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Impact of Old Age Allowance on Elderly Welfare in Rural Bangladesh: A Study of Godagari Upazilla in Rajshahi District

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University of Rajshahi

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**Impact of Old Age Allowance on Elderly Welfare
in Rural Bangladesh: A Study of Godagari
Upazilla in Rajshahi District**



Ph.D. Dissertation

By

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**Department of Social Work
University of Rajshahi
Rajshahi-6205, Bangladesh
January 2009**

**Impact of Old Age Allowance on Elderly Welfare
in Rural Bangladesh: A Study of Godagari
Upazilla in Rajshahi District**



A
Thesis
Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy (Ph.D.) in the Department of Social Work, University
of Rajshahi

By
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January 2009

Declaration

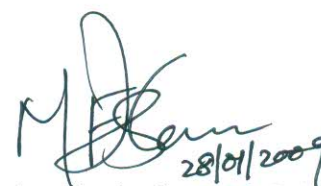
I do hereby declare that the Ph.D. thesis entitled “**Impact of Old Age Allowance on Elderly Welfare in Rural Bangladesh: A Study of Godagari Upazilla in Rajshahi District**” submitted to the Department of Social Work, University of Rajshahi, Bangladesh for the Degree of Doctor of Philosophy (Ph.D.) is completely a new and original work done by me. I myself take all the responsibilities for any comments, statements and opinions articulated in the dissertation. To the best of my knowledge and confidence, it has not been submitted partially or wholly to any University or Academic Institution for pursuing any degree or diploma.

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Consent

This is to certify that the thesis entitled “**Impact of Old Age Allowance on Elderly Welfare in Rural Bangladesh: A Study of Godagari Upazilla in Rajshahi District**” which is being submitted by Md. Shahidur Rahman Choudhary to the Department of Social Work, University of Rajshahi, Bangladesh for the Degree of Doctor of Philosophy (Ph.D.) is completely a new and original work done by him. The results and findings in this dissertation are originated from primary data collected from the field. He has prepared this whole dissertation under my direct supervision and guidance.

As far as I know, the dissertation has not been submitted anywhere else for any purpose e.g. any degree, diploma or publication. I thereby permit him to submit the thesis for the Degree of Doctor of Philosophy (Ph.D.).



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Rajshahi
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Md. Shahidur Rahman Choudhary

Abstract

Old age is the terminating stage of human life cycle. It is a natural phenomenon and none can avoid it if there occurs no premature death. Old age is normally characterized by some degenerative symptoms and downhill conditions of life. In Bangladesh, aged people are facing various unexpected sufferings, which are mainly due to poverty and health related complications. Considering the pitiful financial conditions of aged, the government of Bangladesh launched a new social security program named '*bayaska bhata*' (allowance for the aged) from 1997, under which 10 of the poorest and most vulnerable old persons (five men and five women) of each Ward (unit of a union council) are given a monthly allowance of Tk. 100 each to help the aged persons settle on a smooth social and economic life track. The present study aims at assessing the impact of old age allowance on elderly welfare in rural Bangladesh. This research is evaluative in nature. Data were collected from 344 (22% of total receivers) beneficiaries using simple random sampling from Godagari Upazilla of Rajshahi district, Bangladesh to assess the conditions of rural old age allowance receivers. Face-to-face interview was administered with a structured questionnaire to rural old age allowance receivers to draw empirical data. Descriptive analyses of data using various statistical tools were made to trace out the impact of old age allowance. Social Survey was conducted to collect primary data and case study method was used to go deep into the problem and two focus group discussions were made to evaluate the impact of old age allowance (OAA). The results show that the mean age of the respondents is 71.42 years with a range of a minimum of 50 years and a maximum of 120 years. The results also portray that about 2.33% of the study respondents are receiving OAA, breaking the rules of the minimum age of eligibility of receiving OAA. More than sixty percent of the aged are illiterate. A little more than half of the respondents are living jointly with other family members. Most of the male respondents are engaged as day laborer and females are housewives. About 90% of

