantly related to the use of an old age home. They suggested to improve the psychological support to the elderly.

M. D., T. Yeasmin Hossain, M. Nahar, N. Haider, L. Rahman, & M M. Hossain (2013) delineated a research paper about needs and services to the urban elderly.[44] This study showed the socio-economic, physiological and psychological needs of the urban elderly and explored the services for elderly people in family, community and state level. They found public services for the elderly are not sufficient and there were significant lacks of government sponsored programmes or homes for the elderly. They recommended for increasing the old age allowances and for introducing monthly stipend with reasonable amount and for opening charitable organizations for the elderly people.

M. Mujibur Rahman, and Md. Harun-Ar-Rashid (1995) in their article on health status of aged people in rural Bangladesh mentioned that aged people will suffer and die irrespective of the income, this relationship did not bear any statistical significance.[45] This is possibly a statistical artifact and needs careful examination controlling for family income since elderly people largely depend on their children and other close relatives.

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[43] Liesbeth M. Haken et al., "Lindenberg. Orientation towards Living in an Old Age Home: An Instrument to Predict Use of an Old Age Home." *Nordic College of Caring Sciences* 16 (2002): 353-359.

[44] M. D. Hossain et al., "Needs and Services to the Urban Elderly: A Study." *Bangladesh Journal of Geriatrics* 48 (2013): 121-128.

[45] M. Mujibur Rahman, and Md. Harun-Ar-Rashid, "Health Status of Aged People in Rural Bangladesh: Correlates and Differentials." *Chittagong University Studies Social Science* XVI (1995): 58-66.

M. Nazrul Islam, and Dilip C. Nath (2012) have explored future gloomy picture of the elderly support facility in terms of both economic and caring aspects.[46] They found the support to the elderly gradually decreasing in Bangladesh. This dimension of future inevitable ageing problem needs proper attention to the policy makers for taking sustainable ageing policies.

Masanobu Masuda, and Katsuhisa Kojima (2001) explained in their article, the historical development of the social security for the elderly in Japan.[47] They analyzed the benefits and burden of social service and social security in terms of life cycles by age group. They got the social security benefits for the elderly have been expanding in recent years that are approximately two thirds of the total social security benefits. There was an excessive income transfer from the working generations to the elderly.

Masud Ibn. Rahman (2013) studied on Bangladeshi older women from the view point of abuse and neglect.[48] This empirical study has shown the negligence status, issues and intensity of Bangladeshi older women from different economic status. In Bangladesh the physiological, economic and social condition of the older women are vulnerable. Psychological negligence is higher than the other types of negligence. He found significant association between the economic status and negligence of older women.

Md. Abdul Mannan Mian (2009) revealed in his research article that the age composition is changing rapidly as a result dependency ratio is also increasing.[49] Sex ratio of the elderly in the south Asian countries is higher than the other countries of the world. He also highlighted socio-economic characteristics of the older people. The median age in the more developed countries indicate nearly half of the population of

[46] M. Nazrul Islam, and Dilip C. Nath, "A Future Journey to the Elderly Support in Bangladesh." *Journal of Anthropology* (2012): 1-6. Article id. 752521, doi:10.1155/ 2012/752521.

[47] Masanobu Masuda, and Katsuhisa Kojima, "Japanese Social Security for the Elderly from A Viewpoint of Life Cycles." *Review of Population and Social Policy* 10 (2001): 37-54.

[48] Masud Ibn. Rahman, "Elder Abuse and Neglect: Evidence from Bangladeshi Older Women." *Bangladesh Journal of Geriatrics* 48 (2013): 101-111.

[49] Md. Abdul Mannan Mian, "Population Ageing in the New Millennium." *Bangladesh Journal of Geriatrics* 44 (2009): 58-79.

age 60+, in these countries would half of the total population as population of 80+ increasing gradually.

Md. Ahsan Kabir (2006) emphasized on the rights and care for elderly people in Bangladesh.[50] The researcher described the most of the elderly people live in absolute poverty, suffer from lifetime deprivation, entering old age in a poor health and without saving any asset. This research has emphasized on elderly people's needs, the surviving pattern and the contributions they make to the family.

Md. Aminul Islam (2014) did a PhD research on "Role and Status of Rural Elderly in Bangladesh: Patterns and Changes".[51] Four major issues have been emphasized in this research, such as: socio-economic condition of the elderly, position of the elderly in decision making process, influence of wealth on role and status of the elderly and the role and status of the elderly in family and rural community. The findings of the study show that socio-economic condition of the rural elderly is not good, i.e. literacy rate is low (about 75% elderly are illiterate), live below poverty line (60.1% elderly earn BDT 500-4,500 per month), limited sources of income, shortage of cultivable land, lack of sanitation, broken physical condition (75.9% face difficulties performing daily activities and 32.5% are not capable of going outside) and most of the cases relationship among the family members is not good but relationship with neighbors and relatives is good. As a result the role and status of the elderly in the family and society has been complicated nowadays in rural Bangladesh.

Md. Faisal Ahmed (2007) in his PhD thesis titled "Ageing Situation in Some Selected Tribal Communities in Bangladesh" presented an account of ageing situation of tribal people.[52] He included the older people of three tribal communities which

[50] Ahsan Kabir, "Rights and Care for Elderly People", 71-84.

[51] Md. Aminul Islam, "Role and Status of Rural Elderly in Bangladesh: Patterns and Changes." PhD diss., Institute of Bangladesh Studies, University of Rajshahi, 2014.

[52] Md. Faisal Ahmed, "Aging Situation in Some Selected Tribal Communities in Bangladesh". PhD diss., Institute of Social Welfare and Research, University of Dhaka, 2007.

were The Manipury, The Khashi and The Garo. The research delineated the socio-economic situation, the indigenous systems of care giving and the values and tradition of tribal communities towards older people. He found elderly people are the most vulnerable part of these tribal societies. Attitude of the younger to the elderly is not in satisfactory level. Respect and love to the elderly is declining day by day. Most of the cases elderly rights are being ignored. Economically aged persons are much marginalized; most of them cannot fulfil their basic needs. The elderly were habituated to the indigenous care giving system but this tradition is declining and they are taking modern health care facilities which are not yet in sufficient level.

Md. Faruque Hossain (2008) carried out his research to identify the needs of the destitute elderly in Bangladesh, the services offered by the family and institutions for the elderly and the effectiveness of family and institutional settings in meeting the needs of the destitute elderly in this study.[53] Findings of the study showed that the elderly living in institutions are comparatively well than the elderly living in families. But the elderly living in institutions are socially destitute or rootless compared with the elderly living in family. It is also evident that the female elderly are more destitute compared to the male elderly in both settings. The needs of the destitute elderly are better fulfilled in the institution than family. In terms of basic needs, the destitute elderly living in family found needier compared to the destitute elderly living in institutions. This PhD study was on "Welfare of the Destitute Elderly Through Institutional and Family Settings in Bangladesh".

Md. Rabiul Islam (2012) did the PhD research titled "A Study on Old Age Problem in Changing Families of Bangladesh". [54] It was conducted on rural areas of Bangladesh. He identified the socio-economic and health problems and find out the factors responsible for the changes in the family structure and behavioral pattern of

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[53] Md. Faruque Hossain, "Welfare of the Destitute Elderly through Institutional and Family Settings in Bangladesh." PhD diss., Institute of Bangladesh Studies, University of Rajshahi, 2008.

[54] Md. Rabiul Islam, "A Study on Old Age Problem in Changing Families of Bangladesh." PhD diss., Institute of Social Welfare and Research, University of Dhaka, 2012.

the family members towards the aged. The research showed that poverty, physical illness and lack of health care services are the greatest threat of the rural elderly. In traditional joint family the elderly people used to enjoy love, care, respect and honor. But in the unclear families they feel insecurity, loneliness, lack of services and mental unrest. Health care facilities were not in satisfactory level in the study area.

Md. Rabiul Islam, and Golam Rabbani (2013) were conducted a study about socio-economic condition of the older people living in Bihari camps. [55] This study analyzed that the living conditions of Biharies are miserable because high density of population, lack of accommodations, sanitation, education and healthcare facilities. They are engaged with day labour and rickshaw pulling etc. Their condition is absolutely marginalized and basic human rights are denied.

Md. Rabiul Islam, and Kanij Fatema (2011) conducted a research article on the problems of the elderly in changing families of Bangladesh. [56] This paper has drown its concentration on ageing in socio-economic context of Bangladesh on the view of changing pattern and causes of changing of family structure, demographic characteristics and attitude towards the elderly. Most of the older persons are poverty-stricken and high-risk group in society.

Md. Ripter Hossain (2002) in his published research article explored the demographic ageing in SAARC countries.[57] The researcher analyzed the transition in age structure through statistical indices, its effects on growth rate, median age, dependency ratios and speed of ageing. Fertility and mortality change had tremendous effect on age distribution. Demographic transition is rapidly changing in SAARC countries.

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[55] Md. Rabiul Islam, and Golam Rabbani, "Socio-economic Condition of the Older People Living in Bihari Camps: A study of Dhaka City." *Bangladesh Journal of Geriatrics* 48 (2013): 11-27.

[56] Md.Rabiul Islam, and Kanij Fatema, "Problems of the Elderly in Changing Families", 165-182.

[57] Md. Ripter Hossain, "Demographic Ageing in SAARC Countries." *Journal of the Institute of Bangladesh Studies* XXV (2002): 71-78.

Md. Shahidur Rahaman Choudhary (2009) found in his research that more than sixty percent of the aged were illiterate.[58] A little more than half of the respondents were living jointly with other family members. Most of the male respondents were engaged as day labourer and females were housewives. It explored a picture of the aged people of Bangladesh, problems of rural aged and their survival patterns, process of their adaptability and programmes to help the Rural Aged. This study showed that the mean age of respondents was 71.42 years and about 2.33% of the study respondents were receiving old age allowance. This PhD paper titled "Impact of Old Age Allowance on Elderly Welfare in Rural Bangladesh: A Study of Godagari Upazila in Rajshahi District".

Michael B. Katz (1984) has studied on poorhouses and the origins of the public old age home in America and found that welfare was not a rational creation, a set of clear and consistent policies.[59] Nevertheless the poorhouse dominated the structure of welfare. The new identity of these poorhouses is the old age homes.

Mohammad Didar Hossain (2013) mentioned that the support system to the elderly is gradually decreasing in Bangladesh though it is not yet in alarming situation.[60] His paper was on ageing social policies of Bangladesh. The researcher has tried to show the existing policy implications and reflection of ageing issues for the sake of attaining elderly welfare. It showed for sustainable ageing policies need more concentration of the policy makers. Situation of the elderly demands a favorable environment and society.

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[58] Md. Shahidur Rahaman Choudhary, "Impact of Old Age Allowance on Elderly Welfare in Rural Bangladesh: A Study of Godagari Upazila in Rajshahi District." PhD diss., Department of Social Work, University of Rajshahi, 2009.

[59] Michael B. Katz, "Poorhouses and the Origins of the Public Old Age Home." *Milbank Memorial Fund Quarterly (Health and Society)* 62, no.1 (1984): 110-140. http://www.jstor.org/stable/3349894 (accessed August 14, 2014).

[60] Mohammad Didar Hossain, "Reflection of Aging Issues in Social Policies of Bangladesh: An Overview." *Bangladesh Journal of Geriatrics* 48 (2013): 78-94.

Najma Siddiqi (2011) explored the status of older women and their problems and prospects.[61] The researcher got growth of older women is a serious problem in Bangladesh. They are facing many problems to meet their needs and deprived of their fundamental rights. For weakening the bond of traditional families their sufferings are increasing. No employment opportunities for elderly women are found. Despite of poor health condition they are forced to work for extreme poverty.

Papia Sultana (2013) delineated the situation of older women residing in BAAIGM's old home".[62] BAAIGM stands for Bangladesh Association for the Aged and Institute of Geriatric Medicine. This paper has explored the life in the old home and their situations. Multiple issues forced the elderly to live in the old home like security, honour and dignity and it has also explored that the participants gave their opinion positively such as satisfaction about living and health status in the old home. Old home became the best alternative of the family to the elderly women.

Razina Sultana (2013) did a research work and published it as article about role and status of active elderly women in urban Bangladesh, where she explained that the active elderly women are to perform household chores and look after their grandchildren. 52.5 percent urban elderly women enjoyed higher status in the family.[63] The family members show them much respect and importance. 22.5 percent enjoyed moderate status and 25.0 percent enjoyed low status. Where snowball sampling is being used as sample technique.

Sarah Lamb (2007) has found one of the most striking social forms to emerge in lives outside the family context in the Indian old age home.[64] This article has

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[61] Najma Siddiqi, "The Status of Older Women: Problems and Prospects." *Bangladesh Journal of Geriatrics* 46 (2011): 53-62.

[62] Papia Sultana, "Situation of Older Women Residing in BAAIGM's Old Home." *Bangladesh Journal of Geriatrics* 48 (2013): 58-77.

[63] Razina Sultana, "Role and Status of Active Elderly Women in Urban Bangladesh." *Bangladesh Journal of Geriatrics* 48 (2013): 28-57.

[64] Sarah Lamb, "Lives outside the Family: Gender and the Rise of Elderly Residence in India." *International Journal of Sociology of the Family* 33, no. 1 (2007): 43-61. http://www.jstor.org/stable/ 23070762 (accessed August 14, 2014).

analyzed the trend of old age home living in India, as a new cultural space to imagine and practice gender, ageing, family, and even national identity. Those participating in India's new old age homes are innovatively striving to maintain older needs, desires and values. The study was on elderly lives outside the family in India.

Sasmita Mohapatra, and K. Laxmi Narayan (2009) were studied on "Caring for the Aged: The Role of NGOs".[65] The study has found that, majority of the elderly- both institutionalized and non-institutionalized are satisfied with the quality of care services provided by NGOs especially for the health care services. Only 33 percent of the elderly are satisfied with their current residence place. The study suggested that NGOs should be encouraged to invest more in making institutions for the elderly such as old age homes and day care centers.

Sharmistha Roy (2000) showed in her research, the socio-economic condition of the elderly, living pattern of the elderly, causes of instability of joint family, problems of the elderly, life style of the elderly and existing security programmes of the elderly taken by government and non-government level.[66] This study has revealed the overall situation of the rural elderly. This has not dealt with only particular service especially about the family and outside the family that means institutional (like old age home) caring for the elderly. She did her PhD work on *"Joutho Paribarer Aashthitishelata Abong Bangladehser Gramanchale Bridhader Nirapattar Upar Er Prabhab: Ekti Thanavittik Shamikkha"* (Instability of Joint Family and Its Impact on Security of Aged in Rural Bangladesh: A Study of a Thana).

Victor Minichiello, Jan Browne, and Hal Kending (2000) have tried to find out the perception and consequences of ageism from the views of older people in their

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[65] Sasmita Mohapatra, and K. Laxmi Narayan, "Caring for the Aged: The Role of NGOs." *International Journal of Sociology of the Family* 35 no. 1 (2009): 105-121. http://www.jstor.org/stable/23028803 (accessed August 14, 2014).

[66] Roy, "*Joutho Paribarer Aashthitishelata Abong Bangladehser Gramanchale Bridhader Nirapattar Upar Er Prabhab: Ekti Thanavittik Shamikkha* (Instability of Joint Family and its Impact on Security of Aged in Rural Bangladesh: A Study of A Thana)." PhD diss., Institute of Bangladesh Studies, University of Rajshahi, 2000.

research article.[67] They identified most informants think ageism from the negative view in 'being seen as old' and 'being treated as old'. Active ageing is viewed as a positive way of presenting and interpreting oneself as separate from the 'old' group. Many informants recognized older people as the obstacle of the way of development.

Zarina Nahar Kabir, Marta Szebehely, and Carol Tishelman (2002) have examined the availability and sources of material, practical and emotional support in urban and rural areas of Bangladesh in their research topic on support in old age in the changing society of Bangladesh.[68] It was found the propensity to receive support was greater among rural older people than their urban counterparts. Men were mainly provides the material support and women of practical and emotional support.

Various PhD dissertations, books and articles have been included into the above review of the literature. Some other important edited books, research reports and working papers also have been found which are related to this particular issue of research but these are not included in literature review, among which Abul Barkat, Avijit Poddar, Manzuma Ahsan, and Mohammad Faisal Ahmed (2013),[69] Robert H. Binstock and Ethel Shanas (1976),[70] Malcolm L. Johnson (2005),[71] M. Kabir (1999),[72] M. Kabir (2003)[73] and K.M. Sathyanarayana, Sanjay Kumar and K.S. James (2012)[74] are salient.

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[67] Victor Minichiello, Jan Browne, and Hal Kending, "Perceptions and Consequences of Ageism: Views of Older People." *Ageing and Society 20*, no. 3 (2000): 253-278. http://journals.cambridge.org/ASO (accessed November 23, 2014).

[68] Zarina Nahar Kabir, Marta Szebehely, and Carol Tishelman. "Support in Old Age in the Changing Society of Bangladesh." *Ageing and Society* 22 (2002): 615-636.

[69] Abul Barkat, Avijit Poddar, Manzuma Ahsan, and Mohammad Faisal Ahmed. *Impact of Social and Income Security for Older People at Household Level.* Research Report. Human Development Research Centre, Dhaka. 2013.

[70] Robert H. Binstock, and Ethel Shanas, eds. *Handbook of Ageing and the Social Sciences*. New York: Litton Educational Publishing, Inc. 1976.

[71] Malcolm L. Johnson, ed. *The Cambridge Handbook of Age and Ageing.* London: Cambridge University Press, 2005.

[72] M. Kabir, "Demographic and Economic Consequences of Aging in Bangladesh." Centre for Policy Dialogue (CPD), Paper. 3, 1-16. Dhaka: 1999.

[73] M. Kabir, ed. *The Elderly: Contemporary Issues*. Dhaka: Presidency Press, 2003.

[74] K.M. Sathyanarayana, Sanjay Kumar, and K.S. James. *Living Arrangement of Elderly in India: Policy Programmatic Implications.* Research Report. Institute for Social and Economic

1.7. Justification of the Study

1.7.1. Research Gap

From the reviewed literature researcher has got some prior studies in Bangladesh conducted on ageing issue like ageing problem, ageing in the ethnic group, old age allowance, living arrangement and social security for the elderly etc. But several studies have been found, conducted on ageing issue in North America, Europe and Asia. A very few micro-level studies like articles and features have been found on the situation of the elderly living in old age home and in urban family issue in Bangladesh. The researcher has got no independent and complete study like PhD or MPhil level research which suggests ways for understanding and exploring knowledge on the topic of this study. This study is intended to fill this gap of knowledge and reveals the unrevealed areas of old age home and urban family by analyzing and comparing the socio-economic, health and psychological status of the elderly of urban area in Bangladesh.

1.7.2. Importance of the Study

Population ageing has a great significance to the all societies. In the urban areas of Bangladesh various old age homes residents are striving to establish individual ownership and entitlement, they are now fumbling to cope with this new involuntary communal life and the elderly living in urban family is also marginalized. Urban areas are the fastest-growing living area of Bangladesh and the structure of the traditional Bengali family is being rapidly erased. Respect for the elderly is being washed out. Children are becoming too busy with their career and they want to ignore their duties and responsibilities towards their parents. The young and working class of our society, every single day they are announcing that we are working to create a

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Changes- Bengalore, United Nations Population Fund- New Delhi and Institute of Economic Growth, Delhi, 2012. http://countryoffice.unfpa.org/india/drive/LivingarrangementinIndia.pdf (accessed August 19, 2014).

better future and society for our next generation. But they are becoming careless and indifferent about their elderly parents day after another. Older persons are the asset of any nation. They have experience and knowledge, which can be used for the national reconstruction. Without emphasizing on this particular age group people (the elderly) nation's development is not possible.

In Article-15 titled the provision of the basic necessities. The Constitution of the People's Republic of Bangladesh stated that:

> It shall be a fundamental responsibility of the State to attain, through planned economic growth, a constant increase of productive forces and a steady improvement in the material and cultural standard of living of the people, with a view to securing to its citizens.[75]

To give importance, the elderly people have been emphasized in Bangladesh's constitution. Though it is not yet ensured for many limitations like poverty, unconsciousness and social and moral deviation of the society. Government has already decided to establish 12 old age homes in 7 divisions around the country which is under processing. Beside these by considering the significance of older people government has made a national policy titled 'National Policy on Older Persons 2013' and a law titled 'Parents Maintenance Law 2013'.

The elderly/Parents have been also emphasized tremendously in various religions- *Manava Dharma-Shastra* is the ancient scriptures of India where human life span divided into four stages. In the last stage (old age) of life a man makes himself ascetic and he is called *Sannyasi.* He devotes himself for the God.[76]

According to Islam children will be kind to parents. In old age parents will be addressed in terms of honour and never they will be hated or repelled. Similarly, the

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[75] The Constitution of the People's Republic of Bangladesh, in article 15(d). (Dhaka: October, 2011), 5.

[76] http://hinduism. about.com/cs/basics/ht/ idealhindu .htm (accessed March 04, 2015 from).

fifth commandants of the Old Testament states that "Honour your father and your mother".[77]

Many voluntary organizations and Non Government Organizations (NGOs) also work for the elderly and they pay their attention for the development of this particular age group, among such organizations, Bangladesh Association for the Aged and Institute of Geriatric Medicine – BAAIGM (1960), Resource Integration Centre – RIC (1997), HelpAge International, Elderly Initiative for Development – EID (1995), Bangladesh Retired Government Employees Welfare Association (1977), Rehabilitation Centre for the Aged and Children – BOSHIPUK (1997), Ageing Resource Centre Bangladesh – ARCB (2003), Bangladesh Women's Health Coalition – BWHC ((1998) are prominent.[78]

From these many views and sense, elderly issue is an important social phenomenon in Bangladesh. In one hand necessities of old age home and the importance of ageing issue is increasing day by day, on the other hand no massive study has been found on this issue like PhD or MPhil research, so it is necessary to undertake an empirical study to understand the situation of the elderly of old age home and of the urban elderly. The present study has tried to find out the way of establishment of better arrangement for living and balanced social harmony for the elderly as well as to make the children dutiful and obedient, to do their duties and responsibilities to their parents, government to prepare better policies to make the people of the society conscious regarding the problems of the study.

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[77] Hossain, "Welfare of the Destitute Elderly through Institutional and Family Settings in Bangladesh", 239.

[78] A.S.M. Atiqur Rahman, "Launch of Madrid +10: The Growing Opportunities and Challenges of Global Ageing and Ageing Situation in Bangladesh." *Bangladesh Journal of Geriatrics* 46 (2011): 101.

1.8. Theoretical Explanation

A number of theories have been developed on ageing issue or elderly issue such as social theories, biological theories, and psychological theories and so on. As a social research the current study is engaged with the social theories. Social theories have also many types such as Activity Theory, Disengagement Theory, Selectivity Theory, Continuity Theory, Age Stratification Theory, Social Exchange Theory, Subculture Theory, Life Course Theory, Modernization Theory, Labeling Theory and Phenomenological Theory etc.

Activity theory was the first established theory among the social theories. But it was recognized to the people with the development of disengagement theory. Elaine Cumming and William E. Henry (1961) was the founder of disengagement theory. 'Growing Old' is the main concept of this theory. "It is both normal and inevitable that people will decrease their level of activity and seek more passive roles as they age." [79] According to disengagement theory older adults and society mutually withdraw from each other. The ageing person become more introspective and self focused. Deeply rooted reasons are found in both the culture and social structure, for this withdrawal process. [80] According to the disengagement theory instrumental activities (pragmatic and goal-directed activities) usually emphasize physical strength and agility, and young people are stronger and more agile than the older people. The theorists do not suggest that all aged people should be confined to their houses, nor they suggest enforcing inactive role for the elderly. They argue the elderly usually decrease their level of activity as they adapt to the normal changes in ageing process.[81] The present issue on which the study has been conducted, the researcher seems theoretically there is a good link with the theory of disengagement. The process of disengagement is closely related to the process of adjustment with situation of the elderly of the old age homes and of urban families in Bangladesh, especially the

[79] David L. Decker, *Social Gerontology: An Introduction to the Dynamics of Ageing*. (Canada: Little, Brown & Company, 1980), 137-138.

[80] Elaine Cumming, "Further Thoughts of the Theory of Disengagement." *International Social Science Journal (Old Age)* XV, no. 3 (1963): 384.

[81] Decker, *Social Gerontology*, 138.

withdrawal system from the family and the society of urban areas. It needs to be mentioned that the overall situation of the elderly of Bangladesh is not possible to explain by a single theory. About all socio-psychological theories are involved in this process. Nevertheless the researcher thinks disengagement theory is more appropriate than the other theories.

In 1968, Erdman Palmore studied empirically about the activity theory and the disengagement theory and found the relationship between 'social activity' and 'life satisfaction' in United States. He showed the findings with a diagram.

Figure 1.1: Diagram of Prediction

		Social Activity	
		High	Low
Life Satisfaction	High	Support to Activity Theory	Support to Disengagement Theory
	Low	Support to Disengagement Theory	Support to Activity Theory

Source: Hypothesis for Activity and Disengagement Theory.[82]

The diagram shows, when people have high level of social activity and high life satisfaction then it support activity theory. When social activity is low and life satisfaction is low then it also support activity theory. If people have low social activity and high life satisfaction or high social activity and low life satisfaction then the research support disengagement theory.

1.9. Conceptual Framework

Situation of the elderly is a complex whole of many factors such as social, economic, health and psychological factors etc. that influence their life style. Other determinants like demographic transition, modernization and urbanization are also affect their overall situation. These concepts are linked and influence each other that has been shown in the following framework.

[82] Ibid., 141.

Figure 1.2: Factors Influencing the Situation of the Elderly

Demographic Transition (Higher life expectancy and lower fertility rate)

Modernization/Urbanization (Socio-economic and cultural change)

Rapid growth of elderly in developed and developing countries

Deviation of social and moral values and weaken family tie

Less social wellbeing and safety net for the elderly in developing countries

Socio-psychological estrangement of the elderly (Loneliness/Depression)

Situation of the Elderly

Social Status (Age, education, marital condition, family type, life partner, food taking, clothing, social support, social occasion/festival, involvement with social organization, kin engagement, relationship with family members and others, religious activities, newspaper, book reading)

Economic Status (Income source, previous occupation, personal asset, children's help/support, kin support, old age allowance, pension, NGO's support, monthly subscription, freedom fighter allowance, other support)

Health Status (Physical condition, medical facilities, counseling, exercise, nursing facilities, drug facilities, diseases, nutrition, safe drinking water, cleanliness, hygiene condition of residence, physical help)

Psychological Status (Attitude towards family and relative, life experience, time for hobbies, satisfaction level, freedom, self esteem, recreation, friendship, personal matter sharing, outing facilities, mixing with grand children, behavior of the authority/ guardian)

Developed by the researcher.

1.10. Methodology of the Study

1.10.1. Selection of the Study Area

Dhaka and Gazipur have been selected purposively as study area for old age homes. Because old age homes are mostly centered in urban areas and Dhaka and Gazipur are two major cities of Bangladesh. On the other side, Old Age Home, Agargaon, Dhaka and Old Rehabilitation Centre, Monipur, Gazipur are the biggest old age homes in Bangladesh. Again, for urban family, Dhaka and Gazipur also have been selected purposively as the study area. Because two old age homes have been selected from Dhaka and Gazipur and these two cities have almost common urban characteristics and the location is very close. There is homogeneity from the view point of urban characteristics in the two cities. Another criterion for selecting Dhaka and Gazipur as the study area, that these two urban areas were convenient to collect data for the researcher.

1.10.2. Description of Study Area (Two OAHs)

1.10.2.1. Old Age Home, Agargaon, Dhaka

Dhaka is the capital and the biggest city of Bangladesh covering an area of about 360 square km and having a population of over twelve million in 2009. It is located in 23°43' North Latitude and 90°24' East Longitude.[83]

In 10th April, 1960 Dr. A K M Abdul Wahed established Pakistan Association for the Aged (Present name 'Bangladesh Association for the Aged & Geriatric Medicine', registration no- 429/1991). He was a physician and the professor of medicine. It was the first voluntary organization of the country to serve the elderly, situated at Dhanmondi (house no- 78, road no- 5), Dhaka. In 1985, this organization has been shifted to E-10, Agargaon, Sher-E-Bangla Nagar, Dhaka. This organization converted into a full pleasant hospital in 1993 with the help of the Ministry of Social Welfare, Bangladesh. As the extended programme of the organization it started Old Age Home (Old Home) in 2000 where 50 elderly (both male and female) can reside.

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[83] *Banglapedia: National Encyclopedia of Bangladesh*, 2nd ed., Vol. 4 (Dhaka: Asiatic Society of Bangladesh, 2012), 471.

Now it is the biggest OAH among the OAHs where the elderly live with pay. Still now it is continuing its Old Age Home activities.

For living in this old age home the elderly are to pay. For one seated room BDT 5,000, two seated room BDT 4,000 per seat and for more than two seated room they are to pay BDT 2,000 per seat, per month. For food every older person pays BDT 2,200 per month. Besides these they have library facilities, hospital facilities (at a minimum cost), newspaper facilities, recreation facilities etc.

1.10.2.2. Old Rehabilitation Centre, Gazipur

Gazipur is a district town of Bangladesh. Its area is 1741.53 sq km and located in between 23°53' and 24°21' north latitudes and in between 90°09' and 92°39' east longitudes.[84]

Old Rehabilitation Centre is the biggest old age home in Bangladesh. Khatib Abdul Zahid Mukul (the founder Chairman and Managing Director of Givensee Group of Industries) established Old Rehabilitation Centre in 1987 in rented premise at Uttara, Dhaka in own initiative and finance, with a view to mitigate painful sufferings of helpless older people of 60 years and above. In 1994 the centre was shifted to its own campus located in Bishia, Kuribari, Monipur, Gazipur. It is a calm and quiet place of 23.76 Acre land area with natural beauty.

The elderly (both male and female) live here irrespective of race and religion. The centre has an arrangement of 800 elderly for living but at present about 200 elderly is living there. All basic needs like accommodation, foods, cloths, medicines and other facilities are provided free of cost till their death in the centre. The centre has its own health care centre, named ‘Old Rehabilitation Centre Medical Services’. It also has a library with more than thousand books. There is a mosque and a graveyard for the Muslims. Facilities are also available for the older people of other religion to perform their own rituals.

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[84] *Banglapedia: National Encyclopedia of Bangladesh*, 2nd ed., Vol. 6 (Dhaka: Asiatic Society of Bangladesh, 2012), 238.

1.10.3. Selecting Criteria for Comparison

In comparative study two groups of respondents should be homogenous. Before selecting the old age homes the researcher has conducted a pilot survey on Old Age Home, Agargaon, Dhaka and Old Rehabilitation Centre, Monipur, Gazipur and it is found that most of the elderly living in these two old age homes have come from urban areas and the elderly who have come from rural areas are negligible in number. Again, these two OAHs are situated in urban areas. In respect of rural-urban characteristics and age, the elderly living in old age homes and in urban families is homogenous. Thus, these two groups of the elderly have been selected for this study for comparison.

1.10.4. Nature of the Study

The present study is mostly qualitative in nature, at the same time quantitative approach has also been followed. As a result, this study has been conducted by a mixed method approach, which was qualitative as well as quantitative to make the research meaningful.

1.10.5. Sources of Data

There were two sources of data, Primary and Secondary. In conducting this research, data from both the sources have been used.

1.10.5.1. Primary Source

Primary data have been collected from the respondents of study area. Therefore the elderly of the old age homes and the elderly of the urban families have provided information to the researcher and that has been considered as the primary source of data. Besides these, unpublished government documents and circular have also been collected as primary data.

1.10.5.2. Secondary Source

Besides the primary data, secondary data is also needed for the research work. Various research reports, journals/articles, thesis, dissertations, published government orders, proclamation and documents, books on Gerontology have been used as the secondary source of data.

1.10.6. Data Collection Techniques

1.10.6.1. Questionnaire Survey

A structured questionnaire has been used for collecting primary data, which had been pre-tested prior to the field-work in order to improve its reliability and validity. Questionnaires were of both close ended and open ended. Likert Scale has been used for collecting data as a data collection tool, on various psychological issues. Cross-sectional data have also been used for comparison.

1.10.6.2. In-depth Interview

Some elderly did not feel pleasure answering questions on relationship with other family members and relatives, sources of income, medical treatment, health condition and other psychological issues etc. in front of other people. So the researcher built a good personal relationship (rapport building) with the elderly for in-depth interview to explore the situation of the elderly. In-depth interview has been conducted through interview, note taking and audio/video recording. Respondents' subjective evaluation about their situation and livelihood were possible to know through case study and it was also helpful in cross checking the surveyed data.

1.10.6.3. Observation

In qualitative research observation is an important tool for understanding the real situation though it is a job of hard working and patience. Here the researcher has noted the real observed situation of the elderly. As much as possible the situation of the elderly of old age home and urban family has been observed keenly time to time.

1.10.7. Sampling

Purposive sampling has been used in this study for selecting old age homes and the families of urban area. 188 respondents (94 respondents from two old age homes and 94 respondents from urban families) have been selected from Dhaka and Gazipur by the researcher in this process.

1.10.7.1. Sampling Related to Old Age Home

There are two types of OAH in Bangladesh; one is with pay (OAH where the elderly live with pay) and another one is without pay (OAH where the elderly live without pay). From the two types of OAHs, 2 OAHs (1 OAH from each type) have been taken purposively as sample throughout the country. Old Age Home, Agargaon, Dhaka (where the elderly live with pay) and Old Rehabilitation Centre, Monipur, Gazipur (where the elderly live without pay) have been selected purposively, where 47 elderly and 198 elderly have been found respectively during the survey period (May, 2015 to September, 2015).

Selected 2 OAHs are the biggest OAHs of the country. From Old Age Home, Agargaon, Dhaka (where the elderly live with pay) all the elderly have been selected as respondents through census. As the number of inmates of Old Age Home, Agargaon, Dhaka is 47 so the number of respondents is also 47. For the proper analysis of data in comparative study, number of respondents should be equal from each type of OAH. Again, for getting the holistic scenario of OAHs of Bangladesh, representation of respondents needs to be equal from both types of OAHs. For that reason equal number respondents (47 respondents) also have been taken from Old Rehabilitation Centre, Monipur, Gazipur (where elderly live without pay).

1.10.7.2. Sampling Related to Urban Family

For sampling of the family, two *paras/mahallas* (1 from Dhaka & 1 from Gazipur) have been selected from Dhaka and Gazipur purposively. Kafrul (*para/mahalla*) from

Dhaka City and Board Bazar (*para/mahalla*) from Gazipur City have also been selected purposively. In respect of comparative study two groups of respondents should be equal. So, 94 respondents have also been selected from urban families. 47 respondents from Kafrul, Dhaka and 47 respondents from Board Bazar, Gazipur have been selected through convenience sampling.

For case study 8 respondents (4 from OAHs & 4 from urban families) have been selected conveniently. Four (4 experts on ageing and OAHs) Key Informant Interviews (KII) have also been selected for collecting data purposively to make the research more justified. Among the four experts 2 are the professors of university and rest 2 are engaged with regulating/conducting OAH practically for a long time.

Table 1.2: Sampling Procedure and Distribution

Study Area	**Data Collection Tool**	**Sample Size**		**Selecting Criteria**
		OAH	**Urban Family**	
Agargaon, Dhaka	Questionnaire Survey	47	–	Census
Monipur, Gazipur		47		Conveniently
Kafrul, Dhaka		–	47	Conveniently
Board Bazar, Gazipur			47	
Agargaon, Dhaka	In-depth Interview & Observation	2	–	Conveniently
Monipur, Gazipur		2		
Kafrul, Dhaka		–	2	Conveniently
Board Bazar, Gazipur			2	
Dhaka & Gazipur	Key Informant Interviews (KII)	4 (Experts on Ageing and OAH)		Purposively

Total: (47+47)+(47+47)=188. (2+2+2+2=8 respondents of in-depth interview/case study have been taken from the 188 respondents of questionnaire survey, for that reason they are not added to the total respondents.)

1.10.8. Data Collection in Practical Field

Data have been collected from two settings (two living arrangements of the elderly) for the present study, such as: OAH and urban family. So, the practical data collection techniques are divided into two stages that are given below.

1.10.8.1. Data Collection from OAH

Collecting data from OAH was not so difficult rather it was somewhat easy. All the respondents of OAHs helped the researcher cordially except few cases. In maximum cases they have enjoyed the face to face interview. The respondents were well behaved, frank and sometimes emotional. Although getting permission from the OAH authority for collecting data was somewhat difficult.

1.10.8.2. Data Collection from Urban Family

Data collection from the urban families of study area was difficult for the researcher. Especially entrance to the families of Dhaka and Gazipur City were restricted. For maintaining the security, people of these two urban areas do not allow the unknown persons to their residences. Thus, it was difficult to reach to all the respondents of urban families and for that techniques of data collection have been changed.

Only few families of study area (Dhaka and Gazipur City) have allowed the researcher for collecting data. By not getting access to the maximum urban families the researcher applied different techniques. As a part of these techniques firstly the researcher has collected data from the elderly who come to Kinder Garten (K.G.) Schools to bring their grandchildren/children, secondly the elderly who come to mosque for prayer data have been collected from them, thirdly among the elderly of urban families of study area who walk in morning and afternoon (regular or sometimes) data have also been collected from them. Besides these, data have been collected from the elderly who are normally available on the street/road and who are engaged with their profession at roadside, e.g., shopkeeper/trader, dispensary holder, caretaker of residence, gate keeper and other professionals.

In this process, respondents from whom data were collected almost all of them were male elderly. In such situation for collecting data from the female elderly, researcher has built an intimate relationship with the male elderly first and then through the intimate male elderly researcher went to the female elderly into their

families and data have been collected from them. Beside this some female elderly have been got at K.G. Schools of that particular study area.

1.10.9. Data Analysis

Quantitative and qualitative data have been analyzed using different statistical tools with application software like Microsoft Office Excel, SPSS etc. Descriptive statistics such as frequency distribution, average, percentage, correlation, chi-square test and different graphical tools have also been used. Inductive reasoning process has been applied for interpreting qualitative data.

1.11. Scope of the Study

The situation of the elderly has been explored in the present study between the elderly living in old age home and in urban family in Bangladesh. It has considered the relevance of socio-economic status, health status and psychological status that affect the situation of the elderly of the old age home and the family in urban areas of Bangladesh. This study has also searched that how the elderly of the old age homes and of urban families in Bangladesh maintain their life style to lead their everyday activities of life. On the basis of socio-economic and socio-psychological consideration this study has also examined the relationship with the other members of the old age home, family members and other relatives. Moreover, there was an excellent scope to make comparison of the situation between these two groups of elderly. Most importantly, it was concentrated its attention to analyze the whole situation of the elderly living in old age home and in urban family and their socio-economic background within a hierarchical social structure like Bangladesh.

1.12. Limitations of the Study

Ageing has many dimensions but in this study only one dimension that is the 'comparison between the elderly living in old age home and urban family' has been revealed. To conduct this complicated research work, the researcher was needed enough time to grasp well all the factors affected the situation of the elderly of old age

home and in urban family. But the researcher had to do hurry to complete the study within a certain period of time. This present study has faced lack of adequate time to deeply understand all aspects of the problem. The fellowship granted by the University Grant Commission (UGC) was not enough for conducting such a research work. Data collection is a very important part of any research work and some elderly of old age home and urban family have felt embarrass to give information to the researcher. So, for the few cases researcher has faced some obstacles for collecting data. Again, as a new phenomenon of study in Bangladesh, books, journals and other published documents are little available. So, the researcher was depended on primary data mostly.

1.13. Feasibility of the Study

Depending on primary and secondary data the present study has been executed. Primary data have been collected from the study field and secondary data from the various library and research institute of Dhaka and Rajshahi. Supervision, intellectual support and close monitoring of learned supervisor, logistics and intellectual support from the Institute of Bangladesh Studies (IBS), Rajshahi University authority and assistance sought for from other sources have made the study fruitful within the period of two years. The fellowship of University Grant Commission (UGC), Bangladesh has contributed to bear some of the expenses to make this research successful.

1.14. Utility of the Research

After passing a long journey of life in the old age the elderly reach to the marginality in the society and even in the family. In this stage they suffer from loneliness, alienation, mental depression, physical illness, insecurity, helplessness and severe poverty. So, the study on elderly issue may have a great utility to many specific groups of people.

The following categories of groups of people may be benefited from this research work.

- The students of Sociology, Social Work, Social Gerontology and Demography will definitely be benefited by the findings of the research.
- Policy makers of the Government of Bangladesh who are involved with this field may be benefited for making decision for the development of congenial policies for the elderly.
- The findings of the research, as a secondary data source can be used by the researchers and scholars.
- Voluntary social worker and NGO's can also be aware about the real situation of the elderly of urban area.
- Associations of older persons can get help to take further decision.

1.15. Conclusion

Impact of modernization and urbanization on the family structure is a withdrawal process of the elderly from both the family and the society. As a result children cannot keep their concentration to their parents and they hardly support to their parents socially, economically and even psychologically. This process makes the elderly alone, solitary, dejected and socio-psychologically alienated.

Bangladesh is one of the most densely populated countries of the world and its elderly population is increasing rapidly in recent years and one of the world's poorest and least developed countries. But its elderly population is increasing very rapidly. So, it is a matter of fact to consider the situation of the elderly, especially in the fastest growing urban area. The situation of the urban elderly is in a vulnerable condition and the elderly often face many challenges to lead their urban life. In these circumstances livelihood of the urban elderly was needed to analyze and to delineate the situation of the elderly of old age home and urban family.

Chapter Two

Ageing: The Concepts and the Theories

2.1. Introduction

Ageing has been intended to discuss in this chapter as a most important concept of gerontology. In the present millennium ageing has become an emerging issue. In one side older people are living longer on the other side they are increasing in number in different ways from their predecessors.[1] Actually gerontology is a multidisciplinary field of study of ageing. Gerontology studies ageing mainly from three dimensions, e.g., the biological, the psychological and the social. These different approaches are being studied in gerontology to enhance and develop our understanding of ageing and later life. In 1977 Engel argues that in order to understand ageing and the experience of old age we need to integrate these different perspectives. The present attempt is such a study which is related to the sociology and psychology. Thus, discussions regarding the social and psychological perspective have been emphasized in this chapter. The sociology of ageing tries to understand ageing from sociological perspective and it is known as social gerontology.[2] The field of social gerontology is relatively new and most of the thinkers come from other disciplines. Thus, the ageing tends to be an interdisciplinary study.[3]

Perspectives on ageing in theorizing can be generalized into three phases. These phases are mentioned below:

(i) Ageing approached as an individual and social problem (roughly from the late 1940s to 1960s).

(ii) Ageing treated as an economic and employment issue (1970s to 1980s).

(iii) Ageing constructed as global issue and concern (1990s to continuing).

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[1] Md. Ripter Hossain, “Demographic Ageing in SAARC Countries.” *Journal of the Institute of Bangladesh Studies* XXV (2002): 71.

[2] Christina R. Victor, *The social context of ageing*. (London: Routledge, 2005), 1-4.

[3] Jake Harwood, *Understanding Communication and Aging* (SAGE Publications Inc: 2007), 11. http://www.sagepub.com/upm-data/15090_Chapter1.pdf (accessed December 26, 2015).

These phases show the relationship between ageing population and social institutions which are related to theories of social ageing. Theories explain the ageing issue from different viewpoints.[4]

Again, psychological perspective emphasizes on personal behavior and mental state. This perspective also includes cognitive function, health psychology, mental illness and personality and adjustment. The concept of ageing and the social and psychological theories of ageing have been explained in this chapter for the better understanding of ageing. This chapter consists of two parts; first part is related to the concept of ageing and the second part is related to the socio-psychological theories of ageing.

Part One

2.2. The Concepts of Ageing

Ageing is a process of growing old. It is the amassing of changes in a person over time. Actually, ageing refers to a multidimensional process of biological, mental and social process.[5] Population ageing is associated with declining fertility and mortality, which is called demographic transition.[6] Actually, population ageing is the inevitable result of demographic transition. Improvement of medical science and technology, invention of medicine of various diseases, health consciousness, education, industrialization and modernization are the important factors of declining death rate and fertility.[7]

Ageing is a multidisciplinary concept. At a time it is discussed in Biology, Psychology and Sociology/Gerontology. Socio-psychological aspect of ageing is the

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[4] Chris Phillipson, and Jan Barrs, "Social Theory and Social Ageing." In *Ageing in Society: European Perspective on Gerontology.* 3rd ed. edited by John Bond, Sheila M Peace, Freya Dittmann-Kohli, & Gerben Westerhof, 68-84 (London: Sage Publication Ltd, 2008), 70.

[5] Mohammad Didar Hossain, "Reflection of Aging Issues in Social Policies of Bangladesh: An Overview." *Bangladesh Journal of Geriatrics* 48 (2013): 80.

[6] Hasina Chaklader, Masudul Haque, and M. Kabir, "Socio-economic Situation of Urban Elderly Population: Evidence from A Micro Study." In *The Elderly: Contemporary Issues,* edited by M. Kabir, 1-13 (Dhaka: Presidency Press, 2003), 1.

[7] A.S.M. Atiqur Rahman, "Ageing-Its Past, Present and Future." *Bangladesh Journal of Geriatrics* 37-39 (2003): 169.

main concern of this chapter. Nevertheless more importance is given on biological factors to define ageing.

> The term ageing, refers simply to the process of growing older. Ageing, a normal biological phenomenon is a slow imperceptibly progressive degenerative process advancing with chronological age, leading to increased functional deterioration, vulnerability and ultimately cumulating to the extinction of life. It is well known that certain physical changes occur with ageing, especially superficial changes such as graying of the hair and wrinkling of the skin.[8]

The idea of the division of life span we get from the ancient scriptures of India for the first time. Manu is the author of 'The Institutes of Manu' ('*Manu Samhita'* about 1500 BC). He was the ancient law giver of India. In his Dharmashastra, he divided the human life span into four *Ashramas* (four stages of life).[9] These are:

1. First Ashrama - 'Brahmacharya' (Student life): This is the formal education stage, where the student learns spiritual and practical knowledge from *guru* (master) and stay with *guru* until the stage is ended. Mostly he studies three Vedas *(Rig-Veda, Sama-Veda and Yajur-Veda)* intensively. In this time he is known as *Brahmachari* and he prepare himself for the future life.[10]

2. Second *Ashrama - 'Grihastha'* (Family life): This stage starts after Brahmacharya. Actually it is the stage of family life. Here a man gets married and look after his family. Here, he earns wealth with honesty.[11]

3. Third *Ashrama - 'Vanaprastha'* (Stage moving to forest): This third stage starts at the end of the '*Grihastha*'. A man renounces all his physical and material

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[8] Md. Rabiul Islam, and Kanij Fatema, "Problems of the Elderly in Changing Families: A Study on Urban Areas of Bangladesh." *Social Science Review [The Dhaka University Studies, Part-D]* 28, no. 1 (2011): 169.

[9] Forhana Rahman, "Ageing, the Reality and Its Gender Dimension." *Bangladesh Journal of Geriatrics* 46 (2011): 7.

[10] Shreejukta Bharatchandra Shiromoni, *The Institutes of Manu (Manu Samhita).* (Kolkata: 1923), 109.

[11] Ibid., 190-191.

pleasure and leaves home for prayer to God and move to the forest. At this stage he can maintain little contact with the family.[12]

4. Fourth *Ashrama* - *'Sannyasa'* (Asceticism): This fourth stage is last stage of life according to Manu. In this stage a man makes himself ascetic. He is called *Sannyasi* and devotes himself for the God. He renounces all temporal connections and virtually merged with God. His attention was only for attaining *Moksha* (ultimate salvation) or release from the circle of birth and death.[13]

Ageing has a multi dimensional processes that occur in a life cycle of a person over time. These processes might be divided into three types, such as: biological, psychological and social.[14]

We do not get any definition of ageing which is universally accepted. According to the Denham Harman:

> Ageing is the result of the progressive accumulation of changes in the body which occur with the passing of time and which cause the increase in the probability of disease and death of the individual. It can also be defined as the wearing of the structures and functions that reach a peak or plateau during development and maturations of the individuals of a given species.[15]

Bernard Strehler (1962) emphasized on four general postulates or criterias to define ageing, which have been widely accepted.[16] Such as:

1. Ageing is Universal: This process must happen to the all people. No one is outside of this process. Everyone is to face this ageing process throughout the life span.

2. Ageing Must be Intrinsic: The second postulate was ageing must be intrinsic. The cause of ageing must be endogenous. It does not depend on external factors.

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[12] Ibid., 312-316.

[13] Ibid., 321.

[14] Nayeema C. Quayes, "Theories of Ageing: A Discussion." *Bangladesh Journal of Geriatrics* 46 (2011): 36.

[15] Jose Vina, Consuelo Borras, and Jaime Miquel, "Theories of Ageing." *IUBMB Life* 59, no. 4-5 (2007): 249. doi: 10.1080/ 15216540601178067

[16] Rabiul Islam, and Kanij Fatema, "Problems of the Elderly in Changing Families", 170.

3. Ageing Must be Progressive: Ageing process brings changes to the life span of a person, which must be progressive as these changes are inexorable in one's life.

4. Ageing Must be Deleterious: Ageing must not desirable to the individuals if it is bad for them. It will only be considered as a process of life to them.[17]

Old age is the last part of human life. This latter part of life can be divided into some stages. These stages may differ from views and attitude in respect of age. According to United Nations (UN) these stages are given below:

Table 2.1: UN Stages of Old Age

Stages	Age Level
Young-old	60 years to 69 years
Old-old	70 years to 79 years
Older	80 years and above

Source: Forhana Rahman, "Ageing, the Reality and Its Gender Dimension." *Bangladesh Journal of Geriatrics* 46 (2011): 7.

Manju Mohan Mukharjee mentioned in his article titled 'Government Response of Senior Citizen' about the stages of old age, which are divided into three categories:

Table 2.2: Stages of Old Age According to Indian Gerontologist

Stages	Age Level
Early old age	55 years to 70 years
Middle old age	70 years to 90 years
Late old age	90 years and above

Source: Sarfaraz Ali Khan, "Towards a Society for All Ages: A Discussion." *Bangladesh Journal of Geriatrics* 36, no. 1-2 (1998-1999): 164.

Chinese traditional culture has a different method of classifying age. The method is called *Xusui*. According to this method different stages of life can be identified. It divided the life into 11 categories on the basis of age.

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[17] Vina, Consuelo Borras, and Jaime Miquel, "Theories of Ageing.", 249. doi: 10.1080/15216540601178067

Table 2.3: Chinese Traditional Stages of Life

Term	Age (years)
Denarian	10-19
Vicenarian	20-29
Tricenarian	30-39
Quadragenarian	40-49
Quinquagenarian	50-59
Sexagenarian	60-69
Septuagenarian	70-79
Octogenarian	80-89
Nonagenarian	90-99
Centenarian	100-109
Supercentenarian	110 and above

Source: Nayeema C. Quayes, "Theories of Ageing: A Discussion." *Bangladesh Journal of Geriatrics* 46 (2011): 37.

Ageing is such a process, which includes generally three processes at a time. These processes are biological process, physiological process and social process. Gerontologists think that age and ageing have at least four distinct dimensions:

1. Chronological Ageing: Chronological ageing is defined as the number of years since someone was born. It is calculated on the basis of person's years from birth.

2. Biological Ageing: Physical changes are the main element of biological ageing, which reduce the effectiveness of organ system. It makes us slow down as we get into older.

3. Psychological Ageing: It refers to the psychological changes, which includes sensory impression, perception, mental functioning, personality and motives. All these factors play important role as we aged.

4. Social Ageing: Person's changing roles and relationships in the social structure are the main component of social ageing. Although social ageing can differ from one individual to another, nevertheless it is influenced by the perception of ageing that is

the part of a society's culture. Besides this society's views to the individual is also important in social ageing.[18]

Biological division is another important view to understand ageing. Ageing happens in multiple levels on our bodies. These levels can be divided into four levels:

1. Cellular Ageing: Cellular ageing happens when cell functions is reduced because of gradual decline in the resistance to stress and other cellular damages. For the cell damages need to it replicate. Around fifty times a cell can replicate before its damage. How many times it can replicate, cellular ageing depends on that.

2. Hormonal Ageing: Hormone is an important factor for ageing. Especially it happens in childhood growth, adolescent maturity, menopause and other age related changes.

3. Accumulated Damage: It occur for the tissue and organ damages causing toxins, ultra violet ray of sunlight, pollution and food habit, which take their toll on human body.

4. Metabolic Ageing: Human cells turning food (calorie) into energy. Sometime it produces by product in this process, which may be harmful for our body over time and make us aged.[19]

Two American sociologist, Donald O. Cowgill and Lowell D. Holmes have discussed elaborately about ageing as a multidimensional issue in their book 'Aging and Modernization' in 1972. With many other concepts they have highlighted on the 'Universals of Ageing' and 'Variations of Ageing', which are very important to know for understanding ageing. These two ideas are as follows:

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[18] Rabiul Islam, and Kanij Fatema, "Problems of the Elderly in Changing Families", 170.
[19] Hossain, "Reflection of Aging Issues in Social Policies of Bangladesh". 81.

2.2.1. The Universals of Ageing

Ageing has some common characteristics that are applicable for all societies. Cowgill and Holmes have identified such eight characteristics in 1972. They say these characteristics are the universals of ageing, are as follows:

1. “The aged always constitute a minority within the total population.” It does not mean that they are dominated by the majority rather it means they think themselves different from others.

2. “In older population, females outnumber males.” Life expectancy of females is increasing faster than the males especially in industrial societies.

3. “Widows comprise a high proportion of an older population.” For the higher life expectancy the number of widows is more than the widowers.

4. “In all societies, some people are classified as old and are treated differently because they are so classified.” Older people are distinct from younger people in all societies. This is the universal recognition of old age.