the respondents are suffering from some kind of health related complications. The study brings to light that OAA helps them to meet their basic needs such as food, clothing and medicine etc. on their own. In Bangladesh society, normally, aged persons are treated as a burden to family and society if they do not have sufficient income. Although OAA gives a very scanty amount, it exerted a positive impact on the social life of the aged persons especially in resorting and improving familial relation with son, daughter other relatives and neighbors. It helped aged persons to be grounded on a better position and in becoming a respected person in the society. The small amount of old age allowance exerts little economic impact on the aged people. But the social impact of this allowance is very significant. The aged people have accepted this program positively. The study shows that the amount of the allowance is not sufficient and the beneficiaries are very unhappy with the small amount. The beneficiaries suggest for scaling up the amount so that they can invest it in income generating activities. In getting OAA, about 60% of the respondents faced multidimensional problems. More than 30% of the respondents reported that they had to pay some money in getting the allowance. About 20% of them reported that they did not get the allowance timely. Though the old age allowance is not significant economically, socially it bears great significance. If the policy of OAA program is implemented effectively, the amount of money received as allowance is increased and if aged persons invest it in familial income generating activities then the OAA program can be significant from both of the social and economic point of view. The government should take necessary steps to make the OAA program effective and fruitful through various initiatives.

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List of Acronyms

ADP	: Annual Development Program
BAAIGM	: Bangladesh Association for the Aged and Institute of Geriatric Medicine
BBS	: Bangladesh Bureau of Statistics
BDT	: Bangladesh Taka
BIDS	: Bangladesh Institute of Developmental Studies
BRAC	: Bangladesh Rural Advancement Committee
BRGEWAD	: Bangladesh Retired Government Employee Welfare Association, Dhaka.
BRPOWAD	: Bangladesh Retired Police Officers' Welfare Association, Dhaka.
BWHC	: Bangladesh Women Health Condition
CDR	: Crude Death Rate
EDI	: Elderly Development Initiatives
ESCAP	: Economic and Social Commission for Asia and the Pacific
FGD	: Focus Group Discussion
GOB	: Government of Bangladesh
HAI	: Health Age International
IBS	: Institute of Bangladesh Studies
ISWR	: Institute of Social Welfare and Research
LGRD	: Local Government and Rural Development
MP	: Member of Parliament
M. Phil	: Master of Philosophy.
M.S.S.	: Master of Social Science
N.G.O.	: Non-government Organization
OAA	: Old Age Allowance
OCRC	: Old and Child Rehabilitation Centre
Ph. D.	: Doctor of Philosophy
PPO	: Pension Payment Order
RIC	: Resource Integration Centre
SAARC	: South Asian Association for Regional Cooperation
SCEP	: Service Centre for Elderly People
SPSS	: Statistical Package for Social Sciences
TB	: Tuberculosis
TV	: Television
UK	: United Kingdom
UNESCAP	: United Nations Economic and Social Council for Asia and the Pacific
UNFPA	: United Nations Fund for Population Activities
UNIC	: United Nations Information Center
UNO	: United Nations Organization
US	: United States
USS	: Upazilla Social Service
VGD	: Vulnerable Group Development
VGF	: Vulnerable Group Feeding

Glossary

Bayaska Bhata	: Old age allowance provided by the government of Bangladesh to the destitute aged people.
Mazar	: A grave of renowned religious person where people throng to demand material or immaterial things to that person.
Dorga	: Same as Mazar.
Rajshahi	: A name of place which is a divisional city of Bangladesh.
Godagari	: A name of place which is an Upazilla of Rajshahi.
Upazilla	: The lowest administration unit of Bangladesh.
Mohonpur	: A name of place which covers the area of a union council.
Reshikul	: A name of place which covers the area of a union council.
Matikata	: A name of place which covers the area of a union council.
Basudevpur	: A name of place which covers the area of a union council.
Pirijpur	: A village of Bangladesh.
Bidirpur	: A village of Bangladesh.
Bayaska Nibas	: An institutional set-up designed to provide services to destitute aged people.
Union Parishad	: The lowest tier of local government in Bangladesh.
Pourashava	: Municipality.
Sonali	: A state bank.
Janata	: A state bank.
Agrani	: A state bank.
Kumar	: A person who make utensils or toy or other daily accessories by using mud.
Van Driver	: A person who drives three wheel carriages by paddles.
Kacha	: Mud built.
Pakka	: Brick built.
Akshira	: A name of disease.
Kabiraz	: A person who render medical service usually in village area to people without scientific base.
Montra	: Some charismatic sentences chanted silently to materialize purposes having no scientific base.

Chapter One

Background of the Study

Background of the Study

1.1. Introduction

Ageing is a normal biological process and no one can avoid this natural phenomenon. Old age can be characterized by some symptoms such as degenerative process advancing with chronological age, functional deterioration and vulnerability and ultimately culminating in extinction of life. Old age denotes to the process of getting older. It is a biological reality, which is dynamic in nature and is totally out of human control. It is also subject to the constructions by which each society makes sense of old age. Bangladesh has a long cultural and religious tradition of looking after the elderly and it is expected that families and communities will care for their own elderly members. But rapid socio-economic and demographic transformations, mass poverty, changing social and religious values, influence of western culture, and other factors, have broken down the traditional extended family and community care system. Most of the elderly people in Bangladesh suffer from some basic human problems, such as poor financial support, senile diseases and absence of proper health and medicare facilities, exclusion and negligence, deprivation and socio-economic insecurity. Their sufferings are the cumulative effects of a lifetime” (<http://www.banglapedia.org/ageing.html>). The aged persons in Bangladeshi families are often treated as a burden since they can not produce any thing. Many aged people are often seen begging in streets or asking for charity. Some are seen in risky work, despite of their broken health. Most of them live in frustration and suffer from illness and pains due to lack of care and company.

Two types of care and service systems are available in Bangladesh to help the elderly people - traditional, and modern. Modern services are being run by both governmental and non-governmental initiatives. Traditional services encompass care by the family or relatives, charity or alms giving, and permission to reside in religious premises

such as mosques, graveyards, *mazars*, and *dargas*. From 1997, the government introduced a new social security program named '*bayaska bhata*' (allowance for the aged), under which 10 poorest and vulnerable old persons (five men and five women) of each Ward (unit of a union council) are given a monthly allowance of Tk. 100 each. But it introduced in 1998. Next time, the amount of old age for each person has been increased to Tk. 220 upto fiscal year 2007-08. There is, however, no public safety net for all poor elderly people living either in urban or rural areas of Bangladesh.

1.2. Statement of the Problem

The old age insecurity is a social problem, which has emerged as a new concern in the society. Ageing is a natural phenomenon in the human life cycle. Nobody can escape from it without premature death. No specific definition of elderly age is yet to be produced. Ageing often refers simply to the process of growing older. It is a biological reality, which has its own dynamic, and is largely beyond human control. It is also subject to the constructions by which each society makes sense of old age.

“There is no hard and fast rule about the age beyond which a person should be considered as an old. In developed societies, chronological age plays a paramount role and the age of 65, roughly equivalent to retirement age, is said to be the beginning of old age. But in developing countries, chronological age has little importance in defining old age. It is seen to begin at the point when active contribution is no longer possible. However, the age of 60 years is a realistic statistical definition for ageing in Asian and Pacific regions, particularly taking into account average retirement age, legislation, health conditions and so on” ([http:// www.banglapedia ageing.html](http://www.banglapedia.org/ageing.html)). Actually, 60 is generally the age at which government starts defining 'old age' but life expectancies are different in several places and there are many things which affect a person's ageing process. In the context of Bangladesh, a man whose hair is white, skin is loose and body is weak, eyesight is feeble is treated as an aged person. In our society, a person can work as long as his body permits him to continue. But, in formal settings there is specific age limit. According to the Retirement Act-1974, the

retirement age from government service is 57. In Bangladesh, people over 60 years of age are generally considered as elderly. In America, Japan, age 65 is used as a criterion to brand a person as aged person. In our country, the retirement age of the justices has been increased to 67 from 65 and in some universities it has been increased to 65 from 60. There are many words which stand for same meaning and points at aged person. “In the English language we move from “the old” to the hopefully more polite “the elderly” (Wilson 2000: 4). The terminology branding a person as aged person varies considerably, even in the international arena. “It includes: “older persons”, “the aged”, “the elderly”, “the third age”, “the aging” and to denote persons more than 80 years of age “fourth age” (General Assembly Resolutions: 47/5, U.N. Doc. HRI / GEN/1/Rev.6 at 34 (2003)). In America senior (citizen) is thought to be more polite. The use of pension age to define older people implies a seniority that is administratively defined. The healthy majority of pensioners in the countries where the social security system delivers a retirement wage. We generally use the term for those people who are selected for getting the OAA by the government and already have got the allowances since two years.