5. “There is a widespread tendency for people defined as old to shift to more sedentary, advisory, or supervisory roles involving less physical exertion and more concerned with group maintenance than with economic production.”

6. “In all societies, some old persons continue to act as political, judicial and civic leaders.” The elderly often hold the higher political and civic positions though it is not reserve for them.

7. “In all societies, the mores prescribe some mutual responsibility between old people and their adult children.” In spite of the variations of mutual responsibilities, it is available in every society.

8. "All societies value life and seek to prolong it, even in old age." Although immortality is impossible, nevertheless every person wants to prolong a healthy and useful life as long as possible.[20]

2.2.2. Variations in Ageing

In spite of the universals of ageing it has twenty two variations, which have identified by Cowgill and Holmes in 1972 by comparing industrial and preindustrial societies. Some are mentioned below:

1. Industrial societies have higher proportion of older people for the higher birth rate and lower death rate than the preindustrial societies.

2. The status of older people is higher in preindustrial societies than the industrial societies because of the low proportion of the total population and slower social changes.

3. Economic security of the older persons has shifted to the state for the individualistic value system of industrial societies that has decreased the economic security within the family.[21]

2.2.3. Contemporary Views of Ageing

Gerontological research, psychological thinking and policy formation for the elderly get priority in contemporary views of ageing. It is the reflection of various previous concepts. Contemporary views of ageing may be divided into four categories:

1. Healthy Ageing: "Ability to continue to function mentally, physically, socially, and economically as the body slows down its processes."[22]

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[20] David L. Decker, *Social Gerontology: An Introduction to the Dynamics of Ageing* (Canada: Little, Brown & Company, 1980), 71-74.

[21] Ibid., 74-76.

[22] Linda Hansen-Kyle, "A Concept Analysis of Healthy Aging." *Nursing Forum* 40, no. 2 (2005): 46.

2. Active Ageing: "Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age."[23] (WHO, 2002, p.12)

3. Productive Ageing: "Any activity by an older individual that produces goods or services, or develops the capacity to produce them, whether they are to be paid for or not."[24]

4. Successful Ageing: "Low probability of disease and disease-related disability; high cognitive and physical functioning and active engagement with life."[25]

Healthy ageing, active ageing, productive ageing and successful ageing are close to each other. As a result debate can be raised among these four concepts, nevertheless each concept explains the life of the elderly from different aspect. This viewpoint provides a dimension to realize the elderly and their functions in present world.[26]

Part Two

2.3. The Social and Psychological Theories of Ageing

Theories of ageing have many perspectives, such as biological theories, social theories and psychological theories. Each perspective consists of several theories. Biological theories of ageing are concerned with the physiological system. It also explains the affect of time on physical changes such as wrinkles or grey hair. Social theories of ageing try to understand the old age and it's insights from sociological viewpoints. It includes three core concepts- individual, group and society and analyzes these from micro and macro level analysis. Psychological perspective

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[23] World Health Organisation, *Active Ageing: A Policy Framework (*Geneva: 2002), 12. http://whqlibdoc. who.int/hq/2002/who_nmh_nph_02.8.pdf (accessed March 10, 2015).

[24] Scott A Bass, Francis G. Caro, and Yung-Ping Chen, eds. *Achieving A Productive Aging Society* (Westport, CT: Auburn House, 1993), 6.

[25] Meredith Minkler, and Pamela Fadem, *"Successful Aging: A Disability Perspective." Journal of Disability and Policy Studies,* 12, no. 4 (2002): 229.

[26] Forhana Rahman, "Ageing, the Reality and Its Gender Dimension", 9.

examines the notions of self and identity with personality and mental condition. It emphasizes on individuals and changes within individuals with the passage of time. This part of this chapter has included the social and psychological theories and its relationship with the ageing from various dimensions.

2.3.1. Disengagement Theory

Disengagement theory is the first explicit theory in social gerontology deals with ageing. For studying the ageing it bridges macro and micro approaches.[27] Two renowned social gerontologists named Elaine Cumming and William E. Henry was formulated this Disengagement theory in 1961. Mainly they were influenced by the functionalism or structural functionalism.[28] More specifically by the philosophy of the Talcott Parsons who was the leading functionalist of American Sociology. Functional theory is used in biology, psychology and cultural anthropology and one of the oldest social theories. Talcott Parsons applied first his theory to the process of ageing. He showed traditionally young get more importance than the older persons in United States. Parsons calls it instrumental activism that prefers the material values. Instrumental activities (pragmatic and goal-directed activities) support the strength and agility that is present to younger people and absent to the older people.[29]

By influencing this idea of functionalism, Elaine Cumming and William E. Henry first stated the Disengagement theory in their basic book 'Growing Old: The Process of Disengagement' in 1961. "The disengagement theorists contend that it is both normal and inevitable that people will decrease their level of activity and seek more passive roles as they age."[30] It refers that older people withdraw themselves from the social structure with a natural process because they think they are unable to

[27] Christina R. Victor, *The social context of ageing* (London: Routledge, 2005), 18.

[28] Md. Faruque Hossain, "Welfare of the Destitute Elderly through Institutional and Family Settings in Bangladesh" (PhD diss., Institute of Bangladesh Studies, University of Rajshahi, 2008), 54.

[29] Decker, *Social Gerontology,* 138.

[30] Ibid., 137-138.

do anything and they lose their interest.[31] Mutual withdrawal process of older people and society make the older people more introspective and self focused. For this withdrawal process many reasons are rooted in social structure and culture.[32] According to this theory aged people must be restricted from their proper role in the society.[33]

Cumming mentioned that disengagement is the opposite of the engagement. This disengagement is a gradual process governed by social imperative, where older people play more narrow roles.[34] Cumming and Henry do not suggest that all aged people would be confined to their houses and they also do not support to enforce inactive role for the aged people. Rather they argue normal physical and psychological changes of the older people usually decrease the level of activity. It also decreases the interaction between the older people and others. "The disengagement theorists see people moving toward disengagement as they age; if anyone resists the process, he or she will eventually face total disengagement anyway, at death: Disengagement is inevitable."[35]

Three core notions are found from the explanation of this ageing theory:

(i) Disengagement is a life-long process;

(ii) Disengagement (death and biological decline) is inevitable; and

(iii) Disengagement is adaptive for both society and the individual.[36]

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[31] Nayeema C. Quayes, "Theories of Ageing: A Discussion." *Bangladesh Journal of Geriatrics* 46 (2011): 38.

[32] Elaine Cumming, "Further Thoughts of the Theory of Disengagement." *International Social Science Journal (Old Age)* XV, no. 3 (1963): 384.

[33] Hossain, "Welfare of the Destitute Elderly through Institutional and Family Settings in Bangladesh", 54.

[34] Christine Z. Howe, "Selected Social Gerontology Theories and Older Adult Leisure Involvement: A Review of the Literature." *Journal of Applied Gerontology* 6 (1987): 451. http://jag.sagepub.com/ cgi/content/abstract/6/4/448 (accessed July 15, 2015).

[35] Decker, *Social Gerontology*, 139.

[36] Christina R. Victor, *The social context of ageing* (London: Routledge, 2005), 19.

The Age Grade System

Age grade system is such a system that divides the people of the society according to various age group or generation. Each age group has some self entities, which make them different from other age groups. Such as, infant behave differently than the older children; children behave differently than the young people, young people behave differently than the adults; and so on. If all people of the society follow the age grade system than it reduce conflict between the older people and others. Moving from one stage to another stage of life is one kind of disengagement.

Cumming and Henry do not see the disengagement and social withdrawal negatively. Rather they think disengagement is related with life satisfaction. They found very old people (over 80 years) enjoy their disengagement. The theorists think disengagement is a natural process and it is needed for the society.[37]

However, studies on disengagement showed a different experience. As a common adaptive process these studies did not support the disengagement theory that is applicable for all older people. Poor social integration make the older people depressed. Abrams suggested disengagement is only found in physically ill older people.[38]

2.3.2. The Activity Theory

A group of sociologists of Chicago University had significant contribution in developing the activity theory. They were symbolic interactionists. Ernest W. Burgess was the leading one among them. He conducted research for applying symbolic interaction theory to social gerontology. Perhaps activity theory is the most widely accepted ageing theory. It plays a very important role in social gerontology. Burgess

[37] Decker, *Social Gerontology,* 139-140.

[38] Hossain, "Welfare of the Destitute Elderly through Institutional and Family Settings in Bangladesh", 54.

said 'growing old' is the new phenomenon in American society and he explained it in a new way.[39]

Activity theory opposed the idea of disengagement theory. By the influence of disengagement theory and symbolic interactionists' idea, Havighurst developed the Activity theory in 1963. According to this theory, activity offers the way to successful ageing.

> There are two central assumptions of activity theory. First, that morale and life satisfaction are positively related to social integration and high involvement with social networks: those with high levels of activity and integration are more satisfied. Second, role losses such as widowhood or retirement are inversely correlated with life satisfaction and such losses need to be compensated for by the substitution of compensatory activities.[40]

Social activity is the main concept of the activity theory. This activity is applicable for all people of the society of all ages. According to this theory it is assumed that older people have the same level of activity as they were in middle age. Middle-aged lifestyle should be continued, denying the limitations of old age as long as possible. Older peoples' health and well-being depend on their activity.[41] "Activity theory can be interpreted to be a prescription for older adults to remain active: To be active is what they ought to do to be happy."[42] The theorists think social interaction makes one's life meaningful and it determines the good or bad, right or wrong in the society. Social interaction and activities build the social position that is much needed to a person to lead his or her life. Life without interaction and activities is beyond imagination. So, from the view of activity theory social activity is the heart of the members of the society. "Social activity is so important that our level of social

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[39] Decker, *Social Gerontology,* 135.

[40] Christina R. Victor, *The social context of ageing* (London: Routledge, 2005), 21.

[41] Decker, *Social Gerontology,* 135.

[42] Howe, "Selected Social Gerontology Theories and Older Adult Leisure Involvement", 451. http://jag.sagepub.com/cgi/content/abstract/6/4/448 (accessed July 15, 2015).

activity can determine whether we age "successfully" or "unsuccessfully"." For successful ageing social activity is a must and older people should play active roles in their everyday life. These active roles are the determinants of their social position and positive self-image and make the people satisfied in later life. Satisfaction of life is related to the social activity. Involvement with more activities means more satisfaction of life.[43]

Lemon, Bengtson, and Peterson were conducted research to justify the relationship between activity and life satisfaction in 1972. For doing that they made some assumptions and found these assumptions are partially true. They got significant correlation between informal friendship group and life satisfaction but reverse to the relatives and life satisfaction.[44]

2.3.3. Age Stratification Theory

For understanding ageing, among the social theories those theories plays significant role Age Stratification Theory is an important one. Matilda White Riley and her associates is the founder of Age Stratification theory. Nevertheless some ideas of this theory were found in the discussion of Barron in 1953.[45] This theory concerns with the age which functions as an organizing principle of social life. According to this theory societies are divided in many strata by age and older people are emphasized by group not in individual level.[46] It is also concerned with examining age-based group integration in the society. Society can be stratified by various dimensions such as social class and ethnic groups which are the determinant factors of social role. For defining the social role this theory apply chronological age.

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[43] Decker, *Social Gerontology*, 135.

[44] Howe, "Selected Social Gerontology Theories and Older Adult Leisure Involvement", 450. http://jag.sagepub.com/ cgi/content/abstract/6/4/448 (accessed July 15, 2015).

[45] Decker, *Social Gerontology*, 143.

[46] Harwood, *Understanding Communication and Aging",* 15-16. http://www.sagepub.com/ upm-data/15090_Chapter1.pdf (accessed December 26, 2015).

This theory is dominated by three basic factors:

(i) The meaning of age and age group position is different in various social contexts.

(ii) Social definition of age can create transition in individual's life.

(iii) The mechanism of individual role in the society.

Riley thinks people of the society can be divided in various age groups, such as young, mid-life and old and each age group may be analyzed in terms of members' roles within a particular society and how these roles are valued. For example she shows workers may be classified as younger and older, for the innovation and greater productivity younger are valued more highly in the employment field. The theorists think it is applicable for all societies that chronological age influence the allocation of social role and this age helps to construct culture, history, values and structure of a particular society.[47]

The age stratification theory provides a general framework of stratification among the social classes that includes the income, prestige, power, social mobility, class relation, class consciousness and so on. For doing so it emphasize on different classes or age groups. Two distinct dimensions are found of these age groups.

1. Life Course Dimension: It is related to the stages of life cycle. Different age groups are determined depending on the individual's age. Common experience and biological history share the same age group people, for example student, parent and worker.

2. Historical Dimension: It refers the age group as a distinct generation or cohort (people who have a particular historical period). They have some common experiences in their life course. Depending on their life course different event (especially the large-scale event) bears different meaning for the different age group.[48]

Riley and her associates argue that this age grading system creates age differences and inequalities. Dominant social values evaluate each age group in a

[47] Victor, *The social context of ageing,* 23-24.

[48] Decker, *Social Gerontology,* 144.

social context. Different roles produce an unequal distribution of power and prestige among the various age groups. .

> Riley and Riley (1994a) have developed the notion of structural lag as a way of responding to the observation that individual lives, in relation to age-graded roles, change more rapidly than social norms or institutions. They argue that social institutions lag behind major social changes such as the institutionalisation of formal retirement.[49]

Actually the system of age stratification is complex and dynamic and linked with other systems of stratification and social interaction. Every individual of a society is somehow a member of an age group and these groups are stratified in multilevel according to their social context.

2.3.4. Continuity Theory

Havens presented the continuity theory for the first time and Atchley has been developed this theory. Continuity perspective on ageing has been transferred to a structural theoretical framework by Atchley.[50] Continuity theory deals with changes which are associated with ageing. According to this theory individual try to continue stability in the lifestyle in course of growing older that he or she has maintained over the years. In the process of ageing, the person preserves habits, personalities, preference and style acquired over a life time. Actually it is a process of adaption that how a person perceives his or her changing lifestyle. The person tries to maintain favoured lifestyle as long as possible. "Continuity theory, therefore, has the advantage of offering a variety of patterns of successful ageing from which the individual can choose."[51] This theoretical framework is helpful for those who are timid of ageing. Persons who think everything will be ended at the latter life, this theoretical notion is opposite to their thought and instead of it this theory suggests to

[49] Victor, *The social context of ageing*, 24.

[50] Wadensten, B. R. N. "An Analysis of Psychosocial Theories of Ageing and Their Relevance to Practical Gerontological Nursing in Sweden" *Scand J Caring Sci* 20 (2006): 349.

[51] Victor, *The social context of ageing,* 21.

keep a stable lifestyle for the older persons what they maintained before.[52] Continuity theory also believes that individuals must take initiatives for a favorable lifestyle when they growing old.[53]

2.3.5. Modernization Theory

Modernization theory is an important social theory of ageing. Cowgill and Holmes developed this theory in 1972. The theorist described in this theory that the roles of the elderly are neglected in modern society. They argue older persons' role get low priority in modern societies than the pre-modern societies. The older people face more deprivation than the relatively younger.[54]

> Cowgill believes that some aspects of aging and the situation of the aged in different societies are universals; other aspects of aging are relative to individual social and cultural contexts. The key element in the social and cultural context which affects the aged he calls "modernization," defined as the level of technology, degree of urbanization, rate of social change, and degree of Westernization of a society.[55]

The main theme of modernization theory is that societies are moving from rural to urban. The process of urbanization and industrialization is increasing faster that is the cause of individualistic urban life. As a result the joint or extended family is changing rapidly to nuclear family. In this process older people are being isolated from both society and the family. Cowgill and Holmes think four parameters are related with the process modernization which is given below.

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[52] Harwood, *Understanding Communication and Aging,* 14. http://www.sagepub.com/upm-data/15090_Chapter1.pdf (accessed December 26, 2015).

[53] Hossain, "Welfare of the Destitute Elderly through Institutional and Family Settings in Bangladesh", 55.

[54] Ibid., 52.

[55] E. Shanas, "Aging and Modernization." *American Journal of Sociology* 79, no. 3 (1973): 778.

1. Improvements in Medical Technology: Improvements of health care facilities increase the longevity of life. A large number of ageing population joins with the existing working population that decreases the job opportunity for the young. This intergenerational conflict creates competition for job. Then retirement works as a substitute of death and creates employment facilities for the young. This process of retirement devalues the older people.

2. The Application to the Economy of Science and Technology: The development of science and technology devalue the skills and experiences of the older people in the field of employment.

3. Urbanization: Young people are attracted more than the older people by process of urbanization.

4. Mass Education: The young are encouraged more than the older people by mass education and it reduce the dominance of older people over the younger people.

These four factors of modern society decrease the status of the older people and increase the status of the younger people. Even in developing societies older people are discouraged whether young are extolled. In this situation the old are being irrelevant and reduced the power and prestige.[56]

2.3.6. Socio-emotional Selectivity Theory

Socio-emotional selectivity theory is an important theory among the psycho-social theories of ageing. It is given by Carstensen, Isaacowitz, and Charles since 1999. According to this theory some people think their time in this planet is very limited instead of infinite. So, to attain knowledge, information, resources, and status is the main objective of them as the preparation for the future life. In this process these people want to optimize their emotional experience. They do not want to increase their information and resources with a strong drive. As a tool for fulfilling this goal

[56] Victor, *The social context of ageing,* 25-26.

they often maintain close and warm interpersonal relationships. Older people are more conscious about this time limitation for their relative proximity to death. It creates interpersonal conflict among the older people and they want to mitigate this conflict within a very short time. Older people try to prevail their motive with their emotional experiences instead of boosting their knowledge and status.[57]

The theory includes that the goals of emotional experience intensify the positive states avoiding the negative states and variations can be seen depending on different situations. In spite of the positive state of emotional experience it may complex in nature, especially in case of generative activities, such as passing knowledge from generation to generation. Socio-emotional selectivity theory is concerned with the diverse range of goals and how the individual make difference in time perspective. It predicts the relative priorities of goals over the lifetime, thus it creates no conflict between pursuing both the short-term goals and future-oriented goals. In fact the theory explains the motivational paradox that related to the goals and emotions. In the situation of limited temporal horizon people try to optimize their emotion and social relationships and seek happiness.[58]

2.3.7. Labeling Theory

Bengston provides the labeling theory in 1973. This theory explains the activities of the older people in a particular social context.[59] The basic assumption of this theory is related to the interaction with others within a particular social environment. Interaction develop our sense and identity that how others react and interact with us. The labeling theory suggests aged persons are being labeled negatively or deviantly in

[57] http://www.psych-it.com.au/Psychlopedia/article.asp?id= 279 (accessed April 30, 2015).

[58] Lockenhoff CE, and Carstensen LL., "Socioemotional Selectivity Theory, Aging, and Health: The Increasingly Delicate Balance between Regulating Emotions and Making Tough Choices." *Journal of Personality* 72, no. 6 (2004): 1395-1397. http://www. ncbi.nlm.nih.gov/pubmed/15509287 (accessed February 21, 2015).

[59] Hossain, "Welfare of the Destitute Elderly through Institutional and Family Settings in Bangladesh", 53.

a youth and health-conscious society. They define or label the old age as a stigmatizing condition.[60]

When an individual labeled as 'old' then it creates a significant impact on him or her. Basically it depends on how the society treats and perceives that individual. The labeled individual is known as his or her new identity that changes the individual's role and position. All the activities of that particular individual are explained in the light of new identity, position and role.[61] Thus the behavior of the ageing persons depends on how the members of the society define, classify and value them. As the labeling is negative, it can make the elderly useless, dependent and marginal. In that case the elderly lose their previous skills, confidence and independence. Thus people who are labeled as 'old', they go to the retirement and never seek gainful employment that creates a vicious circle. The ill older people think 'old age' is the cause of their illness instead of the symptoms of diseases.[62]

2.3.8. Life Course Theory

Among the gerontological theories, life course theory is one of the oldest theories which regarding with the ageing. People go through a series of stages as they age and that is the life course. According to life course, life is divided into several distinct phases and it is related to the culture of a society and social structure.[63]

The individual recognition influenced by the occurrence of social change. This theory represents a set of principles which can be divided into three parts.

(i) The structure of the life course depends on the nature of the society where the individual live in.

(ii) Social interaction of the earlier part of life influences the life course.

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[60] Victor, *The social context of ageing,* 30-31.

[61] Hossain, "Welfare of the Destitute Elderly through Institutional and Family Settings in Bangladesh.", 53-54.

[62] Victor, *The social context of ageing,* 31.

[63] Ibid., 32.

(iii) Individuals are influenced regularly by the social forces at a particular time.[64]

For some social activities age can play a vital role to allocate social role. In many countries these activities have specific laws regarding age. Such as, age of entering into formal education, driving, voting, purchase and consumption of alcohol or tobacco, and marriage. Age of entry into the various social activities may be varied both between different societies and historically. For example the voting age in Britain has changed from 21 to 18 and the consent for gay sex from 18 to 16. These formal age related roles are changed by the influence of informal social norms, values, customs and expectations.[65]

This theory can be analyzed and considered by two levels or forms. First, Human lives can be examined from birth to death at the individual level. Second, Life course can also be examined by the socially shared knowledge and demarcation of life events and roles. Each level involves with the personal aspect of the member of a society and the shape of the life course mainly depends on socio-cultural and interactional forces.[66]

2.3.9. Social Exchange Theory

Social exchange theory was the philosophical work of sociologists Blau (1964), Homans (1961) and Thibaut & Kelley (1959). This theory was related to the utilitarianism and behaviorism. The theorists focused between the self interest and social relationships. The basic theme of this theory is, for maximizing the self interest members of the society show different types of behavior according to the situation.[67]

[64] Hossain, "Welfare of the Destitute Elderly through Institutional and Family Settings in Bangladesh", 57.

[65] Victor, *The social context of ageing,* 32.

[66] Hossain, "Welfare of the Destitute Elderly through Institutional and Family Settings in Bangladesh", 57.

[67] T. R. Chibucos, *Social Exchange Theory.* (2004), 137. http://www.sagepub.com/upm-data/4993_Chibucos_Chapter_5.pdf. (accessed May 09, 2015).

Social exchange is one kind of human social interaction which includes four key assumptions.

(i) For maximizing benefit and minimizing cost people choose interaction.

(ii) Past experience of exchange predicts the future.

(iii) The sustainability of interaction depends on the level of benefit.

(iv) Dependency on others is the cause of imbalanced in social exchange that produce power.[68]

The main focus of this theory which is relating to ageing.

> Drawing upon the previous work of Blau and Emerson, problems of aging are seen as problems of decreasing power resources. Because power resources decline with increased age, older persons become increasingly unable to enter into balanced exchange relations with other groups with whom they are in interactions.[69]

The process of social interaction is the output of many exchange relations within a society. Social exchanges among the older people are relatively low than the others, as a result older people hold relatively low power and it deteriorate proportionately with the social exchange.[70]

2.4. Conclusion

Ageing is the core concept of gerontology but the social gerontology emphasizes the society and ageing, both the concepts at a time. Social gerontology relates the ageing issue with the social perspective. It includes the social norms, values, customs and individual and group behavior to the ageing population. Ageing issue is being discussed from various dimensions such as social, psychological and biological. Though gerontology is a new discipline for studying older people, nevertheless we get

[68] Victor, *The social context of ageing*, 31.

[69] JJ. Dowd, "Aging as Exchange: A Preface to Theory." *The Journal of Gerontology* 30, no. 5 (1975): 584. http://www.ncbi.nlm.nih.gov/ pubmed/1181364 (accessed May 08, 2015).

[70] Ibid., 584.

many discussions on this particular issue from the beginning of the civilization. For example Hindu religious scriptures provide us a multi-phases age group explanation of human life and the last phase of life span (‘*Sannyasa*’ which means later part of life) is being emphasized. In the 20th and 21st century discussion of ageing has got many different forms. Now the ageing is defined from different viewpoints that have been discussed in the first part of this chapter. In the second part of this chapter theories of ageing have been highlighted. Various ageing theories have been explained form the socio-psychological perspective that can help us to realize the theoretical framework of ageing. For the better understanding of the background of ageing issue, the concepts of ageing and theories related to ageing play a significant role.

Chapter Three

Present State of the Elderly in Bangladesh: A Demographic Overview

3.1. Introduction

Population age structure has been changing rapidly by the influence of declining fertility and mortality, which is associated with demographic transition. Ageing has a great importance on the processes of economic and social issues. Different countries facing this ageing issue differently according to their level of development.[1] Firstly ageing was a problematic issue only for developed countries but in present time it is an issue for consideration in developing countries also. As an international issue United Nations is emphasizing on ageing for a long time and has organized two international conferences, that is Vienna International Plan of Action on Ageing in 1982 and Madrid International Plan of Action on Ageing in 2002.

Bangladesh is one of the most densely populated countries of the world, where 1015 persons live in per square kilometer. Now this country is experiencing another vital issue, which is population ageing and these older people are the most vulnerable group among the total population in the country. Here social security or safety net programme is not sufficient. As a result the elderly suffer from various socio-psychological problems. 7.48% of the total population of Bangladesh was elderly in 2011, this percentage is projected to increase 11.9% in 2035 and 17.0% in 2050.[2]

For the physical frailty and dependency on other, the elderly often treated negatively in Bangladesh, which make the elderly marginalized and neglected.[3] Nevertheless family is the main social institution for caring the elderly in our society.

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[1] UN Department of Economic and Social Affairs, *World Population Ageing*. United Nations, Population Division (New York: 2013), 47.

[2] Mohammad Didar Hossain, "Reflection of Aging Issues in Social Policies of Bangladesh: An Overview." *Bangladesh Journal of Geriatrics* 48 (2013): 78-79.

[3] Forhana Rahman, "Ageing, the Reality and Its Gender Dimension." *Bangladesh Journal of Geriatrics* 46 (2011): 7.

These families are the place of psychological support, social support, economic support and health support. However, a large number of families cannot provide the support properly to the elderly in Bangladesh for poverty.[4] In recent years, for the influence of socio-economic changes, globalization and individualistic urban life, the kinship bonds are loosening up and living arrangements is changing in Bangladesh[5] As a result sometimes the elderly are bound to go to old age home, especially in urban areas.

In one side older people are increasing rapidly in Bangladesh, on the other side social safety net programmes are very weak and that's why ageing issue is a matter of consideration in both public and private sectors in present time. So, it is essential to have proper statistics of the elderly to make proper policy and guideline for a better future. This chapter included existing size, health condition, economic condition, marital status, death status, literacy rate, dependency ratio, median age, life expectancy, work status, occupation and labour force participation of the elderly and initiatives taken by government and non-government level for the elderly in Bangladesh.

3.2. Size and Trend of the Elderly in Bangladesh

Size and trend of the elderly is changing rapidly in Bangladesh. Size is expanding and the speed of the trend of elderly is increasing day after another. This issue has been highlighted in the view point of various secondary data in this section in the context of Bangladesh.

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[4] M. A. Sattar et al., "A Socio-Economic and Health Status of the Elderly, Bangladesh, 2001." In *The Elderly: Contemporary Issues,* edited by M. Kabir, 14-32. (Dhaka: Presidency Press, 2003), 17.

[5] Samad Abedin. "Living and Care Arrangement of the Elderly in Bangladesh." In *The Elderly: Contemporary Issues,* edited by M. Kabir, 100-107. (Dhaka: Presidency Press, 2003), 100-101.

3.2.1. Size of the Elderly by Age and Sex

Table 3.1 shows the trend and size of the elderly of Bangladesh from the year 1981 to 2011. From the data of 30 years (1981-2011), we get many changes of the size and trend of the elderly population in Bangladesh.

The elderly size is increasing day by day, which was 5.63% of the total population in 1981, (where the male elderly was 6.12% and the female elderly was 5.10%) and it has increased into 7.48% of the total population in 2011, (where 7.94% was the male elderly and 7.01% was the female elderly). So, the percentage of the elderly has increased 1.85%. It may seems a negligible percent has increased but the real figure is not so negligible that was 4.905 million in 1981 and 10.759 million in 2011 that is more than double. So, it has increased 5.854 million. It is mentioned that the male elderly has increased 1.82% and the female elderly has increased 1.91% within this 30 years. In the first 10 years (1981-1991) the elderly has decreased 0.21% but it has increased 0.96% in the second 10 years (1991-2001) and in the third 10 years (2001-2011) the percent has increased 1.10%.

Table 3.1: Population by Sex and Age Group 1981-2011

Year	Sex	0-59 Years (%)	60 Years & Above (%)
1981	Both Sex	94.37	5.63
	Male	93.88	6.12
	Female	94.90	5.10
1991	Both Sex	94.58	5.42
	Male	94.25	5.75
	Female	94.93	5.07
1995	Both Sex	95.63	4.37
	Male	94.88	5.12
	Female	96.32	3.68
2001	Both Sex	93.62	6.38
	Male	93.14	6.86
	Female	94.16	5.84
2011	Both Sex	92.52	7.48
	Male	92.06	7.94
	Female	92.99	7.01

Source: Bangladesh Bureau of Statistics, *Statistical Yearbook of Bangladesh 2011.* 31st ed. Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: September 2012), 43. And Bangladesh Bureau of Statistics, *Statistical Yearbook of Bangladesh 2012.* 32nd ed. Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: August 2013), 47.

So, it is seen from the table 3.1 that the number of the elderly people is increasing very fast, by this time the number of the female elderly increasing faster than the male elderly. The statistics of last 10 years (2001-2011) shows, the total no. of the elderly was 7.729 million in 2001 and 10.759 million in 2011. So, every year more than three lac elderly join to our population (BBS, 2012, p. 46).

Table 3.2: The Percentage of the Elderly (Projected) of Total Population by Sex of Bangladesh

Year	Total Population (in '000')	Population Aged 60+ (in '000')			Elderly % of Total Population		
		Total	Male	Female	Total	Male	Female
2020	172,900	12,967	6,318	6,649	7.50	7.20	7.81
2030	191,097	19,855	9,616	10,239	10.39	9.95	10.83
2040	204,458	30,178	14,414	15,764	14.76	14.01	15.52
2050	217,819	40,514	19,216	21,298	18.60	17.61	19.59

Source: ABM. Shamsul Islam, "Socio-Demographic Scenario of the Ageing Population in Bangladesh: An Overview." *Bangladesh Journal of Geriatrics* 46 (2011): 22-35.

According to the Population Census of Bangladesh-2011, 7.48% population was elderly of its total population. It is projected to increase 7.50% in 2020, 10.39% in 2030, 14.76% in 2040 and 18.60% in 2050. The data shows the number of elderly will increase 11.10% during the period 2020 and 2050, which is about 28 million in total. Number of female elderly is projected that it will increase day by day than the male elderly.

The ratio of the elderly to children below 15 years will be about 5.7 times higher between the year 2000 and 2050 in Bangladesh, if the present trend of increasing number of elderly people and decreasing number of young people is going on. The old age dependency ratio will also be almost triple during this period in Bangladesh.[6]

[6] Hossain, "Reflection of Aging Issues in Social Policies of Bangladesh", 79.

3.2.2. Life Expectancy at Birth

It is depicted from the table 3.3 that life expectancy at birth in Bangladesh is increasing year to year.

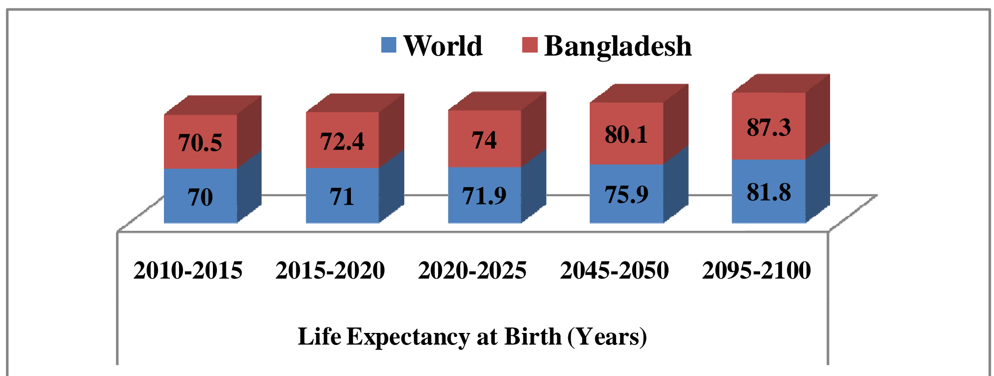
Table 3.3: Estimates of Life Expectancy at Birth in Bangladesh

Source	Year	Expectancy at Birth		
		Both Sex	Male	Female
SVRS	1994	58.0	58.2	57.9
SVRS	1998	61.5	61.7	61.2
SVRS	2002	64.9	64.5	65.4
SVRS	2006	65.5	65.4	67.8
SVRS	2010	67.7	66.6	68.8
SVRS	2011	69.0	67.9	70.3

Source: Bangladesh Bureau of Statistics, *Statistical Yearbook of Bangladesh 2012*. 32nd ed. Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: August 2013), 59.

That was 58 years in 1994 and 69 years in 2011. The life expectancy at birth in Bangladesh has increased 11 years in only 17 years (from 1994 to 2011). For increasing average life span of the people of Bangladesh, life expectancy is also increasing. So, the number of elderly people is increasing very fast. Data also show life expectancy of the female people (57.9 years to 70.3 years) has increased more than the male people (58.2 years to 67.9 years) between the years 1994 to 2011.

Figure 3.1: Life Expectancy at Birth (Projected), Both Sexes Combined, in Bangladesh and World for Selected Periods



Source: UN Department of Economic and Social Affairs. *World Population Prospects (The 2012 Revision).* United Nations, Population Division (New York: 2012), 39.

The projected data of life expectancy show that it will increase from 70.5 years to 87.3 years by the year 2010 to 2100 in Bangladesh according to World Population Prospect 2012, which is higher than the average life expectancy of the world (70 years to 81.8 years) in the same period. It indicates that the number elderly in Bangladesh will increase at a high speed by the year 2100.

3.2.3. Median Age of the Population

Table 3.4 shows the median age has increased 5.8 years from the year 1950 to 2013 (within 63 years) in Bangladesh, which is almost equal of the world average median age by this same period of time.

Table 3.4: Median Age of the Population by Area (Medium Variant)

Area	Median Age (Years)				
	1950	1980	2013	2050	2100
World	23.5	22.6	29.2	36.1(p)	41.2(p)
Bangladesh	19.3	17.6	25.1	39.9(p)	48.9(p)

Source: UN Department of Economic and Social Affairs. *World Population Prospects (The 2012 Revision).* United Nations, Population Division (New York: 2012), 28.

'p' stands for projected

In Bangladesh the median age is projected to increase 39.9 years in 2050 and 48.9 years in 2100. Where we get a very high increasing trend, that is 23.8 years will increase from the year 2013 to 2100 (within 87 years), which means a large number of people will be older by the year 2100. It is salient that the projected increasing trend of median age in Bangladesh is higher than the world average increasing trend. The median age will be 7.7 years higher in Bangladesh than the world average median age by 2100.

3.2.4. Total Fertility by Area

According BBS data total fertility rate per women is decreasing rapidly. It was 4.70 in 1986, 4.33 in 1990, 3.58 in 1994, 2.98 in 1998, 2.55 in 2002, 2.41 in 2006 and 2.11 in

2011 in Bangladesh (BBS, 2012, p. 54). Data of table 3.5 indicate total fertility (average number of children per woman) rate of the world as well as Bangladesh have been decreased from the year (1975-1980) to (2005-2010).

Table 3.5: Total Fertility by Area for Selected Periods (Medium Variant)

Area	Total Fertility (Average Number of Children Per Woman)							
	1975-1980	2000-2005	2005-2010	2010-2015	2015-2020	2020-2025	2045-2050	2095-2100
World	3.85	2.59	2.53	2.50 (p)	2.45(p)	2.41(p)	2.24(p)	1.99(p)
Bangladesh	6.63	2.87	2.40	2.20(p)	2.05(p)	1.93(p)	1.69(p)	1.82(p)

Source: UN Department of Economic and Social Affairs. *World Population Prospects (The 2012 Revision).* United Nations, Population Division (New York: 2012), 32.

'p' stands for projected

In Bangladesh, total fertility rate (average number of children per woman) has decreased 6.63 to 2.40 between the year 1975 and 2010. Here, the change is mentionable and salient. The difference of the total fertility rate is 4.23, which is a massive change in respect of fertility in Bangladesh. The projected trend of total fertility rate is also gradually decreasing, that is 2.20 in (2010-2015) and 1.82 in (1995-2100). Even the decreasing trend of Bangladesh is lower than the world's average fertility rate.

These data indicate that in one side total fertility is decreasing day by day on the other side life expectancy at birth is increasing with a high rate (which is aforementioned). It means that the gap between young and old is expanding. As a result dependency ratio is also increasing and proportionately the number of elderly is increasing rapidly in Bangladesh.

3.2.5. Elderly by Age Group, Sex and Marital Status

Data of marital status has been showed in this section relating with age and sex.

Table 3.6: Elderly People by Age Group, Sex and Marital Status, 2011 in '000'

Marital Status	Sex	Age Group		
		60-64	**65-69**	**70+**
Total	Both Sex	3934 (100%)	2113 (100%)	4722 (100%)
	Male	2081 (53%)	1150 (54%)	2494 (53%)
	Female	1853 (47%)	964 (46%)	2228 (47%)
Unmarried	Both Sex	34 (100%)	17 (100%)	46 (100%)
	Male	17 (50%)	9 (51%)	22 (48%)
	Female	17 (50%)	8 (49%)	24 (52%)
Married	Both Sex	3119 (100%)	1610 (100%)	3050 (100%)
	Male	2024 (65%)	1109 (69%)	2301 (75%)
	Female	1094 (35%)	501 (31%)	749 (25%)
Widow/widower	Both Sex	766 (100%)	480 (100%)	1614 (100%)
	Male	38 (5%)	30 (6%)	167 (10%)
	Female	728 (95%)	450 (94%)	1447 (90%)
Divorce/Separated	Both Sex	16 (100%)	6 (100%)	12 (100%)
	Male	2 (16%)	1 (21%)	4 (32%)
	Female	13 (84%)	5 (79%)	8 (68%)

Source: Bangladesh Bureau of Statistics, *Statistical Yearbook of Bangladesh 2012*. 32nd ed. Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: August 2013), 48.

Data of table 3.6 indicate that for the age group 60-64, only 0.86% was unmarried, 79.28% was married, 19.47% was widow/widower and only 0.40% was divorce/separated. For the age group 65-69 all the categories are about same. But for the age group 70 years and above only 0.98% was unmarried, 64.59% was married,

34.18% was widow/widower and only 0.25% was divorce/separated. It is said from the above data that the number of the unmarried and divorce/separated elderly are very few, widow/widower elderly are than them and the number of married elderly are highest in position.

Among the total elderly (aged 60-64), about 34 thousand elderly were unmarried and among the unmarried elderly about 50% were male elderly and 50% female elderly. Total number of married elderly (aged 60-64) was about 3119 thousand, of whom 65% were male elderly and 35% were female elderly. Here we get a big difference and that is the most of the married elderly were male and only one third was female elderly. Widow and widower were in total about 766 thousand, among them 5% were male (widower) and 95% were female (widow). Here almost all the elderly were female who are widow. Total number of divorced/separated elderly was about 16 thousand, among them only 16% were male elderly and the majority was the female elderly and that was 84%.

Elderly who was the age group of 65-69 years, they were also almost same to the age group of 60-64 years, in all respect of the criteria (Unmarried, married, widow/widower and divorce/separated) of marital status. For the elderly of the age group of 70 years and above all the criteria are also almost same but for the divorce/separated criteria, some differences are seen.

3.2.6. Age at First Marriage

According to the data of 2011, 33.5% elderly (aged 60-64 years) were married at the age of 15-19, 29.7% were married at the age of 20-24, 23.1% at the age of 25-29, 10.3% were married at the age of 30-34, 2.8% were married at the age of 35-39 and 0.6% were married at the age of 40-44 years.

Table 3.7: Age at First Marriage of Ever Married Elderly by Age Group and Sex, 2011

Age Group	Number	Age at First Marriage						
		15-19	20-24	25-29	30-34	35-39	40-44	45-49
Total (15-65+)	67662693	43.7	33.3	17.1	4.7	1	0.1	0
60-64	3470577	33.5	29.7	23.1	10.3	2.8	0.6	0
65+	5576250	34.8	28.7	23.5	9.3	2.9	0.8	0.1
Male								
60-64	2027855	6.7	34.8	36.3	16.9	4.5	0.8	0
65+	3356729	9.5	34.6	35.5	14.4	4.7	1.3	0.1
Female								
60-64	1442722	71.3	22.5	4.6	1.1	0.4	0.2	0
65+	2219521	73.2	19.6	5.3	1.5	0.3	0.1	0

Source: Bangladesh Bureau of Statistics. *Population and Housing Census, (National Series, Volume-4) 2011.* Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: December 2012), 141.

The elderly who were aged 65 years and above, among them 34.8% were married at the age of 15-19, 28.7% at the age of 20-24, 23.5% at the age of 25-29, 9.3% at the age of 30-34, 2.9% at the age of 35-39, 0.8% at the age of 40-44 and only 0.1% were married at the age of 45-49 years. If we give a different look by male and female we can see the number of marriage of the elderly of the age group 60-64 years have a far difference, who were married in the at the age of 15-19, that was only 6.7% male elderly were married whether 71.3% female elderly were married. And for the elderly aged 65 years and above, only 9.5% male elderly were married at the age of 15-19, whether 73.2% female elderly married at the age of 15-19. Here we see, the highest number of male elderly have married at the age of 25-29 but the highest number of female elderly have married at the age of 15-19.

3.2.7. Number of Marriage of Elderly

It is seen from the table 3.8 that the elderly (60 years and above) who never married in life, the percentage was very low and that was only 1.25%, almost all the elderly were married single time and that was 90.65%, 6.75% elderly were married two times and who have married three or more than three times that was also very low and that was only 1.35%. If we consider the number of marriage in respect of male and female then we get a different picture among the elderly in Bangladesh.

Table 3.8: Number of Marriage of Elderly by Age Group and Sex, 2011

Age	Total	Number of Marriage			
		0	1	2	3+
Total (15-65+)	91705992	20	76.7	2.9	0.4
60-64	3932396	1.1	91.5	6.2	1.2
65+	6601260	1.4	89.8	7.3	1.5
Male					
60-64	2061522	1.3	87.2	9.6	2
65+	3431953	1.3	84.4	11.7	2.6
Female					
60-64	1870874	1	96.2	2.5	0.3
65+	3169307	1.5	95.6	2.6	0.3

Source: Bangladesh Bureau of Statistics. *Population and Housing Census, (National Series, Volume-4) 2011.* Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: December 2012), 144.

Male elderly who have married only one time, the percentage was 85.8% and for the female elderly it was 95.9%. But the elderly who have married two or more times, in respect of male elderly it was 6.48%% and for the female elderly it was 1.43%. Here we see among the elderly who have married two or more times the number of male elderly was more than the female elderly. But in respect of single marriage the number of female elderly was higher than the male elderly.

3.2.8. Second Language by Age and Sex

Data of table 3.9 shows, 7.56% were the elderly of the total population (0-65+) of Bangladesh. Among the elderly 0.75% elderly had no second language, 7.7% elderly used Bangla as their second language, only 0.65% used English as second language and 90.90% used other languages as their second language.

Table 3.9: Second Language by Age and Sex, 2011

Age	Number	Second Language			
		None	Bangla	English	Others
Total (0-65+)	139252683	0.90	13.8	0.70	84.60
60 years and Above	10533656	0.75	7.7	0.65	90.90
Male					
60 years and Above	5493475	0.75	11.5	0.80	86.95
Female					
60 years and Above	5040181	0.70	3.55	0.45	95.30

Source: Bangladesh Bureau of Statistics. *Population and Housing Census, (National Series, Volume-4) 2011.* Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: December 2012), 150-151.

In respect of sex, male elderly who were used Bangla as second language about 4 times higher than the female elderly. But female elderly who were used other languages as second language except Bangla and English were more than the male elderly. Elderly male or female, both sexes were rare, using no languages as their second language.

3.2.9. Literacy Rate of the Elderly

For understanding present state of the elderly to know the literacy rate is very important. According to the data of the Population and Housing Census 2011, most of the elderly (aged 60 years and above) people cannot read and write, that was 71.15%. From the rest of the elderly only 3.75% can read only and 25.05% can read and write. So, among the elderly literacy rate was very low.

Table 3.10: Percentage of Literate Elderly Population by Age and Sex, 2011

Age	Number	Literacy		
		Cannot Read & Write	Can Read Only	Can Read & Write
Total (7-65+)	118360739	36.1	7.8	56.1
60-64	3932396	68.6	4.0	27.3
65+	6601260	73.7	3.5	22.8
Male				
60-64	2061522	56.8	4.3	38.9
65+	3431953	62.9	4.0	33.2
Female				
60-64	1870874	81.7	3.7	14.6
65+	3169307	85.5	3.0	11.5

Source: Bangladesh Bureau of Statistics. *Population and Housing Census, (National Series, Volume-4) 2011.* Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: December 2012), 154-155.

If we analyze the data in respect of sex then the scenario is different. Comparatively the literacy rate was higher to the male elderly than the female elderly, which was 36.05% male elderly can read and write where only 13.05% female elderly can read and write. 4.15% male elderly can read where 3.35% female elderly can read only. So, we get 59.85% male elderly were illiterate where 83.6% female elderly were illiterate.

3.2.10. Deaths in Last 12 Months

It is seen from the table 3.11 that 86.4% elderly died in their home, only 10.5% elderly died in hospital and 3.1% died in other places.

Table 3.11: Deaths in Last 12 Months by Place of Death, Age and Sex of the Deceased, 2011

Age	Place of Death			
	Total	Home	Hospital	Others
Total (0-60+)	667709	77.0%	17.3%	5.7%
60 years and above	343260	86.4%	10.5%	3.1%
Male				
60 years and above	188635	84.3%	12.2%	3.5%
Female				
60 years and above	154625	88.9%	8.4%	2.7%

Source: Bangladesh Bureau of Statistics. *Population and Housing Census, (National Series, Volume-4) 2011.* Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: December 2012), 299.

In respect of male elderly and female elderly the statistics is almost same. Here it is seen that the tendency to send the elderly to the hospital or other places before their death is very low. Comparatively elderly are dying at home is more than the average number of death which is occurring at hospital. The statistics also shows that the trend to send the elderly to the hospital is lower than the average trend of the total population to send the hospital before their death.

3.2.11. Occupation of the Elderly

Data of occupation of the elderly of both sexes show the highest percentage of the elderly engaged with skilled agricultural, forestry and fishery and that was 49.05%, second highest percentage engaged with elementary occupation (15.65%), in managerial occupation 11.65% percent elderly were engaged and very few elderly people were engaged with technician/associate professional, clerical support work, plant & machine operators/ assemblers, professional, craft/related trade work and service/sales working.

Table 3.12: Occupation of the Elderly Population by Age and Sex, 2011

Occupation	Age Group			
	Total (15-65+)	Both sex (60+)	Male (60+)	Female (60+)
Total Number	39924862	3330717	3094896	235821
Managerial	12.5	11.65	11.95	7.70
Professional	5.70	4.00	4.15	1.80
Technician & Associate Professional	1.80	1.30	1.30	1.40
Clerical Support Workers	2.80	1.45	1.50	1.15
Service & Sales Workers	8.90	7.80	6.30	27.75
Skilled Agricultural, Forestry & Fishery Workers	30.4	49.05	51.30	19.95
Craft & Related Trade Workers	12.70	5.20	4.80	10.70
Plant & Machine Operators & Assemblers	8.50	3.85	4.20	0.05
Elementary Occupations	16.5	15.65	14.6	29.45
Other Occupations	0.20	00	00	00

Source: Bangladesh Bureau of Statistics. *Population and Housing Census, (National Series, Volume-4) 2011*. Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: December 2012), 226-227.

If we consider it by male elderly and female elderly dimension then the scenario is somewhat different. Male elderly (51.30%) were more engaged with agricultural, forestry and fishery than the female elderly (19.95%) but for the service/sales working female elderly (27.75%) were much involved whether the male elderly (6.3%) involvement was very few. In the same way female elderly (29.45%) were more engaged with elementary occupation than the male elderly (14.60%). Female elderly were rarely involved with plant/machine operating & assembling and that was only 0.05%.

3.2.12. Elderly Women by Average Number of Children Born, Living Status of Children and Children Died

Data of table 3.13 indicate that total number of women is about 46473 thousand, among them about 11% women were elderly (aged 60 years and above) and among the total female elderly, most of the female elderly (85%) live in rural area and only

15% female elderly live in urban area. Average number of children born per women was 2.50 among the total women aged 15 years and above of Bangladesh. But when we calculate the average number of children born per women only for the elderly then it was about double and that was 4.66. Again, in the rural area average number of children born per woman was somewhat higher than the urban area.

Table 3.13: Elderly Women by Age Group, Average Number of Children Born, Usual Living Status of Children and Children Died by Residence, 2011

In '000'

Age Group	Number of Women	Average No of Children Born	Children Ever Born and Usually Living in the Same Household			Children Usually Living Some Where Else			Children Died After Birth		
			Total	Male	Female	Total	Male	Female	Total	Male	Female
Total											
(15-65+)	46473 100%	2.50	69708 100%	40401 58%	29307 42%	33458 100%	12733 38%	20725 62%	12809 100%	6846 53%	5963 47%
60+	5040 11%	4.66	5781 100%	4267 74%	1514 26%	13845 100%	5983 43%	7861 57%	3908 100%	2064 53%	1844 47%
Rural											
60+	4283 85%	4.73	4821 100%	3578 74%	1243 26%	12022 100%	5215 43%	6807 57%	3411 100%	1790 52%	1621 48%
Urban											
60+	757 15%	4.32	960 100%	689 72%	271 28%	1822 100%	768 42%	1054 58%	497 100%	274 55%	223 45%

Source: Bangladesh Bureau of Statistics. *Population and Housing Census, (National Series, Volume-4) 2011*. Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: December 2012), 258-259.

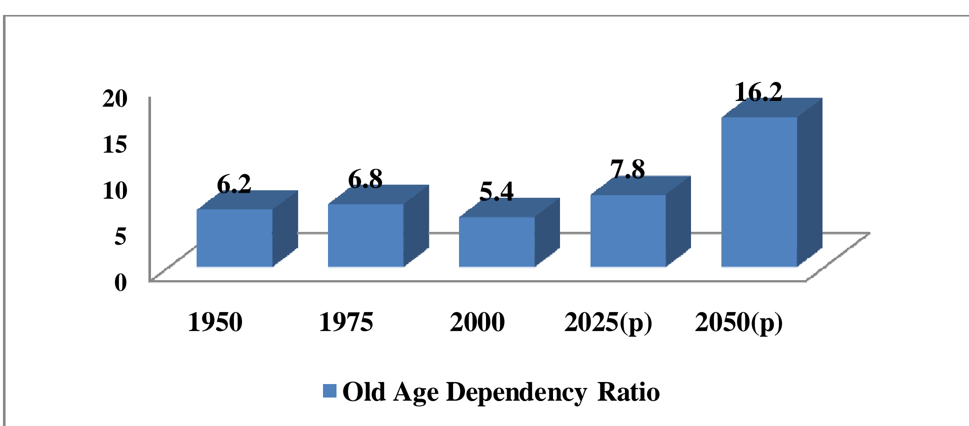
Male children ever born and usually living in the same household was 74%, among the elderly aged 60 years and above all over the Bangladesh and if we consider it according to rural-urban area then the percentage was also almost same. For female children 26% ever born and usually living in the same household and rural-urban percentage is nearly equal. Children usually living somewhere else was about 13845

thousand and children died after birth was about 3908 thousand among the elderly in Bangladesh. In both the cases rural-urban percentage was about same.

3.2.13. Old Age Dependency Ratio

For the increasing number of elderly old age dependency ratio is also increasing in Bangladesh that has been shown in following figure.

Figure 3.2: Old Age Dependency Ratio in Bangladesh



Source: http://www.unnayan.org/reports/Policy%20Brief%20on%20Elderly%20Population.pdf (accessed February 08, 2015). ‘P’ stands for projected

Old age dependency ratio indicates support needed for the elderly by the people aged 15-59 (working age) per 100 people. It shows the old age dependency ratio is increasing year to year in Bangladesh and it was 6.2 in 1950, 6.8 in 1975 and 5.4 in 2000, which is projected to increase 7.8 in 2025 and 16.2 in 2050. From the year 1950 to 2050 within hundred years it will be about triple.

3.2.14. Labour Force Aged 60 Years by Age Group and Sex

Data of labour force indicate 2.80% elderly (who were 60-64 years old) and 3.60% elderly (who were aged 65 years and above) were engaged with labour force.

Table 3.14: Labour Force Aged 60 Years and Over by Age Group and Sex

Age Group	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
60-64	2.8%	3.7%	0.6%	3.0%	4.1%	0.7%	1.9%	2.5%	0.5%
65+	3.6%	4.6%	1.3%	4.0%	5.2%	1.5%	2.1%	2.7%	0.9%

Source: Bangladesh Bureau of Statistics, *Report on Labour Force Survey 2010*. Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: August 2011), 38.

On the other side elderly of the rural areas were more involved with labour force than the urban areas. In respect of sex, involvement with labour force of male elderly is higher than the female elderly in both rural and urban areas.

3.2.15. Elderly Work Status by Age, Sex and Residence

Elderly engagement with work force is not few in our countries. Most of them are engaged with agriculture, household work, fishery, sales, trade working and other elementary occupations.