The aging is a process, which involves several stages where there is starting point, but no ending point. However, the stages are discussed below briefly:

- 1) **First stage (55-65):** This stage can be seen as an entering point into elderly age limit and the person enjoying this stage can be called young old people. “At this stage a person has made himself prepared for the middle old age limit which is next to this stage. These are the pre-retirement years in which adults must prepare for the post work years ahead. This stage is defined as the “young-old” (Osteria 1991:70).
- 2) **Second stage (65-74):** It is just next to the first stage young old and called middle old. This high time to enter into the retirement and involves radical changes in the life style. At this stage, mental problem combined with physical problems come into the existence and often become chronic.

- 3) **Third stage (75-84):** Gerontologists state that this stage mostly starts from 75 and stretches up to 85 years. This stage can be treated as “old-old” stage. Here mental, physical and social problems meet at a point and make the aged person life problematic. This stage requires personal intervention and care for welfare of the aged person.
- 4) **Fourth stage (85-till death):** This stage has an entering point, but has no ending point, that’s means till to the death. At this stage of life, man goes to edge of the life thus to the death and normal activities of man come to an end.

The number of aged people in Bangladesh as well as in all over the world is increasing rapidly. As a result of decrease in child death and the improvement in the medical science, the life expectancy of people is increasing day by day. According to the UNFPA report in 1950, “there were 200 million elderly people in the world and this is increased to 350 million in 1975. The UNO projection suggests that elderly number has reached to 600 million in 2000. If this trend continues, the elderly population by 2025 will be 1.2 billion. After that the growth of elderly population will be even higher and by 2025 it will be about 2 billion” (ESCAP 1999).

Table¹ 1.1: Trends of the Elderly Population in the SAARC Countries (percentage)

Country	1995	2000	2005	2010	2015
Bangladesh	4.7	4.9	5.2	5.5	6.2
Bhutan	5.5	5.7	5.8	5.9	6.0
India	7.6	8.0	8.4	9.0	9.9
Maldives	5.5	5.3	5.2	5.2	6.0
Nepal	5.2	5.4	5.7	6.0	6.4
Pakistan	4.6	4.7	4.8	5.1	5.9
Sri Lanka	8.7	9.4	10.3	11.8	13.3

Source: Proceedings of the International Seminar on Aging in SAARC Countries (18-19 October 1996), Department of Statistics, University of Rajshahi, Bangladesh.

¹ **Note:** United Nations Projection-Medium Variant on the year of 2010-2015.

The SAARC countries bear 18.1% of the total elderly population of the world and 31.6% of the elderly population of Asia. The percentage of aged population of the SAARC countries was 6.9 compared to 6.5% in Asia and 9.5% in the world during the year 1995 (Abedin 1996:29).

“In the period between 1911 and 2000, there has almost been a fourfold increase in the number of the elderly. Within these 89 years, the old people (60+) of Bangladesh have gone up from 1.38 to 7.2 million and they formed 5.67% of total population in 2000” (Kabir 2003: 63). It indicates that the percentage of the elderly people is increasing gradually in Bangladesh.

Table 1.2: Population by Age and Sex Distribution, 1981-2001

Age group	1981			1991			2001		
	Both Sexes (%)	Male (%)	Female (%)	Both Sexes (%)	Male (%)	Female (%)	Both Sexes (%)	Male (%)	Female (%)
60-64	2.2	2.3	2.1	2.1	2.2	2.0	2.3	2.4	2.2
64-69	1.0	1.2	0.9	1.0	1.2	0.9	1.2	1.3	1.1
70+	2.4	2.6	2.1	2.2	2.5	1.9	2.7	2.9	2.4
Total	5.6	6.1	5.1	5.3	5.9	4.8	6.2	6.6	5.7

Source: Population Census 2001, National Report (Provisional), July 2003, Bangladesh Bureau of Statistics, Planning Division, Ministry of Planning, P-51.

Table 1.2 shows that there is a gradual increase in the percentage from 1981 to 2001. But a comparative decrease is noticed in 1991 from both of 1981 and 2001. In every census, it is revealed that 64-69 age group is always small in number as compared to 70+ and 60-64 age groups. But 70+ age group always holds highest position in number. So, we have a large number of senior citizens. Especially, most of the elderly people of Bangladesh inhabit in rural areas. Table 1.3 shows the reality in below.

Table 1.3: Feature of the Aged People in Bangladesh, 2001

Age limits	Rural			Urban		
	Both (%)	Male (%)	Female (%)	Both (%)	Male (%)	Female (%)
60-64	2.42	2.53	2.29	1.85	1.95	1.72
65-69	1.24	1.36	1.11	0.92	1.01	0.83
70+	2.89	3.19	2.57	1.99	2.07	1.90
Total	6.55	7.08	5.97	4.76	5.03	4.45

Source: Population Census 2001, National Report (Provisional), July 2003, Bangladesh Bureau of Statistics, Planning Division, Ministry of Planning, P-134-135.

Table 1.3 produces that the number of rural aged people is higher than that of urban aged. But in both cases, age group 65-69 is small in number as compared to age groups 60-64 and 70+. In 2001 population census, age group 70+ in rural area is the highest number.

They suffer much from insecurity than those of urban. “From the study on 141 aged people, it is clear that 45.39% of elderly people are suffering from insecurity. Out of them 27.66% are male and 17.73% are female” (Roy 2000: 111).

“The absolute number of the elderly population is expected to be 17.78 million and at that time, they will form about 10.09% of the total population” (Kabir 2003:63). The statistics given above show that the elderly people in Bangladesh is increasing rapidly in keeping with the similarity of the world. “In Bangladesh, the life expectancy of the people has been increased from 56.1 years in 1991 to 68.2 years in 2000” (GOB 2004: xvii). The number and amount of the problems of aged people in Bangladesh is increasing keeping pace with the demographic figure of aged people. At this age of industrialization and urbanization, the problems faced by the aged people seem to be more complicated. The physical problems faced the aged people may be-

Heart disease, Diabetes Mellitus, Respiratory disease, Hypertension, Arthritis, Bronchogenic Carcinoma, Cataract, Cancer, Anemia, Asthma, Urinary, TB, Flatulence, Constipation, Diarrhoea, Insomnia, and Hiccup.

On the other hand, mental problems faced by the aged people may be-

Mental depression, Alzheimer's disease, Paranoid, Negligence, Mental stress, Loneliness, Feelings of insecurity, and Parkinson's disease.

Now a day, aged people are suffering from both of physical and mental problems. That means physical problems being combined with the mental problems or mental problems being combined with physical problems are making the life of aged people more complicated. In both cases, a common factor plays a negative role and the factor is "poverty". That means the factor "poverty" fuels both of physical and mental problems. In some cases, aged people can expose their problems to whom they depend upon and some cases they can't. But in both cases, aged people require some financial support to track down the problem.

In the past, the elderly people were supported by their families, and sometimes, the religious institutions like Mosque, Church, and Mondir etc. which played an important role in helping them. These institutions offered material help to the poor families so that the elderly people lead peacefully. "Serving them was a sacred duty and it was taken as a means of after life release for the past misdeeds. For the first time, in the seventeenth century, two provisions under the state guardianship in the family level and out side the family level or institutional level in the name of out door relief and indoor relief were introduced" (Friedlander 1963:17). Some institutions like work house, Alms house, Old age home etc. were developed under out door relief. And there the old age home was the first institution built for the elderly people. The social security programs for the elderly people before the industrial revolution were introduced as an optional program. But there has been a radical change in the society after industrial revolution. Joint families were broken into nuclear families. As a result, the elderly people have largely been displaced in the community and they are