Table 3.15: Persons Aged 60 Years and Over by Work Status, Age Group, Sex and Residence

Age Group	Total				Urban				Rural			
	Labour force/economically active population			Not in labour force	Labour force/economically active population			Not in labour force	Labour force/economically active population			Not in labour force
	Total	Employed	Unemployed		Total	Employed	Unemployed		Total	Employed	Unemployed	
National (in '000')												
Total	56651	54084	2566	38933	13278	12421	858	9887	43373	41664	1709	29046
60 +	3603 100%	3478 97%	126 3%	5734	536 100%	501 93%	35 7%	1218	3067 100%	2976 97%	91 3%	4516
Male (in '000')												
60+	3270 100%	3200 98%	70 2%	1746	482 100%	461 96%	21 4%	471	2788 100%	2739 98%	49 2%	1275
Female (in '000')												
60+	333 100%	278 83%	55 17%	3988	54 100%	41 76%	14 24%	747	279 100%	238 85%	44 15%	3240

Source: Bangladesh Bureau of Statistics, *Report on Labour Force Survey 2010*. Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning, Government of the People's Republic of Bangladesh (Dhaka: August 2011), 111.

According to the data of labour force survey 2010, 6% were elderly of the total labour force or economically active population in Bangladesh. In the urban area 4.0% were elderly and in the rural area 7.0% were elderly of the total labour force or economically active population.

But among the total elderly 98.0% were employed and only 2.0% were unemployed across the country. If we consider it by residence then the percentage of employment and unemployment was about same. The total number of male elderly near about 10 times higher than the female elderly but the number rural male elderly is about 6 times higher than the urban male elderly, who were belong in labour force or economically active population. The percentage of employment status of urban and rural male elderly was near about equal.

Data of the female elderly show that they were fewer in number, who were engaged with labour force and among the total female elderly, 83% were employed and 17% were unemployed. Among the urban female elderly 76% percent were employed and 24% were unemployed and in rural area 85% female elderly were employed and 15% were unemployed. On the other side the total number of female elderly was more than double than the male elderly, who were not engaged with labour force. But this number of rural female elderly was more than the urban female elderly.

3.3. Initiatives Taken for the Elderly in Bangladesh

To make the various policies, plans and programmes for the elderly in Bangladesh, two international assemblies have played a vital role. One is First World Assembly on Ageing, organized by United Nations in 1982 in Vienna, Austria and another one is Second World Assembly on Ageing, organized by United Nations in 2002 in Madrid, Spain.

In 2011, 7.48% was the elderly of the total population of Bangladesh. Although the total number of elderly is not very high yet, nevertheless it is

continuously increasing, which is somewhat alarming for this developing country. Now the country is on the way of middle income country, for that population size and their dependency ratio is an important factor for consideration. Already many steps have been taken for the elderly people in Bangladesh. Some of the major steps are mentioned below.

3.3.1. Elderly in the Constitution of the People's Republic of Bangladesh

Although there is no direct citation about the elderly in the Constitution of the People's Republic of Bangladesh, nevertheless the constitution has included the security of the all underprivileged classes of Bangladesh. Especially in the articles of 15 and 19 ensured the equal rights and opportunities for all.

The Constitution of the People's Republic of Bangladesh stated in article 15(d) that:

> the right to the social security, that is to say, to public assistance in cases of underserved want arising from unemployment, illness or disablement, or suffered by widows or orphans or in old age, or in other such cases.[7]

Article 19(1) stated "The States shall endeavour to ensure equality of opportunity to all citizens." (2011, p. 6). The Constitution of the People's Republic of Bangladesh also stated in article 19(2) that:

> The State shall adopt effective measures to remove social and economic inequality between man and man and to ensure the equitable distribution of wealth among citizens, and of opportunities in order to attain a uniform level of economic development throughout the Republic.[8]

Article 15(d) emphasized on the social security of the older persons of Bangladesh because older persons are the vulnerable and unprivileged group of the society. They are always neglected and often the elderly issue is ignored. Whether

[7] The Constitution of the People's Republic of Bangladesh, in article 15(d). (Dhaka: October, 2011), 5.

[8] The Constitution of the People's Republic of Bangladesh, in article 19(2). (Dhaka: October, 2011), 6.

article 19(1) and 19(2) did not mention specifically about this elderly issue, nevertheless these two articles included the older persons within the all citizens and said to ensure equality for all by removing social and economic inequality from the state.

3.3.2. National Committee on Ageing

The National Committee on Ageing was constituted after the Vienna International Plan of Action on Ageing in 1982 by the government of Bangladesh. It was the first initiative for the elderly in Bangladesh from a formal point of view. The committee was headed by the minister of the Ministry of Social Welfare, Government of the People's Republic of Bangladesh. This committee would prepare policies and would help for implementation. It also allocated fund for the Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM).[9]

3.3.3. Elderly in the Five Year Plan

Third Five Year Plan (1985-1990) was the first five year plan of Bangladesh, where included the elderly issue for the first time. It mentioned to develop the social and cultural values to the mass people and suggested to share the responsibility of the older persons. It was influenced by the Vienna International Plan of Action on Ageing in 1982.

This plan proposed to:

> propagate social, religious and cultural values amongst people for motivating them to share responsibilities of the old, infirm, beggar and other socially and physically handicapped members of the family and society and also to motivate people towards the joint family system in order to share more responsibilities.[10]

[9] Hossain, "Reflection of Aging Issues in Social Policies of Bangladesh", 85.
[10] Ibid., 85.

Fourth Five Year Plan (1990-1995) was allocated 5 million taka for the first time for the elderly and it proposed to construct three medico-social services centers in three divisional headquarters.

40 million taka was allocated in the fifth Five Year Plan (1997-2002) for geriatric medical and community based welfare services for the elderly and made a plan for economic emancipation of the elderly and proposed for the Old Age Allowance for the poor elderly, which is still now going on.[11]

The sixth five year plan was prepared for the year 2011-2015. In this plan we get no direct guidance for the elderly wellbeing but definitely it will be helpful for all citizens of the country by decreasing the income inequality and regional disparity. It emphasizes on food security, poverty reduction and social justice. All the issues will help to promote the elderly life style.[12]

3.3.4. Old Age Allowance Programme

Most of the elderly of Bangladesh are financially very weak. They cannot fulfill minimum requirements of livelihood. To give minimum support to the elderly Government of the People's Republic of Bangladesh started this allowance 18 years ago. The volume of allowance and number of beneficiaries is increasing day by day.

Old Age Allowance has been started for the first time in fiscal year 1997-1998 in Bangladesh. That time it was started tentatively and every older person was given 100 taka per month for only three months and the total number of beneficiaries was 4.03 lac. It has been regularized from the fiscal year 1998-1999 and still now it is continuing.

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[11] A.S.M. Atiqur Rahman, "Launch of Madrid +10: The Growing Opportunities and Challenges of Global Ageing and Ageing Situation in Bangladesh." *Bangladesh Journal of Geriatrics* 46 (2011): 99.

[12] Hossain, "Reflection of Aging Issues in Social Policies of Bangladesh", 86.

Table 3.16: Old Age Allowance by Year, Amount and Beneficiaries

Fiscal Year	Rate in BDT per Older Person	Allocated Total Amount (in Crore BDT)	Total Beneficiaries (in Thousand)
1998-1999	100.00	48.50	403.11
1999-2000	100.00	50.00	413.19
2000-2001	100.00	50.00	415.17
2001-2002	100.00	49.92	415.17
2002-2003	125.00	75.58	500.39
2003-2004	150.00	179.99	999.99
2004-2005	165.00	260.37	1315.00
2005-2006	180.00	324.00	1500.00
2006-2007	200.00	384.00	1600.00
2007-2008	220.00	448.80	1700.00
2008-2009	250.00	600.00	2000.00
2009-2010	300.00	810.00	2250.00
2010-2011	300.00	891.00	2475.00
2011-2012	300.00	891.00	2475.00
2012-2013	300.00	891.00	2475.00
2013-2014	300.00	980.10	2722.50
2014-2015	400.00	1306.80	2722.50
2015-2016	400.00	1440.00	3000.00

Source: Ministry of Social Welfare. Government of the People's Republic of Bangladesh. *Old Age Allowance*. Dhaka: 2015. www.msw.gov.bd/site/page/18350636-86ea-46fc-8ecf-df73 ed 933a 96/ eq¯‹-fvZv (accessed March 27, 2016).

Now (2015-2016) the rate of OAA is 400 BDT per older person per month which was only 100 BDT at the beginning and the total number of beneficiaries has been increased from 403.11 thousand to 2722.50 thousand from the fiscal year 1998-1999 to 2014-2015. OAA has increased 4 times, where the total number of beneficiaries has increased about 7 times. But the allocated total amount of OAA was Tk.48.50 crore in 1998-1999 and it has increased about 30 times which was 1440.00 crore by the year 2015-2016.

According to the population census 2011the total number of elderly was about 10.76 million in 2011 (which was 7.48% of the total population) and among them

only 2.48 million elderly has got old age allowance in 2011. Although the monthly paid amount of Old Age Allowance is very poor, nevertheless it is a good starting of social safety net programme for Bangladesh, as a country of third world.

3.3.5. Pension and Gratuity for the Retired Government Employees

According to British Government rule retired government employees were given pension since 1924 and this pension system is still going on though the rule has reviewed and modified several times. Now every government employee gets this opportunity after retirement at the age of 59.[13] Beside the pension retired employees enjoy gratuity also. The age of retirement is more than 59 (65 years) for few government organizations, such as: public universities, judiciary etc.

3.3.6. National Policy on Older Persons 2013

National Policy on older persons is an important policy for the aged people of Bangladesh. Already the cabinet of Bangladesh has given approval the policy as 'National Policy on Older Persons 2013', which will play a significant role to keep the rights, security and status of older persons (according to declaration of Madrid International Plan of Action on Ageing 2002). Like United Nations recognition this policy has considered the age of older person is 60 years and above.[14]

3.3.6.1. Objectives of the Policy

Several objectives have been determined to achieve the targeted goal of this national policy. These are:

1. To include the elderly issue into the concerned national policies (Health Policy, Women Development Policy, Housing, Disabled etc.) and to prepare work plan for implementation.

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[13] Hossain, "Reflection of Aging Issues in Social Policies of Bangladesh", 86.

[14] A.S.M. Atiqur Rahman, "Editorial." *Bangladesh Journal of Geriatrics* 48 (2013): 5.

2. To take measure for the social, cultural, economic and political recognition of the elderly of Bangladesh for their comprehensive development.
3. To prepare policies and implement it for creating the scope of participation for the elderly into the local government, development and social initiative and institutions.
4. To include the elderly issue into the national health policy and prioritize the elderly into the health service structure in public and private sector.
5. To form an integrated security law for the elderly and ensure it to protect the hazards caused by urbanization and breaking of traditional joint family system.
6. To specify and up to date the elderly related information in state level and to conduct survey and research for that.
7. To extent the existing facilities and system in public transport of the elderly and to make it elderly friendly.
8. To ensure the housing for the elderly of all classes and make the various constructions elderly friendly.
9. To ensure the priority of the elderly in disaster management programmes.
10. To include the elderly issue in the national curriculum and training and to make the mass media liable for the mass people awareness.
11. To remove all inequalities and negligence for the elderly women and disabled elderly.
12. To form and preserve the intergenerational communication and solidarity for the older persons.

3.3.6.2. Principal Issues of the Policy

Beside these objectives, some principal issues for the older persons have been highlighted in this policy and these are:

1. Recognition of the contribution of older persons.
2. Intergenerational communication and solidarity for the older persons.

3. Social facilities for older persons.
4. Security of life and property of older persons.
5. Poverty reduction for the older persons.
6. Financial security.
7. Health care and nutrition for older persons.
8. To save older persons from HIV/AIDS.
9. Climate change and older persons in emergency.
10. Education and training for the older persons.
11. Special welfare activities.
12. To involve the voluntary agency with the older persons and
13. To form committees for the older persons.[15]

3.3.7. Parents Maintenance Law 2013

In the old age parents are undone and helpless. They are to depend on their children but all the children do not support their parents in the same way (properly). In this situation for caring the parents Bangladesh Government has formulated a law titled 'Parents Maintenance Law 2013'. The main objective of this law is to ensure the security of living arrangement, food, medical treatment and other necessary initiatives for the parents. If the children violet the law then there is an arrangement of penalty and the penalty is a fine of taka not more than one lac or imprisonment not more than three months. The offence under this law is cognizable, bailable and compoundable.[16]

[15] Ministry of Social Welfare. Government of the People's Republic of Bangladesh. *National Policy on Older Persons 2013, Bangladesh Gazette* (Dhaka: Bangladesh Government Press, February 11, 2014), 5379-5394.

[16] Bangladesh National Parliament. *Parents Maintenance Law, Bangladesh Gazette.* Government of the People's Republic of Bangladesh (Dhaka: Bangladesh Government Press, October 27, 2013), 9205-9207.

3.3.8. Old Age Home

In the modern world old age home is an inexorable part of all the societies, especially in the 1st world. Third world is also involved in this process. Now there are many old age homes in Bangladesh, mainly in private sector. The government of Bangladesh has decided to establish 12 *Probin Nibas* (old age homes) in seven divisions across the country, which is under processing, under the Ministry of Social Welfare. These old age homes will be included with 12 existing Government Child Care Center (*Sarkari Shishu Paribar*).

Table 3.17: List of Old Age Homes (*Probin Nibas)* to be Set Up By the Government of Bangladesh

Serial No.	Name of Divisions	Address of Old Age Homes
1.	Dhaka	*Sarkari Shishu Paribar*, Topkhola, Faridpur.
2.		*Sarkari Shishu Paribar*, Bepari Para, Tangail.
3.	Chittagong	*Sarkari Shishu Paribar*, Farhadabad, Hathazari, Chittagong.
4.		*Sarkari Shishu Paribar*, Maijdi, Noakhali.
5.	Rajshahi	*Sarkari Shishu Paribar*, Banbel Gharia, Natore.
6.		*Sarkari Shishu Paribar*, Phulbari, Bisic, Bogra.
7.	Rangpur	*Sarkari Shishu Paribar*, Rajbati, Dinajpur.
8.	Khulna	*Sarkari Shishu Paribar*, Chourhas, Kustia.
9.		*Sarkari Shishu Paribar*, Chourhas, Bisic, kustia.
10.	Barisal	*Sarkari Shishu Paribar*, Bangla Bazar, Bhola.
11.		*Sarkari Shishu Paribar* (South), Sagordi, Barisal.
12.	Sylhet	*Sarkari Shishu Paribar*, Bagbari, Sylhet.

Source: Directorate of Social Service Document, Bangladesh, March, 2016.

3.3.9. Freedom Fighter Allowance

Presently all the great freedom fighters of Bangladesh are old those who are alive. Department of Social Service under the Ministry of Social Welfare, Bangladesh introduced freedom fighter allowance in the fiscal year 2000-2001, for their great

contribution in the liberation war 1971. Now the amount of allowance is 2000 taka per month for every freedom fighter.[17]

Table 3.18: Freedom Fighter Allowance by Fiscal Year, Amount, Rate and Beneficiaries

Fiscal Year	Amount of Allocation (Million BDT)	Monthly Allocation Per-person	Number of Beneficiaries
2000-2001	150	300	41666
2001-2002	288	300	41666
2002-2003	300	500	50000
2003-2004	300	500	50000
2004-2005	360	500	60000
2005-2006	420	500	70000
2006-2007	600	500	100000
2007-2008	720	600	100000
2008-2009	1080	900	100000
2009-2010	2250	1500	125000
2010-2011	3600	2000	150000

Source: Ministry of Social Welfare. Government of the People's Republic of Bangladesh. http://www.msw.gov.bd/images/stories/report/allowance_programme.pdf (accessed March 01, 2015).

The Government of the People's Republic of Bangladesh increased monthly allowance for the freedom fighters from BDT 3,000 to 5,000 in July 2014.[18] Again in fiscal year 2015-2016 this allowance has been increased to BDT 8,000 per month for every freedom fighter.[19]

[17] Hossain, "Reflection of Aging Issues in Social Policies of Bangladesh", 91.

[18] Ministry of Liberation War Affairs, *Budget (2015-2016): 887-888.* Government of the People's Republic of Bangladesh. Dhaka. http://molwa.portal.gov.bd/sites/default/files/files/molwa.portal.gov.bd/page/19fa018a_52e9_4d56_82e9_9183d49e3c8d/MTBF.pdf (accessed December 26, 2015).

[19] Ministry of Liberation War Affairs. *Circular, Memo no: 48.00.000. 002.31.005.12(1)/405*. Government of the People's Republic of Bangladesh (Dhaka: November 24, 2015), 1.

3.3.10. Widow Allowance Programme

According to BBS data 11.29% are the divorced and abandoned women of the total married women across the country. This allowance is provided to the widows and distressed women (husband deserted), especially poor old aged widows by the government of Bangladesh. The total number of beneficiaries was 9.2 lac and 300 taka was given every widow per month in 2012.[20]

3.3.11. Non Government Organizations (NGOs) Initiatives

Bangladesh is a country of NGOs, a profuse number of NGOs work for the development of this country. But only a few number of NGOs work for the elderly. These NGOs provide health and medical care, microfinance and livelihood, research and publication, training and rehabilitation etc. at a minimal level.[21] Some of these NGOs are mentioned below:

Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) established in 1960 and one of the prime NGOs those work for the elderly at national level. It is a non-profitable voluntary organization and now it has 54 branches in district level across the country. It provides hospital and health care services, recreation and library facilities, vocational training and management, research and publication.[22]

Resource Integration Center (RIC) has started its work with older people since 1991. This NGO has given attention on livelihood and advocacy for the rights of older people. It also conduct micro credit programme for the mainstream isolated older

[20] http://mppg-nsu.org/ attachments/396_Nilufar.pdf (accessed February 10, 2015).
[21] Atiqur Rahman, "Launch of Madrid +10", 101.
[22] A.S.M. Atiqur Rahman, "Editorial." *Bangladesh Journal of Geriatrics* 48 (2013): 5.

people. Its activities also include housing, health care facilities, recreation and funeral support.[23]

HelpAge International is an international NGO and has been working in Bangladesh for the aged people from 2010. Mainly it has concentrated on better heath care for the older people. It is trying to increase old age allowance also. It works with the local partner NGOs.[24]

Service Center for Elderly People (SCEP) works for the social and psychological peace for the older people. Its activities also include health service and recreational facilities.

Elderly Initiatives for Development (EID) was established at Manikgonj in 1995. This NGO works for the health care, education, financial support and community development for the older persons.

Bangladesh Retired Government Employees Welfare Association works for the government pensioners and their family members. Its activities include benefit and services facilities, vocational training facilities, accommodation arrangement and health care facilities for the pensioners and their family members.[25]

Some other NGOs run their activities for the development of lifestyle of the elderly. Among these- Rehabilitation Center for the Aged and Children- BOSHIPUK (1997), Ageing Resource Center, Bangladesh- ARCB (2003), Forum for the Rights of the Elderly (2005), BRAC (2004), Bangladesh Women's Health Coalition- BWHC (1998), Bangladesh Girls Guide Association, Bangladesh Education Board Retired Employee Welfare Association, Old Home and Bangladesh Society of Gerontology

[23] http://www.ric-bd.org/aging/ (accessed February 10, 2015)
[24] http://www.helpage.org/ tags/bangladesh/ (accessed February 10, 2015)
[25] http://www.assignmentpoint.com/arts/social-science/population-ageing-bangladesh.html (accessed February 09, 2015).

and Forum for the Rights of the Elderly etc. are the mentionable NGOs in Bangladesh.[26]

3.4. Conclusion

The size and growth trend of the elderly shows that ageing will be a vital social challenge for Bangladesh in a very near future. In the past ageing issue was not considered a vulnerable issue because the number of elderly and their proportion were not large enough to consider special measure for them. Still the proportion of the elderly is not very high nevertheless the absolute number of elderly is so high for getting attention of all, especially of policy makers' level.

The growth trend of elderly of Bangladesh is a salient feature of the population studies. If we see the statistics of 100 years then we get a picture of increasing trend and it will increase more than four times. It was 4.43% in 1951, 6.13% in 2001 and 18.60% projected to increase in 2050. In the first 50 years increasing trend is lower than the second 50 years. Life expectancy is also increasing over the years, especially for the female people and by the 2050 average life expectancy of the people of Bangladesh will surpass the world average life expectancy. The increasing trend of median age is also like that of the life expectancy.

Total fertility rate has decreased tremendously from the year 1975 to 2010 and still now it is decreasing. The number of married male elderly is higher than the married female elderly but this scenario is quite reverse in case of widow and widower. For the literacy rate about 70% male elderly cannot read and write and for the female elderly this percentage is more than 80%. So, most of the elderly were illiterate in 2011in Bangladesh. Among the elderly, going tendency to the hospital is very few, when they are ill and for that about all the deaths have occurred at home within the last 12 months of the time of survey in 2011. Occupationally, mostly they

[26] Atiqur Rahman, "Launch of Madrid +10", 101.

are involved with agriculture and fisheries. It is alarming news for us that old age dependency ratio is increasing day by day.

It is high time to consider all the above situations to keep social harmony and economic balance. Otherwise, we have to pay very high cost to reach the desired development. So, we need to make proper social, economic and health policy for the elderly and should take necessary steps for implementing these policies.

Chapter Four

Socio-Economic Status of the Elderly: Comparison between Old Age Home and Urban Family

4.1. Introduction

Society means social relationship and it is subject to constant changes. Again, these changes are very normal. Basically changes of human interaction indicate social changes. According to the historical division, society has changed ancient society to medieval society, medieval society to modern society and modern society to post modern society. Post modern society is industry based, here money is the most powerful factor. Thus, every person is busy with earning money and for that individualism has got the most priority. People are leaving their traditional life style and coping with the new individualistic urban society. As a result, they (children) are isolating from their parents and parents are suffering from loneliness, depression and frustration. They (parents) are neglected day after another. We get an idea of these social changes from the working paper titled 'Studies on Ageing in India: A Review' that:

> These days, due to a change in family structure, the elderly are not given adequate care and attention by their family members. This trend is fast emerging partly due to growth of "individualism" in modern industrial life and also due to the materialistic thinking among the younger generation. These changes lead to greater alienation and isolation of the elderly from their family members and from society at large. Due to the changes in the family structure and the value system, respect, honour, status and authority, which the elderly used to enjoy in traditional society, has gradually started declining, and in the process the elderly are relegated to an insignificant place in our society.[1]

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[1] S. Siva Raju, "Studies on Ageing in India: A Review." *Building Knowledge Base on Population Ageing in India (BKPAI).* Working Paper No. 2, United Nations Population Fund (UNFPA), (New Delhi: 2011), 6.

For any social research, socio-economic status of the respondents needs to be emphasized. As a social research, it is very important to the researcher to analyze the socio-economic status of the respondents in this present study. Socio-economic status helps to understand one's economic and social position within a particular society. This section of the study included two major variables such as: social status and economic status. Again, each of these variables has many indicators to analyze. For example to analyze the social status, the researcher included age, sex, religion, education, family members, family type, residence pattern, marital status, relationship with spouse/family members/relatives, personal needs, decision making ability, position within family and outside of family, food intake status, participation in social programmes and festivals, organizational involvement, religious activities, book/newspaper reading information and social assistance etc. Again, to analyze economic status the researcher considered income, expenditure, profession, personal property, economic activities, NGO's help and various allowances etc. Mainly this chapter aimed to find out the comparison between the elderly of OAH and urban family according to these socio-economic indicators.

A. Social Status of the Elderly

4.2. Age of the Respondents

Demographic profile plays an important role to study a particular group of population of a society. Without knowing demographic information the study of a population cannot be understood properly. Again, for analyzing demographic profile age of the respondents is an essential factor. Human thought, working ability and social position are different in various stages of life. For example, generally aged people are honored more than the young, almost all the societies. From the surveyed data it is seen that the average age of the respondents of OAH is 70.03 years and for urban family it is 66.52 years.

Table 4.1: Distribution of the Respondents by Age

Age Group	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
60-64	22	23.4	23.4	44	46.8	46.8	66	35.1	35.1
65-69	24	25.5	48.9	30	31.9	78.7	54	28.7	63.8
70-74	24	25.5	74.5	11	11.7	90.4	35	18.6	82.4
75-79	17	18.1	92.6	6	6.4	96.8	23	12.2	94.6
80-84	7	7.5	100.0	1	1.1	97.9	8	4.3	99.0
85-89	00	00	00	1	1.1	98.9	1	0.5	99.5
90-94	00	00	00	1	1.1	100.0	1	0.5	100
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

OAH= Old Age Home, CP= Cumulative Percentage

The elderly of both settings who have been included as respondents in present study, most of them belong in the age 60-79 (94.6%) and a very small portion of them belong in the age 75-94 (5.4%). But if we consider the elderly separately by age group between OAH and urban family then the scenario is somewhat different. Among the respondents of OAH the highest number of elderly belong in the age group 65-69 and 70-74 (25.5% in each group) but for the urban family the highest number of elderly belong in the age group 60-64 (46.8%). For the age group 85-89 and 90-94 the researcher has got no respondent who live in OAH but 2.2% respondents have been found in urban family. According to the categorization of elderly of UN 63.8% respondents of the total respondents belong in 'young-old' (60-69 years) segment, 30.8% respondents belong in 'old-old' (70-79 years) segment and only 5.3% respondents belong in 'older' (80 years and above) segment of the study area. Table 4.1 depicts that only 7.4% and 3.3% respondents are 'older' respectively in OAH and urban family.

4.3. Sex of the Respondents

To consider from the view point of sex, it is an important issue for any social research and it is divided into two categories, such as: male and female. Male and female can

be treated differently in different societies. It depends on social perspectives and social system. So, as a vital issue of social status the researcher has emphasized on such a particular issue.

Table 4.2: Distribution of the Respondents by Sex

Sex	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Male	53	56.4	56.4	75	79.8	79.8	128	68.0	68
Female	41	43.6	100.0	19	20.2	100.0	60	32.0	100
Total	94	100.0		94	100.0		188		

Source: Questionnaire Survey, May-September, 2015

According to the data of table 4.2, 68.0% respondents are male and only 32.0% respondents are female of the total respondents. But among the respondents of OAH, 56.4% respondents are male and 43.6% respondents are female and for urban family male elderly are 79.8% and female elderly are only 20.2% respondents. Actually, male respondents are more than two third of the total respondents. Thus, the total male-female ratio is about 2:1.

4.4. Religion of the Respondents

Religion is considered in Bangladesh with great importance. People of different religions live in Bangladesh. Majority of the people are Muslim. Other major religions are Hinduism, Christianity and Buddhism.

Table 4.3: Religious Status of the Respondents

Religion	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Muslim	88	93.6	93.6	81	86.2	86.2	169	89.9	89.9
Hindu	4	4.3	97.9	9	9.6	95.8	13	6.9	96.8
Christian	0	0	97.9	4	4.2	100.0	4	2.1	98.9
Buddhist	2	2.1	100.0	0	0	100.0	2	1.1	100.0
Others	0	0	100.0	0	0	100.0	0	0	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Data based on religion of the respondents shows, almost all the respondents are Muslim (follower of the Islam) of the total respondents and they are 169 out of 188 and that is 89.9% of the total respondents. Only 10.1% respondents (19 elderly) belong in other religions, such as: Hindu- 6.9% (13 elderly), Christian- 2.1% (4 elderly) & Buddhists- 1.1% (2 elderly). It is found that among the elderly who live in OAH, major part (93.6% respondents) of them is Muslim and only 6.3% elderly is the follower of other religions. But for the urban family these statistics are somewhat different. Elderly living in urban family besides Muslim (86.02%), the member of other religions (13.8%) is proportionately higher than the OAH. No one has been found in OAH who belong in Christianity and no Buddhist has been found in urban family in the study area.

4.5. Educational Qualification of the Respondents

Educational qualification is an important factor to determine social status. Higher educational qualification is considered as higher social status. There are three educational systems in Bangladesh, such as: general education system, madrasah education system and technical/vocational education system. Each of these systems has four levels and these are primary level, secondary level, higher secondary level and tertiary level.

Table 4.4: Distribution of the Respondents by Educational Qualification

Education Level	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Illiterate	9	9.6	9.6	15	16.0	16.0	24	12.8	12.8
Literate	11	11.7	21.3	17	18.1	34.1	28	14.9	27.7
Primary	14	14.9	36.2	17	18.1	52.2	31	16.5	44.2
SSC/Equivalent	13	13.8	50.0	11	11.7	63.9	24	12.8	57
HSC/Equivalent	20	21.3	71.3	16	17.0	80.9	36	19.1	76.1
Graduation/ Equivalent	18	19.1	90.4	15	16.0	86.9	33	17.6	93.7
Post Graduation/ Equivalent	9	9.6	100.0	3	3.2	100.0	12	6.4	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Among the total respondents of the study, illiterate and post graduate elderly are lowest in number although the number of illiterate elderly (12.8%) is double than the post graduate elderly (6.4%). The highest number of elderly has completed HSC or equivalent degree that is 19.1% of the total respondents. Besides post graduate or equivalent degree of all the categories of educational qualification are proximate to each other. In different consideration of OAH and urban family, table 4.4 depicts that the respondents of OAH are relatively more qualified than the respondents of urban family. Especially, in OAH 9.6% respondents are illiterate, where 16.0% respondents are illiterate in urban family. On the other side, 9.6% respondents have been found in OAH who have completed post gradation or equivalent degree but only 3.2% respondents have been found in urban family who have completed post gradation or equivalent degree.

4.5.1. Educational Qualification by Sex

Based on sex, educational qualification may be considered differently. Sex ratio in Bangladesh is almost equal. But according to higher educational qualification females are quite back warded. Nevertheless the number of female students is increasing in recent years. In few cases female students are doing better than the male students nowadays.

The researcher has found 17.1% female elderly are illiterate of the total female elderly of OAH but in urban family, 36.8% female elderly have been found are illiterate among the total female elderly. Again, the number of literate female elderly in OAH and urban family is 12.2% and 31.6% respectively. The female elderly who have completed Primary and SSC level they are 31.7% (24.4%+7.3%) of OAH and it is 31.6% (21.1%+10.5%) of urban family.

Table 4.5: Educational Qualification of the Respondents by Sex

Sex	Educational Qualification of the Respondents							Total
	Illiterate	Literate	Primary/ equivalent	SSC/ equivalent	HSC/ equivalent	Graduation/ equivalent	Post Graduation/ equivalent	
OAH								
Male	2 3.8%	6 11.3%	4 7.6%	10 18.7%	15 28.3%	13 24.6%	3 5.7%	53 100%
Female	7 17.1%	5 12.2%	10 24.4%	3 7.3%	5 12.2%	5 12.2%	6 14.6%	41 100%
Total	9 9.6%	11 11.7%	14 14.9%	13 13.8%	20 21.3%	18 19.2%	9 9.6%	94 100%
Urban Family								
Male	8 10.7%	11 14.7%	13 17.3%	9 12.0%	16 21.3%	15 20.0%	3 4.0%	75 100%
Female	7 36.8%	6 31.6%	4 21.1%	2 10.5%	0	0	0	19 100%
Total	15 16.0%	17 18.1%	17 18.1%	11 11.7%	16 17.0%	15 16.0%	3 3.2%	94 100%

Source: Questionnaire Survey, May-September, 2015

Again, among the female elderly of OAH 39.0% (12.2%+12.2%+14.6%) have been found who have completed HSC, Graduation and Post Graduation or equivalent degree but on the other side, no female elderly has been found in urban family who has completed these educational levels. But these data (data of HSC, Graduation and Post Graduation) for the male elderly is about equal in both the settings. So, it shows that the female elderly living in OAH are more educated than the female elderly living in urban family. But for the male elderly the scenario is almost same in both the settings.

4.6. Family Members of the Respondents

By the influence of modernization, urbanization and individualism, joint family and extended families are turning into nuclear families day after another. As a result number of family members is declining continuously, especially in urban areas.

Table 4.6: Number of Family Members of the Respondents

No. of Family Members	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
One	1	1.1	1.1	0	0	0	1	0.5	0.5
Two	3	3.2	4.3	4	4.3	4.3	7	3.7	4.2
Three	9	9.6	13.8	14	14.9	19.1	23	12.2	16.4
Four	15	16.0	29.8	17	18.1	37.2	32	17.0	33.4
Five	25	26.6	56.4	26	27.7	64.9	51	27.1	60.5
Six	13	13.8	70.2	21	22.3	87.2	34	18.1	78.6
Seven	5	5.3	75.5	9	9.6	96.8	14	7.5	86.1
Eight	2	2.1	77.7	1	1.1	97.9	3	1.6	87.7
More	2	2.1	79.8	2	2.1	100.0	4	2.1	89.8
NA	19	20.2	100.0	0	0	100.0	19	10.1	100.0
Total	94	100.0		94	100.0		188	100.0	
	Mean-3.9, Median-5, Mode-5			Mean-4.7, Median-5, Mode-5					

Source: Questionnaire Survey, May-September, 2015

Data related to the family members of the respondents' shows, the number of family members is five; such type of family is the highest in number and that is 27.1% in total. The lowest number of family is 0.5% that consists of only 1 family member. In respect of OAH it is found that 20.2% respondents have no family, so that family member option is not applicable for them. Actually they are unmarried. But in case of urban family all the respondents (100%) have some sort of family and that's why they all have family member. In both the cases maximum number of family has members 4 to 6 and very few families have members 1 to 2 and more than 8. Here, the mean of the member of families of OAH is 3.9 and for urban families it is 4.7. It proves that the mean of urban family members is more than the members of OAH. The smaller household size of OAH may be attributed to the 19 unmarried elderly. The median is 5 and mode is also 5 in both the settings (OAH and urban family). According to the data of the Statistical Year Book Bangladesh 2014, the national average size of household was 4.4 in 2011 (BBS, 2014, p. 65).

4.7. Types of Family (Before the age of 60 Years of the Respondents)

Mainly we get three types of family in Bangladesh, such as: nuclear family[2], joint family[3] and extended family[4]. Joint family and extended family is decreasing day by day, especially in urban societies, these families are decreasing with a high speed.

The researcher has considered this issue before the age of 60 years of the elderly because before 60 all the elderly of OAH would live in family. So, for comparison the researcher has taken the types of family before the age of 60 years of the elderly, for both OAH and urban family settings.

Table 4.7: Types of Family (Before the age of 60 Years)

Types of Family	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Nuclear Family	45	47.9	47.9	56	59.6	59.6	101	53.7	53.7
Joint Family	21	22.3	70.2	27	28.7	88.3	48	25.6	79.3
Extended Family	9	9.6	79.8	11	11.7	100.0	20	10.6	89.9
Not Applicable	19	20.2	100.0	0	0	100.0	19	10.1	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

From the obtained data in table 4.7, it is seen that 47.9% elderly of OAH would live in 'nuclear family' before coming to the OAH and it was for urban family 59.6%. Similarly, for 'joint family' and 'extended family' the percentage was somewhat higher in urban family than the OAH. Again, 20.2% elderly of OAH had no family members and they have been shown as 'not applicable' but no one has been found in urban family in this category.

[2]Nuclear family means a family where father/ mother and their unmarried children live together and they share a common economy and face to face relationship.

[3] Joint family is such a family where father/mother, uncle/aunt and their married children live together. They have common ancestry, share common economy and face to face relationship. It needs to be mentioned that in an urban family uncle/aunt rarely available.

[4] Extended family is somewhat different from nuclear family and joint family. Here minimum three generations live together. Such as: grandfather/grandmother, father/mother and their children, uncle/aunt and their children live together. They also have common ancestry and share common economy and face to face relationship.

4.8. Information Related to Land Property of the Respondents

Private property bears the economic security of a person. It is also an indicator of social status. The persons who have more property especially land, they hold more social status in the society of Bangladesh. So, land ensures economic security as well as social status at the same time.

Table 4.8: Information Related to Land Property

Land (Cultivable & Others)	OAH		Urban Family		Total	
	f	%	f	%	f	%
No Land	37	39.4	6	6.4	43	22.9
Below 1 Acre	21	22.3	21	22.3	42	22.3
1-5 Acre	22	23.4	39	41.5	61	32.5
6-10 Acre	10	10.6	17	18.1	27	14.4
11-15 Acre	4	4.3	7	7.4	11	5.8
16 Acre and Above	0	0	4	4.3	4	2.1
Total	94	100.0	94	100.0	188	100.0

Source: Questionnaire Survey, May-September, 2015

According to the respondents' opinion in OAH 39.4% respondents' have no land that means they are landless and this percentage for the urban family is 6.4%. The respondents who belong below 1 acre land they are equal in number in both the settings and their percentage is 22.3%. The elderly who have 1-5 acre land, such type of elderly have been found 23.4% in OAH and 41.5% in urban family. In the same way, for other categories of having land, the number of respondents of urban family is higher in number than the respondents of OAH. Thus, it is seen that the respondents of urban family have more lands than the respondents of OAH.

But it has been observed by the researcher that although the respondents have opined that all the lands as their own, but actually these lands are their family property. Basically those who live in a household, these lands are their common property. Although the research is conducted on urban area but these lands are mostly situated in various rural areas of Bangladesh from where the elderly have migrated to these urban areas (Dhaka and Gazipur).

4.9. Type of Self Residence of the Respondents

Having homestead/flat in urban area is not only ensures the affluence and security but also it enhance the social status of the respondent. Again, it is also related to the power. The rich always exercise more power than the poor in every society and it is universal. Table 4.9 has included the data of that elderly who have home/flat in the study area of their own. Other elderly have been considered here as ‘not applicable’. Mostly they (elderly of ‘not applicable’ category) live in rented residence.

Table 4.9: Type of Self Residence of the Respondents

Type of Self Residence	OAH		Urban Family		Total	
	f	%	f	%	f	%
Homestead	3	3.2	17	18.1	20	10.6
Flat	0	0	6	6.4	6	3.2
Not Applicable	91	96.8	71	75.5	162	86.2
Total	94	100.0	94	100.0	188	100.0

Source: Questionnaire Survey, May-September, 2015

According to the field data 3.2% respondents of OAH have own homestead (*bari*) but in urban family this percentage is 18.1%. Again, no one has been found in OAH who have flat but in urban family 6.4% respondents have been found who have flats. So, according to this issue it is seen that the elderly of urban family hold better position than the elderly of OAH. 2.1% elderly have also been found in urban families who have two or more homes and flats.

Again, among the elderly of OAH 50% elderly live in rented basis (where elderly live with pay) and rest 50% elderly live without pay. In spite of having homestead these 3.2% elderly of OAH live in rented basis. On the other hand, among the elderly of urban family those (18.1%+6.4%=24.5% elderly) have home/flat, they live in their own homestead/flat. Other 75.5% elderly of urban family live in rented basis (among them 3.2% elderly live in other arrangement).

4.10. Type of Ownership of Residence

Education, health, employment and other opportunities (pull factors) of urban area is one of the causes of internal migration from rural to urban area in developing countries like Bangladesh. It makes the living place problematic and most of the migrated people live in rented residence. As a result according to ownership, these residences are divided into two categories- self residence and rented residence.

Table 4.10: Distribution of the Respondents by Type of Residence Ownership

Ownership of Residence of OAH				Ownership of Residence of Urban Family			
Ownership Type	**f**	**%**	**CP**	**Ownership Type**	**f**	**%**	**CP**
Rented in OAH	47	50.0	50.0	Self	23	24.5	24.5
OAH Arrangement	47	50.0	100.0	Rented	68	72.3	96.8
-	-	-	-	Others	3	3.2	100.0
Total	94	100.0		Total	94	100.0	

Source: Questionnaire Survey, May-September, 2015

The elderly who live in urban family among them 72.3% live in rented residence. Only 24.5% live in self residence and rest 3.2% live in others arrangement. Others arrangement means elderly live with relatives and as caretaker of residence but without payment. So it is seen that most of the elderly of urban family live in rented residence.

In case of the respondents of OAH, residence ownership type is quite different. Here, OAH authorities arrange residence for elderly. In that sense as the researcher has taken two OAHs (one is with pay and another one is without pay and equal number [47+47=94] of elderly from both OAH), so 50% respondents live in OAH rented basis and other 50% live in OAH without payment. So, the type of ownership of residence of elderly living in OAH and urban family is clearly different from each other.

4.11. Construction Type of Residence/Homestead

Based on construction type of residence, it can be divided into three types, such as: *pucca,* semi-*pucca*/tin shed and *kancha*. But in the study area (urban area) only *pucca* and semi-*pucca*/tin shed have been found.

Table 4.11: Construction Type of Residence/Homestead of the Respondents

Construction Type	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Pucca	75	79.8	79.8	68	72.3	72.3	143	76.1	76.1
Semi-*pucca* /Tin shed	19	20.2	100.0	26	27.7	100.0	45	23.9	100.0
Total	94	100.0		94	100.0		188		

Source: Questionnaire Survey, May-September, 2015

Living arrangement of the member of OAH is arranged by OAH authority. On the other side, elderly of urban family arrange their own living place. Nevertheless very few differences is seen between these two arrangements. In both these arrangements (OAH and urban family) major part of the elderly live in *Pucca*[5] building (construction type is *Pucca*) and it is 76.1% of total building construction. Of both arrangements 23.9% elderly have Semi-*Pucca* or Tin shed[6] arrangement. Among the elderly of OAH, only female elderly of one OAH (from two OAH) have the arrangement of Semi-*Pucca* or Tin shed and they are 19 in total, which is 20.2% of total OAH residents. Besides them all other elderly (79.8%) live in *Pucca* building. But in urban family 72.3% respondents live in '*pucca*' arrangement and rest 27.7% respondents live in '*semi-pucca'* arrangement. Comparatively, those who live in Semi-*Pucca* or Tin shed, among them elderly live in urban family are somewhat more than the elderly who live in OAH.

[5]The word 'Pucca' means brick built house. Actually it is called building.

[6] Semi-Pucca or Tinshed is also one kind of house built by bricks and tin. This kind of houses surrounded by bricks and on the top tin is used instead of roof.

4.12. Electronic Goods of the Respondents

Using electronic goods in daily life makes one's life easier and comfortable. Theses electronic goods are mobile phone, TV, refrigerator, computer/laptop, camera, watch, calender (iron), iPod, tab, air conditioner, air cooler and room heater and so on.

Table 4.12: Use of Electronic Goods of the Respondents

Electronic Goods	OAH		Urban Family	
	f	%	f	%
Mobile Phone	46	48.9	76	80.9
Television	3	3.2	81	86.2
Refrigerator	4	4.3	58	61.7
Computer/Laptop	2	2.1	4	4.3
Camera	2	2.1	3	3.2
Calender (Iron)	3	3.2	47	50.0
Other	7	7.5	11	11.7
Nothing	48	51.1	9	9.6

Source: Questionnaire Survey, May-September, 2015

*Multiple Options

It is depicted from the table 4.12 that uses of electronic goods are proportionately lower to the respondents of OAH than the respondents of urban family. Among the total respondents of OAH we see, 48.9% respondents (highest in number) use mobile phone, 3.2% respondents use TV and calender (iron) each, 4.3% respondents use refrigerator and only 2.1% respondents use computer/laptop and camera each. It is observed to the researcher that OAH authority arrange TV for the residents of OAH. So, though the elderly have no personal TV of their own, nevertheless they have the scope to watch TV. Again, the elderly of OAH where live without pay they have the prohibition of mobile phone using. They cannot keep mobile phone with them. If someone wants to contact over mobile phone, they need permission of the authority and then the authority arrange it.

On the other hand, elderly of urban family use more electronic goods than the elderly of OAH. Among the total respondents of urban family, 80.9% respondents use mobile phone, 86.2% respondents use TV, 61.7% respondents use refrigerator, 50%

respondents use calender (iron) and 4.3% use computer/laptop and only 3.2% respondents use camera.

4.13. Marital Status

4.13.1. Marital Status of the Elderly

Marital status is an important factor for understanding social status. Marriage plays a significant role in one's social life. It is a prerequisite of making a family and child production.

Figure 4.1: Marital Status of the Elderly (In Percentage)

Marital Status OAH
Marital Status Urban Family
84
36.2
20.2
1.1
26.6
9.6
4.3
7.4
1.1
9.6
Married
Unmarried
Widow
Widower
Divorced

Source: Questionnaire Survey, May-September, 2015

Data regarding the marital status shows, 60.1% respondents (113 elderly) are married[7] which is the major part of the total elderly of both settings. If we make comparison between OAH and urban family then the scenario of marital status is diversified. In this respect data differ from each other. In OAH 36.2% respondents have been found who are married but in urban family this percentage is much high and that is 84.0%. Among the elderly of OAH 20.2% respondents (19 elderly) are unmarried whereas only 1.1% respondents (1 elderly) of urban family belong to this same category of marital status. Obtained data also shows among the OAH elderly,

[7] Here 'married elderly' means all the elderly who have spouse (all married elderly except widow, widower and divorced).

the number of widow, widower and divorced (26.6%+7.4%+9.6%= 43.6% persons) are very much higher than the elderly (9.4%+4.3%+1.1%= 14.8% persons) of urban family. In case of widow it is three times and for the divorced it is nine times higher in OAH. So, it can be said that most of the elderly of OAH are unmarried, widow, widower and divorced. But these categories are for the urban family is quite opposite. (See table 1, Appendix B)

4.13.2. Marital Status by Sex

Marital status can be differed based on sex. Specifically age of marriage is different for male and female. Usually the marriages of females occur earlier than males.

Table 4.13: Marital Status of the Respondents by Sex

Sex	Marital Status of the Respondents					Total
	Married	Unmarried	Widow	Widower	Divorced	
OAH						
Male	32 (60.4%)	14 (26.4%)	-	7 (13.2%)	0	53 (100%)
Female	2 (4.9%)	5 (12.2%)	25 (61.0%)	-	9 (21.9%)	41 (100%)
Total	34 (36.2%)	19 (20.2%)	25 (26.6%)	7 (7.5%)	9 (9.5%)	94 (100%)
Urban Family						
Male	70 (93.3%)	1 (1.3%)	-	4 (5.4%)	0	75 (100%)
Female	9 (47.4%)	0	9 (47.4%)	-	1 (5.2%)	19 (100%)
Total	79 (84.0%)	1 (1.1%)	9 (9.6%)	4 (4.3%)	1 (1.1%)	94 (100%)

Source: Questionnaire Survey, May-September, 2015

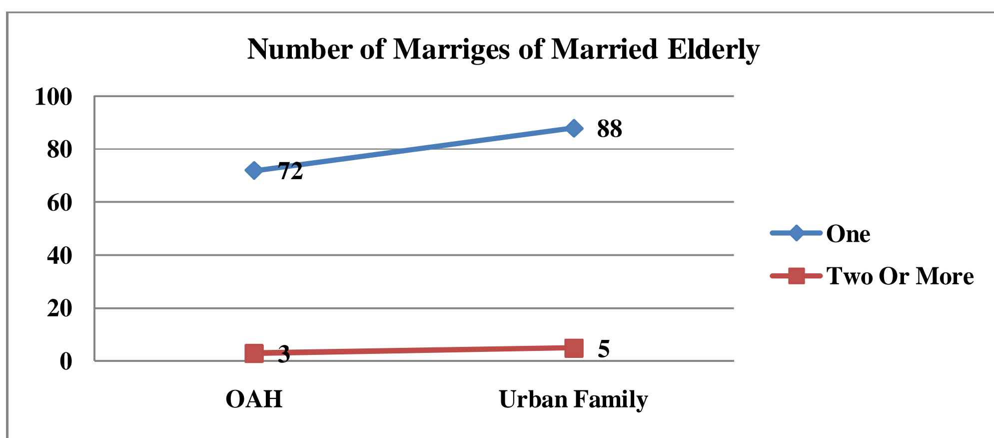
Table 4.13 presents that in OAH 43.6% respondents are female and in urban family 20.2% respondents are female. Among the female elderly of OAH 12.2% (5 persons) are unmarried where no female elderly have been found who are unmarried in urban family. About 61.0% female elderly of OAH are widow and it is about 47.4% for the urban family. Divorced rate is also high among the female elderly of OAH (21.9%) than the female elderly of urban family (5.2%). In the same way

unmarried rate is also very high to the male elderly (26.4%) of OAH than the male elderly (1.3%) of urban family. But in urban family, the number of male elderly is higher than the OAH in respect of the category of married and widower elderly.

4.13.3. Number of Marriages of Married Elderly

Polygamy[8] is permitted in our society and culture but it is discouraged in present time. As a result practicing of this custom is decreasing at the advancement of time. Although polygamy is rare nevertheless it was available for few cases in the study area. The figure 4.2 shows the scenario of polygamy of the study area.

Figure 4.2: Number of Marriages of Married Elderly



Source: Questionnaire Survey, May-September, 2015

The total number of elderly are 188 (total respondents) of both settings, among them 168 (89.4% respondents) are married. Among the married elderly 160 elderly (95.2% respondents) have married for one time and only 8 elderly (4.8% respondents) have married for two or more times. If we consider it separately for OAH and urban family, then it is seen that in OAH 19 elderly are unmarried out of 94 elderly. Again, among the married, widow, widower and divorced elderly of OAH, 72 elderly (96.0% respondents) have married for one time and only 3 elderly (4.0% respondents) have

[8] Polygamy is the practice or custom of having more than one wife or husband at the same time.

married for two or more times. On the other hand, only 1 elderly has been found unmarried that means almost all the elderly (93 elderly) are married, widow, widower and divorced in urban family. Within this group of elderly 88 elderly (94.6% respondents) have married for one time and another 5 elderly (5.4% respondents) have married for two or more times. So, it is said that in both the cases the tendency to marry two or more times is very low. (See table 2, Appendix B)

Table 4.14: Correlation between Number of Marriages and Number of Family Members

		OAH		Urban Family	
		No. of marriage	No. of Family Members	No. of marriage	No. of Family Members
No. of marriage	Pearson Correlation	1	.770**	1	.049
	Sig. (2-tailed)		.000		.642
	N	94	94	94	94

**. Correlation is significant at the 0.01 level (2-tailed).

Comment: From the analysis of correlation, direct relationship has been found between no. of marriage and no. of family members in OAH. The correlation of 0.770 indicates a strong positive association between the variables. But for urban family the scenario is different, here the correlation is very weakly positive and that is 0.049, actually it tends to no correlation. So, there is no relationship between no. of marriage and no. of family members.

In respect OAH, correlation is significant at the 1% level and the sig. (2 tailed) is .000. But for urban family correlation is not significant at the 1% level and the sig. (2 tailed) is .642. (Data have been shown in table 4.6 and figure 4.2).

4.14. Status of Spouses (Whether the Spouse Alive or Not)

Spouses' life status of the elderly means whether husband or wife of the respondents alive or not.

Table 4.15: Whether the Spouse Alive or Not

Life Status of Spouse	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	43	57.3	57.3	72	77.4	77.4	115	68.5	68.5
No	32	42.7	100.0	21	22.6	100.0	53	31.5	100.0
Total	75	100.0		93	100.0		168	100.0	

Source: Questionnaire Survey, May-September, 2015

Yes= Spouse Alive, No= Spouse Not Alive (Dead)

Life status of spouses of the elderly shows, it is applicable for 168 elderly and for rest of the 20 elderly (19 of OAH & 1 of urban family) it is not applicable because among the total elderly (188 persons) these 20 elderly are unmarried. Of the total elderly (168 persons), spouses are alive of 68.5% respondents and spouses are dead of 31.5% respondents.

Among the OAH elderly (75 elderly, they are married, widow, widower and divorced) 57.3% respondents (they are married and divorced) have their spouses but they do not live together (some of them live in different places, such as: OAH and family and some are separated/divorced) and 42.7% respondents do not have any spouses. On the other side, in case of urban family 77.4% respondents have their spouses and they live together, only 22.6% respondents do not have any spouses. Thus, it is seen that the number of spouseless elderly is higher in OAH than the urban family.

4.15. Relationship between Husband and Wife (Where both Husband and Wife are Alive)

The elderly who are married, they have been included only in this section. They are 113 (34 in OAH + 79 in urban family) in total. Among the total respondents of this category 30.0% live in OAH and 70.0% live in urban family. Relationship of the maximum elderly (42.5%) of the total elderly, between husband and wife is ‘good’ and only 9.7% respondents’ relationship is ‘bad’. So, for the most of the cases relationship is positive between husband and wife in both the settings.

Table 4.16: Relationship between Husband and Wife

Relationship of Husband & Wife	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Good	2	5.9	5.9	21	26.6	26.6	23	20.4	20.4
Good	6	17.6	23.5	42	53.1	79.7	48	42.5	62.9
Moderate	14	41.2	64.7	12	15.2	94.9	26	23.0	85.9
Bad	8	23.5	88.2	3	3.8	98.7	11	9.7	95.6
Very Bad	4	11.8	100.0	1	1.3	100.0	5	4.4	100.0
Total	34	100.0		79	100.0		113	100.0	

Source: Questionnaire Survey, May-September, 2015

But some differences have been found between OAH and urban family. Among the OAH elderly, 23.5% (5.9%+17.6%) elderly have been found who have 'very good' and 'good' relationship, where 35.3% (23.5%+11.8%) elderly have been found in this setting who have 'bad' and 'very bad' relationship. But for the urban family different scenario has been seen. Here (urban family), the elderly who have 'very good' and 'good' relationship with spouses, they are 79.7% (26.6%+53.1%) in total and only 5.1% (3.8%+1.3%) elderly have 'bad' and 'very bad' relationship.

According to KII opinion husband-wife relationship mainly depends on the overall relationship of the family in old age. In urban society people are self-centric, individualistic and lead a very busy life for career and economic purpose. Again, self-esteem and dignity in educated society are two important factors of social and family life. For all the reasons husband-wife relationship is weakening day by day. In this point of view they argued that husband-wife relationship of urban family is better than the husband-wife relationship of OAH. They also added that in OAH husband-wife living at the same place is absent that also a cause of weak relationship.

4.16. Information Related to the Family

4.16.1. Head of Family of the Respondents (Before the Age of 60 Years)

Generally aged (male) people are head of the family in our society. Sometime principal earning person of family plays this role. Again as a patriarchic society

mainly male persons play the role of head of family and this system is continuing usually from father to son.