due to suffer from various physical and mental diseases. So, it was an important human beauty to take fruitful step of social security program for elderly people. Population explosion, dramatic improvement of medical science and family planning quicken the necessity. Before 1997, there was no program for the welfare of the elderly people in Bangladesh. In 1997, the Government of Bangladesh introduced the old age allowance (OAA) program for the first time. “The Constitution of Bangladesh clearly declares in its clause 15(D) that Government should introduce social security program for the insolvent elderly population. As per the commitment of the Constitution the Ministry of Social Welfare has introduced OAA Program in 1997. The OAA program has initiated as Social security for the old-age people so that they do not fall in dire situation at the end of their lives due to the negligence of the family.” (Country Statement Bangladesh 2007). Under this program, a very few selected number of elderly people received only taka one hundred each. It encompasses a few numbers of aged people including women. “The allowance giving program is introduced in the budget of 1997, it came into effective in 1998. OAA was introduced for the destitute aged. Ten aged people (5 male and 5 female) from each Ward (unit of union council) of every union started to get 100 Tk. per head” (GOB 2004:1). This allowance has been increased to Tk. 125 in 2002-2003, to 150 in 2003-2004, to 165 in 2004-2005, to 180 in 2005-2006, to 200 in 2006-07 and to taka 220 in the fiscal year of 2007-2008. “According to the constitution of the People’s Republic of Bangladesh 15&15/D, it is one of the basic responsibility of the state to ameliorate the cultural and material quality of life and intensify force of production through planned economical development so that the achievement of following matters can be ensured.....Right of social security that means right to avail government facilities in regard to overcome unemployment, disease or paralysis or widowhood, orphans, old age or any other similar situation”(GOB 1996:11). The present study is designed to examine the utility and consequence of the above-mentioned issue.

1.3. Rationale of the Study

As a result of dramatic progress in medical science and technology, the number of aged people is now on track of unbridled up-ward march and day by day, it is taking a form of big figure. We can not have sustainable social development ignoring this significant portion of our population. Anticipating the reality, the Government of Bangladesh has been giving OAA since 1997 and this allowance has been Tk. 220 by the fiscal year 2007-08. Prior to this program or except to this program, there were no mentionable programs for the sake of the security of aged people in rural Bangladesh. So, we can treat the OAA as a pioneering initiative designed to safeguard the economic as well as social security of aged people of rural Bangladesh. So, from this point of view the old age allowance program bears great significance and it is very much reasonable to study the extent to which the OAA is playing role to ensure the economic as well as social security of aged people in rural Bangladesh.

The logical points behind to carry out the study are given below:

Firstly, elderly people are a significant proportion of our total population. They can require social, economic and other facilities to the society. In this regard, to carry out a research on the issue is very important.

Secondly, OAA is a sort of investment. It is necessary to know how far this investment can bring a positive role to the society. To know the impact of the OAA on the elderly people, conduct of such sort of research is needed indeed.

Thirdly, all elderly people have a contribution to the society. They have contributed many things for our society. So, something should be done for them.

Finally, it is necessary to carry out such type of research, which would be helpful for the policy makers related to the issue and obviously, it would expand our knowledge to some extent.

1.4. Review of Literature

Aged population and OAA are the new areas of research work in Bangladesh. Here I have gone through sufficient books and articles which are more or less relevant with

this research work. There are many works, which are closely or distantly related to the particular area of this study. Review of literature bears great importance in doing research work. It gives new insights, ideas, and concepts in researcher's minds and help to make bridges in researcher's knowledge. Briefly some relevant research works have been cited below:

BARROW AND SMITH (1979)

Georgia M. Barrow and Patricia A. Smith in 1979 published book entitled "Aging, Ageism, and Society" from the West Publishing Company. The chapters in this book from which I benefited are "Health", "Social Bonds: Family and Friends", "Work and Leisure: The Right to Choose", "Living Environments" which are very much consistent with my study. Other areas of concern were life cycle, theories, death and dying etc. Although the book reflects totally the American culture of aged people, nevertheless this book has made me conceptually strong from an over-all point of view. The cartoon made by BULBUL has made the sense of text more clear.

MARSHALL (1983)

Mary Marshall, a Professor of Social Work, University of Liverpool, in his famous book "Social work with Old People" traced out the elderly situation and social work intervention to the aged people and ageism. The book is not designed to Bangladeshi society, but it throws some insight which suits my research topic. This book focuses on how social work practice deals with the aged people. However this book reflects the experience of the author gathered from the British society. Elderly population situation, social work intervention to aged people and the dealing with ageism are discussed in this book.