Table 4.17: Head of Family of the Respondents (Before the Age of 60 Years)

Head of Family	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Self	31	33.0	33.0	51	54.3	54.3	82	43.6	43.6
Spouse	23	24.5	57.4	17	18.1	72.4	40	21.3	64.9
Son	27	28.7	86.2	21	22.3	94.7	48	25.5	90.4
Daughter	2	2.1	88.3	0	0	94.7	2	1.1	91.5
Others	11	11.7	100.0	5	5.3	100.0	16	8.5	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

The scenario of head of the family between two groups of respondents is different. In the OAH, 33.0% respondents opined that they themselves were head of family before coming to OAH. But in urban family, the number of respondents who were head of family of their own was 54.3% that was higher than the OAH. In both the cases where 'daughters' were the head of family such cases are lowest in number, even it is absent in urban family. Among the total respondents (both OAH & urban family) who were not head of family of their own [where others (it includes spouse, son, daughter & others) were the head of family] such number of respondents was higher in number.

4.16.2. Relationship with Family Members before the Age of 60 Years

Relationship of the respondents with the family members has been shown in this section of social status before the age of 60 years of the respondents.

The researcher has found out the relationship before the age of 60 years of respondents because all the respondents of OAH have come to these institutions (OAH) after the age of 60 years. Before 60 they would live with their family members. As the researcher has intended to know the relationship with family members, so the researcher has determined the relationship of before 60 years of age for both OAH and urban family.

Figure 4.3: Relationship of the Respondents with the Family Members before the Age of 60 Years

Relationships with Family Members before the Age of 60

OAH Urban Family

	Very Good	Good	Moderate	Bad	Very Bad
OAH	7	31	36	17	3
Urban Family	14	60	19	1	0

Source: Questionnaire Survey, May-September, 2015

Data of figure 4.3 indicates the relationship between respondents and their family members before the age of 60 years of the respondents. Among the total respondents 48.4% respondents had ‘good’ relationships with their family members, 11.2% had ‘very good’ relationships whereas ‘bad’ and ‘very bad’ relationships had only 9.6% and 1.5% respectively.

In different consideration between OAH and urban family we get, the respondents who had ‘very good’ relationships, comparatively it is double in urban family (14 elderly) than the OAH (7 elderly). The same scenario is found where the relationships were ‘good’, here 31 elderly (33.0%) of OAH and 60 elderly (63.8%) of urban family had ‘good’ relationships with their family members before age of 60 years. In both the cases ‘bad’ relationship is almost equal. But in case of ‘very bad’ relationship, 3 elderly (3.2%) have been found in OAH and no one has been found in urban family. In case of ‘moderate’ relationships the number of respondents of OAH is more than the number of respondents of urban family. (See table 4, Appendix B)

4.16.3. Present Relationship with the Family Members of the Respondents

Though the respondents of OAH live in different living arrangement, nevertheless they have communication with their family members. So, present relationship is also important to know for the present study.

Table 4.18: Present Relationship with the Family Members of the Respondents

Degree of Relationship	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Good	0	0	0	6	6.4	6.4	6	3.2	3.2
Good	8	8.5	8.5	56	59.6	66.0	64	34.0	37.2
Moderate	25	26.6	35.1	31	33.0	98.9	56	29.8	67.0
Bad	39	41.5	76.6	1	1.1	100.0	40	21.3	88.3
Very Bad	9	9.6	86.2	0	0	0	9	4.8	93.1
Not Applicable	13	13.8	100.0	0	0	0	13	6.9	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

If we compare the present relationship with the family members of the respondents between OAH and urban family much differences are being found. Such as: no 'very good' relationships are found for the respondents of OAH but for the urban family 6.4% respondents' have 'very good' relationships with their family members. Present relationship is 'bad' with their family members of most of the respondents of OAH which is 41.5% and it (bad relationships) is applicable for only 1.1% respondents of urban family. In case of urban family most of the respondents (59.6%) have 'good' relationships with family members.

On the other side, in OAH 9.6% respondents' have 'very bad' relationships where no one is found for the respondents of urban family in this category. In OAH 13.8% respondents are being found who have no relationships with the family members because they themselves were the only family member of their family and that have been identified as 'not applicable'[9].

[9] 'Not Applicable' relationship has been mentioned for such type of respondent who have no family members. The respondent himself/herself is the only member of his or her family. Mostly it is found where the respondent is unmarried, widow, widower or divorced and who have no children.

In case of OAH, maximum respondents (26.6%+41.5%= 68.1%) have ‘moderate’ and ‘bad’ relationships together, whereas in urban family, maximum respondents (59.6%+33%= 9.26%) have ‘good’ and ‘moderate’ relationships. But 85.1% (34%+29.8%+21.3%) respondents have ‘good’, ‘moderate’ and ‘bad’ relationships together in both OAH and urban family.

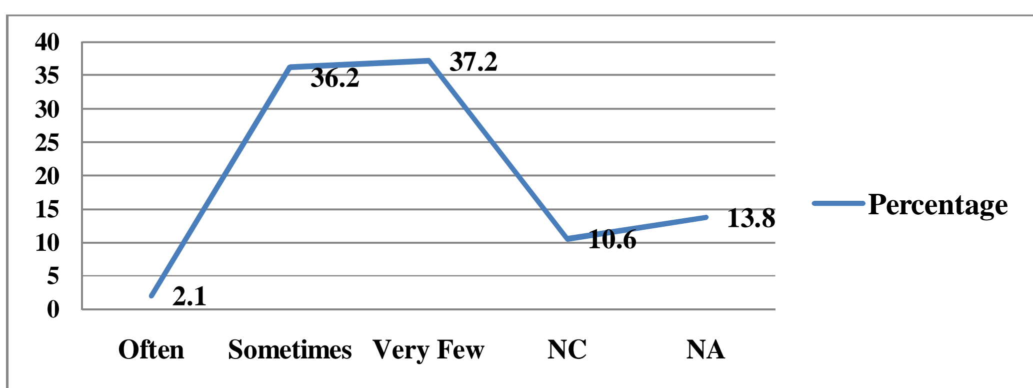
In respect of the respondents of OAH, relationships with the family members were comparatively good before the age of 60 years then their present relationships. If we look at the table 4.18 and figure 4.3 then we get a clear picture about it.

The KIIs opined that present relationship between elderly and family members is not so good in urban society. In maximum families major income earning persons are being prioritized but in maximum cases older people are retired from their job/business and they are now out of income process. As a result present relationship between elderly and family members is somewhat fragile and it is more vulnerable for the respondents of OAH.

4.16.4. Level of Communication with the Family Members

For the respondents of urban family, this question was not applicable because still they live within their own family. As a member of primary group, family members always communicate each other and maintain a face to face relationship.

Figure 4.4: Communication with the Family Members (OAH)



Source: Questionnaire Survey, May-September, 2015

NC= No Communication, NA= Not Applicable

Data of the respondents of OAH about communication with family members shows that the respondents who communicate ‘sometimes’ and ‘very few’, both types of respondents are about same (36.2% & 37.2%) and highest in number. Respondents found who have ‘no communication’ with family members are 10.6% and those of the respondents communicate ‘often’ with family, they are very rare in number and it is only 2.1%. Again, 13.8% respondents have been found who have no family members and that’s why this question was ‘not applicable’ for them. So, we can draw a clear difference between the respondents of OAH and urban family about this particular issue. (See table 5, Appendix B)

4.17. Priority of Personal Need of the Respondents

Every person has a unique set of personal needs that he/she wants to fulfill. How priority will get these personal needs? It depends on the relationships with family members and position within the family but in the OAH it depends on the rules of institution and relationships with authority.

Table 4.19: Distribution of the Respondents by Priority of Personal Needs

Priority of Personal Needs	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Much	0	0	0	20	21.3	21.3	20	10.6	10.6
Much	1	1.1	1.1	21	22.3	43.6	22	11.7	22.3
Moderate	11	11.7	12.8	46	48.9	92.6	57	30.3	52.6
Few	35	37.2	50.0	6	6.4	98.9	41	21.8	74.4
Very Few	47	50.0	100.0	1	1.1	100.0	48	25.6	100.0
Total	94	100.0		94	100.0			100.0	

Source: Questionnaire Survey, May-September, 2015

It is evident from the table 4.19 that the personal need of the respondents gets more priorities to the urban family than the OAH. In urban family respondents opined that their personal needs get ‘very much’ and ‘much’ priority and it is 21.3% and 22.3% (43.6% together) respectively but in OAH only 1.1% elderly opined that their personal needs get ‘very much’ and ‘much’ priority together.

On the other side, we get opposite picture for the 'few' and 'very few' priority level. Here, the maximum number of respondents of OAH opined that their needs get 'few' and 'very few' priority that is 87.2% (37.2% and 50% respectively). But these two categories ('few' and 'very few') for the respondents of urban family are only 7.5% (6.4% + 1.1%) together. If we consider both OAH and urban family together then we see, most of the respondents opined in 'moderate' level which is 30.3%.

4.18. Decision Making Role of the Respondents

Decision making ability of OAH is absolutely depends on the authority. So the respondents of OAH are being kept away from decision making. Actually they are not included in decision making process. Nevertheless in few cases they have chance to take decision consulting with other members of OAH where they live with pay, such as: decision for the menu of food taking, although they do not do that.

Table 4.20: Decision Making Role of the Respondents

Role in Decision Making	Urban Family		
	f	**%**	**CP**
Yes	56	59.6	59.6
No	24	25.5	85.1
Sometimes	14	14.9	100.0
Total	94	100.0	

Source: Questionnaire Survey, May-September, 2015

On the other side, among the respondents of urban family 74.5% (59.6% 'always' + 14.9% 'sometimes') respondents are involved in decision making procedure in their family life. Only 25.5% respondents do not play any role in decision making. So, the elderly of urban family enjoy more social status regarding the decision making ability.

According to the experts (KII) opinion decision making role of the elderly is decreasing continuously in urban family. On the other hand in OAH members of those

institutions have limited scope and sometime no scope to take decision, authority takes all the decisions.

4.19. Information Related to the Relatives

4.19.1. Present State of Relationship with the Relatives

According to the respondents' opinion it is seen that present state of the relationships of respondents of urban family with relatives is better than the respondents of OAH.

Table 4.21: Present State of Relationship with the Relatives

Degree of Relationship	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Good	3	3.2	3.2	5	5.3	5.3	8	4.3	4.3
Good	6	6.4	9.6	35	37.2	42.6	41	21.8	26.1
Moderate	44	46.8	56.4	45	47.9	90.4	89	47.3	73.4
Bad	34	36.2	92.6	7	7.4	97.9	41	21.8	95.2
Very Bad	7	7.4	100.0	2	2.1	100.0	9	4.8	100.0
Total	94	100.0		94	100.0		188	100.0	

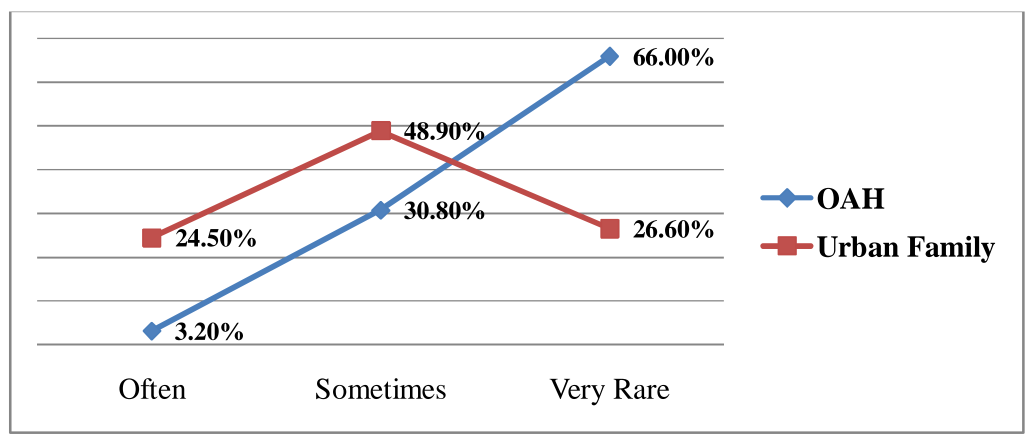
Source: Questionnaire Survey, May-September, 2015

From the table 4.21 we see, 5.3% urban family respondents' relationships with relatives are 'very good', where it is 3.2% for the OAH. Elderly maintain 'good' relationship with relatives, such type of elderly is 37.2% in urban family and only 6.4% in OAH have been found. Respondents who maintain 'moderate' relationship, is about equal in both OAH and urban family. But the number of respondents is higher in OAH than the urban family where the level of relationship is 'bad' and 'very bad'.

4.19.2. Communication with Relatives

Communication with relatives is an important part of our social life. It indicates the person's social status. Here, it is found that respondents of urban family hold more social status than the respondents of OAH in this regard.

Figure 4.5: Communication with Relatives



Source: Questionnaire Survey, May-September, 2015

Above figure (figure 4.5) shows only 3.2% elderly of OAH communicate 'often' with their relatives but 24.5% elderly of urban family belong in this category. Elderly communicate 'sometimes' such type of elderly 30.8% have been found in OAH and 48.9% have been found in urban family. But those of the respondents communicate 'very rare' among them the number of OAH elderly is more than double than the elderly of urban family and that are 66.0% and 26.6% respectively. (See table 6, Appendix B)

KII informed that easily access to the technology (especially uses of mobile phone) has enhanced the communication with relatives, friends and others in recent years but love, mutual respect and affection did not improve proportionately.

4.19.3. Relationship with the Relatives before the Age of 60 Years

Relationship with the relatives before the age of 60 years of the elderly is comparatively better to the elderly of urban family than the elderly of OAH. In case of 'very good' relationship the number of elderly of both settings is about equal but in case of 'good' relationship the percentages vary from each other.

Table 4.22: Relationship with the Relatives before the Age of 60 Years

Degree of Relationship	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Good	7	7.4	7.4	9	9.6	9.6	16	8.5	8.5
Good	20	21.3	28.7	55	58.5	68.1	75	39.9	48.4
Moderate	54	57.4	86.2	26	27.7	95.7	80	42.6	91.0
Bad	11	11.7	97.9	4	4.3	100.0	15	8.0	99.0
Very Bad	2	2.1	100.0	0	0	0	2	1.0	100.0
Total	94	100.0		94	100.0		188		

Source: Questionnaire Survey, May-September, 2015

In OAH 21.3% elderly and in urban family 58.5% elderly have ‘good’ relationship with their relatives. But the elderly who have ‘moderate’ relationship with their relatives, they are more than double in number in OAH (57.4% respondents) than the urban family (27.7% respondents). In respect of OAH 13.8% elderly (11.7%+2.1%) maintain ‘bad’ and ‘very bad’ relationship together but it is only 4.3% (4.3%+0%) for urban family. If we consider OAH and urban family together then we see the highest number (42.6% respondents) of elderly maintain ‘moderate’ relationship and the lowest number (1.0% respondent) of elderly maintain ‘very bad’ relationship.

4.20. Information Related to the Food Intake

4.20.1. Meal Taking Information per Day

According to the surveyed data, all the respondents of OAH take meals three times a day, such as: breakfast, lunch and dinner. They live in an institutional setting and that’s why they are to maintain some rules and regulation. As a part of their system the elderly are to provide three meals a day. Between principal meals (besides these three meals) hardly the elderly get any other food item and for that reason they are somewhat bound (sometimes in spite of their unwillingness) to take these three meals (breakfast, lunch and dinner).

Figure 4.6: Meal Taking Information per Day

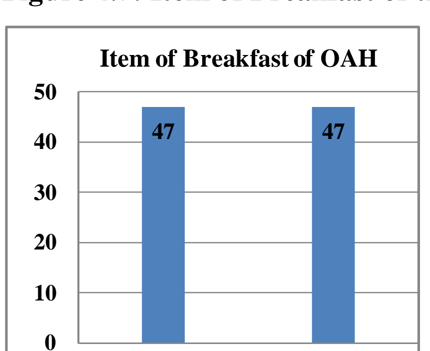
Source: Questionnaire Survey, May-September, 2015

On the other side, elderly of urban family are not confined only three meals. Sometimes they take other necessary food besides these three principal meals. Six elderly (6.4%) have been found who take meals two times a day and other 93.6% respondents (88 elderly) take meals three times. So, it is said that the elderly of urban family enjoy more freedom and diversity in meal taking.

4.20.2. Item of Breakfast of the Respondents

Most of the respondents mainly eat *ruti* as their breakfast. Especially all the respondents of OAH eat *ruti* in breakfast and among them 50% eat *ruti* with vegetable or *suji* and rest 50% eat *ruti* with vegetable only. It is needed to be mentioned that two OAHs have been included for this study and for that item of breakfast have differed (50% *ruti*, vegetable/*suji* and other 50% *ruti*, vegetable) from each other.

Figure 4.7: Item of Breakfast of the Respondents



Source: Questionnaire Survey, May-September, 2015

But among the elderly of urban family 55.3% respondents (28+24=52 elderly) eat *ruti*, 42.6% (15+4+15+6 = 40 elderly) eat rice and only 2.1% respondents (2 elderly) eat biscuit or bread as breakfast. They eat *ruti* with vegetable, egg, *dal* and rice with vegetable, egg, *dal* also. Highest number of elderly (29.8% respondents) of urban family eats *ruti* with vegetable, egg and lowest number of elderly (2.1% respondents) eats biscuit or bread with tea.

4.20.3. Menu of Lunch of the Respondents

Authority looks after the food and lodging of the OAH. In that case respondents' opinion does not get priority, especially where the elderly live without pay (OAH). But the elderly where they live with pay (OAH) in such case opinion of the majority (maximum inmates) get priority. Nevertheless ability of the elderly (comparatively poor elderly) is also kept in consideration. So, the standard of the lunch of OAH is below standard (in terms of item/calories) comparing to the urban family.

Table 4.23: Menu of Lunch of the Respondents

OAH			Urban Family		
Food Item	**f**	**%**	**Food Item**	**f**	**%**
Rice, *Dal* & Fish/Meat	47	50.0	Rice, *Dal*, Fish/Meat & Vegetable	67	71.3
Rice, *Dal* & Vegetable/ Fish/Meat/Egg	47	50.0	Rice, *Dal*, Fish & Vegetable	8	8.5
-	-	-	Rice, Egg/Fish/Meat & *Dal*	19	20.2
Total	94	100.0	Total	94	100.0

Source: Questionnaire Survey, May-September, 2015

It is depicted from the table 4.23 that the elderly (50%) of OAH where live with pay they take rice, *dal* and fish or meat in lunch but where live without pay they (50% elderly) take rice, *dal*, vegetable or egg or fish or meat[10]. But the elderly who live in urban family, they are being served much diversity of food item. Here we see 71.3% respondents (67 elderly) take rice, *dal*, fish or meat and vegetable. 8.5% (8

[10] It has mentioned that elderly of OAH where live without pay they (50% elderly) take rice, dal, vegetable or egg or fish or meat in lunch. But actually, they eat rice, dal and vegetable 3 to 4 days a week and rest of the days of a week they eat egg or fish or meat with rice and dal.

elderly) have been found who do not eat meat and 20.2% (19) elderly (who are comparatively poor) take rice, egg or fish or meat and *dal* in lunch.

4.20.4. Menu of Dinner of the Respondents

Most of the elderly (70.2%) of OAH eat rice, vegetable and *dal* in dinner and rest 29.8% elderly eat *ruti*[11] and vegetable. Generally those of elderly are suffering from diabetes and other diseases of over eating they eat *ruti* and vegetable at night.

Table 4.24: Menu of Dinner of the Respondents

OAH			Urban Family		
Food Item	**f**	**%**	**Food Item**	**f**	**%**
Ruti, Vegetable	28	29.8	*Ruti*, Vegetable	14	14.9
Rice. Vegetable, *Dal*	66	70.2	Rice, Vegetable, Fish/Meat, *Dal*	31	33.0
-	-	-	Rice, Vegetable, *Dal*	17	18.1
-	-	-	Rice, Vegetable, Fish, Milk	8	8.5
-	-	-	Milk, Biscuit/Others	3	3.2
-	-	-	Rice, Vegetable/*Dal*, Fish	21	22.3
Total	94	100.0	Total	94	100.0

Source: Questionnaire Survey, May-September, 2015

But in urban family highest number of elderly (33.3% respondents) eats rice, vegetable, fish/meat, *dal* and the lowest number of elderly (3.2% respondents) eats milk, biscuit/others. On the other hand, 14.9% elderly eat *ruti* at night, 81.9% respondents eat rice at night and only 3.2% eat biscuits or others with milk. Considering both the settings (OAH and urban family) we see more diversity of food item is available in urban family than the OAH.

Among the respondents of OAH (where the elderly live with pay) 50% sometime eat biscuits/*muri* (puffed rice)/*chanachur*/fruits (apple/banana and other seasonal fruits), tea/other drinks (like juice/horlicks) and other snakes with their own arrangement besides these three meals (breakfast, lunch and dinner). Other 50.0%

[11] Among the elderly who eat *ruti* in dinner, few of them sometimes eat rice instead of *ruti* but maximum time they eat *ruti*. Same picture is also seen to the rice eater at night. It is applicable for both the setting (OAH & urban family).

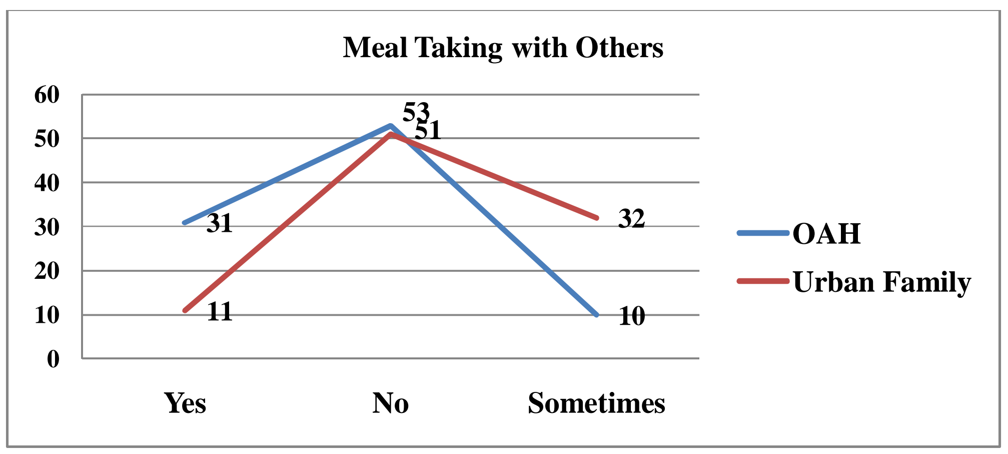
elderly of OAH (where the elderly live without pay) eat biscuits/bread/banana and tea in the afternoon every day.

On the other side elderly of urban family eat biscuit/fast food/*pitha* (cake)/ *singara/samucha*/noodles/*muri* (puffed rice)/*chanachur*, tea and various types of fruits available in special seasons and all the year round apart from breakfast, lunch and dinner.

4.20.5. Status of Meal Taking with Other Members of OAH and Urban Family

According to respondents' opinion 55.4% respondents (104 elderly) do not take their meal with other members of both settings (OAH & urban family). Among the total elderly 'who take meals with others' and 'who do not take meals with others' they are equal in number that is 22.3% for each criterion of the total elderly.

Figure 4.8: Status of Meal Taking with Other Members of OAH and Urban Family



Source: Questionnaire Survey, May-September, 2015

In case of OAH we see 33.0% respondents (31 elderly persons) take meal with other members. It is mentioned that most of the elderly of OAH (where elderly live without pay) take meal with others in dining room. But among them who are much aged or weak or ill for them food are being served to their living room and in such cases they take meal separately, they are 6 {47-(31+10)} in number. Again, elderly of

OAH (where they live with pay) all of them (47 elderly) takes their meal in their own room separately and they themselves collect food from kitchen.

On the other hand, in urban families 54.3% respondents (51 elderly) do not take meals with others, only 11.7% respondents (11 elderly) take meals with other family members and rest 34.0% respondents (32 elderly) ‘sometimes’ take meals with other family members. (See table 7, Appendix B)

4.21. Information Related to the Social Programmes/Festivals

4.21.1. Participation in Social Programmes or Occasions

Participation in social programme or occasion is related to the social status. It is the part and parcel of social custom of Bangladesh. These programmes and occasions are of various types, such as: marriage, *gaye holud* (yellow/turmeric on the body), birthday, funeral rite (a ceremony held in connection with the burial or cremation of a dead person) and *challisha/shraddha* etc.

Table 4.25: Participation in Social Programmes or Occasions

Participation in Social Programmes	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	12	12.8	12.8	42	44.7	44.7	54	28.7	28.7
No	67	71.3	84.0	27	28.7	73.4	94	50.0	78.7
Sometimes	15	16.0	100.0	25	26.6	100.0	40	21.3	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

It is seen from table 4.25 that 50.0% (94 elderly) of total elderly of both settings (OAH and urban family) do not participate in social programme or occasion. 28.7% (54 elderly) said they participate ‘always’ and 21.3% (40 elderly) answered, they participate ‘sometimes’.

Participation in social programme or occasion is higher to the urban family members than the OAH members. 44.7% respondents (42 elderly) of urban family always participate in social programme or occasion where only 12.8% respondents

(12 elderly) of OAH always participate in social programme or occasion. Elderly participate 'sometimes' such type of elderly also higher in urban family than the elderly of OAH. But the number of elderly in OAH more than double who do not participate in any social programme or occasion than the urban family.

4.21.2. Type of Social Programmes/Occasions Participated by Respondents

We participate and enjoy in various social programmes and occasion in our social life, such as: marriage, *challisha/shraddha, janaja*/funeral rite, birthday party and other programmes. Older people also participate to these programmes.

Table 4.26: Type of Social Programmes/Occasions Participated by Respondents

Type of Social Programmes	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Marriage	2	2.1	2.1	8	8.5	8.5	10	5.3	5.3
Marriage, Challisha/ Shraddha	2	2.1	4.2	11	11.7	20.2	13	6.9	12.2
Marriage, Challisha/ Shraddha, Birthday	0	0	0	12	12.8	33.0	12	6.4	18.6
Marriage, Janaja	0	0	0	14	14.9	47.9	14	7.4	26.0
Janaja/Funeral Rite	18	19.1	23.3	8	8.5	56.4	26	13.8	39.8
Marriage, Birthday	0	0	0	3	3.2	59.6	3	1.6	41.4
All	0	0	0	7	7.4	67.0	7	3.7	45.1
Others	5	5.3	28.6	4	4.3	71.3	9	4.8	49.9
Not Applicable	67	71.3	100	27	28.7	100	94	50.0	100
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

According to the data of table 4.26 the elderly of OAH informed that only 28.7% respondents (2+2+18+5=27 elderly) participate in social programme or occasion. Among them the highest number of elderly (18 persons) participates in '*Janaja* or funeral rite' and the lowest number of elderly (2 elderly in each occasion) participates in 'marriage' and 'marriage, *Challisha/ Shraddha*'[12].

[12] Challisha/ Shraddha means a religious program or occasion for praying to God for departed soul that observed after few days of one's death. It is usually arranged by the family members or relatives of dead. In this occasion some people are invited and they are being served food.

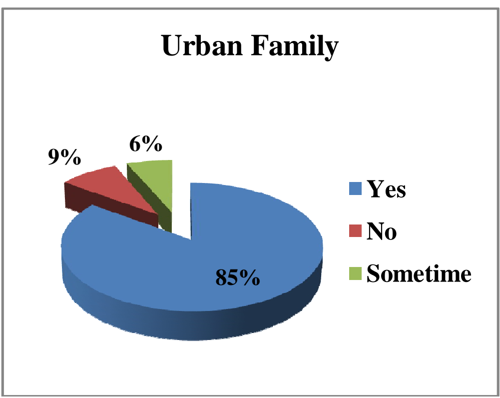
But in urban family 71.3% elderly participate in social programme or occasion and most of them participate in 'marriage and *Janaja*'[13]. Only 3.2% elderly participate in 'marriage and birthday'. Again, 7.4% respondents have been found in urban family who participate in all type of social occasions.

Here, it is found that participation in social programmes or occasions of urban family elderly is more than double than the OAH elderly. Difference in this particular issue between OAH and urban family is clearly salient. But, in totally maximum number of elderly participates in '*Janaja* or funeral rite'. In both settings (OAH & urban family) no one has been found who participate in '*Gaye Holud*'[14].

4.21.3. Participation in Social Festivals

Celebration of festival is an integral part of Bengali culture. Widely celebrated festivals are Eid, Puja, Maghi Purnima, Christmas Day, *Pohela Boishak* (Bangla New Year Celebration), Independence Day, Language Movement Day, Victory Day and other national days etc.

Figure 4.9: Participation in Social Festivals



Source: Questionnaire Survey, May-September, 2015

[13] Janaja is a Muslim religious immediate funeral program after one's death. Usually people pray for dead before buried the dead body. This prayer is known as Janaja.

[14] Gaye Holud is such an occasion that generally observed mostly in Bengal region and it takes place one or two day prior to the wedding ceremonies. Here turmeric paste applied by the guests to bride and groom's face and body. Guests enjoy music and dance with various food item.

Figure 4.9 shows that 63% respondents (59 elderly) of OAH 'participate' in social festivals. 25% respondents (24 elderly) do not participate in any festival and 12% respondents participate 'sometimes' in these social and religious festivals.

Again, 85% respondents (80 elderly) of urban family 'participate' in above mentioned social festivals (Eid/Puja/Christmas Day/Maghi Purnima, national day and *Pohela Boishak*). But the respondents who do not 'participate' and 'participate sometimes' in these festivals they are about equal in number (9% & 6% elderly respectively). (See table 8, Appendix B)

4.21.4. Status of Purchasing Clothes in Social Festivals

Cloth is a basic need of human being. People buy clothes all the year round. But in social festivals (Eid/Puja/Christmas Day/Maghi Purnima and *Pohela Boishak*) buying clothes add a new dimension in every one's life. People enjoy these festivals with a festive mode by wearing new clothes. They go out of home and relatives' home to celebrate these festivals. It is a social tradition of the Bengali culture. Especially to buy clothes in religious festivals is our tradition of long days but it is for the New Year celebration is a contemporary tendency. Almost all the elderly of our society buy clothes in religious festivals according to their economic ability but very few urban elderly also buy clothes for New Year celebration.

Table 4.27: Status of Purchasing Clothes in Social Festivals

Cloth Purchasing in Festival	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	67	71.3	71.3	68	72.3	72.3	135	71.8	71.8
No	12	12.8	84.0	7	7.4	79.8	19	10.1	81.9
Sometimes	15	16.0	100.0	19	20.2	100.0	34	18.1	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Data collected from field shows that the elderly who buy clothes in festivals are about equal in both cases (OAH 71.3% & urban family 72.3%). Here, it should mention that elderly of OAH where they live without pay, in that case OAH authority

supply them new clothes in religious festival and for that all the elderly get new clothes in such festival. But where (OAH) they are to live with pay, elderly buy clothes by their own arrangement and in this setting 12 elderly (12.8%) have been found who do not buy clothes. In this case some are financially weak and some mentally dejected.

On the other side, 7 elderly (7.4%) have been found in urban family who cannot buy clothes for their financial inability. This reason is also applicable for the elderly who buy 'sometimes'.

4.21.5. Status of Invitation Getting in Social Festivals

Invitation in social festivals especially in religious festival to the relatives, friends and neighbors is a common social custom of our society. In these occasions people invite each other. So it is an important issue to justify the social status of the elderly in this regard.

Table 4.28: Status of Invitation Getting in Social Festivals

Cloth Purchasing in Festival	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	32	34.0	34.0	69	73.4	73.4	101	53.7	53.7
No	37	39.4	73.4	11	11.7	85.1	48	25.5	79.2
Sometimes	25	26.6	100.0	14	14.9	100.0	39	20.8	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

According to the data of invitation in social festivals, elderly living in urban family (73.4% elderly) get more invitation in social festivals from relatives, friends and neighbors than the elderly living in OAH (34.0% elderly) which is more than double. On the other hand, the elderly who do not get invitation from others, such type of elderly are more than three times higher in OAH (39.4% elderly) than the urban family (11.7% elderly). So, in total 74.5% elderly (in both OAH and urban family) get invitation in festivals and 25.5% elderly do not get invitation. But few elderly of both the settings get invitation 'sometimes' in social festivals.

4.21.6. Invitation in Social Festivals

Most of the elderly (44.7% respondents) of OAH get invitation from 'relatives' in social festivals and this percentage is also high in urban family (72.3%) according to the data of table 4.29. Elderly who get invitation from 'friends', both 'relatives & friends' and 'others' together is equal for both the groups {OAH (7+1+7) = 15 elderly and urban family (1+10+4) = 15 elderly} of respondents. For 39.4% respondents of OAH and 11.7% respondents of urban family do not get invitation in social festivals.

Table 4.29: Invitation in Social Festival

Invitation	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Relatives	42	44.7	44.7	68	72.3	72.3	110	58.5	58.5
Friends	7	7.4	52.1	1	1.1	73.4	8	4.2	62.7
Relatives & Friends	1	1.1	53.2	10	10.6	84.0	11	5.9	68.6
Others	7	7.4	60.6	4	4.3	88.3	11	5.9	74.5
Not Applicable	37	39.4	100.0	11	11.7	100.0	48	25.5	100.0
Total	94	100.0		94	100.0		188		

Source: Questionnaire Survey, May-September, 2015

The total scenario (of both settings) shows that the highest number of elderly (58.5% respondents) get invitation from 'relatives' and the lowest number of elderly (4.2% respondents) get invitation from 'friends'.

4.21.7. Tour/Traveling in Social Festivals

Tour or traveling in social festival is a common feature of the urban society of Bangladesh. Especially urban dwellers go to their villages to celebrate these festivals, like Eid, Puja and other religious festivals. Besides, some people go to the tourist places in these festivals. Older people are also engaged in this process.

Table 4.30: Tour/Traveling in Social Festival

Tour	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	13	13.8	13.8	38	40.4	40.4	51	27.1	27.1
No	64	68.1	81.9	47	50.0	90.4	111	59.0	86.1
Sometimes	17	18.1	100.0	9	9.6	100.0	26	13.9	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Here (from table 4.30) we see among the elderly of OAH only 13.8% elderly go ‘regular’ and 18.1% elderly go ‘sometimes’ for tour and traveling in festivals. But most of the elderly (68.1% elderly) of OAH go ‘nowhere’ in these social festivals.

The scenario for the urban family is different. In this group 50% elderly (40.4% go regular & 9.6% go sometimes) go ‘regular’ and ‘sometimes’ to tour or traveling in festivals. Rest 50.0% does not go anywhere and they celebrate social festivals in their own residence. So, comparatively urban family elderly enjoy more trips and tours than the OAH elderly in social festivals.

From the experts (KII) opinion it is known that participation and invitation in social programmes, occasion and festivals and cloth purchasing is a long tradition and rituals of our society. Its consequences are very high in old age. In urban society it (participation and invitation in social programmes and festivals) is very low than the rural society but especially in religious festivals most of the urban people move from urban to rural area and they share and enjoy it with others. But in OAH, participation and invitation in social programmes, occasion and festivals and cloth purchasing is neglected.

4.22. Information Related to the Social Organizations

4.22.1. Involvement with Social Organizations

Involvement with social organizations bears the social identity of a person and it is related to the social status of a particular society. Some people of Bangladesh somehow involved with social organizations, such as: service oriented organizations

(voluntary & non voluntary), religious organizations, political organizations and other organizations. Some older people are also found who are involved with social organizations in our country.

Table 4.31: Involvement with Social Organizations

Social Organization Involvement	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	3	3.2	3.2	17	18.1	18.1	20	10.6	10.6
No	91	96.8	100.0	77	81.9	100.0	168	89.4	100.0
Total	94	100.0		94	100.0		188	100.0	

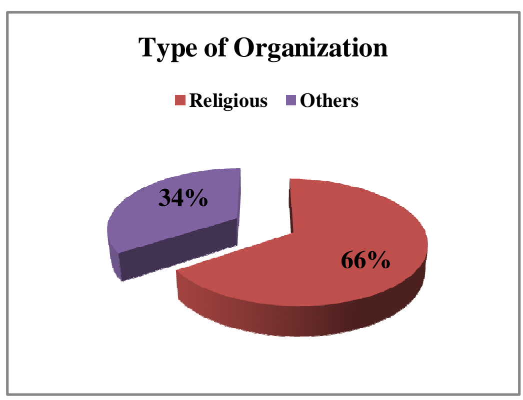
Source: Questionnaire Survey, May-September, 2015

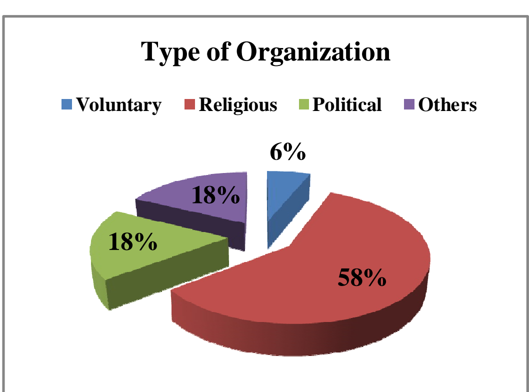
Table 4.31 reveals that only 3.2% respondents of OAH are involved with social organizations. But in urban family 18.1% respondents are involved with social organizations. So, it is seen that in both the settings (OAH & urban family) totally only 10.6% respondents are involved and most of the respondents (89.4%) of both settings are not involved with social organizations.

4.22.2. Type of Social Organizations

Some elderly have been found who are involved with social organizations, but all of them are not involved with same organizations. The following figure (figure 4.10) shows the data regarding the type of social organizations.

Figure 4.10: Type of Social Organizations





Source: Questionnaire Survey, May-September, 2015

The field surveyed data presents that only 3 elderly of OAH are involved with social organizations, among them 2 elderly (66.0% respondents) are involved with religious organization and 1 elderly (34.0% respondents) is involved with other organization. On the other hand, among the elderly (17 elderly) of urban family 1 elderly (6.0%) is involved with voluntary organization, 10 elderly (58.0%) are involved with religious organization, 3 elderly (18.0%) are involved with political organization and rest 3 elderly (18.0%) are involved with other organizations. (See table 9, Appendix B)

4.23. Information Related to the Religious Activities

4.23.1. Status of Regular Prayer of the Respondents

Religious activities play a significant role to keep social harmony. Almost all the people are pious in Bangladesh. Religious activity is one of the important determinants of social status. It is depicted from the table 4.32 that 86.2% respondents pray ‘regularly’, 11.7% respondents pray ‘sometimes’ and only 2.1% respondents pray ‘never’ of OAH.

Table 4.32: Status of Regular Prayer of the Respondents

Regular Prayer	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	81	86.2	86.2	69	73.4	73.4	150	79.8	79.8
No	2	2.1	88.3	1	1.1	74.5	3	1.6	81.4
Sometimes	11	11.7	100.0	24	25.5	100.0	35	18.6	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

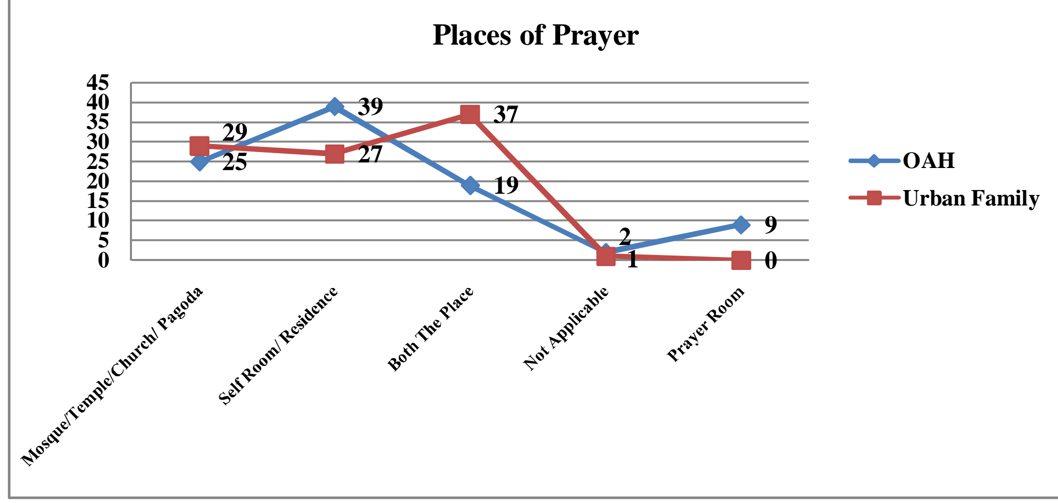
But in urban family, 73.4% respondents pray ‘regularly’, 25.5% respondents pray ‘sometimes’ and 1.1% respondents pray ‘never’. In total 98.4% (79.8%+18.6%) respondents pray ‘regular’ or ‘sometimes’ of both the settings. So, we see the regular praying tendency to the respondents of OAH is higher than the respondents of urban family.

KII opined that involvement with religious activities increase in old age in our society. At the time of growing old people enhance their concentration to the God in both rural and urban societies and they do their daily religious activities regularly.

4.23.2. The Place of Prayer of the Respondents

Respondents of this study belong in four major religions, such as: Islam, Hinduism, Buddhism and Christianity. Moreover almost all the respondents (89.9% respondents) are Muslim and very few (10.1% respondents) are Hindu, Buddhists and Christian (table 4.3) of the total elderly.

Figure 4.11: The Places of Prayer of the Respondents



Source: Questionnaire Survey, May-September, 2015

According to the OAH respondents' opinion, the highest number of respondent (41.5% elderly) prays into their 'self room' and the lowest number of respondent (9.6% elderly) prays into the 'prayer room'[15]. Prayer room is reserved only for female members of OAH instead of mosque. But most of the respondents (39.4% elderly) of urban family pray into the both 'mosque/temple/church/pagoda' and 'self residence'. The elderly of urban family who pray into the

[15] Prayer Room is used for prayer instead of mosque for Muslim female elderly of OAH. But it is not applicable for the elderly of urban family.

'mosque/temple/church/pagoda' and 'self residence' separately they are about equal in number (30.9% & 28.7% respectively).

It should be mentioned that the respondents of OAH who belong in other religions besides Islam, they perform their prayer into their own room. (See table 10, Appendix B)

4.24. Information Related to the Newspaper Reading and Leisure

4.24.1. Habit of Newspaper Reading

Newspaper reading is a common phenomenon for the educated/literate people. Two types of newspapers are available nowadays. These are printed newspaper (hard copy) and online version newspaper (soft copy). Young people like most the online version newspapers. But maximum number of older people of Bangladesh likes printed newspapers.

Table 4.33: Habit of Newspaper Reading

Newspaper Reading	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	55	58.5	58.5	49	52.1	52.1	104	53.3	53.3
No	39	41.5	100.0	45	47.9	100.0	84	44.7	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Table 4.33 depicts that maximum number of respondents (53.3%) of both settings (OAH and urban family) has the habit of newspaper reading. Rest 44.7% respondents are not habituated in newspaper reading.

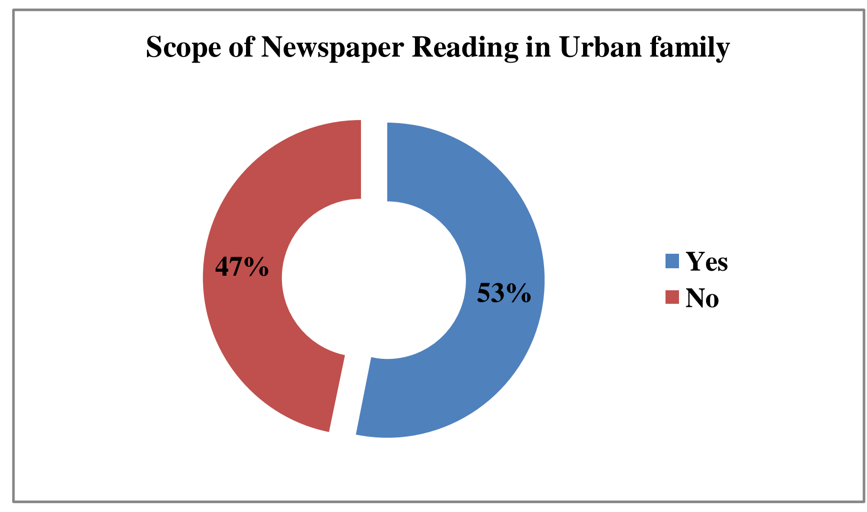
The elderly who are habituated in newspaper reading, they are relatively higher in number in OAH (58.5% respondents) than the urban family (52.1% respondents).

4.24.2. Scope of Newspaper Reading

It is evident from the collected data that all the elderly of OAH have the scope of newspaper reading because authority supply newspapers and they have library facility. So, 100.0% elderly of this setting opined positively in this regard.

But this picture is different for the respondents of urban family. Here, we see 53.0% elderly have the scope of newspaper reading and 47.0% elderly do not have any scope of newspaper reading. In this setting reader elderly arrange newspaper to their own initiative.

Figure 4.12: Scope of Newspaper Reading



Source: Questionnaire Survey, May-September, 2015

So, it can be said from the figure 4.12 that elderly of OAH enjoy more scope of newspaper reading than the elderly of urban family.

4.24.3. Name of Newspapers Read by the Respondents

Newspaper reading makes the people conscious of a society. It helps to keep oneself up to date about news and other information. Educated and conscious people start their everyday work after reading newspaper nowadays.

Table 4.34: Name of Newspapers Read by Respondents

Name of Newspapers	OAH		Urban Family	
	f	%	f	%
Prothom Alo	28	50.9	16	32.7
Jugantor	15	27.3	4	8.2
Samakal	3	5.5	4	8.2
Kaler Kantho	15	27.3	0	0
Naya Diganta	1	1.8	3	6.1
Ittefaq	11	20.0	1	2.0
Bangladesh Pratidin	5	9.1	24	49.0
Inqilab	0	0	1	2.0
Daily Star	7	12.7	2	4.1
Others	3	5.5	5	10.2

Source: Questionnaire Survey, May-September, 2015

Here, N= 55 for OAH and N= 49 for Urban Family

*Multiple Options

It is found from table 4.34 that the tendency of reading newspaper is relatively higher to the elderly of OAH than the elderly of urban family. So, it is said that the elderly of OAH are more conscious and hold more social status in this regard.

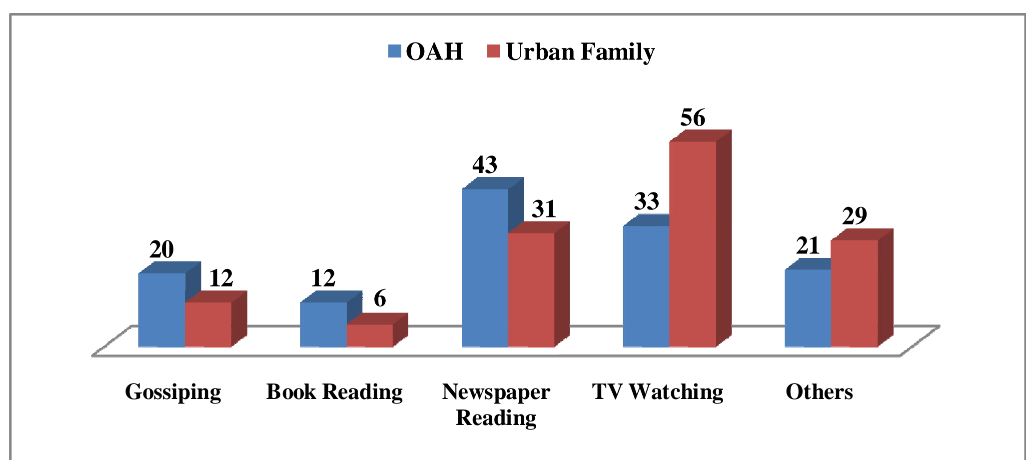
Elderly of OAH mostly read the daily Prothom Alo (50.9% respondents), Jugantor (27.3% respondents), Kaler Kantho (27.3% respondents) and Ittefaq (20.0% respondents) as daily newspaper. On the other hand, elderly of urban family mostly read Prothom Alo (32.7% respondents) and Bangladesh Pratidin (49% respondents). Comparatively the elderly of both settings (OAH & urban family) read very few the daily Samakal, Naya Diganta, Inqilab and Daily Star.

It needs to be mentioned that in one OAH (where elderly live with pay) authority keep the Prothom Alo and Kaler Kantho as dailies. Beside this, they have library facility where they can read the daily Jugantar, Samakal and Daily Star. Sometimes they buy newspaper according to their choice. But in other OAH (where elderly live without pay) authority arranges the Jugantor and Ittefaq and they have no scope to read other than these two dailies.

4.24.4. Opinion about Passing of Leisure/Free Time

Leisure or free time is an inexorable part of human life. It is the time that spent away from all kinds of official and domestic work, such as: business, service and formal education etc.

Figure 4.13: Opinion about Passing of Leisure/Free Time



Source: Questionnaire Survey, May-September, 2015 *Multiple Options

According to the respondents opinion we see most of the elderly (45.7% respondents) of OAH spend their leisure or free time by reading newspaper. Rest of the elderly of this setting spend their time- 21.3% by gossiping, 12.8% by book reading, 35.1% by TV watching and 22.3% in other works/purposes.

But in urban family setting most of the elderly (59.6% respondents) spend their leisure or free time by watching TV and rest of the respondents are engaged with- 12.8% in gossiping, 6.4% in book reading, 33.0% in newspaper reading and 30.9% in other works/purposes. (See table 11, Appendix B)

Every literate (can read and write) older person reads daily newspapers regularly in urban area where they have scope, according to KII opinion. KII also added that older people mostly read national news, more specifically political news. Generally most of the people of our country are politically conscious. Cricket news also attracts them. The scenario regarding newspaper reading is more or less same in both the settings.

B. Economic Status of the Elderly

4.25. Monthly Income

Income is inevitable for everybody in present days. It is impossible to lead everyday life without money. So, everybody must have income or other sources of money.

Table 4.35: Monthly Income of the Respondents

Monthly Income in BDT	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
No Income	47	50.0	50.0	28	29.8	29.8	75	39.9	39.9
1-2,999	0	0	50.0	8	8.5	38.3	8	4.3	44.2
3,000-5,999	0	0	50.0	12	12.8	51.1	12	6.4	50.6
6,000-8,999	9	9.6	59.6	11	11.7	62.8	20	10.6	61.2
9,000-11,999	13	13.8	73.4	13	13.8	76.6	26	13.8	75.0
12,000-14,999	13	13.8	87.2	6	6.3	82.9	19	10.1	85.1
15,000-17,999	8	8.5	95.7	7	7.5	90.4	15	8.0	93.1
18,000-20,999	3	3.2	98.9	4	4.3	94.7	7	3.7	96.8
21,000-23,999	1	1.1	100.0	2	2.1	96.8	3	1.6	98.4
24,000-26,999	0	0	100.0	3	3.2	100.0	3	1.6	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Data regarding the income of the respondents reveals that 50.0% respondents of OAH have no income. They live without paying. Actually, the elderly who have no income source only they can live in such type of OAH (where elderly live without pay). But in urban family this percentage is somewhat lower (29.8%).

Again, in OAH no one has been found who belong in BDT 'below 5,999' income group but in this same group 21.3% respondents have been found in urban family. Among the OAH elderly, most of them belong in income group BDT '9,000-11,999' and BDT '12,000-14,999' and that is 27.6% (13.8%+13.8%) but in urban family most of the elderly belong in income group BDT '3,000-5,999' and BDT '9,000-11,999' and the percentage is 26.6% (12.8%+13.8%). Monthly income is BDT '18,000-26,999' such type of elderly 4.3% have been found in OAH and 9.6% have been found in urban family. The average monthly income of the respondents of OAH is BDT 6,302.9 and it is BDT 7,244.3 for urban family. Thus, it is seen that relatively

elderly of urban family hold better position regarding the monthly income than the elderly of OAH.

KII opined that income level of elderly is not good or satisfactory; rather their children/family members use their savings of whole life that makes the elderly more insolvent. Elderly involvement with economic activities is very few. Their major income sources are pension, small business and private job and sometimes interest from their deposited money. They also informed that monthly income of the elderly of urban family is higher than the elderly of OAH.

4.26. Monthly Expenditure

In OAH 50.0% respondents have been found who have no expenditure. Actually they live in OAH without paying; they have no income and expenditure. Their all expenses are borne by the OAH authority. On the other hand, 29.8% respondents have been found in urban family, they also have no income. Most of them are female elderly and they were house wife (unpaid worker) and their all expenses are borne by their family.

Table 4.36: Monthly Expenditure of the Respondents

Monthly Expenditure in BDT	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
No Expenditure	47	50.0	50.0	28	29.8	29.8	75	39.9	39.9
1- 2,999	0	0	50.0	9	9.6	39.4	9	4.8	44.7
3,000-5,999	0	0	50.0	21	22.3	61.7	21	11.2	55.9
6,000-8,999	9	9.6	59.6	15	16.0	77.7	24	12.8	68.7
9,000-11,999	14	14.9	74.5	11	11.7	89.4	25	13.3	82.0
12,000-14,999	18	19.1	93.6	7	7.4	96.8	25	13.3	95.3
15,000-17,999	5	5.3	98.9	1	1.1	97.9	6	3.1	98.4
18,000-20,999	1	1.1	100.0	2	2.1	100.0	3	1.6	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Expenditure level is low (BDT 1-5,999) such type of elderly no one has been found in OAH but 32.9% respondents (9.6%+22.3%) have been found in urban family. Again, 43.6% respondents (9.6%+14.9%+19.1%) have been found in OAH

who belong in expenditure level BDT 6,000-14,999 and this percentage is 35.1% (16.0%+11.7%+7.4%) for urban family. On the other hand, 6.4% respondents of OAH expense BDT 15,000-20,999 per month but in urban family 3.2% respondents have been found in this group. Thus it is seen that in respect of lowest and highest expenditure, higher number of elderly found in urban family than OAH but in respect of middle level of expenditure, data show opposite scenario. But, the average monthly expenditure of the respondents of OAH is BDT 5,951.9 whereas it is BDT 4,962.5 for urban family.

Table 4.37: Correlation between Monthly Income and Expenditure

		OAH		Urban Family	
		Monthly income	Monthly expenditure	Monthly income	Monthly expenditure
Monthly income	Pearson Correlation	1	.994**	1	.958**
	Sig. (2-tailed)		.000		.000
	N	94	94	94	94

**. Correlation is significant at the 0.01 level (2-tailed).

Comment: There is a direct relationship between monthly income and expenditure for both OAH and urban family. In respect of OAH the correlation of 0.994 indicates that there is a strong positive correlation between monthly income and expenditure. Similarly, strong positive correlation has also been found between the variables of urban family and the correlation is 0.958.

In both the cases correlation is significant at the 1% level and the sig. (2 tailed) is .000. (Data have been shown in table 4.35 & 4.36).

4.27. Previous Occupation (Before Age of 60 Years) of the Respondents

Occupation is a vital indicator for determining social status or social class position of a person. It also related to the social prestige.

Figure 4.14: Previous Occupation (Before Age of 60 Years) of the Respondents

Source: Questionnaire Survey, May-September, 2015

It is depicted from the figure 4.14 that the female elderly generally were engaged with household chores which was 70.7% in OAH and 94.7% in urban family of the total female elderly (29 out of 41 elderly in OAH & 18 out of 19 elderly in urban family). The elderly who were engaged with 'public job' they are higher in number in OAH than the urban family and it was equal for the 'private job' but the scenario was opposite in respect of 'business'. On the other side no elderly has been found who was engaged with agricultural work in urban family but 4.3% elderly have been found in OAH of this profession. In both OAH and urban family 12.8% and 20.2% elderly have been found respectively who were engaged with others professions.

It needs to be mentioned that among the elderly who were engaged with business profession of both settings, most of them are grocery shop keeper, some are engaged with drug trading (dispensary), cloth trading, laundry business, tea stall business and other business. (See table 12, Appendix B)

4.28. Present State of Getting Pension

Pension is given only to the public service holders after their retirement from services in Bangladesh. So, only the retiree (ex-public service holders) has been considered for this section and for that it is not applicable for other service holders.

Table 4.38: Present State of Getting Pension

Pension Getting Status	OAH		Urban Family		Total	
	f	%	f	%	f	%
Yes	6	6.4	11	11.7	17	9.0
No	15	16.0	6	6.4	21	11.2
Not Applicable	73	77.7	77	81.9	150	79.8
Total	94	100.0	94	100.0	188	100.0

Source: Questionnaire Survey, May-September, 2015

Table 4.38 presents that 22.4% elderly (6.4%+16.0%) of OAH were engaged with public job and among them 28.6% respondents (6 elderly) are getting pension and rest 71.4% respondents (15 elderly) do not get pension. On the other side, 18.1% respondents (11.7%+6.4%) of urban family were involved with public job and from them 64.7% respondents (11 elderly) are getting pension and 35.3% respondents (6 elderly) do not get pension. The elderly who were public service holders but do not get pension after their retirement, in these cases they have submitted full pension (100% pension) to the government at the time of retirement. They have received their full pension with gratuity at a time. They get only the medical allowance.

4.29. Present Status of the Profession/Job Involvement of the Respondents by Age

Involvement with profession/job not only enhances the economic opportunity of a person but also it ensures social status, social security and sound physical and mental health. It is the best way to use one’s time properly.

Table 4.39: Present Status of the Profession/Job Involvement of the Respondents by Age

Age Group	Present status of the profession/job involvement of the respondents of Urban Family				Total	
	Yes		No			
	f	%	f	%	f	%
60-64	26	66.7	18	32.7	44	46.8
65-69	9	23.1	21	38.2	30	31.9
70-74	4	10.2	7	12.7	11	11.7
75-79	0	0	6	10.9	6	6.4
80-84	0	0	1	1.8	1	1.1
85-89	0	0	1	1.8	1	1.1
90-94	0	0	1	1.8	1	1.1
Total	39	100.0	55	100.0	94	100.0

Source: Questionnaire Survey, May-September, 2015

In OAH no one has been found who is involved with any profession/job at present that means 100% respondents (94 respondents out of 94) are presently out of profession/job. But on the other hand, in urban family presently 41.5% respondents (39 elderly) have been found who are involved with profession/job and 58.5% respondents (55 elderly) are not involved with any profession/job. Among them (present job holders) 66.7% respondents belong in the age group 60-64, 23.1% respondents belong in the age group 65-69 and rest 10.2% respondents belong in the age group 70-74. So, it is seen that involvement with profession/job is comparatively higher in urban family than the OAH. However, it can be said that from this point of view elderly of urban family enjoy more social status than the elderly of OAH.

Those who are involved with profession or service of urban family most of them are engaged with grocery business and drug business (dispensary). Rest of them is engaged with cloth business, hawker [*chanachur, amra* (hog plum)/*shosha* (cucumber), *achar* (pickle) and *pitha* (cake)], electric goods selling, laundry business, tea stall, construction material selling (rod and cement), electrician and day laborer etc.

4.30. User of Personal Assets of the Respondents

About all the persons have some personal assets out of his/her family assets, especially who are the earning members, such as: land, bank deposit, durable goods and so on. Present older people were the earning members once upon a time and some of them are earning still now. In our countries, when children bring up and able to earn, they (children) play the role of the head of the family (children are actual head and parents are titular head) in maximum cases. In those cases, children and other family members use their parent's personal assets. Again, parents also give their personal assets to their children and other family members.

Table 4.40: User of Personal Assets of the Respondents

User of Personal Assets	OAH		Urban Family		Total	
	f	%	f	%	f	%
Self	27	28.7	34	36.2	61	32.4
Others	55	58.5	7	7.4	62	33.0
Both	12	12.8	53	56.4	65	34.6
Total	94	100.0	94	100.0	188	100.0

Source: Questionnaire Survey, May-September, 2015

We can differentiate easily between the respondents of OAH and urban family regarding the personal assets using. Here, it is found that among the respondents of OAH 28.7% respondents use their assets of their own whereas it is 36.2% for the respondents of urban family. In OAH 58.5% elderly opined that 'others'[16] (other people) use their assets and this percentage is only 7.4% for the urban family elderly. Again, the scenario is quite opposite where elderly use the assets 'both' (self and others) and this percentage of respondents is 12.8% for OAH and 56.4% for urban family. Elderly opined that assets using by 'self' and 'both', this kind of elderly higher in number in urban family than the OAH elderly. But elderly opined assets

[16] Here 'others' means the people who use assets or property besides the elderly themselves. Most of the cases they (others) are family members and close relatives, such as; son, daughter, brother, sister, nephew and nieces of the respondents.

using by 'others' this kind of elderly higher in number in OAH than the urban family. So, elderly of OAH are more deprived than the elderly of urban family.

4.31. Financial Help from Family Members/Relatives

To help (financial & other helps) other was a common tradition in Bengali culture, especially from family members and relatives. But by the influences of urbanization and individualism this common scenario is decreasing day by day. In maximum cases individual prioritize his/her own interest, especially for financial help.

Table 4.41: Financial Help from Family Members/Relatives

Financial Help from Relatives	OAH		Urban Family		Total	
	f	%	f	%	f	%
Often	1	1.1	0	0	1	0.5
Sometimes	10	10.6	14	14.9	24	12.8
Never	83	88.3	80	85.1	163	86.7
Total	94	100.0	94	100.0	188	100.0

Source: Questionnaire Survey, May-September, 2015

It is depicted from the table 4.41 that very few people (family members and relatives) help the elderly financially. Most of the family members and relatives of the respondents do not help them financially in need or crisis. The data also shows that the number of respondents who get financial help 'often' from family members and relatives they are only 1.1% in OAH and no one has been found in urban family. But among the elderly who get financial support 'sometimes' they are about equal in number for both the cases (10.6% in OAH & 14.9% in urban family). Almost all the respondents get help 'never' from their family members and relatives (88.3% in OAH & 85.1% in urban family). So, it is seen that helping hand (financial) to the elderly is very few nowadays.

4.32. Amount of Financial Help by Family Members and Relatives (Yearly)

The elderly of OAH who get financial help from their family members and relatives most of them (45.5% respondents) get yearly BDT 20,000-30,000 and some of them get BDT 10,000- 20,000 (18.2% respondents) and BDT 30,000 above (36.3% respondents).

Table 4.42: Amount of Financial Help by Family Members and Relatives (Yearly)

Amount in BDT	OAH		Urban Family		Total	
	f	%	f	%	f	%
Below 10,000	0	0	6	42.9	6	24.0
10,000-20,000	2	18.2	3	21.4	5	20.0
20,000-30,000	5	45.5	4	28.6	9	36.0
30,000 Above	4	36.3	1	7.1	5	20.0
Total	11	100.0	14	100.0	25	100.0

Source: Questionnaire Survey, May-September, 2015

But in urban family most of the elderly (42.9% respondents) get below BDT 10,000 and rest of them get BDT 10,000-20,000 (21.4% respondents), BDT 20,000-30,000 (28.6% respondents) and BDT 30,000 above (7.1% respondents). Again, data also reveals that maximum number of elderly (36% respondents) of both the settings get BDT 20,000-30,000.

4.33. The State of Old Age Allowance of the Respondents

As a part of social safety net programme many countries of the world, especially developed countries provide many supports including old age allowance to the poor elderly with some conditions. Following the developed countries Bangladesh government has also started old age allowance programme in the fiscal year 1997-98. Initially the amount of allowance was only BDT 100 and it has enhanced into BDT 400 in the fiscal year 2014-15.[17]

[17] Ministry of Social Welfare, Government of the People's Republic of Bangladesh. *Old Age Allowance*. Dhaka: 2015. www.msw.gov.bd/site/page/18350636-86ea-46fc-8ecf-df73 ed933a 96/eq¯‹-f¨Zv (accessed March 27, 2016).

Figure 4.15: The State of Old Age Allowance of the Respondents of Urban Family

Source: Questionnaire Survey, May-September, 2015

According to the collected data only 5.0% respondents (5 elderly) of urban family get old age allowance and rest 95.0% respondents (89 elderly) do not get any old age allowance. On the other side, among the respondents of OAH, nobody get this old age allowance. But the officials of OAH (where elderly live without pay) informed the researcher that some of the elderly get old age allowance but they hide this information because according to the rule of that OAH, only they can live there who do not get any financial help from others. In these cases they receive the allowance of five or six months at a time. It should be mentioned that every elderly gets BDT 400 as old age allowance per month. (See table 13, Appendix B)

4.34. Financial Assistance from the NGOs to the Respondents

A number of NGOs work in Bangladesh for the development of the country. They have many programmes, especially micro-credit and small and medium enterprise (SME) programmes of NGOs work for the development of poor people. These NGOs provide financial help for business purpose and other supports to the poor.

Table 4.43: Financial Assistance from the NGOs to the Respondents

Financial Assistance	Urban Family	
	f	%
Yes	4	4.3
No	90	95.7
Total	94	100.0

Source: Questionnaire Survey, May-September, 2015

Data regarding the financial assistance (table 4.43) from the NGOs to the respondents shows very few respondents of urban families get financial assistance from NGOs which is only 4.3%. Rest 95.7% respondents do not get any assistance from the NGOs. On the other side, in OAH no respondent has been found who get financial assistance from NGOs. So, in respect of financial assistance from NGOs it is seen that the respondents of urban family get more opportunities or facilities than the respondents of OAH.

The elderly of urban family who are getting financial assistance from NGOs they get this assistance as loan (micro credit and SME loan). They are to pay this loan by weekly and monthly installment. The elderly (poor elderly) take this loan mainly for economic benefit and they use it as business purpose.

4.35. Freedom Fighter Status of Respondents

Liberation war of 1971 was the best event of the history of Bangladesh. The ultimate result of the victory of liberation war was an independent and sovereign Bangladesh. Freedom fighters are the national hero and the greatest children of this country.

Table 4.44: Freedom Fighter Status of Respondents

Freedom Fighters Status	OAH		Urban Family		Total	
	f	%	f	%	f	%
Yes	2	2.1	9	9.6	11	5.9
No	92	97.9	85	90.4	177	94.1
Total	94	100.0	94	100.0	188	100.0

Source: Questionnaire Survey, May-September, 2015

Among the respondents of OAH the researcher has got only 2.1% respondents were freedom fighter. But in urban family 9.6% respondents were freedom fighters. So, we can make a clear difference between the respondents of OAH and urban family according to the status of freedom fighters. In this respect, elderly of urban family hold higher social status than the elderly of urban family. But in total 5.9% respondents are freedom fighters.

4.36. Information Related to Freedom Fighter Allowance

Freedom fighter allowance has been given by Ministry Of Social Welfare from the fiscal year 2000-2001 and still now (2015 AD) it is continuing. Initially the amount of the allowance was BDT 300 and now it has been increased to BDT 8,000 per month for every freedom fighter.[18]

Table 4.45: Information Related to Freedom Fighter Allowance

Freedom Fighter Allowance	OAH		Urban Family		Total	
	f	%	f	%	f	%
Yes	0	0	4	4.3	4	2.1
No	2	2.1	5	5.3	7	3.7
Not Applicable	92	97.9	85	90.4	177	94.2
Total	94	100.0	94	100.0	188	100.0

Source: Questionnaire Survey, May-September, 2015

According to the collected data from the study area no elderly has been found in OAH who get freedom fighter allowance although 2.1% respondents have been opined that they were freedom fighters. On the other hand, among the freedom fighters (9 elderly) of urban family 44.4% respondents (4 elderly) get freedom fighter allowance. Every freedom fighter gets BDT 8,000 per month as allowance.

[18] Ministry of Liberation War Affairs, *Circular, Memo no: 48.00.000. 002.31.005.12(1)/405*. Government of the People's Republic of Bangladesh (Dhaka: November 24, 2015), 1.

4.37. The State of Financial Assistance from Others to the Respondents

Here, the researcher has tried to know whether the respondents get other financial assistance or not. Other financial assistance means assistance besides the family members and relatives, pension and gratuity, old age allowance, NGOs help and freedom fighter allowance. This kind of financial help may be help from other persons, friends, widow allowance and other donation etc.

Table 4.46: Financial Assistance from Others to the Respondents

Other Financial Assistance	OAH		Urban Family		Total	
	f	%	f	%	f	%
Yes	2	2.1	1	1.1	3	1.6
No	92	97.9	93	99.9	185	98.4
Total	94	100.0	94	100.0	188	100.0

Source: Questionnaire Survey, May-September, 2015

It is depicted from the table 4.46 that only 2.1% respondents of OAH get financial assistance from other sources and this percentage is also very low among the respondents of urban family and it is only 1.1%. So, in both the cases (OAH & urban family) it is found that almost all the elderly do not get financial assistance from others.

4.38. The State of Financial Help to the Others

To help others financially is one of the best philanthropic activities. Here, the researcher informed/wanted to know that whether the respondents help others financially or not.

Table 4.47: The State of Financial Help to the Others

Financial Help to Others	OAH		Urban Family		Total	
	f	%	f	%	f	%
Yes	3	3.2	24	25.5	27	14.4
No	91	96.8	70	74.5	161	85.6
Total	94	100.0	94	100.0	188	100.0

Source: Questionnaire Survey, May-September, 2015

Data of table 4.47 shows only 3.2% respondents of OAH help others financially. But the number of respondents is very high in urban family than the respondents of OAH which is about eight times higher (25.5%). It proves that the economic condition and helping mentality is well among the elderly of urban family than the elderly of OAH. In most of the cases the elderly help their close relatives such as: married daughter, separated son and other relatives who are financially weak.

It is known from the KII discussion that old age allowance is not sufficient yet. The amount of this allowance and the number of beneficiaries should be increased. Freedom fighters allowance may also be increased but the list of the real freedom fighters must be specified and proper. Social safety net programme from the government should be developed. Again financial assistance to the poor elderly from relatives and NGOs need to increase. But among the elderly of two settings, elderly of urban family get more allowances and other financial supports than the elderly of OAH.

4.39. Arrangement of Separate Room for the Respondents

Separate living room makes one's life easy, comfortable and helps to maintain privacy. To maintain privacy to have a separate room for living is an important right in urban society. So, that elderly also prefer a separate room for living. But many barriers make obstacles to fulfill this goal for the elderly in urban life.

Table 4.48: Arrangement of Separate Room for the Respondents

Separate Room for Elderly	OAH		Urban Family		Total	
	f	%	f	%	f	%
Yes	9	9.6	49	52.1	58	30.9
No	85	90.4	45	47.9	130	69.1
Total	94	100.0	94	100.0	188	100.0

Source: Questionnaire Survey, May-September, 2015

It is seen from the table 4.48 that only 9.6% respondents of OAH (where elderly live with pay) have separate living room but in urban family 52.1%

respondents have separate room for living. So, the difference is very high between OAH and urban family in respect of living in separate room. Elderly of urban family enjoy more facilities than the elderly of OAH regarding this issue.

Elderly of OAH where live with pay and use separate living room, they pay BDT 5,000 per month as room rent. Again, where two or more elderly (room for 2 elderly & for 4 elderly available) live in a room together, they pay BDT 4,000 (room where live 2 elderly together) and BDT 2,000 (room where live 4 elderly together) per person per month.

On the other hand, in OAH where elderly live without pay, they have no scope to live in separate room. There, 8 male elderly live together in each room and 12 female elderly live together in each room.

4.40. Conclusion

The researcher has tried to find out the relative picture of the elderly of two settings based on various indicators related to the socio-economic status. From the aforementioned analysis we see in few cases of socio-economic status, the respondents of OAH hold better position than the respondents of urban family and for rest of the cases (maximum cases) the scenario is quite opposite.

It is found form the above analysis of findings that almost all the respondents (92.6% elderly of OAH & 96.8% elderly of urban family) belong in the age group 60-79 and very few respondents (7.4% elderly of OAH & 3.2% elderly of urban family) belong in the age group 80-94 of both the settings (OAH and urban family). In both the cases, number of female elderly is fewer than male elderly.

In respect of religion it is seen that most of the respondents are Muslim (93.6% respondents of OAH & 86.2% respondents of urban family) of both the settings and rest of them is Hindu, Buddhist and Christian. Relatively literacy rate of the elderly is higher in OAH than the urban family and the number of highly educated elderly is also higher in OAH. The average number of family member was 3.9 in

OAH (before the age of 60 of the respondents) and it was 4.7 in urban families. However, 50% elderly of OAH live in rented basis (with pay but in OAH arrangement), rest 50% in OAH arrangement (without pay). On the other hand, maximum elderly of urban family live in rented basis and some are in self residence. In respect of the ownership of property (cultivable land and others), we see the elderly of urban family are the owner of more property than the elderly of OAH.

According to the data of marital status the number of 'married' elderly is lower in OAH than that of urban family. But the findings are quite opposite when we consider the marital status in respect of 'unmarried', 'widow', 'widower' and 'divorced'. Among the elderly (whose spouse is alive) it is seen that the relationship between husband and wife is better in urban family than the OAH.

The higher number of elderly of urban family was the head of family than the elderly of OAH before the age of 60 years. The present relationship with family members and communication with family members of the elderly of urban family is also relatively better. Similarly, in respect of decision making ability, food taking status, participation in social programmes and festivals and organizational involvement, the status of the elderly of urban family is better than the elderly of OAH. But in respect of literacy rate and higher education, systematic and well disciplined lifestyle, habit, religious activities and library facilities and scope of newspaper reading the status is better to the elderly of OAH than the elderly of urban family.

Occupation, income, personal property, economic activities, NGO's help, other financial help and various allowances (old age allowance, freedom fighter allowance) are related to economic status. In all respects of economic status it is found that the elderly of urban family hold better position than the elderly of OAH. As a concluding remark the researcher might be mention that the overall socio-economic status of the elderly of urban family is better than the elderly of OAH.

Chapter Five

Health Status of the Elderly: Comparison between Old Age Home and Urban Family

5.1. Introduction

Health condition of the people of Bangladesh is improving day by day due to the improvement of medical science and technology, health care facilities, health consciousness, education, government initiative for health sector and people's ability to avail medical cost. Total fertility rate is decreasing and longevity of life is increasing, as a result total number of the elderly is growing up rapidly.[1] The average life expectancy in Bangladesh is increasing very fast mainly for increasing access to health care facilities, immunization, nutrition and overall economic development. It was around 48 years in 1980, which steadily climbed to around 60 years in 1990, 65 years in 2000, 67.2 years in 2009 and 70.4 years in 2013 according to BBS.[2]

According to the Status Report on Macroeconomics and Health Bangladesh:

> The Government of Bangladesh is constitutionally committed to "the supply of basic medical requirements to all levels of the people in the society" and the "improvement of nutrition status of the people and public health status". Therefore, the Government seeks to create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health.[3]

Though the health care facility is increasing in Bangladesh but there is no specialized hospital for the elderly. They receive services from general hospitals. '*Probin Haspatal*' (Hospital for the Aged) at Agargaon, Dhaka is the only hospital of the country run by 'Bangladesh Association for the Aged' give priority to the aged

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[1] Forhana Rahman. "Ageing, the Reality and Its Gender Dimension." *Bangladesh Journal of Geriatrics* 46 (2011): 14-15.

[2] http://www.dhakatribune.com/bangladesh/2015/jul/15/life-expectancy-3-years (accessed December 22, 2015).

[3] http://www.who.int/macrohealth/action/en/rep04_bangladesh.pdf (accessed December 22, 2015).

patients but this hospital is for the patients of all ages and not so developed to fulfill all kinds of needs of aged patients.

Health care project for the elderly already has been taken by the government of Bangladesh. As a study of social science this chapter included the general physical condition, health seeking behavior, habits, cleanliness, attitude to diseases and medical services, drug taking, caring to the patients and so on.

5.2. Physical Condition of the Respondents

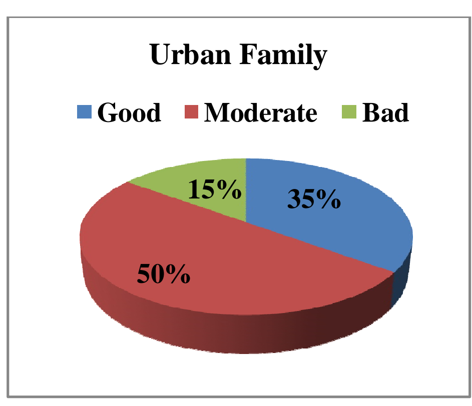
Physical condition means the condition or state of the body. Actually the researcher means what does the respondent thinks about his/her body, whether he/she is physically sound or not. For knowing this opinion it has been categorized into three categories, such as: good, moderate and bad.

Figure 5.1: Physical Condition of the Respondents

OAH

Good Moderate Bad

26%
28%
46%



Source: Questionnaire Survey, May-September, 2015

It is depicted from the figure 5.1 that among the respondents of OAH, 28.0% respondents (26 elderly) think their physical condition is ‘good’, 46.0% respondents (43 elderly) think their physical condition is ‘moderate’ and 26.0% respondents (25 elderly) think their physical condition is ‘bad’. Physical condition is ‘good’ and ‘bad’, such type of elderly is about equal.

On the other hand, respondents of urban family opined that among them- 35.0% (33 elderly), think their physical condition is 'moderate', 50.0% (47 elderly) think their physical condition is 'good' and 15.0% (14 elderly) think their physical condition is 'bad'.

Relatively maximum number of elderly of both the settings thinks they are physically 'moderate'. But in respect of 'good' physical condition it is seen that the number of elderly of urban family is higher than the elderly of OAH and for 'bad' physical condition the scenario is quite opposite. So, it can be said that the physical condition of the elderly of urban family is better than the elderly of OAH. (See table 14, Appendix B)

5.3. Diseases of the Respondents

Diseases are the common enemy of human being. More or less almost all the people are ill, especially in later part of life. In one side medical science and technology is developing every day, on the other side new diseases are growing at the same time. In old age, antibody decreases and the diseases increase proportionately. So, older people are more vulnerable regarding health issue.

Table 5.1: Distribution of the Respondents by their Opinion Regarding their Diseases

*Name of Diseases	OAH		Urban Family		Total	
	f	%	f	%	f	%
High Blood Pressure	21	22.3	17	18.0	38	20.2
Low Blood Pressure	11	11.7	9	9.6	20	10.6
Diabetes	12	12.8	16	17.0	28	14.9
Gastric	32	34.0	21	22.3	53	28.2
Eye Problem	22	23.4	25	26.6	47	25.0
Arthritis	13	13.8	14	14.9	27	14.4
Heart Disease	7	7.4	6	6.4	13	6.9
Thyroid	5	5.3	6	6.4	11	5.8
Asthma	13	13.8	15	15.9	28	14.9
Back Pain	7	7.4	8	8.5	15	7.9
Others	39	41.5	28	29.8	67	35.6

Source: Questionnaire Survey, May-September, 2015 *Multiple options

Data of table 5.1 indicates, most of the elderly of OAH are suffering from gastric (34.0% elderly), eye problem (23.4% elderly), high blood pressure (22.3% elderly), arthritis (13.8% elderly), asthma (13.8% elderly), diabetes (12.8% elderly), and low blood pressure (11.7% elderly). Some of them are suffering from heart disease (7.4% elderly), back pain (7.4% elderly) and thyroid (5.3% elderly). But 41.5% elderly are suffering from other diseases.

In respect of urban family it is seen that maximum number of elderly suffering from eye problem (26.6% elderly), gastric (22.3% elderly), high blood pressure (18.0% elderly), diabetes (17.0% elderly), asthma (15.9% elderly) and arthritis (14.9% elderly). Few elderly are suffering from low blood pressure (9.6% elderly), back pain (8.5% elderly), heart disease (6.4% elderly) and thyroid (6.4% elderly). The elderly of this group who are suffering from other diseases they are 29.8% in total.

Totally 35.6% respondents of both settings (OAH and urban family) are suffering from ‘other’ diseases. Other diseases include loss of appetite, hearing problem, insomnia (sleeping problem), depression, isolation, loneliness, frustration, cough, abdominal pain and swelling of legs etc. for both OAH and urban family. But it should be mentioned that higher number of elderly of OAH suffer from depression. Relatively the elderly of OAH are more sufferer from diseases than the elderly of urban family.

5.4. Duration of Diseases (Chronic Diseases)

Data of table 5.2 indicates that the number of elderly of urban family is higher in number where the respondents are suffering from diseases (chronic illness) for short duration. For example, 5.3% respondents of OAH and 8.5% respondents of urban family have been suffering from 1-3 years. Again 11.7% respondents of OAH and 16.0% respondents of urban family have been suffering from 4-6 years.

Table 5.2: Duration of Diseases (Chronic Diseases) of the Respondents

Duration of Diseases	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
1-3 Years	5	5.3	5.3	8	8.5	8.5	13	6.9	6.9
4-6 Years	11	11.7	17.0	15	16.0	24.5	26	13.8	20.7
7-9 Years	29	30.9	47.9	23	24.5	49.0	52	27.7	48.4
10-12 Years	26	27.7	75.5	19	20.2	69.2	45	23.9	72.3
More	17	18.1	93.6	16	17.0	86.2	33	17.6	89.9
Not Applicable	6	6.4	100.0	13	13.8	100.0	19	10.1	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

But for the long duration we see the elderly of OAH are suffering much than the elderly of urban family. Such as: 30.9% respondents of OAH and 24.5% respondents of urban family have been suffering from 7-9 years, 27.7% respondents of OAH and 20.2% respondents of urban family have been suffering from 10-12 years and 18.1% respondents of OAH and 17.0% respondents of urban family have been suffering for 13 years and above.

But 6.4% respondents of OAH and 13.8% respondents of urban family informed the researcher that they are physically quite sound, they are free from all kind of diseases and they have been shown in the category of 'not applicable' in this table (table 5.2). This kind of elderly only suffers from normal diseases like fever/viral fever, headache and cold and they take medicine consulting with dispensary.

If we consider both the settings at a time then we see most of the elderly (27.7%+23.9%=51.6% respondents) have been suffering from 7-12 years. So, it is seen that relatively the elderly of OAH are suffering much for long time than the elderly of urban family.

Table 5.3: Correlation between Age and Duration of the Diseases

		OAH		Urban Family	
		Age of the Respondents	Duration of diseases	Age of the Respondents	Duration of diseases
Age of the Respondents	Pearson Correlation	1	.170	1	.004
	Sig. (2-tailed)		.101		.970
	N	94	94	94	94

**. Correlation is significant at the 0.01 level (2-tailed).

Comment: There is a relationship between age and duration of diseases in both OAH and urban family. In OAH, the correlation of 0.170 indicates a weak positive association between age and duration of diseases. On the other hand, in urban family the correlation of 0.004 indicates a very weak positive association between the variables. Actually, it tends to no correlation. So, it is said that there is no relationship between age and duration of diseases in urban family (Data have been shown in table 4.1 & 5.2).

5.5. Places of Medical of the Respondents

We, everybody needs medical services when we are ill. Generally older people are the most vulnerable group among us. Almost all the older people are somehow sick/ill. They also need medical services and for that they need to go to hospital. In Bangladesh, there are many kinds of hospitals. Relevant hospitals are being categorized in table 5.4.

Table 5.4: Places of Medical of the Respondents

Places of Medical	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Government Hospital	-	-	-	17	18.1	18.1	17	9.0	9.0
Private Hospital	9	9.6	9.6	48	51.1	69.2	57	30.3	39.3
Government & Private Hospital	2	2.1	11.7	18	19.1	88.3	20	10.6	49.9
Probin Haspapatal	22	23.4	35.1	-	-	-	22	11.7	61.6
Probin Haspapatal & Private Hospital	14	14.9	50.0	-	-	-	14	7.5	69.1
OAH Medical Center	47	50.0	100.0	-	-	-	47	25.0	94.1
Others/ Other Places	-	-	-	11	11.7	100.0	11	5.9	100.0
Total	94	100.0		94	100.0			100.0	

Source: Questionnaire Survey, May-September, 2015

Data of table 5.4 shows, most of the elderly of OAH go to '*Probin Haspapatal*'[4] (23.4% respondents) and 'OAH medical center'[5] (50% respondents). Lowest part of them goes to the 'government & private hospital' (2.1%). No one has been found who go to only at 'government hospital' and at 'other places'. 50% elderly of OAH (where elderly live without pay) who get medical services from 'OAH medical center' they have no scope to go other hospitals without permission of the authority and if someone needs to go other hospitals (for serious patients), OAH authority also arrange that.

In respect of urban family, elderly take initiatives of their own for medical treatment. Most of the elderly (51.1% respondents) of this group go to the 'private hospital' and the lowest portion of them goes to the 'others/other places'. Here

[4] '*Probin Haspapatal'* means hospital for the aged. It is situated at Agargaon in Dhaka, Bangladesh and it is run by Bangladesh Association for the Aged. Though it is open for all patients of all ages nevertheless it provides priority to the aged patients. This hospital is adjacent to the Agargaon OAH and both institutions are situated within the same campus.

[5] 'OAH Medical Center' provides medical services to the elderly of Old Rehabilitation Center. This institution is the self arrangement of Old Rehabilitation Center, Gazipur, Bangladesh. Here the residents of OAH get doctor facilities, drug facilities, investigation facilities, nursing facilities etc. at free of cost. This Medical Center is also situated in the campus of Old Rehabilitation Center.

'others/other places' include *kabiraji* teratment[6], homeopathy treatment and so on. If we consider both OAH and urban family at the same time then we see maximum number of elderly (30.3% respondents) go to the private hospitals and few of them (5.9% respondents) go to 'others/other places'.

There was a question to the respondents (among the respondents who go to government hospitals) that why do they go to the government hospitals? It is found that some of the respondents of urban family (17 elderly) go to the government hospitals and they inform, they get doctors facility, medicine facility, nursing facility and various tests with free of cost. Basically, these elderly are financially weak and they have no ability to avail the cost of private medical. But about all of them are not satisfied for the services of government hospitals.

Same question was also to the elderly who go to the private hospital of both the settings (9 elderly of OAH + 48 elderly of urban family = 57 elderly) and they inform, services provided by the private hospital is better than the government hospital. But private medical services are very costly. Some of them inform that they are going to the private hospital for a long time and specialized expert doctor are available there. Again, services can be availed within a short time.

5.6. Frequency of Visiting Doctor/Physician of the Respondents

To go to the doctor is an essential step for the patients. As the elderly are most vulnerable so they need frequent visits to the doctors. According to the respondents' opinion their visits to the doctors are follows.

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[6] *Kabiraji* treatment is a traditional Bengali treatment. According to this medical system *kabiraj* act as doctor. *Kabiraj* emphasizes on herbal treatment and sometime spiritual power to cure the patients. But, present modern medical system treats this system as social bigotry and doctors forbid the patients to go to *kabiraj*.

Table 5.5: Frequency of Visiting Doctor/Physician of the Respondents

Frequency of Visiting Doctor	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Every Month	7	7.5	7.5	4	4.3	4.3	11	5.8	5.8
Every Three Months	2	2.1	9.6	3	3.2	7.5	5	2.7	8.5
According to Need	67	71.3	80.9	57	60.6	68.1	124	66.0	74.5
In Serious Problem	16	17.0	97.9	21	29.8	97.9	37	19.7	94.2
Never	2	2.1	100.0	9	9.6	100.0	11	5.8	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

The respondents of the study opined that most of the elderly of both settings go to the doctors according to their needs (71.3% of OAH and 60.6% of urban family). Again, 17.0% respondents of OAH and 29.8% respondents of urban family visit the doctors in their serious problem. But very few elderly of both the settings visit the doctors regularly, such as: 7.5% respondents of OAH visits doctors in every month and 2.1% respondents visits doctors in every three months, whereas in urban family 4.3% respondents visits doctors in every month and 3.2% respondents visits doctors in every three months.

Among the elderly of both settings who visits the doctors never, such kind of elderly are also very few in number (2.1% of OAH and 9.6% of urban family). Actually, they are not affected/suffering by chronic illness. Though they do not go to doctor but they take medicine consulting with pharmacists/dispensary/*kabiraj* when they are sick/ill.

5.7. Needs of the Separate Government Hospital for the Elderly

Older people are physically vulnerable. They suffer from various diseases. In old age, their physical, mental or emotional dysfunction makes them physically incapable. They need health care and for that they need special hospital facility. But there is no specialized hospital for the aged in Bangladesh like Dhaka *Shishu* (Children) Hospital, Dhaka, Bangladesh.

Table 5.6: Needs of the Separate Government Hospital for the Elderly

Needs of Separate Hospital for Elderly	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	84	89.4	89.4	92	97.9	97.9	176	93.6	93.6
No	10	10.6	100.0	2	2.1	100.0	12	6.4	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

It is evident from table 5.6 that almost all the elderly of OAH and urban family want separate government hospital for their health care. This percentage is 89.4% in OAH and 97.9% in urban family. They think that if there are separate government hospitals for their medical services so, they will get priority. Specialized doctors and other services will be available with free of cost. As a result standard of medical services to the elderly will be increased.

Only 10.6% respondents of OAH and 2.1% respondents of urban family do not give consent for separate hospital for the aged. They argue the existing government hospitals are not running well. Government should look after the existing hospitals properly and should increase the facility within these hospitals. They also suggest for starting special services unit for senior citizens with each government hospital.

5.8. Walking Status of the Respondents

Walking is good for health for the people of all ages. As the older people are physically weak so walking is the best exercise for them. Especially older people of urban area walk often. The researcher has tried to find differences between the elderly of OAH and urban family.

Table 5.7: Walking Status of the Respondents

Walking Status	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Always	29	30.8	30.8	23	24.5	24.5	52	27.7	27.7
Sometimes	28	29.8	60.6	39	41.5	66.0	67	35.6	63.3
Never	37	39.4	100.0	32	34.0	100.0	69	36.7	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Data of table 5.7 reveals that 30.8% respondents of OAH and 24.5% respondents of urban family walk ‘always’. Again, 29.8% respondents of OAH and 41.5% respondents of urban family walk ‘sometimes’. So, it is seen that the elderly of OAH is higher in number than the elderly of urban family who walk always and regularly. But those who walk ‘sometimes’ this scenario is quite opposite. Actually, many of them are patients of diabetes and among the rest; some are suffering from obesity, some are bored staying/living within the four walls of the residence and some walk from their health consciousness. It should be mentioned that within the campus of Old Rehabilitation Center, Gazipur (where elderly live without pay) there is a nice environment for walking.

On the other hand, 39.4% respondents of OAH and 34.0% respondents of urban family walk ‘never’. Among them some are physically weak, some are very aged and many of them are female elderly. For example, 43.6% respondents of OAH and 20.2% respondents of urban family are female elderly. Usually, the tendency of going out of home among women is very low in our country. Again, they inform that walking place and environment is not easily available in urban area. Thus, regarding the walking status it is seen that elderly of OAH are more conscious and they have relatively better environment for walking.

5.9. Duration of Walking

For physical activity, walking is the most popular and easily accessible mode. Walking has many beneficial effects on diseases. Recent evidence suggests speed of physical activities have more benefits than the duration.[7]

Table 5.8: Duration of Walking of the Respondents

Duration of Walking	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Up to 30 Minutes	6	6.3	6.3	13	13.9	13.9	19	10.1	10.1
30-60 Minutes	31	33.0	39.3	32	34.0	47.9	63	33.5	43.6
60-90 Minutes	15	16.0	55.3	10	10.6	58.5	25	13.3	56.9
90-120 Minutes	5	5.3	60.6	1	1.1	59.6	6	3.2	60.1
More	0	0	60.6	6	6.4	66.0	6	3.2	63.3
Not Applicable	37	39.4	100.0	32	34.0	100.0	69	36.7	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

According to the data of table 5.8, the highest number of elderly of both the settings (33.0% respondents of OAH and 34.0% respondents of urban family) walk 30-60 minutes per day. Again, the elderly who walk 60-90 minutes on an average among them 16.0% live in OAH and 10.6% live in urban family. Very little number of elderly (5.3% of OAH and 1.1% of urban family) walks 90-120 minutes every day. But in urban family 6.4% elderly walk 2 hours or more per day and no elderly has been found in OAH in this group. It is mentioned that elderly who walk 'always' and 'sometimes' both kind of elderly have been included in this process.

This section is not applicable for 39.4% elderly of OAH and 34.0% elderly of urban family because they do not go out normally for walking rather they are aged and ill and most of them are female elderly.

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[7] Hans Askelund Saevereid, Peter Schnohr, and Eva Prescott. "Speed and Duration of Walking and Other Leisure Time Physical Activity and the Risk of Heart Failure: A Prospective Cohort Study from the Copenhagen City Heart Study." *PLoS One* 9, 3 (2014): e89909. http://dx.doi.org/10.1371/journal.pone.0089909 (accessed March 11, 2015).

Table 5.9: Correlation between Age and Duration of Walking

		OAH		Urban Family	
		Age of the Respondents	Duration of walking	Age of the Respondents	Duration of walking
Age of the Respondents	Pearson Correlation	1	.415**	1	.367**
	Sig. (2-tailed)		.000		.000
	N	94	94	94	94

**. Correlation is significant at the 0.01 level (2-tailed).

Comment: In OAH, there is a positive relationship between age and duration of walking. The correlation of 0.415 indicates a moderate positive association between the variables. Again, in urban family there is also a positive relationship between age and duration of walking and the correlation is also moderately positive (the correlation is 0.367).

In both the cases correlation is significant at the 1% level and the sig. (2 tailed) is .000. (Data have been shown in table 4.1 & 5.7).

5.10. Facilities of Safe Drinking Water

Safe drinking water is inevitable for good health. Without safe drinking water sound health is impossible and for that another name of water is life. Scarcity of safe drinking water is a crucial part of urban life and this scarcity is increasing with the expansion of urban population.

Table 5.10: Facilities of Safe Drinking Water

Safe Drinking Water	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	94	100.0	100.0	79	84.0	84.0	173	92.0	92.0
No	-	-		15	16.0	100.0	15	8.0	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

It is depicted from the table 5.10 that 100% respondents of OAH get the facilities of safe drinking water. But in urban family this number is somewhat low.

According to the collected data 84.0% respondents of urban family have the facilities of safe drinking water and 16.0% respondents do not have any facilities of safe drinking water in urban family.

In both the OAHs have deep tube well/water purifying filter and members of these OAHs use water of deep tube well/water filter and according to respondents' opinion this water is safe for drinking and other uses. Again, although most of the elderly of urban family have opined that they get safe water but it has been seen that actually they use the water supplied by city corporation/WASA (Water Supply & Sewerage Authority). This water is not always safe. So, the elderly of urban family drink this water by boiling or use water filter to purify.

Elderly of urban family, who do not get safe water, some of them inform that water supplied by city corporation/WASA (Water Supply & Sewerage Authority) is not safe. Rest of them informs that they have no access to the water supply lines. Actually they live in slums/slum area and they collect water from nearby water supply lines and tube well.

5.11. Whether the Cloths of the Respondents Always Clean or Not

To keep one neat and clean is an inexorable part for good health. Every healthy man/woman keeps himself/herself neat and clean. Dirty clothes are unhygienic and it may cause of many diseases. Clean cloth is one of the important elements of hygienic living, it helps to keep hygiene and keep free from diseases.

Table 5.11: Whether the Cloths of the Respondents Always Clean or Not

Cloths are Always Clean or Not	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes/Always	62	65.9	65.9	73	77.7	77.7	135	71.8	71.8
No	2	2.1	68.0	2	2.1	79.8	4	2.1	73.9
Sometimes	29	30.9	98.9	17	18.1	97.9	46	24.5	98.4
No Comments	1	1.1	100.0	2	2.1	100.0	3	1.6	100.0
Total	64	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

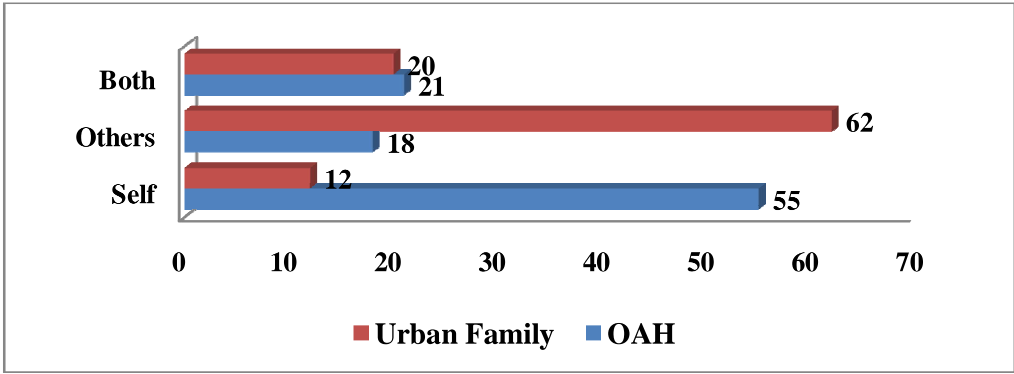
It is depicted from the table 5.11 that 65.9% respondents of OAH wear neat and clean cloths always. But this category of respondents in urban family is somewhat high (77.7%). Again, only 2.1% respondents of OAH answer this question negatively, that means they do not use neat and clean clothes and this percentage is for the urban family is also same. In OAH 30.9% respondents have been got who use neat and clean clothes 'sometimes' and it is for urban family near about half (18.1%).

The data also show that 1.1% respondents of OAH and 2.1% respondents of urban family had 'no comments'. It means they did not answer the concerned issue. By considering both the settings we can say that relatively the elderly of urban family hold better position than the elderly of OAH regarding this particular issue of health status.

5.12. Whether the Respondents Washing their Clothes or Not (The Persons who Wash Their Own Clothes)

Washing clothes is a boring/irritating work for everyone, especially in old age. Generally, older people are physically weak. Again, cleaning clothes is an arduous work for the older people.

Figure 5.2: Whether the Respondents Washing Clothes or Not



Source: Questionnaire Survey, May-September, 2015

Figure 5.2 indicates that the higher number of elderly of OAH wash clothes from themselves than the elderly of urban family. Here, we see 58.5% respondents

(55 elderly) of OAH and only 12.8% respondents (12 elderly) of urban family wash their clothes of their own. But we get an opposite scenario when we see clothes washed by 'others' and it is 19.2% (18 elderly) for OAH and 66.0% (62 elderly) for urban family. On the other side, clothes washed by 'both' (self and others) this kind of elderly is almost equal for both the settings (22.3% in OAH and 21.2% in urban family).

In respect of OAH when we see clothes washed by 'others' or 'both', in that case (OAH where elderly live with pay) mostly maid servant wash their clothes and the elderly paid them in monthly basis and sometimes daily basis. But the elderly where live without pay in that case peon/*aya* (4th class employee of OAH) wash the clothes of the elderly; these elderly are unable to wash their own clothes due to their age (physical weakness) or illness and they need not to pay for that.

Again, in respect of urban family, the elderly inform that in maximum cases maid servant/wife/daughter/daughter-in-law wash their clothes whereas they (the elderly) answer the clothes are washed by 'others' or 'both'. (See table 16, Appendix B)

5.13. The Needs of Help from Others for Physical Weakness/Illness

We all need help from others for different reasons. But in old age the degree of need increase for many reasons. Physical weakness or illness is one of the most important reasons. Elderly of the study area also needs help from others in such situation.

Table 5.12: The Needs of Help from Others for Physical Weakness/Illness

Help from Others	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	1	1.1	1.1	3	3.2	3.2	4	2.1	2.1
No	82	87.2	88.3	84	89.4	92.6	166	88.3	90.4
Sometimes	11	11.7	100.0	7	7.4	100.0	18	9.6	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

It is depicted from the table 5.12 that among the respondents of OAH, only 1.1% respondents receive help from others 'always', 11.7% respondents receive help 'sometimes' and majority of them (87.2% respondents) do not receive help from others for their physical weakness/illness. Again, among the elderly of urban family the scenario is almost same. Here, 3.2% respondents receive help from others 'always', 7.4% respondents receive help 'sometimes' and majority of them (89.4% respondents) do not receive help from others for their physical weakness/illness. So, it is said that comparatively higher number of elderly of OAH (1.1%+11.7%=12.8% respondents) receive help from others than the elderly of urban family (3.2%+7.4%=10.6% respondents).

5.14. The State of Memory of the Respondents

Ageing is generally associated with memory declining. It makes the speed of information getting downward. Loss of memory is a common phenomenon in old age.

Table 5.13: The Status of Memory of the Respondents

Status of Memory	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Good	27	28.7	28.7	36	38.3	38.3	63	33.5	33.5
Moderate	57	60.6	89.3	55	58.5	96.8	112	59.6	93.1
Bad	10	10.6	100.0	3	3.2	100.0	13	6.9	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

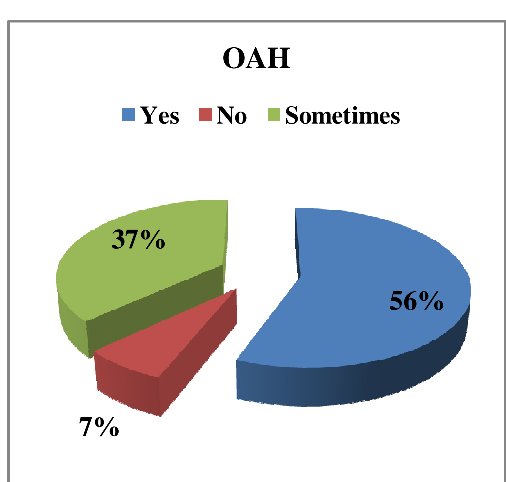
Data regarding the state of memory of the respondents indicates that in both the settings (OAH and urban family) the highest number of elderly (60.6% in OAH and 58.5% in urban family) has been found in the category of 'moderate' level of their memory. Second highest number of elderly belongs in the category of 'good' (28.7% in OAH and 38.3% in urban family). Again, the elderly who belong in the category of 'bad', they were 10.6% in OAH and only 3.2% in urban family. So, it is said that loss of memory has been occurred much among the elderly of OAH than the elderly of urban family.

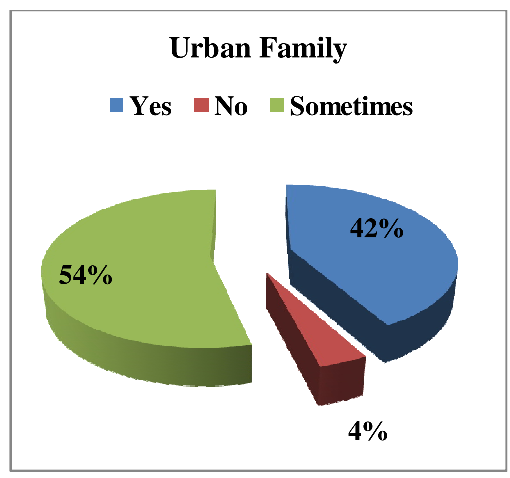
Among the total elderly of both the settings 59.6% respondents belong in moderate category and rest of the respondents belong in 'good' and 'bad' (33.5%+6.9%= 40.4% respondents) category.

5.15. Whether the Respondents Take Drug/Medicine and Do Other Tasks by Themselves or Not

Figure 5.3 represents the data about state of drug taking and other tasks of the respondents by themselves. It shows 56.0% respondents (53 elderly) of OAH and 42.0% (39 elderly) respondents of urban family respond 'yes' that means they take drug/medicine and do other tasks from themselves.

Figure 5.3: State of Drug/Medicine Taking & Other Tasks of the Respondents from Themselves





Source: Questionnaire Survey, May-September, 2015

But 7.0% (6 elderly) respondents of OAH and 4.0% (4 elderly) respondents of urban family cannot take medicine and cannot do other tasks from themselves. In this case in OAH, roommates of respondents help them to take medicine and do other tasks in time. But in urban family, other family members such as: husband/wife, daughter, son, wife of son and grand children help the respondents to take medicine and do other tasks in time. Again, 37.0% respondents (35 elderly) of OAH and 54.0%

respondents (51 elderly) of urban family take medicine and do other tasks 'sometimes' from themselves. Here respondents do their work both from 'self' and with the help of 'others'. (See table 17, Appendix B)

5.16. Sleeping Condition of the Respondents

Sound sleep is necessary to maintain good health and mind. Insomnia/sleeplessness is the cause of many diseases. Sound sleep can help to protect the physical and mental health. So, adequate sleep is essential for sound health. According to U.S. National Heart, Lung and Blood Institute "Sleep plays a vital role in good health and well-being throughout your life. Getting enough quality sleep at the right times can help protect your mental health, physical health, quality of life, and safety."[8]

Table 5.14: Sleeping Condition of the Respondents

Sleeping Condition	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Good	33	35.1	35.1	44	46.8	46.8	77	40.9	40.9
Moderate	56	59.6	94.7	46	48.9	95.7	102	54.3	95.2
Bad	5	5.3	100.0	4	4.3	100.0	9	4.8	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

According to the data of sleeping condition of the respondents (table 5.14) shows that 35.1% respondents of OAH and 46.8% respondents of urban family sleep well (good). Again, 59.6% respondents of OAH inform that their sleeping condition is 'moderate' and this percentage for urban family is 48.9%. But very few elderly of both settings (5.3% in OAH and 4.3% in urban family) inform that their sleeping condition is 'bad'.

Thus it is said that sleeping condition of the elderly of urban family is relatively better than the elderly of OAH.

[8] http://www.nhlbi.nih.gov/health/health-topics/topics/sdd/why (accessed April 24, 2016).

5.17. Status of Taking Sleeping Pill

Sleeping pill is prescribed by doctors for the patients who are suffering from sleeplessness/insomnia. Sleeplessness night is boring and intolerable and it also a cause of many other diseases. Due to tension and some other diseases like abnormal blood pressure are results into sleeplessness. Aged people are also affected by sleeping problem.

Table 5.15: Distribution of the Respondents by Taking Sleeping Pill

Take Sleeping Pill or Not	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	14	14.9	14.9	9	9.6	9.6	23	12.2	12.2
No	80	85.1	100.0	85	90.4	100.0	165	87.8	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Data of table 5.15 reveals that 14.9% respondents of OAH and 9.6% respondents of urban family take sleeping pill sometimes or every day. Thus it is seen that the number of elderly who need sleeping pill are higher in number in OAH than the elderly of urban family. But most of the elderly of OAH (85.1% respondents) and urban family (90.4% respondents) do not take pill for sleeping.

5.18. State of Sleeping Pill Taking of the Respondents

Patients of sleeplessness/insomnia need to take sleeping pill for sleeping. Older people are not anomaly of this process. They also take pill when they suffer from such problem.

Table 5.16: State of Sleeping Pill Taking of the Respondents

State of Sleeping Pill Taking	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Regular/Everyday	3	3.2	3.2	0	0	0	3	1.6	1.6
Sometimes	11	11.7	14.9	9	9.6	9.6	20	10.6	12.2
Never	80	85.1	100.0	85	90.4	100.0	165	87.8	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Table 5.16 indicates the data about state of sleeping pill taking of the respondents and we see in OAH 3.2% respondents take pill ‘every day’ for sleeping but in urban family no one has been found in this category. Again, 11.7% respondents have been found in OAH and 9.6% respondents have been found in urban family who take sleeping pill ‘sometimes’. On the other hand, 85.1% respondents of OAH and 90.6% respondents of urban family inform that they ‘never’ take pill for sleeping.

5.19. Persons Taking Care of the Respondents

In OAH, usually the authorities look after the elderly. But it has been found in observation that the elderly (especially who are physically weak and unable to do their own work/tasks but have the financial ability) of OAH where live with pay, many of them have part time maid servants to serve them, especially for washing clothes, cleaning/sweeping room, making tea/horlicks/juice, bringing medicine/soap/biscuits and other necessary goods and stationeries from nearby shops. They (maid servants) also help the elderly to take medicine. Besides, inmates of OAH help one-another, although some of them inform nobody helps one-another and friendship or good relationship is impossible in this age.

Again, in OAH (the elderly where live without pay), authority looks after the elderly. For caring the elderly the authority has employed some persons (male assistants for male elderly and female assistants for female elderly). These persons look after them, especially the elderly who are unable to do own work. They (assistants) clean rooms/clothes, provide physical support and do other necessary work/things.

Figure 5.4: Persons Caring the Elderly of Urban Family

Spouse	Daughter	Son	Daughter-in-law	Others
31	28	44	33	15

Source: Questionnaire Survey, May-September, 2015

*Multiple options

In respect of urban family we see 33.0% respondents (31 elderly) are cared by their spouses, 29.8% respondents (28 elderly) are cared by their daughter. In most of the cases respondents are cared by their sons (46.8%). Respondents are looking after by their daughter-in-law such type of elderly 35.1% (33 elderly) has been found in urban family. But 16.0% respondents (15 elderly) have been got who are looked after by 'others'. Here, other persons mean other family members of the respondents, such as: nephew, niece, brother and so on. It also includes maid servants of residence.

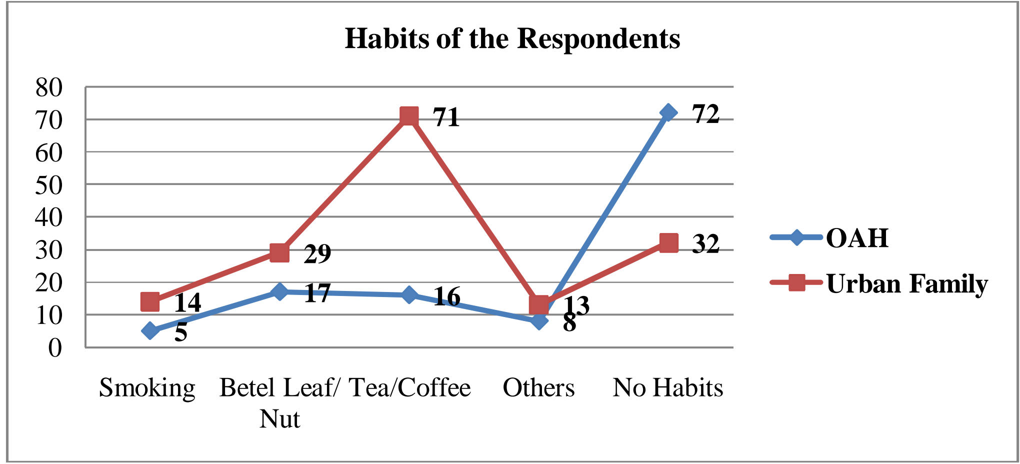
Although the elderly of OAH get caring from the authority nevertheless they are still unquenchable by not getting care from their family members. Observation says every older person expects caring from the closest persons (family members) in their later life and for that it can be said that the elderly of urban family get much caring and satisfaction than the elderly of OAH. (Table 18, Appendix B)

It is known from KII that normally sons and daughters look after their parents in our society. Spouses also play a vital role in this regard. Maximum wives of sons do not take these duties easily.

5.20. Habits of the Respondents

Data of figure 5.5 shows that very few elderly (5.3% respondents) of OAH are habituated in 'smoking' but it is for urban family about three times higher (14.9% respondents). Elderly habituated in 'betel leaf/betel nut' such type of respondents 18.1% have been found in OAH and 30.9% respondents have been found in urban family. Again, among the respondents of OAH 17.1% are habituated in 'tea' taking but this percentage is very high in urban family (75.5%).

Figure 5.5: Habits of the Respondents



Source: Questionnaire Survey, May-September, 2015

*Multiple Options

Some elderly have been found in both the settings (8.5% in OAH and 13.8% in urban family) who are habituated in 'others' elements/items. Actually, they are habituated in tobacco leaf, *jorda*, liquor and so on. But 76.6% respondents of OAH and 34.0% respondents of urban family have been found who have 'no habits'. They are free from all kind of habits like smoking, betel leaf/betel nut, tea/coffee, tobacco leaf, *jorda* and liquor etc.

It needs to be mentioned that the elderly of OAH (50% respondents of OAH) where live without pay, it is strictly prohibited to smoke, to eat betel leaf/betel nut, tobacco leaf, *jorda*, to drink liquor and others. But they are to serve tea with biscuit/bread/banana in every afternoon, although many of them do not take tea. As

they cannot go out of OAH premise without the permission of the OAH authority so the elderly of this OAH get no chance to be habituated in other items. (See table 19, Appendix B)

5.21. Conclusion

Health care services in Bangladesh are not yet in expected level. In one side a large number of populations live in Bangladesh, on the other side health care services are not sufficient, especially for the older people. Older people are the most vulnerable group of any country. Thus they need special care for their smooth livelihood.

Data reveals that the physical condition of the elderly of urban family is better than the elderly of OAH. Similarly, higher number of elderly of OAH is suffering from many diseases than the elderly of urban family and the duration of diseases is also high among the elderly of OAH than the elderly of urban family. Again, for better financial condition the elderly of urban family mostly go to the private hospitals for their treatment but the elderly of OAH mostly go to the OAH hospitals and government hospitals. In maximum cases, the elderly of urban family think separate hospitals for elderly is needed than the elderly of OAH.

Those who walk always or sometimes, among them the number of elderly is higher in urban family than the OAH. But the elderly of OAH walk for long time (walking duration is high) than the elderly of urban family.

According to the obtained data regarding facilities of safe drinking water it is seen that 100% elderly of OAH have this facility but in urban family this number is somewhat lower. Higher number of elderly of urban family wear clean clothes than the elderly of OAH but this number is lower in urban family where the elderly wash clothes from themselves.

Elderly think their memory status is good such type of elderly is higher in urban family than the OAH. The scenario is quite opposite when we see higher number elderly of OAH take medicine and do other tasks from themselves but the

dependency on family members of the elderly of urban family is one of the reasons of that.

The elderly of urban family sleep well than the elderly of OAH and for that reason the elderly of OAH take more sleeping pill than the elderly of urban family. But the habits of smoking, tea/coffee, betel leaf/betel nut and others are much high to the elderly of urban family than the elderly of OAH.

From the aforementioned analysis of the health status of the elderly it is found that for the most of the indicators of health status (i.e. physical condition, diseases and duration of diseases, walking sometimes, using clean clothes, others help in physical weakness, memory status, sleeping condition and scope of others caring) the elderly of urban family hold better position than the elderly of OAH. But regarding the some other issues of health status (i.e. easy access to the medical facilities, regular walking, safe drinking water facilities, washing clothes from self, drug taking from self, habit of smoking/betel leaf-nut/tea-coffee/others etc.) the elderly of OAH hold better position than the elderly of urban family.

Chapter Six

Psychological Condition of the Elderly: Comparison between Old Age Home and Urban Family

6.1. Introduction

Psychological condition of the elderly is an important factor to measure the situation of the elderly. Psychological condition or mental construct of a person depends on the social and cultural environment/context where he/she grows up. Thus, social and cultural environment/context or circumstances plays a vital role to make one's mental construct.

Again, age is also an important factor for constructing mental set up of a person because various stages of life make space to think in different ways. For analyzing psychological condition of the elderly, the researcher has included various issues such as: life style, experience, attitude, freedom, satisfaction, alienation, social outlook, self-esteem, friendship, personal matter sharing, maintaining privacy, outing facilities, mixing with grandchildren and relationship with family members and others.

6.2. Attitude to the Family Members of the Respondents (before the Age of 60)

It is essential to know the attitude of the respondents for analyzing psychological status.

Table 6.1: Attitude to the Family Members of the Respondents

Attitude to the Family Members	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Good	1	1.1	1.1	24	25.5	25.5	25	13.3	13.3
Good	19	20.2	21.3	52	55.3	80.9	71	37.8	51.1
Moderate	35	37.2	58.5	17	18.1	98.9	52	27.6	78.7
Bad	17	18.1	76.6	1	1.1	100.0	18	9.6	88.3
Very Bad	3	3.2	79.8	0	0	100.0	3	1.6	89.9
Not Applicable	19	20.2	100.0	0	0	100.0	19	10.1	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Data of table 6.1 reveals the attitude of the respondents to the family members. It shows that attitude of 1.1% respondents of OAH are ‘very good’ whereas 25.5% respondents have been found in urban family in the same group. 20.2% respondents of OAH and 55.3% respondents of urban family belong in ‘good’ level of attitude. But in respect of ‘moderate’ attitude to the family members of the respondents, it is seen that 37.2% respondents live in OAH setting and 18.1% respondents live in urban family setting.

Regarding the ‘bad’ and ‘very bad’ attitude to the family members 21.3% (18.1%+3.2%) respondents of OAH opined positively but in urban family only 1.1% (1.1%+0%) respondents opined positively. 20.2% respondents have been found in OAH who have no family members (they are unmarried and single) and they have been shown as ‘not applicable’.

So, it is said that regarding the ‘good’ and ‘very good’ attitude to the family members is very high among the respondents of urban family (25.5%+55.3%=80.9%) than the respondents of OAH (1.1%+20.2%=21.3%). But the scenario is quite opposite for ‘moderate’, ‘bad’ and ‘very bad’ attitude, 58.6% (37.2%+18.1%+3.2%) have been found in OAH and 19.1% (18.1%+1.1%+0) have been found in urban family. Thus, the attitude to the family members of the respondents of urban family is better than the attitude of the respondents of OAH.

6.3. Attitude to the Respondents of the Family Members According to the Respondents’ Opinion

Data regarding the attitude to the respondents of the family members shows that in OAH no elderly has been found who belong in the category of ‘very good’ but in urban family 16.0% respondents have been found in this category. Again, for the category of ‘good’ only 13.8% respondents has been found in OAH and this percentage is more than three times higher in urban family and that is 45.7%.

Table 6.2: Attitude to the Respondents of the Family Members

Attitude to the Respondents	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Good	0	0	0	15	16.0	16.0	15	8.0	8.0
Good	13	13.8	13.8	43	45.7	61.7	56	29.8	37.8
Moderate	25	26.6	40.4	33	35.1	96.8	58	30.8	68.6
Bad	35	37.2	77.7	3	3.2	100.0	38	20.2	88.8
Very Bad	2	2.1	79.8	0	0	0	2	1.1	89.9
Not Applicable	19	20.2	100.0	0	0	0	19	10.1	100.0
Total	94	100.0		94	100.0			100.0	

Source: Questionnaire Survey, May-September, 2015

In respect of 'moderate' attitude 26.6% respondents have been found in OAH and 35.1% respondents have been found in urban family. But for 'bad' and 'very bad' category the number of respondent is very high in OAH (37.2%+2.1%=39.3% respondents) than the urban family (3.2%+0%=3.2% respondents). 20.2% respondents of OAH have been shown as 'not applicable' because they have no family members.

Thus, it can be said that most of the respondents of urban family opined positively regarding the attitude to the respondents of the family members but this number is very few in respect of OAH.

Chi-Square Test

OAH			Urban Family		
	Family members' attitude to the respondents	Respondents' attitude to the family members		Family members' attitude to the respondents	Respondents' Attitude to the family members
Chi-Square	36.426[a]	27.489[a]	Chi-Square	40.979[a]	57.915[a]
df	4	4	df	3	3
Asymp. Sig.	.000	.000	Asymp. Sig.	.000	.000
a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 18.8.			a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 23.5.		

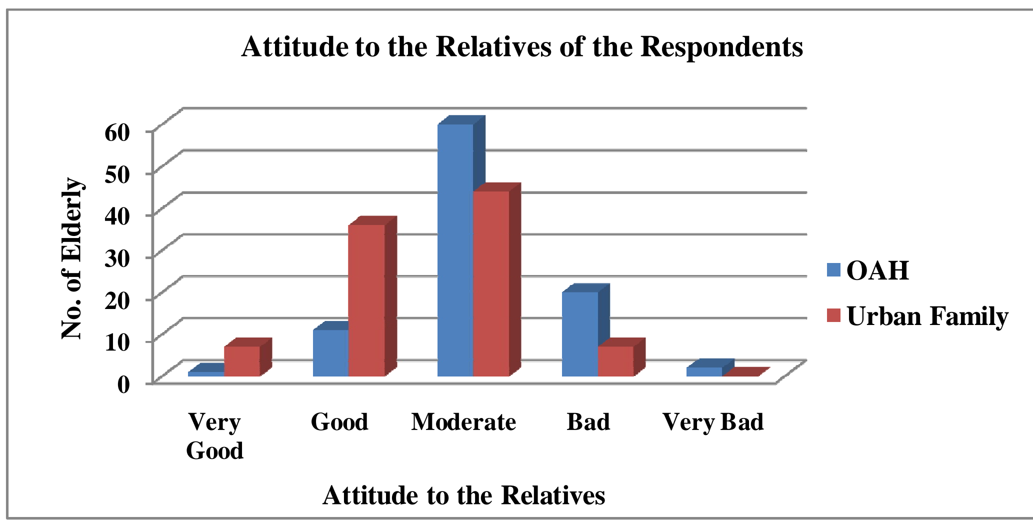
Comment: From the above table we see, 0 cells (.0%) have expected frequencies less than 5 which fulfill the precondition of chi-square test. In both OAH and urban family, the asymptotic significance level is 0.000 for both the family members'

attitude to the respondents and respondents' attitude to the family members which is less than 1% or 0.01. So, it is said that there is a significant association between family members' attitude to the respondents and respondents' attitude to the family members (Data have been shown in table 6.1 and 6.2).

6.4. Attitude to the Relatives of the Respondents

From the figure 6.1 it is depicted that 1.1% respondents of OAH have 'very good' attitude to their relatives but 7.4% have been found in urban family of this category. Again, 11.7% respondents have 'good' attitude in OAH and it is more than three times higher (38.3% respondents) in urban family. In both the settings the number of respondents is very high in respect of 'moderate' attitude to the relatives; it is 63.8% in OAH and 46.8% in urban family.

Figure 6.1: Attitude to the Relatives of the Respondents



Source: Questionnaire Survey, May-September, 2015

Again, 21.3% respondents (20 elderly) have been found in OAH and 7.4% respondents (7 elderly) have been found in urban family where the attitude is 'bad'. For the category of 'very bad' attitude to the relatives 2.1% respondents (2 elderly) have been found in OAH but no one has been found in urban family. So, it can be said

that higher number of elderly of urban family have positive attitude to the relatives than the elderly of OAH. (See table 20, Appendix B)

According to KII's opinion, attitude to the elderly of family members, relatives and others is changing from natural to instrumental especially in urban areas in our society. Modern urban life is busy and commercial, thus attitude to the elderly is changing negatively.

6.5. Social Outlook to the Living Arrangement of the Respondents

Data regarding social outlook to the living arrangement of the respondents shows that in OAH 9.6% respondents' opinion was 'good', 17.0% respondents' opinion was 'moderate', 40.4% respondents' opinion was 'bad' and 33.0% respondents' opinion was 'very bad'.

Table 6.3: Social Outlook to the Living Arrangement

Social Outlook To Living Arrangement	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Good	0	0	0	27	28.7	28.7	27	14.4	14.4
Good	9	9.6	9.6	22	23.4	52.1	31	16.5	30.9
Moderate	16	17.0	26.6	10	10.7	62.8	26	13.8	44.7
Bad	38	40.4	67.0	0	0	62.8	38	20.2	64.9
Very Bad	31	33.0	100.0	0	0	62.8	31	16.5	81.4
Not Applicable	0	0	100.0	35	37.2	100.0	35	18.6	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

On the other hand, in urban family 28.7% respondents' opinion was 'very good', 23.4% respondents' opinion was 'good' and 10.7% respondents' opinion was 'moderate' but no elderly has been found in the category of 'bad' and 'very bad'. Again among the elderly of urban family 37.2% respondents have been found who are not known with the concept of OAH, so they have been shown as 'not applicable'. Thus we can say that as living arrangement for the elderly, urban family is seen more positively than the OAH by the society according to the opinion of the respondents.

6.6. Experience of Life of the Respondents

Data of figure 6.2 shows that experience of life is ‘moderate’ of the highest number of elderly of both settings (OAH and urban family) and this percentage is 45.7% (43 elderly) in OAH and 52.1% (49 elderly) in urban family.

Figure 6.2: Experience of Life of the Respondents

Source: Questionnaire Survey, May-September, 2015

Experience of life is ‘very good’ such kind of elderly no one has been found in OAH but 5.3% respondents (5 elderly) have been found in urban family. Again, 7.4% respondents (7 elderly) have been found in OAH and 33.0% respondents (31 elderly) have been found in urban family who informed their experience of life is ‘good’.

For ‘bad’ experience 38.3% respondents (36 elderly) have been found in OAH and 9.6% respondents (9 elderly) have been found in urban family. No one has been found in urban family who informed experience is ‘very bad’ but 8.5% respondents (8 elderly) have been found in OAH in this category. Thus, it is seen that the higher number of elderly have been found in urban family than the OAH who have better experience about their life. (See table 21, Appendix B)

6.7. Freedom in OAH/Urban Family of the Respondents

Freedom is an inherent instinct and most precious right of human being. It is very difficult to live without freedom. Freedom allows us to do whatever we want to do within a particular socio-cultural context.

Table 6.4: Freedom in OAH/Urban Family of the Respondents

Level of Freedom	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Much	14	14.9	14.9	28	29.8	29.8	42	22.3	22.3
Much	29	30.9	45.7	33	35.1	64.9	62	33.0	55.3
Moderate	19	20.2	66.0	27	28.7	93.6	46	24.5	79.8
Few	17	18.1	84.0	6	6.4	100.0	23	12.2	92.0
Very Few	15	16.0	100.0	0	0	100.0	15	8.0	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

According to the opinion of the respondents, 14.9% respondents of OAH enjoy the freedom ‘very much’ but in urban family this percentage is double (29.8%). Again, in OAH 30.9% respondents have ‘much’ freedom but in urban family 35.1% respondents belong in this category of freedom. In case of ‘moderate’ level of freedom 20.2% respondents have been found in OAH and 28.7% respondents have been found in urban family.

Again, 18.1% respondents of OAH and 6.4% respondents of urban family have been found who enjoy ‘few’ freedom. No one has been found in urban family who enjoys ‘very few’ freedom but 16.0% respondents have been found in OAH in this category.

So, it is seen that higher number of elderly of urban family enjoys freedom ‘very much’ and ‘much’ level than the elderly of OAH. But this scenario is quite opposite for the category of ‘few’ and ‘very few’, here the higher number of elderly have been found in OAH than the elderly of urban family.

Chi-Square Test

OAH			Urban Family		
	Freedom in OAH	Satisfaction to life		Freedom in family	Satisfaction to life
Chi-Square	7.702[a]	65.043[a]	Chi-Square	18.255[a]	43.447[b]
df	4	4	df	3	4
Asymp. Sig.	.103	.000	Asymp. Sig.	.000	.000
a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 18.8.			a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 23.5. b. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 18.8.		

In the above table 0 cells (.0%) have expected frequencies less than 5 which fulfill the precondition of chi-square test. It is seen that in case of OAH, the asymptotic significance level of both freedom in OAH and satisfaction to life is 0.103 and 0.000 respectively that means in case of freedom in OAH asymptotic significance level is not less than 1% or 0.01 but in case of satisfaction to life the asymptotic significance level is less than 1% or 0.01. That indicate there is no significant association for freedom but for satisfaction to life significant association has been found.

Similarly, in case of urban family, the asymptotic significance level of both freedom in urban family and satisfaction to life is 0.000 and 0.000 respectively which is less than 1% or 0.01. So it is said that there is a significant association between freedom and satisfaction to life (Data have been shown in table 6.4 and figure 6.3).

6.8. Self-esteem of the Respondents in OAH/Urban family

From the surveyed data (table 6.5) it is seen that 20.2% respondents of urban family think they have ‘very much’ self-esteem but no one has been found in OAH in this category. Again, in OAH only 4.3% respondents think they have ‘much’ self-esteem but it is 34.0% for urban family.

Table 6.5: Self-esteem of the Respondents

Level of Self-esteem	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Much	0	0	0	19	20.2	20.2	19	10.1	10.1
Much	4	4.3	4.3	32	34.0	54.3	36	19.2	29.3
Moderate	31	33.0	37.2	38	40.4	94.7	69	36.7	66.0
Few	21	22.3	59.6	5	5.3	100.0	26	13.8	79.8
Very Few	38	40.4	100.0	0	0	0	38	20.2	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

The highest number of respondents belongs in the ‘moderate’ category of urban family and the percentage is 40.4% but in OAH 33.0% respondents have been found in this category. On the other hand, those of the elderly have ‘few’ self-esteem, they are higher in number in OAH (22.3%) than the urban family (5.3%). For the

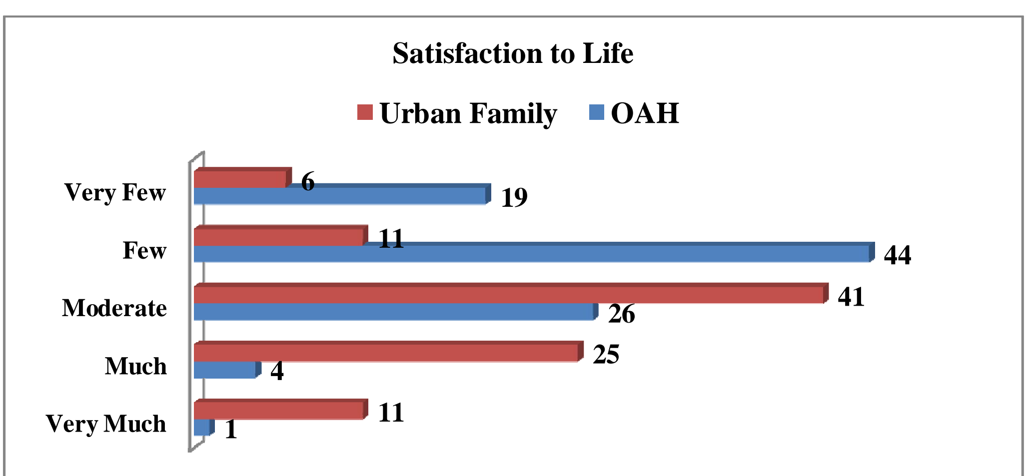
category of ‘very few’ 40.4% respondents have been found in OAH but no one has been found in urban family. So, it can be said that the higher number of elderly of urban family hold better position about enjoying self-esteem than that of OAH.

Among the elderly of OAH who opine it is not possible to maintain self-esteem in this setting actually they inform socially they are treated as inferior. Society does not accept them positively and they are to live under an authority where they cannot exercise power and cannot place their opinion. Again, freedom is limited in some cases where the elderly live without pay. On the other, hand very few elderly of urban family inform they have no decision making power, freedom and they are economically insolvent and for that self-esteem is not properly maintained.

6.9. Satisfaction to Life of the Respondents

According to the data of figure 6.3 we see, 1.1% respondents (1 elderly) of OAH are ‘very much’ satisfied to their life but this percentage is 11.7% (11 elderly) in urban family. In OAH 4.3% respondents (4 elderly) opined that they are ‘much’ satisfied and 26.6% respondents (25 elderly) have been found in urban family who belong in this category. Again, 27.7% respondents (26 elderly) of OAH and 43.6% respondents (41 elderly) of urban family have opined that they are moderately satisfied.

Figure 6.3: Satisfaction to Life of the Respondents



Source: Questionnaire Survey, May-September, 2015

Among the respondents of OAH maximum are satisfied 'few' and that is 46.8% (44 elderly) and this percentage is 11.7% (11 elderly) in urban family. Again, 20.2% respondents (19 elderly) have been found in OAH who are satisfied 'very few' but in urban family it is somewhat fewer (6.4% respondents). Thus, it is seen that the elderly of urban family are in better position about the satisfaction to life than the elderly of OAH.

Among the elderly of OAH who are not satisfied to their life, they inform that life out of family (OAH) in later life is not expected or desired. The elderly who are undone and have nothing to do, they only come here. Actually, they have been thrown out by family members or have no family members. Most of them also inform in OAH, affection or love is absent and friendship is impossible in this age. They always think for their family members that make them dejected. Again, many of them are ill and suffer from many diseases. Socially they treated as inferior. So, most of the elderly of this setting (OAH) are not satisfied to their life. On the other side, among the elderly of urban family who are not satisfied to their life they inform that mostly they are suffering from family crisis (tension among family members), diseases and poverty. (See table 22, Appendix B)

Chi-Square Test

OAH			**Urban Family**		
	Experience	**Satisfaction to life**		**Experience**	**Satisfaction to life**
Chi-Square	44.638[a]	65.043[b]	Chi-Square	53.574[a]	43.447[b]
df	3	4	df	3	4
Asymp. Sig.	.000	.000	Asymp. Sig.	.000	.000
a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 23.5. b. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 18.8.			a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 23.5. b. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 18.8.		

Comment: In the above table 0 cells (.0%) have expected frequencies less than 5 which fulfill the precondition of chi-square test. In both OAH and urban family, the asymptotic significance level is 0.000 for both the experience and satisfaction to life which is less than 1% or 0.01. So, it can be concluded that there seems significant association between experience and satisfaction to life (Data have been shown in figure 6.2 and 6.3).

6.10. Feelings of the Respondents about Alienation from Others (Society)

In old age generally people are being alienated from other people of the society. Especially people who retire form job. This kind of alienation is one of the causes of psychological or mental shock.

Table 6.6: Feelings about Alienation from Others (Society)

Level of Alienation	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Much	13	13.8	13.8	2	2.1	2.1	15	8.0	8.0
Much	52	55.3	69.1	7	7.4	9.5	59	31.4	39.4
Moderate	18	19.2	88.3	19	20.2	29.7	37	19.7	59.1
Few	8	8.5	96.8	40	42.6	72.3	48	25.5	84.6
Very Few	3	3.2	100.0	26	27.7	100.0	29	15.4	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Data of table 6.6 indicates that 13.8% respondents of OAH and 2.1% respondents of urban family are ‘very much’ alienated according to their opinion. Again, among the elderly of OAH the highest number of elderly (55.3% respondents) is ‘much’ alienated and this percentage is 9.5% for urban family. The elderly who are moderately alienated they are about equal in both settings (OAH and urban family), among them 19.2% respondents belong in OAH and 20.2% respondents belong in urban family.

On the other hand, 8.5% respondents of OAH opined that they are ‘few’ alienated but this percentage is very high in urban family that is 42.6%. But only 3.2%

respondents have been found in OAH who are 'very few' alienated and 27.7% respondents of urban family belong in this group. So, we see the elderly of OAH are much alienated than the elderly of urban family. Thus, the elderly of urban family hold relatively better position in this regard.

6.11. Arrangement for Recreation of the Respondents

According to the respondents' opinion 84.0% respondents of OAH enjoy only 'TV' for recreation and this percentage is 72.3% in urban family. This group of elderly (only TV viewer) is highest in number of both the settings (OAH and urban family) but proportionately this number is higher in OAH than the urban family. The lowest number of elderly (1.1% respondents) of OAH uses only 'mobile phone' for recreation but no one has been found in this category in urban family.

Table 6.7: Arrangement for Recreation

Arrangement for Recreation	OAH			Arrangement for Recreation	Urban Family		
	f	%	CP		f	%	CP
TV	79	84.0	84.0	TV	68	72.3	72.3
Mobile Phone	1	1.1	85.1	TV, Computer	4	4.3	76.6
TV, Mobile Phone	4	4.3	89.4	TV, Mobile Phone	8	8.5	85.1
Others	7	7.4	96.8	Others	3	3.2	88.3
Nothing	3	3.2	100.0	Nothing	11	11.7	100.0
Total	94	100.0		Total	94	100.0	

Source: Questionnaire Survey, May-September, 2015

The elderly who use both 'TV and mobile phone' for recreation such type of elderly 4.3% have been found in OAH and 8.5% have been found in urban family. Again, 7.4% respondents of OAH and 3.2% respondents of urban family use other devices for recreation, such as: carrom, chess, card and newspapers etc. But the elderly use 'nothing' for recreation, this kind of elderly higher in urban family than OAH (3.2% respondents in OAH and 11.7% respondents in urban family). Actually, some elderly avoid these equipments of recreation for their religious principle and some have no scope of recreation.

It should be mentioned that TV facility is provided by the authority in OAH and they have separate TV room for the male and female elderly. So, every elderly can enjoy TV for recreation if he/she wants.

6.12. Status of Having Friends of the Respondents

Friendship makes a man happy. It develops one's psychological engagement and it is such a relationship where one can share everything including personal matter. So, to live without friendship is difficult.

Table 6.8: Status of Having Friends

Status of Having Friends	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	9	9.6	9.6	21	22.3	22.3	30	16.0	16.0
No	85	90.4	100.0	73	77.7	100.0	158	84.0	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

In OAH, only 9.6% respondents opined that they have friends and rest 90.4% respondents do not have any friends. So, majority of the elderly have no friends in OAH. But in urban family 22.3% respondents informed that they have friends and 77.7% respondents informed that they have no friends. Thus it is seen that the elderly who have friends they are higher in number in urban family than the OAH.

6.13. Frequency of Meeting with Friends of the Respondents

Friendship is one of the most beautiful relations of all. Very few elderly of both settings have friends but friendship is very needed to all for psychological and other supports.

Table 6.9: Frequency of Meeting with Friends

Frequency of Meeting	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Everyday	0	0	0	6	28.6	28.6	6	20.0	20.0
Every Week	1	11.1	11.1	4	19.0	47.6	5	16.7	36.7
Every Month	2	22.2	33.3	2	9.5	57.1	4	13.3	50.0
Very Rare	6	66.7	100.0	9	42.9	100.0	15	50.0	100.0
Total	9	100.0		21	100.0		30	100.0	

Source: Questionnaire Survey, May-September, 2015

Table 6.9 shows the data about frequency of meeting with friends of the elderly who have friends of both settings (OAH and urban family) and we see no one has been found in OAH who meets 'everyday' with their friends but in urban family 28.6% respondents have been found who meets 'everyday' with their friends. 11.1% respondents of OAH meet with their friends in 'every week' but in urban family 19.0% respondents have been found in this group.

But, the elderly equal in number where they meet with friends in 'every month' in both OAH and urban family. Again, the highest number of elderly of both settings meets 'very rare' with friends and this percentage is 66.7% in OAH and 42.9% in urban family.

6.14. Matters Sharing with Friends

The elderly who have friends of both settings (OAH and urban family) only they have been considered in this section and it is 9 elderly in OAH and 21 elderly in urban family.

Table 6.10: Matters Sharing with Friends

Sharing Matters with Friends	OAH		Urban Family	
	f	%	f	%
Family Related	3	33.3	11	52.4
Personal	5	55.6	17	81.0
Political	2	22.2	5	23.8
Religious	7	77.8	13	61.9
Economic	1	11.1	4	19.0
Others	4	44.4	10	47.6

Source: Questionnaire Survey, May-September, 2015 *Multiple Options

Here, N= 9 for OAH and N= 21for Urban Family

Data of table 6.10 depicts that 'family related matters' sharing tendency to the elderly of urban family is relatively higher than the elderly of OAH. This percentage is 33.3% in OAH and 52.4% in urban family. Like that 'personal matter' sharing tendency is also high in urban family than OAH, which is 55.6% in OAH and 81.0% in urban family. 22.2% respondents of OAH and 23.8% respondents of urban family share 'political' views and opinions with their friends.

Again, 77.8% respondents of OAH and 61.9% respondents of urban family discuss 'religious' issues with friends. Elderly share 'economic' issues with friends such type of elderly are lowest in number in both OAH and urban family. 'Others' matter sharing is also more than double in urban family than OAH. Thus, it is said that among the elderly of OAH who have friends mostly they share 'religious' and 'personal' matters with their friends. On the other hand, in urban family they share mostly 'personal', 'religious' and 'family related' issues.

6.15. Scope of Sharing Personal Matter of the Respondents

Scope of sharing personal matter can makes a person psychologically gratified. Sometime, scope of sharing helps to mitigate many problems. Personal matter sharing also indicates the intimacy of person to person.

Table 6.11: Scope of Sharing Personal Matter

Scope of Sharing Personal Matter	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	10	10.6	10.6	59	62.8	62.8	69	36.7	36.7
No	84	89.4	100.0	35	37.2	100.0	119	63.3	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

It is found from surveyed data that very few elderly of OAH have the scope of sharing personal matter but maximum number of elderly of urban family has this scope. Data shows that only 10.6% respondents of OAH can share personal matter with others but this percentage is 62.8% for urban family. So, we can say that

psychologically the elderly of urban family hold better position than the elderly of OAH in this regard.

Among the elderly of urban family who can share personal matter generally they share with their spouse (where spouses are alive and live together). Besides this, rest of the elderly share with son, friend and other nearest person. On the other hand, in OAH elderly share their personal matter with friends or other members (very close persons) of OAH.

6.16. Scope for Going Out of the Respondents

Surveyed data (table 6.12) depicts that 45.7% respondents of OAH have the scope for going out and in urban family 84.0% respondents get this scope. So, it is seen that maximum number of elderly of OAH does not have any scope to go out but opposite scenario have been found in urban family.

Table 6.12: Scope for Going Out

Scope for Going Out	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	43	45.7	45.7	79	84.0	84.0	122	64.9	64.9
No	51	54.3	100.0	15	16.0	100.0	66	35.1	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

It should be mentioned that elderly of OAH where live without pay they cannot go out without permission of the authority. They only can go two times in religious festivals (Eid/Puja/Maghi Purnima/Christmas day) in a year. But in OAH where the elderly live with pay they have the freedom to go anywhere anytime. Nevertheless, elderly who are physically weak/ill and mentally depressed they also do not go out of OAH.

But in urban family elderly have the freedom to go anywhere anytime. Among them who are physically weak/ill or need others' support to go out they also miss this scope.

6.17. The Places of Going Out (Out of OAH and Residence) of the Respondents

It is very needed to go out of residence for all. Older people also go out of residence in need or without need.

Table 6.13: The Places of Going Out

Places of Going	OAH		Urban Family	
	f	%	f	%
Marketing/Shopping	21	48.8	43	54.4
Relatives' Home	4	9.3	37	46.8
Walking in Surroundings	40	93.0	62	78.5
Others	19	44.2	25	31.6

Source: Questionnaire Survey, May-September, 2015

Here, N= 43 for OAH and N= 79 for Urban Family

*Multiple Options

It is depicted from the table 6.13 that among the elderly of OAH who can go out of OAH among them 48.8% go for marketing or shopping, only 9.3% go to relatives' home, 93.0% go for walking in surroundings and 44.2% go to other places.

But in urban family, this scenario is somewhat different. Here, the elderly who go out of residence among them 54.4% go for marketing or shopping, 46.8% go to relatives' home, the highest numbers of elderly (78.5% respondents) go for walking in surroundings and 31.6% go to other places.

So, it is seen that the highest number of elderly of both settings (OAH and urban family) go for walking in surroundings. But in OAH the lowest numbers of elderly go to relatives' home and in urban family the lowest number of elderly go to other places.

6.18. Whether the Grandchildren Have or Not of the Respondents

Data regarding whether the grandchildren have or not indicates that 43.6% respondents of OAH have grandchildren but this percentage is higher in urban family and that is 58.5%. So, higher number of elderly of OAH (56.4% respondents) does not have any grandchildren than the elderly of urban family (41.5% respondents).

Table 6.14: Whether the Grandchildren Have or Not

Having Grandchildren or Not	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	41	43.6	43.6	55	58.5	58.5	96	51.1	51.1
No	53	56.4	100.0	39	41.5	100.0	92	48.9	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Again, if we consider both OAH and urban family at a time, then we see the number of elderly who have grandchildren (51.1% respondents) they are higher in number than the elderly who have no grandchildren (48.9% respondents).

6.19. Mixing/Intimacy with the Grandchildren

In this section only those elderly have been included who have grandchildren. Rest of the elderly of both OAH and urban family are not considered.

Table 6.15: Mixing/Intimacy with the Grandchildren

Mixing with Grandchildren	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Much	0	0	0	16	29.1	29.1	16	16.7	16.7
Much	0	0	0	23	41.8	70.9	23	23.9	40.6
Moderate	0	0	0	10	18.2	89.1	10	10.4	51.0
Few	2	4.9	4.9	4	7.3	96.4	6	6.3	57.3
Very Few	5	12.2	17.1	2	3.6	100.0	7	7.3	64.6
Never	34	82.9	100.0	0	0	100.0	34	35.4	100.0
Total	41	100.0		55	100.0		96	100.0	

Source: Questionnaire Survey, May-September, 2015

According to the respondents' opinion in OAH no one has been found who mix with their grandchildren in 'very much', 'much' or 'moderate' level. On the other hand, in urban family 29.1% respondents, 41.8% respondents and 18.2% respondents have been found who mix with their grandchildren in 'very much', 'much' or 'moderate' level respectively.

Elderly mix in 'few' and 'very few' level with their grandchildren such type of elderly 4.9% and 12.2% have been found respectively in OAH but in urban family 7.3% and 3.6% have been found respectively in these two categories.

Again, 82.9% respondents have been found in OAH who 'never' mix with their grandchildren but no one has been found in urban family in this level. It needs to be mentioned that elderly of OAH live away from their family members (grandchildren). So, the scope of mixing with grandchildren is very rare. Sometimes, very few elderly go to the family members and some family members come to visit them and in that case the elderly of OAH get scope to mix with grandchildren.

On the other hand, in urban family the elderly who mix 'moderate', 'few' and 'very few' level they inform that in most of the cases parents (son/wife of son) of grandchildren do not want their children to mix with their parents (elderly/grandparents). The parents (son/wife of son) of grandchildren think if their parents (elderly/grandparents) mix with their children so they (grandchildren) will not bring up properly and they (grandchildren) will learn many things backdated/outmoded/wrong. Thus it is seen that the elderly of urban family get more scope for mixing with their grandchildren and they enjoy much refreshment that helps to enhance their sound psychological construct.

6.20. Present Relationship with OAH Authority/Head of Family

Data of table 6.16 indicates that in OAH 12.8% respondents' present relationship is 'very good', 20.2% respondents' present relationship is 'good', 60.6% respondents' present relationship is 'moderate' and 6.4% respondents' present relationship is 'bad' with the authority. But in the criteria of 'very bad' and 'not applicable' no one has been found in OAH.

Table 6.16: Present Relationship with OAH Authority/Head of Family

Relationship	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Good	12	12.8	12.8	14	14.9	14.9	26	13.8	
Good	19	20.2	33.0	23	24.5	39.4	42	22.3	36.1
Moderate	57	60.6	93.6	16	17.0	56.4	73	38.9	75.0
Bad	6	6.4	100.0	5	5.3	61.7	11	5.9	80.9
Very Bad	0	0	100.0	1	1.1	62.8	1	0.5	81.4
Not Applicable	0	0	0	35	37.2	100.0	35	18.6	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

On the other side, 14.9% respondents' present relationship is very good, 24.5% respondents' present relationship is 'good', 17.0% respondents' present relationship is 'moderate', 5.3% respondents' present relationship is 'bad' and only 1.1% respondents' present relationship is 'very bad' with the head of family in urban family. But 37.2% respondents have been found in urban family who belong in 'not applicable' category. The elderly of urban family who are head of the family of their own, for them 'not applicable' has been used. So, this kind of elderly are not considered for the present relationship with head of family.

Thus, it is said that the highest number of elderly of OAH have 'moderate' relationship with the authority but in urban family the highest number of elderly have 'good' relationship with the head of family in present time.

6.21. Better Arrangement for Living of the Respondents

Table 6.17 shows the data about better arrangement for living of the respondents. In OAH, 59.6% respondents opined that as living arrangement family is better than OAH but in urban family this percentage is somewhat high and that is 64.9%.

Table 6.17: Better Arrangement for Living

Better Arrangement	OAH			Urban Family			Total		
	f	**%**	**CP**	**f**	**%**	**CP**	**f**	**%**	**CP**
Family	56	59.6	59.6	61	64.9	64.9	117	62.2	62.2
OAH	38	40.4	100.0	2	2.1	67.0	40	21.3	83.5
Ignorant About OAH	0	0	100.0	31	33.0	100.0	31	16.5	100.0
Total	94	100.0		94	100.0		188	100.0	

Source: Questionnaire Survey, May-September, 2015

Again, 40.4% respondents have been found in OAH who opined, OAH is better than urban family for living arrangement and only 2.1% respondents have been found in urban family in this category. On the other hand, 33.0% respondents have been found in urban family who are quite ignorant about OAH concept and for that they did not answer of this question.

KII opined that OAH system is not expected in the context of our society. In one side social safety net programme is very poor on the other side individualistic urban life make the elderly isolated from both family and society. In these circumstances some elderly are compelled to go to OAH. But they are treated negatively in our society. In all consideration if it is possible to ensure all the rights of the elderly within the family set-up, so family is much better than the OAH.

6.22. Conclusion

Psychological condition of human being is mostly influenced by socio-economic, cultural and geographical factors. For the variations of these factors mental construct of the people can be different. As the socio-economic and cultural perspective of these two settings is different, thus the researcher has found some differences between the elderly of OAH and urban family in terms of their psychological condition.

From the collected data about attitude to the family members of the respondents it is seen that attitude of the highest number of elderly of OAH is

'moderate' (37.2% respondents) but for urban family the attitude of the highest number of elderly is 'good' (55.3% respondents). Again, in respect of 'very good' attitude the lowest number of elderly (1.1% respondents) has been found in OAH and in respect 'very bad attitude' no elderly has been found in urban family.

Opinion about attitude to the respondents of the family members also shows the similar scenario. Here, the highest number of elderly (37.2% respondents) of OAH thinks the family members' have 'bad attitude' to them but in urban family the highest number of elderly (45.7% respondents) thinks the family members have 'good attitude' to them. Attitude to the relatives of the respondents is better in urban family than OAH although most of the respondents of both settings opined moderate attitude to their relatives. Experience of life of the respondents is also relatively better to the elderly of urban family than the elderly of OAH. As the authority control and look after the elderly of OAH so the elderly of urban family enjoy much freedom than the elderly of OAH. In respect of self-esteem of the respondents, big difference has been found. According to the respondents' opinion the elderly of urban family have much self-esteem than the elderly of OAH.

Satisfaction to life is also high to the elderly of urban family than the elderly of OAH. But in respect of feelings about alienation from others (society) is higher to the elderly of OAH than the elderly of urban family. Arrangement of recreation is about same for both OAH and urban family. So, the elderly of urban family hold better position than the elderly of OAH regarding the psychological issue.

Again, the elderly of urban family (22.3% respondents have friends) have more friends than the elderly of OAH (9.6% respondents have friends). For sharing personal matter the elderly of urban family get higher scope than the elderly of OAH. Data about the scope for going out, same scenario has also been found. Data regarding mixing with the grandchildren shows that the elderly of urban family get more scope to mix with their grandchildren than the elderly of OAH. Present relationship between

the head of family and the elderly of urban family is better than the relationship between the OAH authority and the elderly of OAH. But elderly of both settings informed that family is better than OAH as living arrangement. So, it is said that in all respects of psychological condition (except arrangement of recreation) the elderly of urban family hold better position than that of OAH.

Chapter Seven

Conclusion

7.1. Introduction

Ageing is a great outcome of development. Increasing longevity is one of the best achievements of human being. But at present the increasing number of older people is a big challenge around the world (UNFPA & HelpAge International, 2012, p. 12). A large number of populations live in Bangladesh and it is one of the highest densely populated countries of the world. Beside this, population growth rate is also very high in this country. Again, average age of the people of Bangladesh is increasing with a high rate for many reasons, such as: improvement of medical science, health consciousness, education, increasing per capita income, nutrition, sanitation and so on. As a result a profuse number of older people increasing rapidly in this country. In 1991, the older people was 5.42% of the total population of Bangladesh, it was 6.38% in 2001 and 7.48% in 2011 (BBS, 2012, p. 47). So, the living arrangement of the elderly is changing in Bangladesh like other countries of the world. For example 'Old Age Home' is a new living arrangement apart from the traditional family system. So, to analyze the overall situation of the elderly of two arrangements (Old Age Home and Urban Family) have got the priority to the researcher. Thus the researcher has made a comparison about the situation of the elderly living in 'Old Age Home' and 'Urban Family' in Bangladesh.

To achieve the general objective, some specific objectives have been formulated and these objectives have been analyzed on the basis of comparison between the elderly of old age home and urban family. These specific objectives are mainly related to some major variables, such as: socio-economic status, health status and psychological status of the elderly of both settings. For analyzing these variables, many indicators (related all issues for comparison) have been used in this study. Mainly the findings of this study have been summarized in this chapter.

7.2. Summary

Summary of major findings (based on primary data) have been arranged in this section according to the chapter (from chapter 4 to 6).

Socio-economic status of the elderly includes many issues at a time. To summarize all the issues within a framework is a complex process. Age composition of the respondents shows that in OAH, 48.9% respondents belong in the age group 60-69 but in urban family, 78.7% respondents have been found in the same age group. For the age group 70-79, 43.6% have been found in OAH but in urban family this percentage is 18.1%. Again, in OAH and urban family, 7.5% and 3.2% have been found respectively in the age group 80-94.

In respect of sex it is seen that among the respondents of OAH, 43.6% was female and in urban family this percentage was 20.2%. Thus, the number of female respondents was higher in number in OAH than the urban family. Again, data of religious status shows that 93.6% respondents of OAH were Muslim but in urban family this percentage was 86.2%. So, 6.4% respondents of OAH and 13.8% of urban family belong in Hinduism, Buddhism and Christianity.

According to the educational qualification, the number of illiterate elderly is higher in urban family (16.0% respondents) than OAH (9.6%). Again, highly educated (graduation or above) elderly is also higher in number in OAH (28.7% respondents) than urban family (19.2% respondents).

Marital status shows 36.2% respondents (34 elderly) of OAH are currently married and in urban family it is 84.0% (79 elderly). 20.2% respondents of OAH are unmarried which is only 1.1% for urban family. Again, 43.6% respondents of OAH are widow, widower and divorced but this percentage is only 14.9% in urban family. Data regarding the relationship between husband and wife shows that only 23.5% respondents of OAH have ‘very good’ and ‘good’ relationship with the spouse but in

urban family 79.7% respondents have been found who have ‘very good’ and ‘good’ relationship with the spouse. Moderate relationship is almost equal for both OAH and urban family but for ‘bad’ and ‘very bad’ relationship the number of elderly is higher in OAH than the elderly of urban family.

Before the age of 60 years, 33.0% respondents of OAH were the head of family of their own before coming to OAH but in urban family, 54.3% respondents were head of family of their own. So, most of the elderly (67.0% respondents) of OAH inform that spouse/son/daughter/others were the head of family and this percentage was 45.7% for urban family. Present relationship with the family members shows in OAH only 35.1% respondents’ relationship is ‘very good’, ‘good’ and ‘moderate’ and in urban family 99.0% respondents have been found whose relationship is ‘very good’, ‘good’ and ‘moderate’. So, present relationship with the family members is better in urban family than the OAH.

In respect of the priority of personal need we see, personal need of the elderly of urban family get more priority than the elderly of OAH. Here, the percentage of ‘very much’, ‘much’ and ‘moderate’ priority is only 12.8% for OAH and 92.6% for urban family. Similarly, decision making ability is also very high to the elderly of urban family than the elderly of OAH. The elderly of OAH have no scope of decision making (the authority of OAH take all decisions) but in urban family 59.6% respondents play vital role in decision making process.

Relationship with the relatives is better to the elderly of urban family than the elderly of OAH. Communication with relatives is also very high to the elderly of urban family than the elderly of OAH. From the meal taking information of the elderly we see, the elderly of urban family get more item of food for breakfast, lunch and dinner than the elderly of OAH and the variation of food is also higher in urban family. Again, urban family elderly take more food besides breakfast, lunch and dinner. Participation in social programmes/occasions is also high to the elderly of

urban family than the OAH. In OAH, only 28.8% respondents and in urban family, 71.3% respondents participate in social programmes/occasions. Again, higher number of elderly of urban family participates in social festivals, like Eid/Puja/Maghi Purnima/Christmas Day, *Pohela Boishakh* (New Year Celebration), Independence Day, Language Movement Day and other national days. In the same way, data indicates that the higher number of elderly of urban family (88.3% respondents) gets invitation in social festivals than the elderly of OAH (60.6% respondents).

In both the settings (OAH and urban family) very few elderly are involved with social organizations and this percentage is 3.2% in OAH and 18.1% in urban family and most of them are involved with religious organizations. In respect of regular prayer to Allah/God, higher number of elderly has been found in OAH than urban family. Again, newspaper reading habit is higher to the elderly of OAH (58.5% respondents) than the urban family (52.1% respondents). Again, maximum number of newspaper reader of OAH read The Daily Prothom Alo, Jugantor, Samakal and Ittefaq but in urban family maximum number of reader read The Daily Prothom Alo and Bangladesh Protidin.

Data regarding the income of the respondents shows that the average monthly income is higher to the elderly of urban family (BDT 7,244.3) than OAH (BDT 6,302.9). But, the average monthly expenditure is higher to the elderly of OAH (BDT 5,951.9) than urban family (BDT 4,962.5).

Data about previous occupation (before age of 60 years) indicates that almost all the elderly of both settings were engaged with public job/private job/business/housewife/ agricultural/other professions but presently only 41.5% respondents of urban family are engaged with profession and no elderly of OAH presently engaged with any profession. In respect of financial help from others, higher number of elderly of urban family gets help from others than the elderly of OAH. The number of freedom fighter is also high to the urban family (9.6% respondents) than

the OAH (2.1% respondents). Only 9.6% respondents of OAH have separate room for living but this percentage is 52.1% in urban family.

It is evident from **the health status** of the elderly that in OAH, 74.0% respondents' physical condition is 'good' and 'moderate' whereas it is 85.0% for urban family and 26.0% respondents of OAH think their physical condition is 'bad' but in urban family it is 15.0%. Higher number of elderly of OAH is affected by various diseases than the elderly of urban family and mainly they suffer from blood pressure, diabetes, gastric, eye problem, arthritis and asthma. Again, the data of duration of diseases indicates that about equal number of elderly of both settings are suffering for about same duration and this duration is mainly 4-12 years.

Data about places of medical of the respondents shows major part (51.1% respondents) of the elderly of urban family go to private hospitals for medical but in OAH, the major part (73.4% respondents) of the elderly go to hospital (*Probin* Hospital and OAH Medical Center) arranged by the authority. Again, the maximum number of respondents of both settings visits the doctor according to their need, this percentage is 71.3% in OAH and 60.6% in urban family. For their proper treatment, 89.4% respondents of OAH and 97.9% respondents of urban family think 'separate hospital' is needed for the elderly.

Walking status indicates that in OAH 60.6% respondents and in urban family 66.0% respondents walk always/sometimes. For that it is found that 39.4% respondents of OAH and 34.0% respondents of urban family walk never. In respect of facilities of safe drinking water, we see higher number of elderly of OAH (100.0% respondents) get safe drinking water facilities than the elderly of urban family (84.0% respondents). Elderly wear clean clothes (always and sometime), such type of elderly 96.8% has been found in OAH and 95.8% have been found in urban family. Thus, the status of wearing clean clothes in both settings is almost equal. But in OAH, (58.5%

respondents) higher number of elderly wash clothes from their own than the elderly of urban family (12.8% respondents).

The elderly who need physical help (always and sometimes) from others for their physical weakness and illness such type of elderly 12.8% have been found in OAH and 10.6% have been found in urban family. Among the elderly of OAH 89.3% elderly think their memory is 'good/moderate' and in urban family 96.8% elderly belong in this category. Thus, regarding the memory capacity elderly of urban family hold better position than the elderly of OAH.

Sleeping condition of the elderly of urban family is better than the elderly of OAH. Here, in OAH 35.1% respondents' sleeping condition is good and this percentage is 46.8% for urban family. It is found that 14.9% respondents of OAH and 9.6% respondents of urban family take sleeping pill for sleeping at night.

From the data about the habit of the elderly, it is known that 34.0% elderly of urban family have no habits but this percentage is higher to the OAH and it is 76.6%. Thus, it is seen that 66.0% elderly of urban family and 23.4% elderly of OAH are habituated in smoking/betel leaf-nut/tea-coffee and others.

Psychological condition is one of the important factors to know the overall situation of the elderly. Regarding the attitude to the family members of the respondents, it is seen that in OAH only 21.3% respondents' attitude is 'very good' and 'good' and this percentage is 80.9% for urban family. Again, 37.2% have been found in OAH and 18.1% have been found in urban family who have 'moderate' attitude to the family members. In respect of 'bad' and 'very bad' attitude, we see the number of elderly in OAH is very high than urban family. Again, attitude to the respondents of family members according to the respondents' opinion is also better in urban family than OAH. Similarly, attitude to the relatives of the respondents is better to the elderly of urban family than the elderly of OAH.

Social outlook to the living arrangement indicates that most of the elderly of both settings think urban family is better than OAH. Regarding experience of life, higher number of elderly of urban family opine positively than the elderly of OAH. In respect of freedom it is found that higher number of elderly of urban family enjoys much freedom than the elderly of OAH.

Data regarding the self-esteem indicate that the elderly of urban family hold better position than the elderly of OAH. Satisfaction to life is also very high to the elderly of urban family than the elderly of OAH. In urban family, 38.3% respondents have 'very much' and 'much' level satisfaction to life and it is only 5.3% in OAH.

Among the elderly of OAH, 88.3% think they are alienated from society (other people) in 'very much', 'much' and 'moderate' level but this percentage is very few for the elderly of urban family (29.7%). In both the settings, most of the elderly use TV for recreation and besides TV they also use mobile phone, computer and other devices.

Surveyed data also show that only 9.6% respondents of OAH have friends but it is somewhat higher for the urban family and that is 22.3%. Again, the elderly of urban family meet more frequently with their friends than the elderly of OAH. But most of the elderly (the elderly who have friends) of both the settings, shares personal, religious and family related issues with friends.

In respect of sharing personal matter, higher number of respondents of urban family (62.8% respondents) gets scope than the respondents of OAH (10.6% respondents). Similarly, maximum number of respondents of urban family (84.0% respondents) gets much scope of going out than OAH (45.7% respondents) elderly.

Regarding the present relationship between respondents and OAH authority/head of family it is seen that the relationship is relatively better to the elderly of urban family than the OAH. Again, among the elderly of OAH 59.6% think family is better arrangement for living than OAH but in urban family 64.9% elderly

have been found in this category. Again, among the rest of the elderly of OAH 40.4% respondents think OAH is better arrangement for living than family but in urban family this percentage is only 2.1%. On the other hand, 33.0% respondents have been found in urban family who are quite ignorant about OAH concept and for that they did not answer of this question.

7.3. Theoretical Relevance in the Context of Study Area

Finding relevance of social and psychological theories of ageing with the situation of the elderly is a complex process. In this process practical life style of the elderly in the context of Bangladesh society has been considered relating with the theories of ageing. As a result many dimensions of life of older people have been explained regarding the various ageing theories.

According to **Disengagement Theory** people will decrease their level of activity and expect more passive role as they age. This process is both normal and unavoidable. It refers that older people withdraw themselves from the social structure with a natural process because they think they are unable to do anything and they lose their interest. Mutual withdrawal process of older people and society make the older people more introspective and self focused. From the study findings it is seen that this theory is more applicable for the elderly of OAH than the elderly of urban family. The elderly of OAH think they are isolated from the society and family, though it is not normal but they also think they have lost their ability to work for their age and it is very normal to them. Thus the process of disengagement is relevant to the context of urban society of Bangladesh.

The main concept of **Activity Theory** is social activity. It is established on two principles; first, high level of activity and integration means high level of satisfaction, second, retirement from active role is highly correlated with satisfaction to life. This activity is applicable for all people of the society of all ages. According to this theory it is assumed that older people have the same level of activity as they were

in middle age. Middle-aged lifestyle should be continued, denying the limitations of old age as long as possible. Older peoples' health and well-being depend on their activity. This idea of Activity Theory applicable for the elderly of study area (especially for the elderly of turban family) because findings revealed that among the respondents who are engaged with various activities (service and business) they are happier and physically fit than the respondents who are not engaged with activity.

Age Stratification Theory concerns with the age that functions as an organizing principle of social life. According to this theory societies are divided in many strata by age and older people are emphasized by group not in individual level. For example, workers may be classified as younger and older, for the innovation and greater productivity younger are valued more highly in the employment field. It provides a general framework of stratification among the social classes that includes the income, prestige, power, social mobility, class relation, class consciousness and so on. This theory has an important consequence to the context of Bangladesh society. Findings of the study shows that active persons are valued more especially those are involved with money earning activities. Maximum elderly of the study area are not involved with earning and activities, thus total community of the elderly are neglected often.

Continuity Theory deals with changes which are associated with ageing. According to this theory individual try to continue stability in the lifestyle in course of growing older that he or she has maintained over the years. In the process of ageing, the person preserves habits, personalities, preference and style acquired over a life time. Actually, it is a process of adaption that how a person perceives his or her changing lifestyle. The person tries to maintain favored lifestyle as long as possible. Application of this idea is rare in urban society of Bangladesh. Very few respondents have been found in the study areas who try to continue stability in the lifestyle in course of growing older but it is not absent.

Modernization Theory states that older persons' role get low priority in modern societies than the pre-modern societies. The older people face more deprivation than the younger. It supports that societies are moving from rural to urban. Urbanization and industrialization is the cause of individualistic urban life. As a result the joint or extended family is changing rapidly to nuclear family. In this process older people are being isolated from both society and the family. This isolation of the elderly is very clear in urban culture of Bangladesh. According to the researcher's observation most of the elderly of study area are isolated from both society and family. Thus they suffer from loneliness and alienation.

Socio-emotional Selectivity Theory argues that some people think their time in this planet is very limited. So, people should optimize their emotional experience. As a tool for fulfilling this goal they often maintain close and warm interpersonal relationships. Older people are more conscious about this time limitation for their relative proximity to death. It creates interpersonal conflict among the older people and they want to mitigate this conflict within a very short time. Older people try to prevail their motive with their emotional experiences instead of boosting their knowledge and status. In the context of Bangladesh we see often older people are frustrated and dejected for the tension of death and they leave many activities what they need to do and they able to do. So, the situation of the elderly is negatively correlated with this theory.

Labeling Theory explains that the interaction with others within a particular social environment. Interaction develop our sense and identity that how others react and interact with us. It also suggests aged persons are being labeled negatively or deviantly in a youth and health-conscious society. When an individual labeled as 'old' then it creates a significant impact on him or her. Basically, it depends on how the society treats and perceives that individual. The labeled individual is known as his or her new identity that changes the individual's role and position. From the observation it has been found that older people are treated negatively in our society. Many youths

consider them as the symbol of broken and decay. Youths also think older people are not able to do work and they are the burden of family and society. Again, living in OAH is labeled negatively in the society of Bangladesh. So, we get the relevance of elderly situation with this theory in this regard.

Life Course Theory states that people go through a series of stages as they age and that is the life course. Particular age can play a vital role for a particular social role. Such as, age of entering into formal education, driving, voting, purchase and consumption of alcohol or tobacco and marriage. According to life course, life is divided into several distinct phases and it is related to the culture of a society and social structure. Violation of social norms and customs by older people treated very negatively and seriously in Bangladesh society than the younger. For example marriage at the age of more than 60 considered very negatively. Again, retired people are being neglected than the young.

Social Exchange Theory focuses between the self interest and social relationships. The basic theme of this theory is, for maximizing the self interest members of the society show different types of behavior according to the situation. Interaction within a society is the output of many exchange relations. Among the older people this exchange is relatively low than the others in our society. It is found from the study area that interaction among the elderly of OAH is lower than the elderly of urban family.

Many socio-psychological theories of ageing have been explained in this section relating with the major findings of the study. Actually, the whole situation of the elderly of Bangladesh is impossible to explain by a single theory. On the other side, consequences of all ageing theories are not same. Some theories are more relevant and some are less. It is salient that all the theories have been formulated in the context of western societies. So, to relate these theories in the context of our society is a difficult work and this is to do very consciously.

7.4. Policy Suggestions

Findings of the study already have been analyzed in chapter 4 to 6 and it has been summarized in conclusion chapter. These findings are related with the various issues of socio-economic, health and psychological condition of the elderly of Bangladesh. Especially findings have been shown on the basis of comparison between the elderly living in OAH and urban family. It is seen from the findings that in respect of maximum issues the elderly of urban family hold better position than the elderly of OAH and for few cases opposite scenario have been found. Depending on the results of the study and the overall situation of the elderly of Bangladesh the researcher thinks some policy suggestions should be raised. These policy suggestions can be divided into two levels; one is government level and another one is private level.

7.4.1. Government Level

Government of a country can play a vital role for the development of that country and government agencies are the responsible for that. Some policies are mentioned below regarding the present issue which can be taken in government level.

- **I.** Increasing trend of the elderly of the country should consider for the long term policy making, especially for preparing the population policy and manpower policy.
- II. Older people should not be considered as burden rather they should be considered as experienced human resource of the country.
- III. Growing trend of life expectancy needs to be continued up to the desired level (projected life expectancy to 87.3 years in 2095-2100).
- IV. Old age dependency ratio should be kept in balanced level so that the economic growth of the country can be carried on.
- V. Government should emphasize to execute ‘Parents Maintenance Law 2013’ and ‘National Policy on Older Persons 2013’ for maintaining the right of the elderly.

VI. Elderly issue should be emphasized in five year plan and budget allocation for the elderly must be increased, especially to improve their health and living arrangement.

VII. Most of the elderly are financially very weak. Financial support to the elderly can be increased. The amount of Old Age Allowance, Widow Allowance and the number of beneficiaries of these allowances can also be increased.

VIII. From the government side there is no OAH yet in Bangladesh. Although the government has taken a project to set up 12 OAHs (*Probin Nibas*) in seven divisions (Dhaka, Chittagong, Rajshahi, Rangpur, Khulna, Barisal and Sylhet divisions) but still it is under processing. So government should implement this project within a short time.

IX. In urban area older people have no walking zone/area but walking is essential for sound health. So, for the urban elderly the government should keep secured walking zone.

X. For increasing the awareness of young generation, elderly issue can be included in syllabus in secondary school level.

XI. For the health facilities of the elderly, separate specialized hospitals in government level can be established or senior citizen corner at the existing government hospitals might be started.

XII. Activities (awareness building) can be considered to change social outlook to the elderly from negative attitude to positive attitude.

XIII. Elderly related research work is very rare in Bangladesh. So, government should take initiatives for the research work in this field that will help to take long term planning.

XIV. For formulating the policy on older people, they (older people) should be included in the committee and committee needs to take older peoples' opinion.

7.4.2. Private Level

Combined initiatives of government and private sectors are needed for the overall development of a country in contemporary world. So, beside the government sector, private sector is also equally important. Policy suggestions for private level are as follows:

I. Private sector can take various programmes for promoting the awareness of mass people regarding the elderly issue, such as: health awareness programme, education programme for the aged etc.
II. Already many OAHs have been established in private level in Bangladesh. Their services to the elderly should be increased.
III. Charitable institute/trust for the elderly may be established in private sector like Old Rehabilitation Center, Gazipur, Bangladesh.
IV. NGO activities to the elderly should be increased.
V. For the psychological development, the elderly and their family members may be encouraged or motivated by the NGOs programme.
VI. Various NGOs and associations can help the elderly to bring them in decision making process in family level.
VII. Mass media communication (private electronic media, print media etc.) can play an important role for changing the attitude to the elderly.
VIII. Mentally, the elderly of OAH are very dejected, for the improvement of their mental condition counseling and tour to the tourist places may be arranged.

7.5. Contribution of this Research

Very few research works are found conducted on elderly issue in Bangladesh. But it is an important contemporary issue for doing research and it is related to the policy making and the overall development of the country. Especially data regarding the OAH of Bangladesh is rarely available. This study has tried to find out new

knowledge about the elderly living in OAH and urban family from Bangladesh perspective. Contribution of this research is mentioned below.

I. A scenario has been pointed out about OAH of Bangladesh that will help us to know many things regarding this particular issue.

II. A general idea of overall lifestyle (socio-economic, health and psychological condition) of the elderly, living in OAH and urban family in Bangladesh has been developed in this thesis.

III. For comparing between the elderly of OAH and urban family, issue based differences of these two groups has been specified in this study.

IV. Elderly (OAH and urban family) faces many obstacles in urban society that have been identified elaborately by following a systematic procedure.

V. Psychological issues are rarely emphasized in our urban society but we can realize how important these issues in everyday life from this thesis.

VI. Generally it is seemed that elderly of urban family belong in better position than the elderly of OAH in all respects of life but in some respects, the reality is quite opposite, such as: easy access to medical facilities, systematic life style, library facilities, safe drinking water facilities and newspaper facilities etc. that can know from this study.

VII. It is known that the elderly who are thrown away by their children or family members only they come to the OAH but from this study we knew that many of them are bachelor, childless and financially undone that add a new dimension to the causes of coming to the OAH.

7.6. Suggestions for Further Research

Every field has many dimensions to study but in this research only one dimension of elderly issue has been studied. This study has emphasized on comparison between the elderly living in OAH and urban family based on their socio-economic status, health status and psychological status. So, ageing has also many issues left for further study.

I. Causes/background of coming to the OAH of the elderly is very important in sociology. So, based on this particular issue a study can be carried out.

II. Based on socio-economic background, elderly care centers (OAHs) should be different from society to society (developed countries to developing countries). Thus what should be OAHs or other care centers and how they will run exactly in the context of our society, regarding this issue research can be conducted.

III. Health related issue/problem of the elderly is a common and universal issue/problem for all societies. It also can be an important study area for the social researcher from a particular social perspective.

IV. By developing social and family relationship how the relationship between the elderly and others can be addressed or improved, to know that research can be carried out.

V. Mental health is considered as a less important issue in our society but for sound livelihood its importance is very high. Separate research can be done highlighting this crucial issue.

VI. Comparison between the rural and urban elderly can specify the gap between these two groups of the elderly but no study has been found yet in Bangladesh regarding rural-urban comparison. For knowing/reducing this gap further study can be conducted on this specific issue.

7.7. Conclusion

Major findings of the study have been summarized into the first part of this chapter. From the issue based discussion of the summary it is seen that in the most of the cases the elderly of urban family hold better position than the elderly of OAH. But in few cases the scenario of elderly situation is quite opposite. Thus, it is said that the overall situation (socio-economic condition, health condition and psychological condition) of the elderly of urban family is better than that of OAH of the study area. So, our

concentration to the elderly should be enhanced and should take care the elderly within the family setting. Especially family members' cooperation must be increased to the elderly.

Besides the major findings, relevance of ageing theories regarding the condition of the elderly in the context of study area has also been discussed in this chapter. Here, the consistency of the major findings with the theories on ageing has been shown. Again, policy suggestions in government and private level, contribution of this research and suggestions for further research have also been emphasized in the light of present study.

Appendix A

Case Study

A case study is a process in which an intensive consideration is given to the development of a particular person, group, or situation over a period of time. Thus case studies can provide very detailed information about a particular subject that it would not be possible to acquire through another type of experiment. It is very important for knowing the real life scenario of the people. An ideal case study should have detailed information regarding the particular issues. It reveals the problem intensively. A case study is more than just a description so that readers get a complete idea about the life style of a person.

A.1. Case Studies of OAH

Case No # 1

Name: Md. Jahangir Alam

Age: 75

Religion: Islam

Present Address: Room No- 417, 3rd Floor, Old Age Home, Agargaon, Dhaka.

Md. Jahagir Alam is a retired government officer. He has completed Bachelor of Science (BSc) in Electrical Engineering and served as an Executive Engineer in Power Development Board (PDB) for a long time before retirement. He is a well behaved person. He received me very cordially every time when I went to him for several times for collecting data. He offered me biscuit, tea and juice. He is a fairly faced old man but somewhat fatty (a man of 81 K.Gs on 27 May 2015).

He has 1 son and 2 daughters. Only son is a teacher of Accounting discipline. He teaches at MIST (Military Institute of Science and Technology), Dhaka Cantonment, Dhaka. Among the daughters 1 is a doctor and her husband is also a doctor. She is settled in Canada with her husband. She communicates with her father (Md. Jahagir Alam) very rare. Another daughter is a post graduate and she is married

to a high profile family in Sylhet City. She lives with joy and happiness, sometimes she contacts with her father (Md. Jahagir Alam).

Relationship with the son is not good. His son lives in a big luxurious flat, in Dhaka Cantonment but he behaves very roughly/rudely with his father but the wife of son is very good. Thus, it is very difficult to live with son. Relationship with wife is good. She (wife of Md. Jahagir Alam) mainly lives with junior daughter in Sylhet and sometimes with the son in Dhaka. According to Md. Jahangir's opinion "My wife is personality less and still now she lives with son and junior daughter, it is not possible for me".

He added that physical condition is not well. He is suffering from high blood pressure, diabetes, heart disease, kidney problem and back pain. Frequently he is to go to doctor. He prays regularly into his room. He feels well when fasting. Communication with relatives and friends is very rare. He reads newspaper regularly and sometimes watches TV. Money from pension is the only income source. He pays BDT 5,000 as room rent and BDT 2,200 for food in every month. A part time maid servant helps him for cleaning room, washing clothes and bringing stationeries and other necessary goods from nearby shops. He also informed the researcher with sorrow that in all respect he is happier than the other family members but overall experience of life is not good.

Case No # 2

Name: Mira Chowdhury

Age: 65

Religion: Islam

Present Address: Room No- 415, 3rd Floor, Old Age Home, Agargaon, Dhaka.

Mira Chowdhury is very lean and thin to look at and very free and frank. She is an MA from University of Dhaka in Economics. She was a college teacher. She has been living this OAH (Old Age Home, Agargaon, Dhaka) for about three years. Only son

Apurba Hasan Chowdhury lives in USA for studying. Her husband has expired many years ago. She had a homestead at Mogbazar, Dhaka. She has compelled to sell it, for the lust to the homestead of her relatives. Many of her relatives wanted to grab her homestead after her husband's death. She has no one to look after and for that she has come to this OAH.

She has been suffering from gastric for a long time and one leg is broken. Already her broken leg was operation twice and she often feels pain to that leg. Sometimes the leg swells very much and often she is to go to doctor for medical. She is to face many obstacles for her broken leg and to go out is very difficult for her. She has a part time maid servant to help her and pays her (maid servant) BDT 1500 per month. She is not habituated with any kind of habit like tea, betel leaf-betel nut etc.

She informed the researcher that her son contacts with her twice a month over mobile phone. Communication with the relatives and others is very rare. She suffers from loneliness and frustration. She also added that in OAH nobody is anyone's. Everybody is self-centric and thinks like himself/herself. Food standard of this institution is not up to the mark.

Case No # 3

Name: Md. Matiur Rahman

Age: 64

Religion: Islam

Present Address: Room No- 02, Building No- 02, 1st Floor, Old Rehabilitation Center, Monipur, Gazipur.

Actually, Md. Matiur Rahman is a man of Bikrompur, Munsigonj, Bangladesh and he gave data to the researcher very cordially. He has completed Higher Secondary Certificate (HSC). In his family he has wife, 1 son, wife of son and 2 grand children. He worked in a ply wood company of Tata Group in India for a long time (about 25 to 30 years). He deposited a big amount of money (about 28 to 30 lac) and sent all the money to his home (Munsigonj, Bangladesh) but his relatives wasted all the money.

He came back to his home about 10 years ago. He had some cultivable land but unfortunately the Padma River grasped all the lands by river erosion and he turned into a very poor one.

Mr. Rahman came to the Dhaka City and started to live with his son. That time his son was an accounted of BKMEA (an association of garments exporters). In the mean time his son has been sacked from job. Again, he had fallen down in a financial crisis. In spite of good relationship with family members he came to the Old Rehabilitation Center, Monipur, Gazipur and his wife still now live with his son's family. Mr. Rahman thinks himself socially inferior for living in OAH.

His physical condition is good. He is suffering from no diseases but gastric. Loneliness and tension is the companion of all time. He always says his prayer at OAH mosque and he walks regularly in OAH campus in the afternoon. Sometimes he watches TV in the dining cum recreation room. He always reads newspapers (The Daily Jugantor and The Daily Ittefaq) and religious book (The Holy Quran).

Communication with relatives and friends is very rare. He goes to the son's family in religious festivals (two Eids). He also informed that new friendship is impossible in this age in OAH and life in the earth is very difficult. Relatives and friends nobody is no one's.

Case No # 4

Name: Mst. Alimunnessa

Age: 80

Religion: Islam

Present Address: Tinshed, Old Rehabilitation Center, Monipur, Gazipur.

Mst. Alimunnessa is one of the oldest women of Old Rehabilitation Center, Gazipur. She was physically weak but was very cordial at the time of interview. She has come from old Dhaka. Her husband was a police officer and he (husband) has expired about 15 to 16 years ago. Two sons and one daughter were her family members. Elder son went Saudi Arab for Hajj few years ago but he did not come back. Another son does

not communicate with her after his marriage. He (junior son) is afraid of his wife and his wife sometimes beats him, especially when he (junior son) communicates with his mother (Mst. Alimunnessa). Only daughter has married in a rich family. Her (daughter's) family members (members of father-in-law) do not allow her to communicate with Mst. Alimunnessa.

She informed that as a living place this center (OAH) is good. Natural beauty of this center attracts everybody and it runs very systematically. But she thinks always for her children that make her very tensed. The quality of food of this center is not so good according to her opinion. For her physical weakness sometimes she needs others help and in that case female employee (*Aya*) of that center helps her when needed, i.e. washing clothes. She has been suffering from eye problem and blood pressure for a long time but gets medical facility at the Old Rehabilitation Medical Center. She gets everything free of cost, such as: food, medical, residence, clothing and other essential necessaries. She performs her prayer at her room where 12 elderly live together in each room. There are two bathrooms in each room (where female elderly live).

A.2. Case Studies of Urban Family

Case No # 5

Name: Gazi Md. Jamir Ali

Age: 71

Religion: Islam

Present Address: House No- 615, North Kafrul, Dhaka Cantonment, Dhaka.

Gazi Md. Jamir Ali is a bearded old man but he is very dynamic and circumspect. He completed Bachelor of Arts (BA). He lives in a joint family in Dhaka City and the number of family members is seven. People of three generations live together. Wife and two daughters in laws is housewife, two sons are service holder and only one grandson is a student of KG school. He himself is the head of his family. In maximum cases he takes major decisions of the family. Relationship among the family members

is very good. He often communicates with relatives and sometimes helps them financially.

Mr. Jamir is a retired government officer and worked as an administrative officer. All the financial facilities after retirement he has drawn at a time with gratuity. Now he gets only medical allowance (BDT 1,000 per month). But he has an own homestead at North Kafrul in Dhaka City. He lives in his self residence and besides living he gets a good amount of money as rent from house. So, financially he is very solvent. He is a member of mosque committee (*Uttar Kafrul Jam-e Mosjid).*

He performs his prayer regularly in mosque. Besides newspaper (The Daily Prothom Alo and Bangladesh Protidin) reading he also reads Bengali novel of Humayun Ahmed and Rabindranath Tagore. He watches TV news and drama for recreation. He always does some family works like marketing, shopping, to bring grandson from school and other works. Physically he is fit although he has been suffering from high blood pressure, gastric and eye problem for 10-12 years. He walks everyday for one hour.

Case No # 6

Name: Mrs. Binoy Gomez

Age: 62

Religion: Christianity

Present Address: 1st Floor, House No- 498, North Kafrul, Dhaka Cantonment, Dhaka.

Mrs. Gomez lives her own residence. She has three daughters. All the daughters are married. One of them (the eldest daughter) live (immigrated) in Australia with her family. One daughter lives in same homestead (building) but not in same family and the most junior daughter also lives in Dhaka. All the daughters communicate with her very frequently. She boasts for her good relation with husband and daughters. House rent is their main and only income source. Financially she is solvent.

Mrs. Gomez has been suffering from many diseases, such as: gastric, high blood pressure, heart diseases and eye problem. She takes medicine regularly and

often goes to doctor for medical checkup. She also informed that relationship with relatives is very good. They often come to her and she also goes to them very often. Her husband helps her always and she also does that.

Although her husband is the head of the family, nevertheless all the family and personal decisions they take jointly. A part time maid servant helps her to the household works. She cooks from herself and goes to nearby everyday market (kitchen market). She reads newspaper and watches TV news and various TV programmes are her main source of recreation. She performs her prayer sometimes in residence and sometimes in Church/Girza.

Case No # 7

Name: Md. Lat Mia

Age: 61

Religion: Islam

Present Address: Mosjid Road, Board Bazar, Gazipur.

Md. Lat Mia works as a day laborer, mainly he is a mason. He cannot read and write. He informed the researcher that daily work is not available always, so sometimes he is to stay out of work. Thus financial crisis is companion of everyday life. He lives in a semi-pucca (tinshed) building in rented basis. Actually, it is a slum area. Wife, two sons and two daughters are the members of his family. Wife and elder daughter work at garments factory and they are the main income earner of that family. His wife is the head of his family and she makes all kinds of decision. Sometimes he thinks himself as a burden of the family.

He was very helpful for the researcher. Not only he provided data to the researcher but also he helped to collect data from others. Sometimes he says his prayer but he is not regular. Mr. Lat Mia is an illiterate person. In his leisure he gossips with others and watches TV. He is habituated with tea and betel leaf/betel nut. His attitude to the family members is good but family member's attitude to him is

moderate. Gastric is the only disease from which he has been suffering for about 35 years. For financial crisis he goes to government hospital for medical.

Mr. Lat Mia informed that relationship with relatives and friends is good. He often keeps communication with them. For celebrating religious festivals (especially in two Eids) he goes to his village of rural area (village of Kishoregonj District) and then goes to his relatives' home with family members. He also added that without poverty he has no problem and he is happy.

Case No # 8

Name: Hazera Khatun

Age: 66

Religion: Islam

Present Address: Bot Tola Road, Board Bazar, Gazipur.

Hazera Khatun is a housewife. Her husband passed away 3 years ago. She has two sons and two daughters. She lives with one son and his family. Her son is the head of her family. She has two grandchildren; they love their grandmother very much, she (Hazera Khatun) also loves them and looks after them. But the mother of grandchildren (son's wife) does not like it always. She also does many household works. This son (the son whom with she lives in) works in a garments factory and financial condition is moderate and lives in rented basis residence. Two daughters are married and another son lives separately after his marriage. Relationship with children is not so good.

Hazera Khatun says her prayer in her residence. She has no separate room and lives with two grandchildren in the same room. Sometimes she communicates with the relatives and goes to their home very few. In religious festivals (in two Eids), she goes to her village at Kishoregonj district. Back pain and leg swelling are her two major diseases. Sometimes takes medicine for these problems. TV watching (mainly watches mega serials of Zee Bangla) is the only scope of recreation. She attends very few in social occasions.

Appendix B

Tables of Findings

Table 1: Marital Status of the Elderly

Marital Status	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Married	34	36.2	36.2	79	84.0	84.0	113	60.1	60.1
Unmarried	19	20.2	56.4	1	1.1	85.1	20	10.6	70.7
Widow	25	26.6	83.0	9	9.6	94.7	34	18.1	88.8
Widower	7	7.4	90.4	4	4.3	98.9	11	5.9	94.7
Divorced	9	9.6	100.0	1	1.1	100.0	10	5.3	100.0
Total	94	100.0		94	100.0		188	100.0	

Table 2: Number of marriages of married elderly

No. of Marriage	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
One	72	96	96	88	94.6	94.6	160	95.2	95.2
Two or More	3	4	100.0	5	5.4	100.0	8	4.8	100.0
Total	75	100		93	100.0		168	100.0	

Table 3: Spouse Life Status of the Elderly (Unmarried are Left)

Life Status	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	43	57.3	57.3	72	77.4	77.4	115	68.5	68.5
No	32	42.7	100.0	21	22.6	100.0	53	31.5	100.0
Total	75	100.0		93	100.0		168	100.0	

Table 4: Relationship of the Respondents with the Family Members before the Age of 60 years

Degree of Relationship	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Good	7	7.4	7.4	14	14.9	14.9	21	11.2	11.2
Good	31	33.0	40.4	60	63.8	78.7	91	48.4	59.6
Moderate	36	38.3	78.7	19	20.2	98.9	55	29.3	88.9
Bad	17	18.1	96.8	1	1.1	100.0	18	9.6	98.5
Very Bad	3	3.2	100.0	0	0	0	3	1.5	100.0
Total	94	100.0		94	100.0		188	100.0	

Table 5: Communication with the Family Members

Communication Level	OAH		
	f	%	CP
Often	2	2.1	2.1
Sometime	34	36.2	38.3
Very Few	35	37.2	75.5
No Communication	10	10.6	86.2
Not Applicable	13	13.8	100.0
Total	94	100.0	

Table 6: Communication with Relatives

Communication	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Often	3	3.2	3.2	23	24.5	24.5	26	13.8	13.8
Sometime	29	30.9	34.0	46	48.9	73.4	75	39.9	53.7
Very Rare	62	66.0	100.0	25	26.6	100.0	87	46.3	100.0
Total	94	100.0		94	100.0		188	100.0	

Table 7: Status of Meal Taking with Other members of OAH and Urban Family

Meal with Others	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	31	33.0	33.0	11	11.7	11.7	42	22.3	22.3
No	53	56.4	89.4	51	54.3	66.0	104	55.4	77.7
Sometime	10	10.6	100.0	32	34.0	100.0	42	22.3	100.0
Total	94	100.0		94	100.0		188	100.0	

Table 8: Participation in Social Festivals (Religious Festival/New Year Celebration)

Participation in Social Festival	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	59	62.8	62.8	80	85.1	85.1	139	73.9	73.9
No	24	25.5	88.3	8	8.5	93.6	32	17.0	90.9
Sometimes	11	11.7	100.0	6	6.4	100.0	17	9.1	100.0
Total	94	100.0		94	100.0		188	100.0	

Table 9: Type of Social Organizations

Type of Organization	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Voluntary	-	-	-	1	1.1	1.1	1	0.5	0.5
Religious	2	2.1	2.1	10	10.6	11.7	12	6.4	6.9
Political	-	-	-	3	3.2	14.9	3	1.6	8.5
Others	1	1.1	3.3	3	3.2	18.1	4	2.1	10.6
Not Applicable	91	96.8	100.0	77	81.9	100.0	168	89.4	100.0
Total	94	100.0		94	100.0			100.0	

Table 10: The Places of Prayer of the Respondents

Type of Organization	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Mosque/Temple/Church/ Pagoda	25	26.6	26.6	29	30.9	30.9	54	28.7	28.7
Self Room/ Residence	39	41.5	68.1	27	28.7	59.6	66	35.1	63.8
Both The Place	19	20.2	88.3	37	39.4	98.9	56	29.8	93.6
Not Applicable	2	2.1	90.4	1	1.1	100	3	1.6	95.2
Prayer Room	9	9.6	100	-	-	-	9	4.8	100
Total	94	100.0		94	100.0		188	100.0	

Table 11: Opinion about Passing of Leisure Time

Options of Passing of Leisure Time	OAH		Urban Family		Total	
	f	%	f	%	f	%
Gossiping	20	21.3	12	12.8	32	17.0
Book Reading	12	12.8	6	6.4	18	9.6
Newspaper Reading	43	45.7	31	33.0	74	39.4
TV Watching	33	35.1	56	59.6	89	47.3
Others	21	22.3	29	30.9	50	26.6

*Multiple Options

Table 12: Previous Occupation of the Respondents

Previous Occupation	OAH		Urban Family		Total	
	f	%	f	%	f	%
Public Job	21	22.3	17	18.1	38	20.2
Private Job	18	19.1	18	19.1	36	19.2
Business	10	10.6	22	23.4	32	17.0
Housewife	29	30.9	18	19.1	47	25.0
Agricultural Work	4	4.3	0	0	4	2.1
Others	12	12.8	19	20.2	31	16.5
Total	94	100.0	94	100.0	188	100.0

Table 13: The State of Old Age Allowance of the Respondents of Urban Family

Whether OAA Getting or Not	Urban Family	
	f	%
Yes	5	5.3
No	89	94.7
Total	94	100.0

Table 14: Physical Condition of the Respondents

Physical Condition	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Good	26	27.7	27.7	33	35.1	35.1	59	31.4	31.4
Moderate	43	45.7	73.4	47	50.0	85.1	90	47.9	79.3
Bad	25	26.6	100	14	14.9	100	39	20.7	100
Total	94	100.0		94	100.0		188	100.0	

Table 15: Walking Status of the Respondents

Walking Status	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Always	29	30.8	30.8	23	24.5	24.5	52	27.7	27.7
Sometime	28	29.8	60.6	39	41.5	66.0	67	35.6	63.3
Never	37	39.4	100	32	34.0	100	69	36.7	100
Total	94	100.0		94	100.0		188	100.0	

Table 16: Whether the Respondents Washing Clothes or Not

Person of Washing Clothes	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Self	55	58.5	58.5	12	12.8	12.8	67	35.6	35.6
Others	18	19.2	77.7	62	66.0	78.8	80	42.6	78.2
Both	21	22.3	100	20	21.2	100	41	21.8	100
Total	94	100.0		94	100.0		188		

Table 17: State of Drug/Medicine Taking & Other Tasks of the Respondents from Themselves

State of Drug Taking & Other Tasks	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Yes	53	56.4	56.4	39	41.5	41.5	92	48.9	48.9
No	6	6.4	62.8	4	4.3	45.8	10	5.3	54.2
Sometime	35	37.2	100	51	54.3	100	86	45.8	100
Total	94	100.0		94	100.0		188	100.0	

Table 18: Persons Caring the Elderly of Urban Family

Caring Persons of the Elderly	Urban Family	
	f	%
Spouse	31	33.0
Daughter	28	29.8
Son	44	46.8
Wife of Son	33	35.1
Others	15	16.0

*Multiple Options

Table 19: Habits of the Respondents

*Habits of the Respondents	OAH		Urban Family		Total	
	f	%	f	%	f	%
Smoking	5	5.3	14	14.9	19	10.1
Betel Leaf/ Nut	17	18.1	29	30.9	46	24.5
Tea/Coffee	16	17.1	71	75.5	86	45.7
Others	8	8.5	13	13.8	21	11.2
No Habits	72	76.6	32	34.0	104	55.3

*Multiple Options

Table 20: Attitude to the Relatives of the Respondents

Attitude to the Relatives	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Good	1	1.1	1.1	7	7.4	7.4	8	4.2	4.2
Good	11	11.7	12.8	36	38.3	45.7	47	25.0	29.2
Moderate	60	63.8	76.6	44	46.8	92.6	104	55.3	84.5
Bad	20	21.3	97.9	7	7.4	100	27	14.4	98.9
Very Bad	2	2.1	100	0	0	100	2	1.1	100
Total	94	100.0		94	100.0		188	100.0	

Table 21: Experience of Life of the Respondents

Experience of Life	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Good	0	0	0	5	5.3	5.3	5	2.7	2.7
Good	7	7.4	7.4	31	33.0	38.3	38	20.2	22.9
Moderate	43	45.7	53.2	49	52.1	90.4	92	48.9	71.8
Bad	36	38.3	91.5	9	9.6	100.0	45	23.9	95.7
Very Bad	8	8.5	100.0	0	0	100.0	8	4.3	100.0
Total	94	100.0		94	100.0		188	100.0	

Table 22: Satisfaction to Life of the Respondents

Satisfaction Level	OAH			Urban Family			Total		
	f	%	CP	f	%	CP	f	%	CP
Very Much	1	1.1	1.1	11	11.7	11.7	12	6.4	6.4
Much	4	4.3	5.3	25	26.6	38.3	29	15.4	21.8
Moderate	26	27.7	33.0	41	43.6	81.9	67	35.6	57.4
Few	44	46.8	79.8	11	11.7	93.6	55	29.3	86.7
Very Few	19	20.2	100.0	6	6.4	100.0	25	13.3	100.0
Total	94	100.0		94	100.0		188	100.0	

Appendix C

C.1. Questionnaire for the Elderly of OAH

Institute of Bangladesh Studies (IBS), University of Rajshahi, Rajshahi
Questionnaire (For the Elderly of OAH)

Topic: A Comparative Study of the Elderly Living in Old Age Home and Urban Family in Bangladesh
Information provided by you is highly confidential and will be used only for academic research.
[Use tick mark (√) where applicable]

1. Personal information
1.1. Name of the respondent:
1.2. Age:
1.3. Sex: (1) Male (2) Female
1.4. Religion: (1) Islam (2) Hindu (3) Christian (4) Buddhist (5) Others……………
1.5. Address: Name of OAH: Room no.: House no.: Para/Mahalla: District: Mobile no. (if any):
1.6. Educational qualification: (1) Illiterate (2) Literate (3) Primary (4) SSC/equivalent (5) HSC/equivalent (6) Graduation/equivalent (7) Post graduation/equivalent (8) Others

2. Information of the family (before coming to the OAH) members

Sl. No.	Name of the family members	Age	Relationship with the respondent	Marital status	Occupation
1.					
2.					
3.					

3. Information of asset and income-expenditure
3.1. Present state of your asset and income-expenditure:

Sl. No.	Asset	Quantity	Income	Taka (monthly)	Expenditure	Taka (monthly)
1.	Land (Acre)		Service		Food	
2.	Building/flat (in number)		Business		Cloth	
3.	Gold (vori)		House rent		Residence	
4.	Bank deposit (taka)		Allowance		Medical	
5.	Cash (taka)		From children		Recreation	
6.	Others (taka)		others		Others	
	Total		Total		Total	

3.2. Ownership type of your residence: (1) Self (2) Rented (3) Others……………
3.3. Construction type of your residence: (1) Pucca (2) Semi- pucca/Tin shed (3) *Kancha*
3.4. In case of pucca self-residence, how many storied it is? (1) One storied (2) Two storied (3) Three storied (4) Four storied (5) Five storied (6) Others………
3.5. Which furniture do you have? (1) Cot (2) Sofa-set (3) Chair (4) Table (5) Dressing table (6) Wardrobe (7) Alna (8) Almirah (9) Others………….
3.6. What electronic goods do you have? (1) Television (2) Computer (3) CD/DVD player (4) Mobile (5) Camera (6) Ipod/Ipad (7) Others…………

4. Information related to the social status
4.1. Information related to the marriage
4.1.1. Your marital status: (1) Married (2) Unmarried (3) Widow (4) Widower (5) Divorced
4.1.2. If married then no. of marriages: (1) One (2) Two
4.1.1.3. Is your spouse alive? (1) Yes (2) No
4.1.4. If spouse is alive then the relationship with his/her: (1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad
4.1.5. If the relationship with the spouse is very bad/bad so why?

4.2. Information related to the family (before coming to the OAH)
4.2.1. Who was the head of your family before the age of 60? (1) Yourself (2) Spouse (3) Son (4) Daughter (5) Others
4.2.2. Your present relationship with the family members: (1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad
4.2.3. How was your relationship with the family members before the age of 60? (1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad (6) Not Applicable
4.2.4. Communication with the family members: (1) Often (2) Sometime (3) Very Rare (4) Never (5) Not Applicable
4.1.2.5. How much priorities do your personal needs get in the family? (1) Very much (2) Much (3) Moderate (4) Few (5) Very few/Never
4.2.6. How long have you been in OAH? (1) Below 1 Year (2) 1-3 Years (3) 4-6 Years (4) 6-8 Years (5) 8-10 Years (6) 11 Years or More
4.2.7. How is your relationship with the other members of OAH? (1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad
4.2.8. If the relationship is bad/very bad, so why?
4.2.9. Is the behavior/conduct of authority satisfactory? (1) Yes (2) No
4.2.10. If the answer is no, so why?
4.2.11. Causes of coming to the OAH? (1) Family crisis (2) Economic crisis (3) No one for looking after (4) More security in OAH (5) Freedom of life (6) Hazard

free environment (7) Elderly friendly environment (8) Facilities for medical (9) Anger (10) Others…………

4.3. Information related to the relatives:

4.3.1. Your present relationship with the relatives: (1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad

4.3.2. How frequently do you communicate with the relatives? (1) Often (2) Sometimes (3) Very rare

4.3.3. Whom do you communicate frequently among the relatives?

4.3.4. How was your relationship with the relatives before coming to the OAH (before the age of 60)? (1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad

4.4. Information related to the food taking

4.4.1. How many times do you take meal a day? (1) One time (2) Two times (3) Three times (4) More

4.4.2. Usually what do you take in breakfast, lunch and dinner?

Meal	List of menu								
	1. Ruti	2. Rice	3. Vegetable	4. Dal	5. Fish	6. Meat	7. Egg	8. Milk	9. Other
Breakfast									
Lunch									
Dinner									

4.4.3. Which food do you take except these three meals?

4.4.4. Do you take meal with the other members of OAH? (1) Yes (2) No (3) Sometime

4.4.5. If the answer is not, why?

4.4.6. Is the food standard satisfactory?

4.4.7. If food standard is not satisfactory, so why?

4.4.8. Does the authority evaluate your choice to supply food? (1) Yes (2) No

4.5. Information related to the social occasions/festivals

4.5.1. Do you participate in any social occasion: (1) Yes (2) No (3) Sometime

4.5.2. If yes, what are these occasions? (1) Marriage (2) *Gaye Holud* (3) Birthday (4) *Chollisha/Sraddha* (5) Otehrs……………….

4.5.3. Do you participate in social festivals (Religious festival/new year celebration)? (1) Yes (2) No (3) Sometimes

4.5.4. Do you buy new clothes in social festivals (Religious festival/new year)? (1) Yes (2) No (3) Sometime

4.5.5. What do you do at Eid/Puja/Christmass day/Maghi purnima?

4.5.6. Do you get invitation at Eid/Puja/Christmass day/Maghi purnima? (1) Yes (2) No (3) Sometimes

4.5.7. If yes, from whom do you get invitation? (1) Relatives (2) Friends (3) Others…
4.5.8. Do you go anywhere to visit/celebrate at Eid/Puja/Christmass day/Maghi purnima? (1) Yes (2) No (3) Sometimes

4.6. Information related to the social organizations
4.6.1. Are you involved with any social organization? (1) Yes (2) No
4.6.2. If the answer is yes, what type of organization it is? (1) Voluntary (2) Religious (3) Political (4) Others………………..
4.6.3. What is your role if you are involved with social organization?

4.7. Information related to the religious activities
4.7.1. Do you pray/fasting regularly? (1) Yes (2) No (3) Sometimes
4.7.2. Where do you pray? (1) Mosque/Temple/Church/Pagoda (2) Self residence/room (3) Both the places

4.8. Information related to newspaper/book reading/leisure
4.8.1. Do you have the habit of newspaper reading? (1) Yes (2) No
4.8.2. Do you have the scope of newspaper and book reading? (1) Yes (2) No
4.8.3. If the answer is yes, which newspapers do you read: (1) Prothom Alo (2) Jugantar (3) Samakal (4) Kaler Kantha (5) Naya Diganta (6) Ittefaq (7) Bangladesh Protidin (8) Inqilab (9) Daily Star (10) Others……
4.8.4. Do you get any social assistance? (1) Yes (2) No
4.8.5. If yes, what type of social assistance it is?
4.8.6. How do you pass your leisure? (1) Gossiping (2) Book Reading (3) Newspaper reading (4) TV watching (5) Others…………………

5. Information related to the economic status
5.1. How much is your monthly income (in BDT)? ………………………..
5.2. What was your previous profession (before age of 60 years)? (1) Public job (2) Private job (3) Business (4) Housewife (5) Agriculture (6) Others………
5.3. What was the type of your service or business?
5.4. How much money would you earn from that service or business (monthly in BDT)?
5.5. Do you get pension for previous service/job?
5.6. If you receive pension, how much money (monthly in BDT)?
5.7. Are you involved with any profession still now?
5.8. If yes, name of the profession?
5.9. Who enjoy/use your personal property? (1) Self (2) Others……… (3) Both
5.10. Do your family members/relatives help you financially? (1) Always (2) Often (3) Sometime (4) Never

5.11. If the relatives help you financially, how much money (yearly in BDT)?
5.12. Do you get/receive old age allowance?
5.13. Do you get any financial assistance from NGOs: (1) Yes (2) No
5.14. If you get financial assistance from NGOs, how much (yearly in BDT)?
5.15. Are you a freedom fighter? (1) Yes (2) No
5.16. Do you get/receive freedom fighter allowance? (1) Yes (2) No (If yes, how much?............................)
5.17. Do you get any financial assistance from any other sources? (1) Yes (2) No
5.18. If you get financial assistance from other sources so how much (yearly in BDT)?
5.19. Do you help anybody financially of your family or out of family? (1)Yes (2) No
5.20. If the answer is yes, to whom?
5.21. Do you have any separate room for living? (1) Yes (2) No

6. Information related to the health status
6.1. How is your physical condition? (1) Good (2) Moderate (3) Bad
6.2. Are you suffering from any disease? (1) High blood pressure (2) Low blood pressure (3) Diabetes (4) Gastric (5) Eye problem (6) Arthritis (7) Heart diseases (8) Thyroid (9) Asthma (10) Back Pain (11) Others…………….
6.3. If ill/sick, how long have you been suffering? (1) 1-3 years (2) 4-6 years (3) 7-9 years (4) 10-12 years (5) More (6) Not Applicable
6.4. Where do you go for medical? (1) Public hospital (2) Private hospital (3) Both Government and Private Hospital (4) Probin Haspatal (5) Probin Haspatal and Private Hospital (6) OAH Medical Center (7) Others………………
6.5. How frequently do you visit the doctor? (1) Every month (2) Every three months (3) According to need (4) In case of serious problem (5) Never
6.6. Why do you go to public hospital?
6.7. Why do you go to private hospital?
6.8. Which services do you get in public hospital? (1) Doctor (2) Medicine (3) Nurse (4) Various tests (5) others…………………
6.9. Are you pleased for the standard of services of public hospital? (1) Yes (2) No
6.10. If the answer is no, so why?
6.11. Is there any necessity of separated government hospital for the elderly?
(1) Yes (2) No
6.12. If the answer is yes, so why?
6.13. Do you walk or exercise? (1) Yes (2) No
6.14. Do you walk or exercise regularly? (1) Yes (2) No
6.15. How long time, do you walk or exercise? (1) Below 30 minutes (2) 30-60 minutes (3) 60-90 minutes (4) 90-120 minutes (5) More
6.16. Do you drink safe drinking water? (1) Yes (2) No

6.17. If the answer is no, so why?
6.18. Do you keep your clothes always clean? (1)Always (2) Often (3) Sometime (4) Never
6.19. If your clothes are not always clean, why?
6.20. Who washes your clothes? (1) Self (2) Others………………
6.21. Do you need anyone's help for physical inability? (1) Yes (2) No (3) Sometime
6.22. If you need others help, who are they?
6.23. How is your memory? (1) Good (2) Moderate (3) Bad
6.24. Medicine taking and others tasks do you do from yourself?
6.25. Medicine taking and others tasks if you do not do from yourself, who help you?
6.26. How do you sleep at night? (1) Good (2) Moderate (3) Bad
6.27. Do you take sleeping drug? (1) Yes (2) No
6.28. If you are to take sleeping drug so when? (1) Regular/everyday (2) Sometimes (3) Never
6.29. Usually who do you take care? (1) Spouse (2) Daughter (3) Son (4) Wife of Son (5) Others
6.30. Do you have any habit? (1) Smoking (2) Betel leaf/ betel nut (3) Tobacco leaf (4) Others…………………………. (5) No habit

7. Information related to the psychological status

**Your attitude about family and relatives	1. very good	2. good	3. moderate	4. bad	5. very bad
7.1. Your attitude to your family members					
7.2. Family members attitude to you					
7.3. Your attitude to your relatives					
7.4. Social outlook for living arrangement					
7.5. Your experience about your life					
**Your feeling about OAH and life	1. very much	2. much	3. moderate	4. few	5. very few
7.6. Freedom you enjoy in OAH					
7.7. Self-esteem is possible to maintain in OAH					
7.8. Satisfaction about your life					
7.9. Feelings about alienation from others					

7.10. If you are not satisfied to your life, why?
7.11. If it is not possible to maintain self-esteem in OAH, why?
7.12. What arrangement do you have for recreation? (1) TV (2) Mobile Phone (3) Both TV & Mobile Phone (4) Others…………………. (5) Nothing
7.13. Do you have any friend? (1) Yes (2) No
7.14. If you have friends, after how many days do you meet with them? (1) Every day (2) Every week (3) Every month (4) Very rare

7.15. What type of conversation do you share with your friends? (1) Family Related (2) Personal (3) Political (4) Religious (5) Economic (6) Others………
7.16. Do have any scope to share very personal matter? (1) Yes (2) No
7.18. If yes, to whom do you share?
7.19. Do have any scope to go out of OAH? (1) Yes (2) No
7.20. If yes, where do you go? (1) Marketing/Shopping (2) Relatives' home (3) Walking in Surroundings (4) Others………………..
7.21. How much helpful the other members of OAH? (1) Very much (2) Much (3) Moderate (4) Few (5) Very Few
7.22. If they are not helpful, so why?
7.23. Do you have any grandchild? (1) Yes (2) No
7.24. If the answer is yes, how much do you mix/intimate with them? (1) Very much (2) Much (3) Moderate (4) Few (5) Very few
7.25. How is your present relationship with the OAH authority?
(1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad
7.26. Which arrangement is better for your living? (1) Family (2) Old Age Home

C.2. Questionnaire for the Elderly of Urban Family

Institute of Bangladesh Studies (IBS), University of Rajshahi, Rajshahi
Questionnaire (For the Elderly of Urban Family)

Topic: A Comparative Study of the Elderly Living in Old Age Home and Urban Family in Bangladesh

Information provided by you is highly confidential and will be used only for academic research.
[Use tick mark (√) where applicable]

1. Personal information
1.1. Name of the respondent:
1.2. Age:
1.3. Sex: (1) Male (2) Female
1.4. Religion: (1) Islam (2) Hindu (3) Christian (4) Buddhist (5) Others……..
1.5. Address: House no.: Road no.: Para/Mahalla:
District: Mobile no. (if any):
1.6. Educational qualification: (1) Illiterate (2) Literate (3) Primary (4) SSC/equivalent (5) HSC/equivalent (6) Graduation/equivalent (7) Post graduation/equivalent (8) Others

2. Information of the family members

Sl. No.	Name of the family members	Age	Relationship with the respondent	Marital status	Occupation
1.					
2.					
3.					

3. Information of asset, income and expenditure

3.1. Present state of your asset, income and expenditure:

Sl. No.	Asset	Quantity	Income	Taka (monthly)	Expenditure	Taka (monthly)
1.	Land (Acre)		Service		Food	
2.	Building/flat (in number)		Business		Cloth	
3.	Gold (vori)		House rent		Residence	
4.	Bank deposit (taka)		Allowance		Medical	
5.	Cash (taka)		From children		Recreation	
6.	Others (taka)		others		Others	
	Total		Total		Total	

3.2. Ownership type of your residence: (1) Self (2) Rented (3) Others…………..

3.3. Construction type of your residence: (1) Pucca (2) Semi- pucca/Tin shed (3) *Kancha*

3.4. In case of pucca self-residence, how many storied it is? (1) One storied (2) Two storied (3) Three storied (4) Four storied (5) Five storied (6) Others…….

3.5. Which furniture do you have? (1) Cot (2) Sofa-set (3) Chair (4) Table (5) Dressing table (6) Wardrobe (7) Alna (8) Almirah (9) Others……………

3.6. What electronic goods do you have? (1) Television (2) Computer (3) CD/DVD player (4) Mobile (5) Camera (6) Ipod/Ipad (7) Others…………

4. Information related to the social status

4.1. Information related to the marriage

4.1.1. Your marital status: (1) Married (2) Unmarried (3) Widow (4) Widower (5) Divorced

4.1.2. If married then no. of marriages: (1) One (2) Two

4.1.3. Is your spouse alive? (1) Yes (2) No

4.1.4. If spouse is alive then the relationship with his/her: (1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad

4.1.5. If the relationship with the spouse is very bad/bad so why?

4.2. Information related to the family

4.2.1. Who was the head of your family before the age of 60? (1) Yourself (2) Spouse (3) Son (4) Daughter (5) Others

4.2.2. Your present relationship with the family members: (1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad

4.2.3. How was your relationship with the family members before the age of 60? (1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad

4.2.4. If the relationship is bad/very bad, so why?

4.2.5. How much priorities do your personal needs get in the family? (1) Very much (2) Much (3) Moderate (4) Few (5) Very few

4.2.6. Do you have any role to make decision in the family: (1) Yes (2) No

4.2.7. If the answer is no, so why?

4.2.8. Do you help in family activities? (1) Yes (2) No

4.2.9. The answer is yes/no, why?

4.2.10. Do you think yourself as a burden for family? (1) Yes (2) No

4.2.11. If the answer is yes, why?

4.3. Information related to the relatives:

4.3.1. Your present relationship with the relatives: (1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad

4.3.2. How frequently do you communicate with the relatives? (1) Often (2) Sometime (3) Very rare

4.3.3. Whom do you communicate frequently among the relatives?

4.3.4. How was your relationship with the relatives before the age of 60? (1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad

4.4. Information related to the food taking

4.4.1. How many times do you take meal a day? (1) One time (2) Two times (3) Three times (4) More

4.4.2. Usually what do you take in breakfast, lunch and dinner?

Meal	List of menu								
	1.Ruti	2.Rice	3. Vegetable	4.Dal	5. Fish	6.Meat	7. Egg	8.Milk	9. Other
Breakfast									
Lunch									
Dinner									

4.4.3. Which food do you take except these three meals?

4.4.4. Do you take meal with your family members? (1) Yes (2) No (3) Sometime

4.4.5. If the answer is not, why?

4.5. Information related to social occasions/festivals

4.5.1. Do you participate in any social occasion? (1) Yes (2) No (3) Sometime

4.5.2. If yes, what are these occasions? (1) Marriage (2) *Gaye Holud* (3) Birthday (4) *Chollisha/Sraddha* (5) Otehrs……………….

4.5.3. Do you participate in social festivals (Religious festival/new year celebration)? (1) Yes (2) No (3) Sometimes

4.5.4. Do you buy new clothes in social festivals (Religious festival/new year celebration)? (1) Yes (2) No (3) Sometimes

4.5.5. What do you do at Eid/Puja/Christmass day/Maghi purnima?

4.5.6. Do you get invitation at Eid/Puja/Christmass day/Maghi purnima? (1) Yes (2) No (3) Sometimes

4.5.7. If yes, from whom do you get invitation? (1) Relatives (2) Friends (3) Others

4.5.8. Do you go anywhere to visit/celebrate at Eid/Puja/Christmass day/Maghi purnima? (1) Yes (2) No (3) Sometimes

4.6. Information related to the social organization

4.6.1. Are you involved with any social organization? (1) Yes (2) No

4.6.2. If the answer is yes, what type of organization it is? (1) Voluntary (2) Religious (3) Political (4) Others………………..

4.6.3. What is your role if you are involved with social organization?

4.7. Information related to the religious activities

4.7.1. Do you pray/fasting regularly? (1) Yes (2) No (3) Sometimes

4.7.2. Where do you pray? (1) Mosque/Temple/Church/Pagoda (2) Self residence/room (3) Both the places

4.8. Information related to newspaper/book reading/leisure

4.8.1. Do you have the habit of newspaper reading? (1) Yes (2) No

4.8.2. Do you have the scope of newspaper reading? (1) Yes (2) No

4.8.3. If the answer is yes, which newspapers do you read: (1) Prothom Alo (2) Jugantar (3) Samakal (4) Kaler Kantha (5) Naya Diganta (6) Bangladesh Protidin (7) Ittefaq (8) Bhorer Kagoj (9) Inqilab (10) Daily Star (11) Others

4.8.4. Do you get any social assistance? (1) Yes (2) No

4.8.5. If yes, what type of social assistance do you get?

4.8.6. How do you pass your leisure? (1) Gossiping (2) Book Reading (3) Newspaper reading (4) TV watching (5) Others…………………

5. Information related to the economic status

5.1. How much is your monthly income (in BDT)? ………………………..

5.2. What was your previous profession (before age of 60)? (1) Public job (2) Private job (3) Business (4) Housewife (5) Agriculture (6) Others………

5.3. What was the type of your service or business?

5.4. How much money would you earn from that service or business (monthly in BDT)?

5.5. Do you get pension for previous service/job?

5.6. If you receive pension, how much money (monthly in BDT)?

5.7. Are you involved with any profession still now? (1) Yes (2) No

5.8. If yes, name of the profession?

5.9. Who enjoy/use your personal property? (1) Self (2) Others……… (3) Both

5.10. Do your family members/relatives help you financially? (1) Always (2) Often (3) Sometime (4) Never

5.11. If your family members/relatives help you financially, how much money (yearly in BDT)?

5.12. Do you get/receive old age allowance?

5.13. Do you get any financial assistance from NGOs: (1) Yes (2) No

5.14. If you get financial assistance from NGOs, how much (yearly in BDT)?

5.15. Are you freedom fighter? (1) Yes (2) No

5.16. Do you get/receive freedom fighter allowance? (1) Yes (2) No (If yes, how much?.....................................).

5.17. Do you get any financial assistance from any other sources? (1) Yes (2) No

5.18. If you get financial assistance from other sources so how much (yearly in BDT)?

5.19. Do you help anybody financially of your family or out of family? (1) Yes (2) No

5.20. If the answer is yes, to whom?

5.21. Do you have any separate room for living? (1) Yes (2) No

6. Information related to the health status

6.1. How is your physical condition? (1) Good (2) Moderate (3) Bad

6.2. Are you suffering from any disease? (1) High blood pressure (2) Low blood pressure (3) Diabetes (4) Gastric (5) Eye problem (6) Arthritis (7) Heart diseases (8) Thyroid (9) Asthma (10) Back Pain (11) Others……………

6.3. If ill/sick, how long have you been suffering? (1) 1-3 years (2) 4-6 years (3) 7-9 years (4) 10-12 years (5) More (6) Not Applicable

6.4. Where do you go for medical? (1) Public hospital (2) Private hospital (3) Both Government and Private Hospital (4) Others………………

6.5. How frequently do you visit the doctor? (1) Every month (2) Every three months (3) According to need (4) In case of serious problem (5) Never

6.6. Why do you go to public hospital?

6.7. Why do you go to private hospital?

6.8. Which services do you get in public hospital? (1) Doctor (2) Medicine (3) Nurse (4) Various tests (5) others…………………
6.9. Are you pleased for the standard of services of public hospital? (1) Yes (2) No
6.10. If the answer is no, so why?
6.11. Is there any necessity of separated government hospital for the elderly?
(1) Yes (2) No
6.12. If the answer is yes, so why?
6.13. Do you walk or exercise? (1) Yes (2) No
6.14. Do you walk or exercise regularly? (1) Yes (2) No
6.15. How long time, do you walk or exercise? (1) Below 30 minutes (2) 30-60 minutes (3) 60-90 minutes (4) 90-120 minutes (5) More
6.16. Do you drink safe drinking water? (1) Yes (2) No
6.17. If the answer is no, so why?
6.18. Do you keep your clothes always clean? (1)Always (2) Often
(3) Sometimes (4) Never
6.19. If your clothes are not always clean, why?
6.20. Who washes your clothes? (1) Self (2) Others………………
6.21. Do you need anyone's help for physical inability? (1) Yes (2) No (3) Sometimes
6.22. If you need others help, who are they?
6.23. How is your memory? (1) Good (2) Moderate (3) Bad
6.24. Medicine taking and others tasks do you do from yourself?
6.25. Medicine taking and others tasks if you do not do from yourself, who help you?
6.26. How do you sleep at night? (1) Good (2) Moderate (3) Bad
6.27. Do you take sleeping drug? (1) Yes (2) No
6.28. If you are to take sleeping drug so when?(1) Regular/everyday (2) Sometimes (3) Never
6.29. Who do you take care usually? (1) Spouse (2) Daughter (3) Son (4) Wife of Son (5) Others………………..
6.30. Do you have any habit? (1) Smoking (2) Betel leaf/ betel nut (3) Tobacco leaf (4) Others…………………………. (5) No habit

7. Information related to the psychological status

**Your attitude about family and relatives	1. very good	2. good	3.moderate	4. bad	5. very bad
7.1. Your attitude to your family members					
7.2. Family members' attitude to you					
7.3. Your attitude to your relatives					
7.4. Social outlook for living arrangement					
7.5. Your experience about your life					

**Your feeling about family and life	1.very much	2. much	3.moderate	4. few	5. very few
7.6. Freedom you enjoy in family					
7.7. Self-esteem is possible to maintain in family					
7.8. Satisfaction about your life					
7.9. Feelings about alienation from others					

7.10. If you are not satisfied to your life, why?

7.11. If it is not possible to maintain self-esteem in family, why?

7.12. What arrangement do you have for recreation? (1) TV (2) Mobile Phone (3) Both TV & Mobile Phone (4) Others…………………. (5) Nothing

7.13. Do you have any friend? (1) Yes (2) No

7.14. If you have friends, after how many days do you meet with them? (1) Every day (2) Every week (3) Every month (4) Very rare

7.15. What type of conversation do you share with your friends? (1) Family Related (2) Personal (3) Political (4) Religious (5) Economic (6) Others………

7.16. Do have any scope to share very personal matter? (1) Yes (2) No

7.17. If yes, to whom do you share?

7.18. Do have any scope to go out of your family? (1) Yes (2) No

7.19. If yes, where do you go? (1) Marketing/Shopping (2) Relatives' home (3) Walking in Surroundings (4) Others………………..

7.20. How much helpful the other members of your family? (1) Very much (2) Much (3) Moderate (4) Few (5) Very Few

7.21. If they are not helpful, so why?

7.22. Do you have any grandchild? (1) Yes (2) No

7.23. If the answer is yes, how much do you mix/intimate with them? (1) Very much (2) Much (3) Moderate (4) Few (5) Very few

7.24. How is your present relationship with head of the family?
(1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad

7.25. Which arrangement is better for your living? (1) Family (2) Old Age Home

C.3. Check List for Key Informant Interview (KII)

Institute of Bangladesh Studies (IBS), University of Rajshahi, Rajshahi.
Check List for Key Informant Interview (KII)
Title of Research: A Comparative Study of the Elderly Living in Old Age Home and Urban family in Bangladesh.

[Your given data will be kept confidential and will be used for academic research only.]

A. Personal Information

1. Name: 2. Age: 3. Sex:
4. Education: 5.Occupation: 6. Present address:

B. Information Related to the Research

1. What is the economic condition of the elderly living in urban area in Bangladesh (Especially in Dhaka and Gazipur)?
2. Please explain the position of the elderly in their family.
3. Please tell about the relationship between the family members (spouse and others) and the elderly.
4. Is there any role of the elderly in decision making of the family?
5. Many people differentiate the relationship between the elderly and their relatives in different stages of life, please state your opinion.
6. How much do the elderly enjoy or engage themselves with the social and religious festivals (such as: Pahela Baishakh/New Year Celebration and Eid/Puja/Christmas Day/Maghi Purnima)?
7. How do you think about the religious activities of the elderly in our urban context?
8. How do the elderly pass their leisure time?
9. Please describe the role of the various allowances (Freedom Fighter Allowance, Old Age Allowance and Widow Allowance etc.) to meet the need of the urban elderly.
10. How would you consider the health status (Physical Condition, Diseases and Medical Facilities) of the elderly?
11. Please mention the health services (public and private sectors' contribution) to the elderly in urban society.
12. How would you explain the cleanliness (Clothes washing, Living Room and Food Items etc.) of the elderly?
13. Please point out about the caring for the elderly in urban life (Old Age Home & Family)?
14. What is the general/common attitude of the family members and relatives to the elderly?
15. Please state the experience and satisfaction to life of the elderly.
16. How much friendships influence the life of the elderly?
17. Please describe the relationship between the elderly and their grand-children.
18. Which setting do you think better, Family or Old Age Home? Why?

C.4. Check List for Case Study

Institute of Bangladesh Studies (IBS), University of Rajshahi, Rajshahi.
Check List for Case Study

Title of Research: A Comparative Study of the Elderly Living in Old Age Home and Urban family in Bangladesh.

[Your given data will be kept confidential and will be used for academic research only.]

A. Personal Information

1. Nam 2. Age: 3. Sex: 4.Religion:
5. Education: 6. Occupation: 7. Present address:

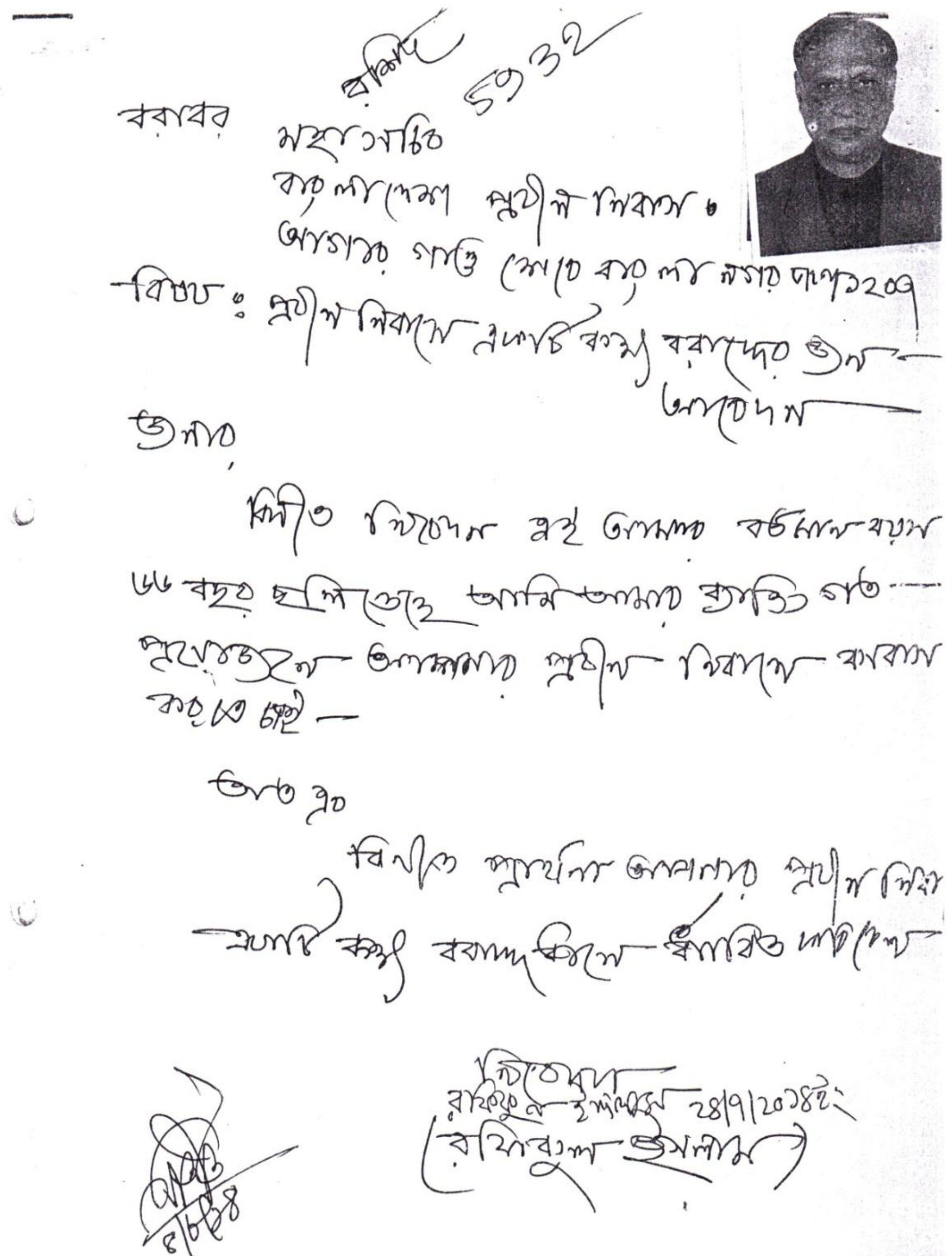
B. Information Related to the Research

1. Who are the members of your family?
2. Who was the head of your family (before age of 60)?
3. What is the present relationship between you and OAH members/family members?
4. Do the family members co-operate/help you?
5. Do you have any role in decision making in the family/OAH?
6. Do you think yourself as a burden of your family?
7. How frequently do you communicate with relatives and friends?
8. What is your present and past (before age of 60) profession?
9. How much do you earn in a month?
10. How much do you spend in a month?
11. Do you get any kind of allowance, like old age allowance and freedom fighter allowance?
12. Do you have any other sources of income?
13. What is your physical condition?
14. Are you suffering from any disease? If yes, please mention the name of the diseases and the duration of diseases.
15. Where do you go for medical?
16. Do you perform your religious activities regularly?
17. Do you have any scope of newspaper reading and book reading?
18. Do you walk/exercise regularly?
19. Do you have any scope to share personal matter?
20. How much freedom/self-esteem is possible to maintain in OAH/family?
21. How is your experience to life?
22. Which arrangement do you think better- OAH or family? Why?

Appendix D

OAH Admission Form and Other Documents

D.1. Admission Form and Documents of Old Age Home, Agargaon, Dhaka



বরাবর
মহাপরিচালক
বাংলাদেশ প্রবীণ নিবাস ও
আগারগাঁও [illegible] শেরে বাংলা নগর ঢাকা-১২০৭

বিষয়: প্রবীণ নিবাসে একটি কক্ষ বরাদ্দের জন্য আবেদন

জনাব,

বিনীত নিবেদন এই যে আমার বর্তমান বয়স ৬৬ বছর চলিতেছে আমি আমার ব্যক্তিগত প্রয়োজনে আপনাদের প্রবীণ নিবাসে বসবাস করতে চাই —

অতএব
বিনীত প্রার্থনা আপনাদের প্রবীণ নিবাসে একটি কক্ষ বরাদ্দ দিলে বাধিত থাকিব

নিবেদক
রফিকুল ইসলাম ২৪/৭/২০১৪ইং
(রফিকুল ইসলাম)

Bangladesh Association For The Aged and Institute of Geriatric Medicine (BAAIGM)
(বাংলাদেশ প্রবীণ হিতৈষী সংঘ ও জরা বিজ্ঞান প্রতিষ্ঠান)
Probin Bhaban, Agargaon, Sher-e-Bangla Nagar, Dhaka-1207, Bangladesh.
Cable:AGECARE Tel:323618,9129814.E-mail:baaigm@bdmail.net
RegisteredUnderSocieties Act,XXIof1860;M/of SocialWelfare&Bureau ofNGO

ADMISSION FORM

01. Applicant's Full Name : Rofiqul Islam
02. Father's/ Husband's Name : Abdur Razzak
03. Previous Professions : Govt. Service-holder (R.T.D.)
04. Applicant's date of birth : 06-12-1948 Age on date of application: 66
05. Nationality : Bangladeshi 06. Religion : Islam
07. Present Address : Flat-C3,18/A East Rajabazar, Dhaka-1207
08. Permanent Address : Do
09. Actual Local Guardian/ Sponsner, Who will support the applicant financially:
   a. Name : Self
   b. Address : Do
   01732164804
   c. Telephone Number (if any) :
   d. Profession : Do
   e. Self, if so state the source of income. How the applicant will bear the recurring expenditure every month pension.
10. Reasons for living in old age home :
   a.
   b.
   c.
11. Name two visitors, near relations they can meet here once a week only and if the resident face ill there dean can come arangement.
   a. Name : Mohammad Karim
   Address : Flat-C3,18/A East Rajabazar, Dhaka-1207
   b. Name : Ferdous Akther
   Address : Flat-C3,18/A East Rajabazar, Dhaka-1207
12. I hereby agree to abide by the rules and management directives (RMD) of the home. I am a diabetic/ non a diabetic person. Copy of certificate on payment of Tk.300.00 (three hundred)only from comerned medical spacealist is attached therewith.

Sponsoters signature
date :

Applicant's signature
date : 6/1/2018

The applicants personal requisites given for living in the Home of the Aged person have been verified and considered fit/ unfit for admission.

Date :

Secretary General
BAAIGM 8/1/18

M. Probin Nibash

আবাসিক চুক্তি পত্র

১। বাংলাদেশ প্রবীণ হিতৈষী সংঘ, "প্রবীণ ভবন", আগারগাঁও, শেরে বাংলা নগর, ঢাকা-১২০৭।

প্রথম পক্ষ/ ভাড়া দাতা

২ নামঃ রফিকুল ইসলাম
পিতার নামঃ আব্দুর রাজ্জাক
স্থায়ী ঠিকানাঃ-গ্রাম ৯৯৬, পূর্ব রাজাবাজার পোঃ- খামারবাড়ি থানাঃ- শেরে-ই-বাংলা নগর
উপজেলঃ- জেলাঃ- ঢাকা
বতমান ঠিকানাঃ- গ্রামঃ- ঐ পোঃ থানাঃ-
উপজেলাঃ- জেলাঃ-
বয়ষঃ- ৬৬ ধর্মঃ- ইসলাম পেশাঃ- অতীতঃ- সরকারি চাকুরীজীবি বর্তমানঃ-

দ্বিতীয় পক্ষ/ ভাড়া গৃহীতা (ভাড়াটিয়া)

প্রথম পক্ষ বাংলাদেশ প্রবীণ হিতৈষী সংঘ ও জরা বিজ্ঞান প্রতিষ্ঠান মাসিক চুক্তি পত্রের মাধ্যমে হোম ভাড়া দেওয়ার ঘোষণা প্রকাশ করায় দ্বিতীয় পক্ষ আগ্রহী হইয়া বসবাসের নিমিত্তে অদ্য প্রথম পক্ষের সাথে নিম্নবর্ণিত শর্তে অত্র চুক্তি সম্পাদন করিলেন।

শর্তাবলী

প্রথম পক্ষ ঃ

১। অত্র ভাড়াটিয়া চুক্তিপত্র সম্পাদনের তারিখ হইতে আরম্ভ হইয়া প্রাথমিক ভাবে তিন বৎসরের জন্য বলবৎ ও কার্যকর থাকিবে। পরবর্তীতে উভয় পক্ষের সম্মতিক্রমে চুক্তিপত্রের মেয়াদ বৃদ্ধি করা যাইবে।

২। অত্র হোমে বসবাস করার মাসিক ভাড়া ৪০০০/- টাকা নির্ধারণ করিলেন।

৩। প্রথম পক্ষ দ্বিতীয় পক্ষের নিকট হইতে এক মাসের ভাড়া ৪০০০/- টাকা একককালীন অগ্রীম গ্রহণ করিবেন।

৪। প্রথম পক্ষ নিজ ব্যয়ে হোম মেরামত, সংস্কার, পরিবর্তন ও পরিবর্ধণ করিবেন।

৫। প্রথম পক্ষ অত্র হোমে পানি, বিদ্যুৎ, গ্যাস সংযোগ এর ব্যবস্থা করিবেন এবং উহার বিল পরিশোধ করিবেন তবে ২য় পক্ষ তার কক্ষে ফ্রিজ, টেলিভিশন, এসি, ওভেন, আয়রন, ওয়াটার হিটার, কক্ষ হিটার, হিটার, টোষ্টার, ব্লেন্ডার মেশিন, ওয়াশিং মেশিন, কম্পোউটার ইত্যাদি ব্যবহার করলে নিজ ব্যয়ে আলাদা সাব-মিটার বসিয়ে নিবেন এবং এগুলি ব্যবহার করবেন।

৬। প্রথম পক্ষ হোমের নিয়ামনুযায়ী অত্র হোম পরিচালনা করিবেন এবং দৈনন্দিন কার্যাবলী নিয়ন্ত্রন করিবেন।

৭। প্রথম পক্ষের অনুমতি ব্যতীত দ্বিতীয় পক্ষ কোন আত্মীয় স্বজন ও হিতাকাংখী স্বাস্থ্যের পরিপন্থি কোন খাদ্য দ্রব্য সরবরাহ করিতে পারিবেন না।

৮। প্রথম পক্ষ যে কোন সময় প্রয়োজন বোধ করিলেই হোম পরিদর্শন করিতে পারিবেন।

৯। প্রথম পক্ষ কোন কারণ দর্শানো ছাড়া এক মাসের নোটিশে দ্বিতীয় পক্ষের সিট বরাদ্ধ বাতিল করিতে পারিবেন।

দ্বিতীয় পক্ষঃ

M. Probin Nibash

১. দ্বিতীয় পক্ষ অত্র হোমের -------------- তলায়---------নং কক্ষের-----------নং সীট মাসিক ভাড়া হিসাবে গ্রহণ করিলেন।

২. দ্বিতীয় পক্ষ প্রতি মাসের ১০(দশ) তারিখের মধ্যে প্রথম পক্ষকে নির্ধারিত মাসিক ভাড়া পরিশোধ করিবেন।

৩. দ্বিতীয় পক্ষ বসবাসের কাজ ছাড়া অন্য কোন কাজে অত্র হোম ব্যবহার করিতে পারিবেন না।

৪. দ্বিতীয় পক্ষ হোমে অন্য কোন লোককে ভাড়া দিতে পারিবেন না বা বসবাস করিতে দিতে পারিবেন না।

৫. দ্বিতীয় পক্ষ হোমে হাল্কা বেডিং পত্র ও পোষাক পরিচ্ছদ আনিতে পারিবেন এইসব মালামালা দ্বিতীয় পক্ষের তত্ত্বাবধানে থাকিবে।

৬. দ্বিতীয় পক্ষ হোমে বা পাশ্ববর্তী এলাকাসহ নিবাসীর অবস্থানকারীদের বিরক্তি সৃষ্টি করে এমন পরিবেশ ও পরিস্থিতি সৃষ্টি করিতে পারিবেন না।

৭. দ্বিতীয় পক্ষ হোমের কোন প্রকার কাঠামোগত পরিবর্তন, পরিবর্ধন ডেকোরেশন, রিনোবেশন করিতে পারিবেন না।

৮. দ্বিতীয় পক্ষ হোমে কোন প্রকার ব্যবসা বানিজ্য করিতে পারিবেন না। কোন প্রকার অবৈধ মালামাল হোমে রাখিতে পারিবেন না।

৯. ২য় পক্ষের আত্নীয় স্বজন বা কোন দর্শনার্থী কক্ষে অবস্থান করিয়া সাক্ষাত করিতে পারিবেন। যদি সাক্ষাতদানকারী অসুস্থ হয়ে থাকেন তাহা হইলে কেয়ার টেকারের মাধ্যমে সাক্ষাত দানকারীর রুমে যাইয়া সাক্ষাত করিতে পারিবেন। উপরোক্ত সাক্ষাতের সময় ১ ঘন্টার বেশী হইবে না।

১০. মেয়াদ উত্তীর্ণ হওয়ার পূর্বে হোম ছাড়িয়া দিতে হইলে দ্বিতীয় পক্ষ একমাস পূর্বে লিখিত আবেদনের মাধ্যমে প্রথম পক্ষকে অবহিত করিবেন।

১১. দ্বিতীয় পক্ষ অত্র হোমে কোন আলোচনা, সভা এবং সমাজ বিরোধী কাজ করিতে পারিবেন না।

১২. দ্বিতীয় পক্ষ শারিরীকভাবে অক্ষম রোগগ্রস্থ/মুমূর্ষ পর্য্যায় চলে গেলে কাকে সংবাদ দিতে হবে এবং তাকে কে গ্রহণ করবেন। নিবাসীর মৃত্যু হলে লাস কে গ্রহণ করবে।

১৩. এক মাসের সিট ভাড়ার সমান ফেরৎযোগ্য সিকিউরিটির পরিমান....................টাকা।

১৪. ২য় পক্ষ প্রবীণ নিবাসের নীতিমালা পূর্নভাব মেনে চলবেন। ব্যতিক্রম হলে সিট/কক্ষ বাতিল করা হবে।

১৫. ২য় পক্ষ চালুকৃত খাবার প্রদ্ধতিতে যেমন ক্যাফেটরীয়া মেসিং প্রদ্ধতিতে খাবার খেতে হবে। তার জন্য আলাদা ভাবে খাবার ব্যবস্থা গ্রহণযোগ্য হবে না।

১৬. হোম বসবাস করে কোন নিবাসী কোন চাকুরী/কোন কাজে কর্মে নিয়োজিত থাকতে পারবেন না যদি এমন কোন কাজে নিয়োজিত থাকেন তবে তার সিট/কক্ষ বাতিল বলে গন্য হবে।

স্বাক্ষীগণ ঃ

১. মোহাম্মদ ...
৬/০৮/১৪

২. ...
৬/০৮/১৪

প্রথম পক্ষের স্বাক্ষর

দ্বিতীয় পক্ষের স্বাক্ষর

M. Probin Nibash

HEALTH CERTIFICATE

Name : Rofiqul Islam
Age : 66 yrs
Sex : Male
Registration :

Physical examination

Height : 5' 10"
Weight : 73 kg
Pulse : 72/m
BP : 130/80
Heart :
Lung :
Liver : (NAD)
Spleen :
Kidney :
ENT :
Eye : 6/6 (By spectacles)
Cardio vas system :
Digestive System :
Urogenited system :
Nervous system : Normal
Respiratory system :
Muscuto skeletal system :

Blood : TC DC HB% & ESR
Sugar, Cholesterol, Urea, Creating
Chest P/A view
E.C.G
X-Ray U.S.G of the KUB & Prostrate
X-Ray of the disarnal

Done

Comment of Physician : He is physically fit.

Signature and name of Physician with Designation

Dr. Rezwanul Haque
Medical Officer
Probin Hospital

Date : 4/8/14

Bangladesh Association for the Aged [partially cut off]
and
Institute of Geriatric Medicine (BAAIGM)
বাংলাদেশ প্রবীণ হিতৈষী সংঘ ও জরা বিজ্ঞান প্রতিষ্ঠান

(Registration under Societies Act, XXI of 1860 Reg. No: 1412/3, M/o Social Welfare Reg. No.239 & Bur...

"প্রবীণ নিবাসে বসবাসকারীর অভিভাবকের অঙ্গীকার নামা"

আমি জনাব/বেগম- মোহাম্মদ করিম

পিতা/স্বামী- ওয়াহিদুর রহমান

বর্তমান ঠিকানা- [illegible] পূর্ব রাজাবাজার, ফার্মগেট, ঢাকা-১২০৭

স্থায়ী ঠিকানা- ঐ

এই মর্মে অঙ্গীকার করিতেছি যে, আমার আত্মীয় (রফিকুল ইসলাম)

জনাব/বেগম- রফিকুল ইসলাম পিতা/স্বামী- আবদুর রাজ্জাক

ঠিকানা- চন্দ্র, পূর্ব রাজাবাজার, ফার্মগেট, ঢাকা-১২০৭ কে

বাংলাদেশ প্রবীণ হিতৈষী সংঘ ও জরা বিজ্ঞান প্রতিষ্ঠানের হোমে রাখতে ইচ্ছুক। হোমে বসবাস করার জন্য নীতিমালাতে যে সকল শর্ত আছে তা সবই মেনে চলতে তিনি বাধ্য থাকবে। নিবাসে বসবাস করতে তার যাবতীয় খরচ তিনি নিজে বহন করবেন। তার অপারগতায় আমি নিজে খরচ বহণ করতে বাধ্য থাকবো।

আমি স্বজ্ঞানে এবং অপরের বিনা প্ররোচনায় এ অঙ্গীকার নামায় সহি করলাম।

অঙ্গীকারকারীর নাম স্বাক্ষর।

স্বাক্ষর- [illegible]

নাম- মোহাম্মদ করিম

মোবাইল নম্বর: 01955-600977

তারিখ: ০৬/০৮/১৪

D/Reza/Office Order

D.2. Admission Form of Old Rehabilitation Center, Gazipur

d‡Uv
01(GK) Kwc

eq¯‹ cybe©vmb ‡K›`ª(ecyK)

cÖavb Kvh©vjq: evmv bs: 06, †ivW bs: 13, †m±i: 03, DËiv, XvKv- 1203|
‡dvb: 8932813, 8932801-2, †gvevBj : 01714096272
‡K›`ª: gwbcyi, †nvZvcvov, MvRxcyi|
‡gvevBj : 01714096325

<u>fwZ© Rb¨ Av‡e`b cÎ</u>

†iwR bs:-----------------------------

1) Av‡e`bKvixi bvg : ....
2) wcZv/¯^vgxi bvg : ....
3) ¯'vqx wVKvbv : MÖvg: -------------------- †cvó: -----------------
Dc‡Rjv: ---------------- †Rjv: -----------------
4) eZ©gvb wVKvbv : MÖvg: -------------------- †cvó: ----------------
Dc‡Rjv: ---------------- †Rjv: ----------------
5) eqm (Rb¥ZvwiL) : ....
6) ag© : ....
7) RvZxqZv : ....
8) wkÿvMZ †hvM¨Zv : ....
9) %eevwnK Ae¯'v : ....
10) mšÍvb msL¨v : †Q‡j : .... †g‡q: .... †gvU: ....
11) eZ©gv‡b wK Ki‡Z‡Qb : ....
12) c‡e©© wK Ki‡Zb : ....
13) cwiPq`vbKvix : ....
14) ‡Kvb †iv‡M fzM‡Z‡Qb wKbv : ....
15) Kv‡iv mvnvh¨ Qvov GKv Pj‡div Ki‡Z cv‡ib wKbv : ....
16) kix‡ii †Kvb As‡M Am¤ú~Y©Zv Av‡Q wKbv : ....
17) †QvU LvU KvR Ki‡Z mg_© wKbv : ....
18) †Kvb e¨w³/cÖwZôv‡b †`bv Av‡Q wKbv : ....
19) ecyK Gi †LvR †c‡j b †Kvb gva¨‡g : ....
20) fwZ© ZvwiL : ....

D‡jøwLZ Z_¨ m¤úY© mZ¨| Avgv‡K cybe©vmZ Kivi Rb¨ Av‡e`b Rvbvw"Q|

(†gv: iwdKzj Bmjvg) (†gv: AvevjKvjvd)
mgš^qKvix ZËvegvqK Av‡e`bKvixi ¯^vÿi
eq¯‹ cybe©vmb †K›`ª eq¯‹ cybe©vmb †K›`ª

A½xKvi bvgv

Awg--------------------------------- wcZv/¯^vgx-----------------------------------eqm-----------
---------eZ©gvb wVKvbv :--

--------------------------¯'vqx wVKvbv :--

---†¯^"Qvq eq¯‹ cybe©vmb †K‡›`ª Ae¯'vb Ki‡Z PvB| Awg A½xKvi KiwQ †h cybe©vmbZ n‡q Awg cÖwZôv‡bi kvwšÍ-k„Ljv i¶v‡_© wb¤œwjwLZ kZ©ejx †g‡b Pje Gi Ab¨_v n‡j Awg k„Ljv f‡½i `v‡q cÖwZôvb KZ©„K M„nxZ †h‡Kvb wm×všÍ †g‡b wb‡Z eva¨ _vKe|

kZ©ejx:-

01. Awg GKRb I¨v‡Uva©cÖvbx,
02. Awg cÖKZ.Amnvq
03. Awg Pjv‡divq m¶g, cÖwZôv‡bi Avgvi Pjv‡divi Rb¨ KvD‡K mvnvh¨ Ki‡Z n‡e bv,
04. Awg gvbwmKfv‡e m¯'¨,
05. আমার কোন সংক্রামক/ছোঁয়াছে রোগ নেই,
06. wb‡Ri ‡QvU LvU KvR Kg©wb‡RB Ki‡Z cvie Ges cÖwZw`b wKQzmgq cwi¯‹vi-cwi"QbœZv Awfhv‡b Ask MÖnb Kie,
07. প্রতিষ্ঠানে অবস্থানকালে আমি কোন ক্রমেই ধূমপান করব না, এছাড়াও জর্দা, পান,গুল ইত্যাদি নেশা জাতীয় †Kvb wKQzMÖnb Kie bv,
08. cÖwZôv‡bi mva¨vbymv‡i †h Lvev‡ii e¨e¯'v i‡q‡Q Awg Zvi †P‡q †ekx †Kvb `vex Kie bv,
09. cÖwZôvb KZ©„K cÖ`Ë mynhvM-myweavw`i AwZwi³ †Kvb `vex Kie bv,
10. wPwKrmvi e¨vcv‡i cÖwZôv‡bi wPwKrm‡Ki wm×všÍ I e¨e¯'vcÎ †g‡b Pje,
11. wbqwgZ cÖv_©bvq AskMÖnY Kie,
12. কোন কিছু ক্রয়-বিক্রয় করব না,
13. †K‡›`ª_vKvKvjxb mg‡q Avgvi g"Z¨yNU‡j cÖwZôv‡bi Kei¯'v‡b mgwnZ n‡Z Avgvi Avcwë †bB| Avgvi I qvwikMb G‡Z †Kvb Avcwë Zzj‡j Zv AvBbMZ AMÖvn¨ n‡e|

G mKj kZ©QvovI Ab¨ †h‡Kvb `yóKUzev Aciva gj-K Kg©Kv‡Û wj ß ne bv|
Awg wb¤œwjwLZ ¯^v¶xM‡bi †gvKv‡ejvq ¯^Áv‡bi I ¯^Áv‡b GB A½xKvic‡Î ¯^v¶i Kijvg|

¯^v¶i mn ¯^v¶xM‡bi bvg, wVKvbv I †gvevBj bs:

01. ---------------------------------

Av‡e`bKvixi ¯^v¶i

02. ---------------------------------

Appendix E

Government Document for Establishing OAH

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
সমাজসেবা অধিদফতর
আগারগাঁও, শেরেবাংলা নগর, ঢাকা-১২০৭।

স্মারক -৪১.০১.০০০০.০০৮.১৫.০৭০.১৪- ৪৬৫ তারিখ: ১৩ ভাদ্র ১৪২১ / ২৮ আগস্ট, ২০১৪

বিষয় : সমাজসেবা অধিদফতরাধীন পরিচালিত ০৭ বিভাগে ১২টি শিশু পরিবার-এ প্রবীণ নিবাস স্থাপনের নিমিত্ত ৩৬টি পদ রাজস্ব খাতে সৃজন সংক্রান্ত।

উপর্যুক্ত বিষয়ের প্রেক্ষিতে সদয় অবগতির জন্য জানানো যাচ্ছে যে, প্রবীণ বিষয়ক জাতীয় কমিটির কার্যবিবরণী-তে সমাজসেবা অধিদফতরাধীন ০৭ বিভাগে মোট ১২টি শিশু পরিবারে পাইলট কর্মসুচি হিসেবে প্রবীণ নিবাস চালু করার সিদ্ধান্ত রয়েছে। ০৭ বিভাগে মোট ১২টি শিশু পরিবারে পাইলট কর্মসুচি হিসেবে প্রবীণ নিবাস স্থাপন এবং উক্ত প্রবীণ নিবাসের কার্যক্রম সুষ্ঠু বাস্তবায়ন ও পরিচালনার নিমিত্ত ৩৬টি পদ রাজস্ব খাতে সৃজন করা আবশ্যক।

এমতাবস্থায়, সমাজসেবা অধিদফতরাধীন ০৭ বিভাগে মোট ১২টি শিশু পরিবারে পাইলট কর্মসুচি হিসেবে প্রবীণ নিবাস চালু করার লক্ষ্যে ৩৬টি পদ রাজস্বখাতে সৃজনের নিমিত্ত জনপ্রশাসন মন্ত্রণালয়ের নির্ধারিত ছক পূরণ পূর্বক পরবর্তী প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য এতদসংগে প্রেরণ করা হলো।

সংযুক্ত- বর্ণনামতে...........পাতা।

(মোহাম্মদ সাইদুর রহমান)
মহাপরিচালক
ফোন-৯১৩১৯৬৬

সচিব
সমাজকল্যাণ মন্ত্রণালয়
বাংলাদেশ সচিবালয়, ঢাকা।

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Appendix F

Bangladesh Gazette of Parents Maintenance Law 2013

†iwR÷wW bs wW G-1

†M‡RU

AwZwi³ msL¨v

KZ©„c¶ KZ©„K cÖKvwkZ

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iweevi, A‡±vei 27, 2013

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evsjv‡`k RvZxq msm`

XvKv, 27 A‡±vei, 2013/12 KwZ©K, 1420

msm` KZ©„K M„nxZ wbgœwjwLZ AvBbwU 27 A‡±vei, 2013 (12 KwZ©K, 1420) Zvwi‡L ivóªcwZi m¤§wZ jvf Kwiqv‡Q Ges GZØviv GB AvBbwU me©mvaviY‡Yi AeMwZi Rb¨ cÖKvk Kiv hvB‡Z‡Q:—

2013 m‡bi 49 bs AvBb

mšÍvb KZ©„K wcZv-gvZvi fiY-†cvlY wbwðZKi‡Yi j‡ÿ¨ cÖYxZ AvBb

†h‡nZz mšÍvb KZ©„K wcZv-gvZvi fiY-†cvlY wbwðZKi‡Yi j‡ÿ¨ weavb Kiv mgxPxb I cÖ‡qvRbxq;

†m‡nZz GZØviv wbgœiƒc AvBb Kiv nBj :—

*1| **msw¶ß wk‡ivbvg I cÖeZ©b**|—(1) GB AvBb wcZv-gvZvi fiY-†cvlY AvBb, 2013 bv‡g AwfwnZ nB‡e|*

(2) Bnv Awej‡¤^ Kvh©Ki nB‡e|

*2| **msÁv**|—wel‡q ev cÖm‡½i cwicš'x †Kvb wKQz bv _vwK‡j GB AvB‡b—*

(K) ÒwcZvÓ A_© Gggb e¨w³ whwb mšÍv‡bi RbK;

(L) ÒfiY-†cvlYÓ A_© LvIqv-`vIqv, e¯¿, wPwKrmv I emev‡mi mweav Ges m½ cÖ`vb;

(9205)

***g~j¨ t** UvKv 4.00*

(M) ÒgvZvÓ A_© Ggb e¨w³ whwb mšÍv‡bi Mf©avwiYx;

(N) ÒmšÍvbÓ A_© wcZvi Ji‡m Ges gvZvi M‡f© Rb¥ †bIqv mšÍvb I mvg_©¨evb cyÎ ev Kb¨v;

3| **wcZv-gvZvi fiY-†cvlY**|—(1) cÖ‡Z¨K mšÍvb‡K Zvnvi wcZv-gvZvi fiY-†cvlY wbwðZ Kwi‡Z nB‡e|

(2) †Kvb wcZv-gvZvi GKvwaK mšÍvb _wK‡j †mB‡¶‡Î mšÍvbMY wb‡R‡`i g‡a¨ Av‡jvPbv- Av‡jvPbv Kwiqv Zvnv‡`i wcZv-gvZvi fiY-†cvlY wbwðZ Kwi‡e|

(3) GB avivi Aaxb wcZv-gvZvi fiY-†cvlY wbwðZ Kwievi †¶‡Î cÖ‡Z¨K mšÍvb‡K wcZv-gvZvi GKB m‡½ GKB ¯'v‡b emevm wbwðZ Kwi‡Z nB‡e|

(4) †Kvb mšÍvb Zvnvi wcZv ev gvZv‡K ev Dfq‡K Zvnvi, ev †¶ÎgZ, Zvnv‡`i B"Qvi weiy‡×, †Kvb e„× wbevm wKsev Ab¨ †Kv_vI GK‡Î wKsev Avjv`v Avjv`vfv‡e emevm Kwi‡Z eva¨ Kwi‡e bv|

(5) cÖ‡Z¨K mšÍvb Zvnvi wcZv Ges gvZvi ¯^v¯'¨ m¤ú‡K© wbqwgZ †LuvR Lei ivwL‡e, cÖ‡qvRbxq wPwKrmv †mev I cwiPh©v Kwi‡e|

(6) wcZv ev gvZv wKsev Dfq, mšÍvb nB‡Z c„_Kfv‡e emevm Kwi‡j, †mB‡¶‡Î cÖ‡Z¨K mšÍvb‡K wbqwgZfv‡e Zvnvi, ev †¶ÎgZ, Zvnv‡`i mwnZ mv¶vZ Kwi‡Z nB‡e|

(7) †Kvb wcZv ev gvZv wKsev Dfq, mšÍvb‡`i mwnZ emevm bv Kwiqv c„_Kfv‡e emevm Kwi‡j, †mB‡¶‡Î D³ wcZv ev gvZvi cÖ‡Z¨K mšÍvb Zvnvi ‡`bw›`b Avq-†ivRMvi, ev †¶ÎgZ, gvwmK Avq ev evrmwiK Avq nB‡Z hyw³m½Z cwigvY A_© wcZv ev gvZv, ev †¶ÎgZ, Dfq‡K wbqwgZ cÖ`vb Kwi‡e|

4| **wcZv-gvZvi AeZ©gv‡b `v`v-`v`x, bvbv-bvbxi fiY-†cvlY**|—cÖ‡Z¨K mšÍvb Zvnvi—

(K) wcZvi AeZ©gv‡b `v`v-`v`x‡K; Ges

(L) gvZvi AeZ©gv‡b bvbv-bvbx‡K—

aviv 3 GewY©Z fiY-†cvlY cÖ`v‡b eva¨ _wK‡e Ges GB fiY †cvlY wcZv-gvZvi fiY-†cvlY wnmv‡e MY¨ nB‡e|

5| **wcZv-gvZvi fiY-†cvlY bv Kwievi `Û**—(1) †Kvb mšÍvb KZ…©K aviv 3 Gi †h †Kvb Dc-avivi weavb wKsev aviv 4 Gi weavb jsNb Aciva ewjqv MY¨ nB‡e Ges D³ Aciv‡ai Rb¨ Ab~aŸ© 1(GK) jÿ UvKv A_©`‡Û `wÛZ nB‡e; ev D³ A_©Û Abv`v‡qi †¶‡Î Ab~aŸ© 3(wZb) gvm Kviv`‡Û `wÛZ nB‡e|

(2) †Kvb mš¿v‡bi ¯^v, ev †ÿÎgZ, ¯^gx wKsev cÿ-Kb¨v ev Ab¨ †Kvb wbKU AvZ¥xq e¨w³—

(K) wcZv-gvZvi ev `v`v-`v`xi ev bvbv-bvbxi fiY-†cvlY cÖ`v‡b evav cÖ`vb Kwi‡j; ev

(L) wcZv-gvZvi ev `v`v-`v`xi ev bvbv-bvbxi fiY-†cvlY cÖ`v‡b Amn‡hvwMZv Kwi‡j—

wZwb D³iƒc AcivalmsNU‡b mnvqZv Kwiqv‡Q g‡g© Dc-avivi (1) G DwjøwLZ `‡Ð `wÐZ nB‡eb|

6| **Acivnai Avgj‡hvM¨Zv, Rvwgb‡hvM¨Zv I Av‡cvl‡hvM¨Zv**|—GB AvB‡bi Aaxb Acivn Avgj‡hvM¨ (cognizable), Rvwgb‡hvM¨ (bailable) I Av‡cvl‡hvM¨ (compoundable) nB‡e|

7| **Acivn wePvi_©MÖnY I wePvi**|—(1) Code of Criminal Procedure, 1898 (Act V of 1898) G hvnv wKQzB _vKzK bv †Kb, GB AvB‡bi Aaxb msNwUZ Acivn 1g †kªYxi RywWwkqvj g¨vwR‡÷ªU ev †g‡UªvcwjUb g¨vwR‡÷ª‡Ui Av`vj‡Z wePvi‡hvM¨ nB‡e|

(2) †Kvb Av`vjZ GB AvB‡bi Aaxb msNwUZ Acivn msukøó mšÍv‡bi wcZv ev gvZvi wjwLZ Awf‡hvM e¨ZxZ Avg‡j MÖnY Kwi‡e bv|

8| **Av‡cvl-wb®úwË**|—(1) Av`vjZ GB AvB‡bi Aaxb cÖ‡`q Awf‡hvM Av‡cvl-wb®úwËi Rb¨ msukøó BDwbqb cwil‡`i †Pqvig¨vb ev †g¤^vi, wKsev †ÿÎgZ, wmwU K‡c©v‡ikb ev †cŠimfvi †gqi ev KvDwÝji, wKsev Ab¨ †h †Kvb Dchy³ e¨w³i wbKU †cÖiY Kwi‡Z cvwi‡e|

(2) Dc-avivi (1) Gi Aaxb †Kvb Awf‡hvM Av‡cvl-wb®úwËi Rb¨ †cÖwiZ nB‡j, msukøó †Pqvig¨vb, †gqi, †g¤^vi ev KvDwÝji Dfq cÿ‡K ïbvbxi my‡hvM cÖ`vb Kwiqv, Dnv wb®úwË Kwi‡e Ges GBiƒ‡c wb®úwËK…Z Awf‡hvM Dchy³ Av`vjZ KZ…©K wb®úwËK…Z ewjqv MY¨ nB‡e|

9| **wewa cÖYq‡bi ÿgZv**|—miKvi, miKvwi †M‡R‡U cÖÁvcb Øviv, GB AvB‡bi D‡Ï‡k¨ cyiYK‡í wewa cÖYqb Kwi‡Z cvwi‡e|

†gvt Avkivdzj gKeyj
wmwbqi mwPe|

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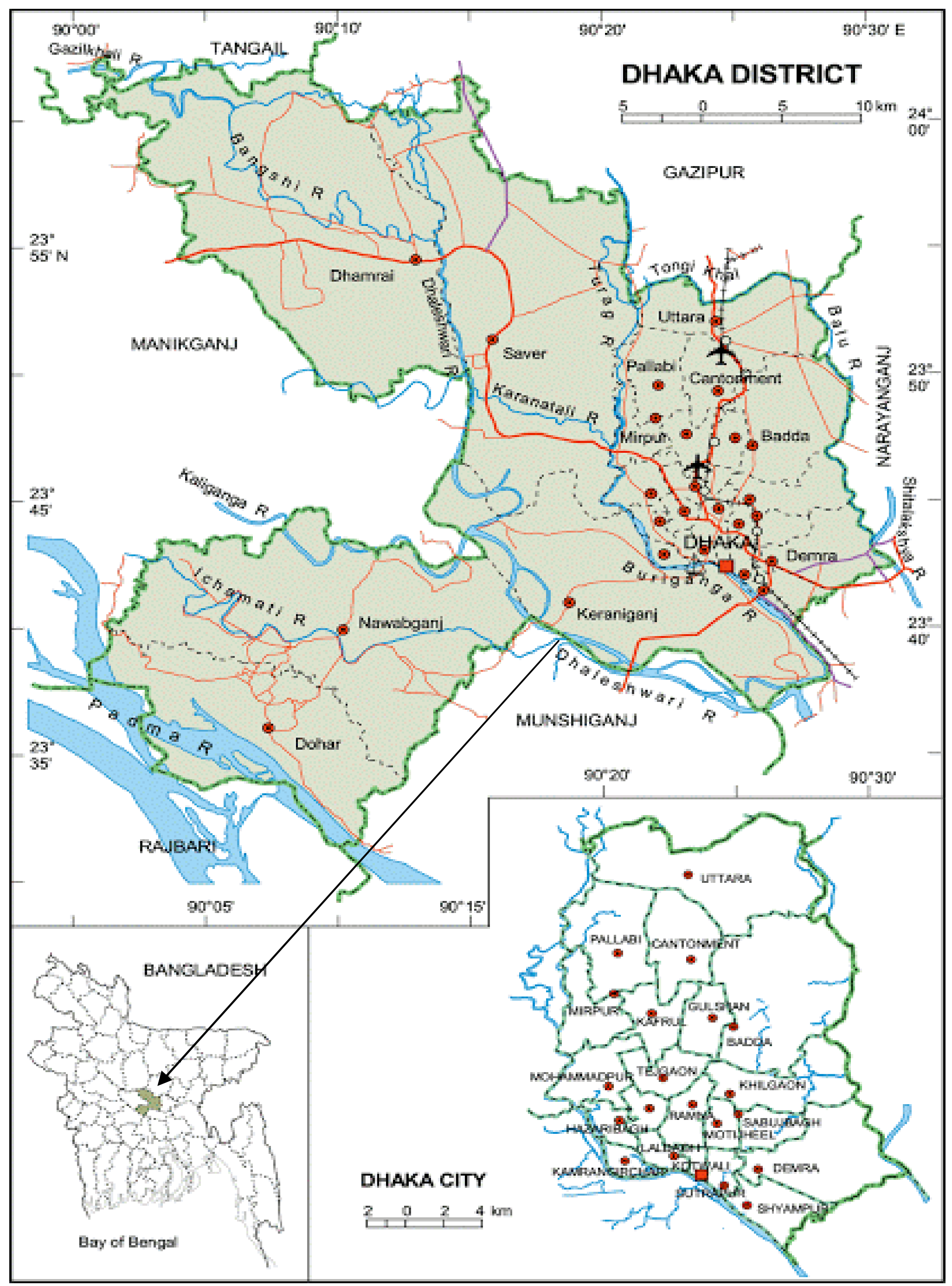
†gvt bRiæj Bmjvg (DcmwPe), DccwiPvjK, evsjv‡`k miKvwi gy`ªYvjq, †ZRMuvI, XvKv KZ…©K gyw`ªZ|
Ave`yi iwk` (DcmwPe), DccwiPvjK, evsjv‡`k dig I cÖKvkbv Awdm, †ZRMuvI, XvKv KZ…©K cÖKvwkZ| www.bgpress.gov.bd

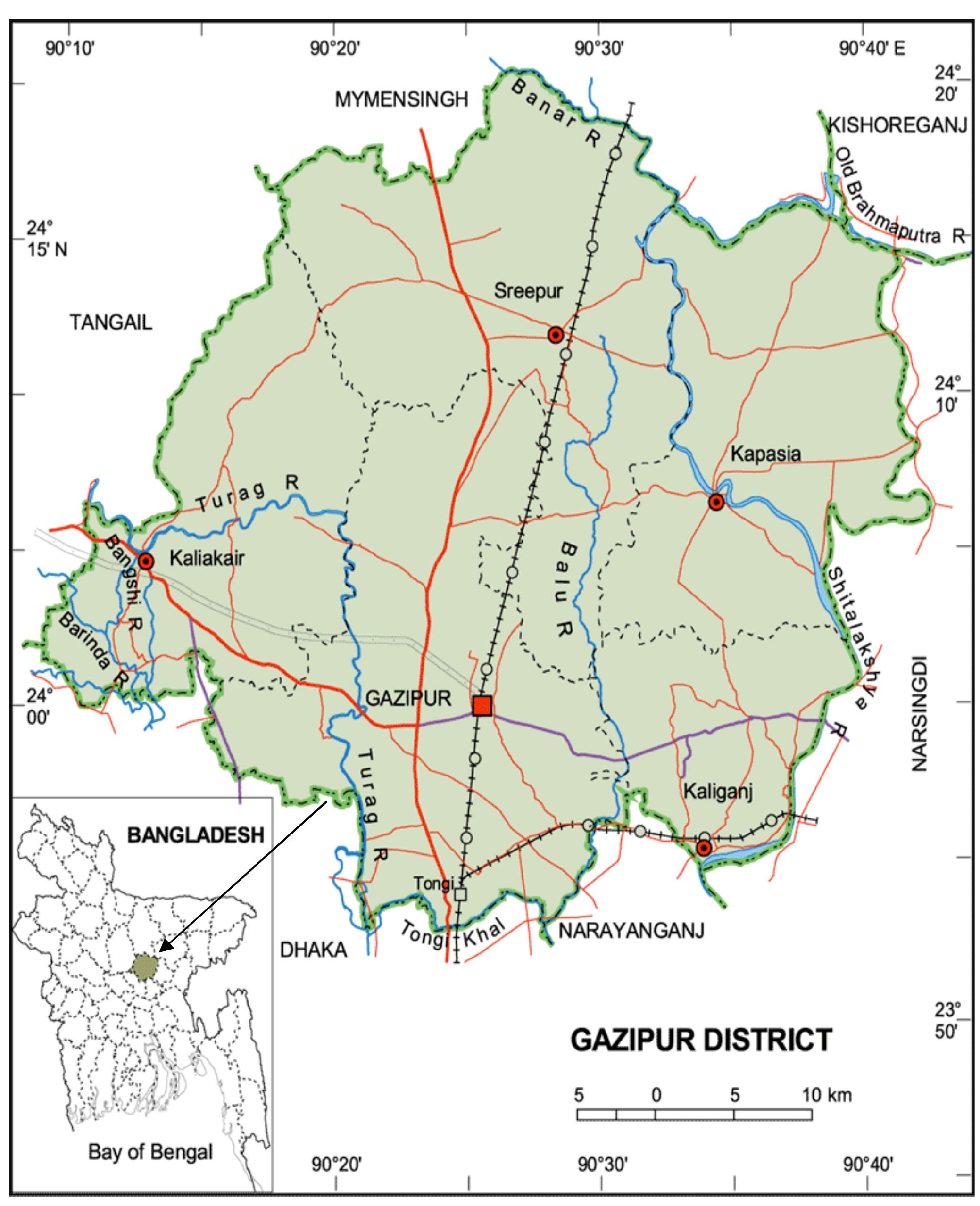
Appendix G

Location Map of Study Area

G.1. Map of Dhaka District, Bangladesh



G.2. Map of Gazipur District, Bangladesh



Appendix H

Photographs of Old Age Home (OAH)

H.1. Photographs of OAH, Agargaon, Dhaka

OAH Building

OAH Hospital

An Inmate of OAH in his Room

OAH Veranda (Sitting Place)

H.2. Photographs of Old Rehabilitation Centre (ORC), Gazipur

ORC Gate

ORC Building for Male Elderly

Researcher with an Inmate of ORC

Researcher Talking with Two Inmates of ORC

H.2.1. Photographs of Old Rehabilitation Centre (ORC), Gazipur

ORC Tin Shed for Female Elderly

ORC Sitting Shed

ORC Medical Centre

ORC Graveyard

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