GOLDBERG AND CONNELLY (1984)

E. Matilda Goldberg and Naomi Connelly (formerly Director of the Research Unit of the National Institute for Social Work, is a Senior Research Fellow at the Policy Studies Institute and Research Fellow at the Policy Studies Institute) published a book entitled "The Effectiveness of Social Care for the Elderly: An Overview of Recent and

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Current Evaluative Research” where she massively discussed on service programs for the aged people. This book has been written based on evaluative research focusing on community care for the elderly people.

YOUNG (1995)

Pat Young, who is a lecturer by profession in Social Policy at Colchester Institute, London published a book titled “Mastering Social Welfare” where she produced massive discussion on trends on old age population, attitudes to old age, elderly people and poverty housing, health facilities and security services for the elderly of the British community, in the chapter no.13. Having gone through this book, I have become able to establish a comparison between the British and our society and I have too drowned some relevant insights from this book. Here she too highlighted on the insufficient care arrangement for the elderly. This book also reflected the culture of British society.

NASIR AND PERVIN (1996)

Rasheda Irshad Nasir and Fatema Rezina Pervin, Assistant Professor in Sociology Department of Dhaka University, Bangladesh and Lecturer in Sociology Department of Dhaka University, Bangladesh, presented an article entitled “Aged Male and Female: A Sociological Analysis” in journal of “Social Science Review” vol: 13 where they attempted to examine the comparative nature of problems-economic, health, and socio-cultural problems of aged male and female in our society. More specifically they highlighted on the psychological aspect, decision making process, and the daily activities of aged people.

MORALES AND SHEAFOR (1998)

Morales and Bradford W. Sheafor, Professor of the University of California at Los Angeles and Professor of Colorado State University respectively published a book “Social Work: A Profession of Many Faces” .In this book they analytically discussed on socio-economic and environmental situation of elderly and focus was on social work in U.S. society, practice of social work with elderly, social work in action etc.

Especially it focused on historical factors, environmental-structural factors of elderly people and intervention strategies with the elderly in American society. The author's systematic and insightful analysis and presentation has broadened my outlook and enriched me with techniques of analysis.

ROY (2000)

Sharmishta Roy, Associate Professor in the department of Social Work, Rajshahi University, Bangladesh, submitted a Ph.D. thesis to the Institute of Bangladesh Studies (IBS), entitled "Jautho Paribarar Aasthitishelata Abong Bangladesher Gramanchale Bridhader Nirapattar Upar er Provab: Ekti Thanavittik Shamikkha (Instability of Joint Family and its Impact on Security of Aged in Rural Bangladesh)". This research work focuses mainly on socioeconomic situation, interaction pattern, and the security programs at both of governmental and non governmental level, which are related my work. But the study excludes specific services for the people in or out side the family.

WILSON (2000)

Gail Wilson, a lecturer in the social policy and ageing at the London School of Economics, wrote a book entitled "Understanding Old Age: Critical and Global Perspective", where she highlighted on the world aging problem. In the global perspectives the writer discussed on aging world, ageing across the world, rising tides: demography and old age, globalization, migration and aging, material resources in later life and so on. But she skipped what services are available for the aged people that means sort of services are available for the aged people in the developing countries like Bangladesh, she overlooked.

HOSSAIN (2001)

Md. Ripter Hossain (Professor, Department of Statistics, and University of Rajshahi, Bangladesh) has done a Ph.D. research entitled "Demography of Aging: Lessons from Bangladesh". Here the researcher focuses on trends in the rapid increase in the number of aged people in the Bangladesh. This research work has been accomplished

based on secondary data, which are backdated but analytical in nature. He too focuses on the trends in vital rates as reflected by the changing age-sex composition as well as recent family trends in view of contraceptive use and late marriage. But the author has not included experience in regard to the problems faced by the aged people and their care arrangement.

PHILLIPSON (2002)

Chris Phillipson , Professor of Applied Social Studies and Social Gerontology at Keel University, UK) published a article entitled “The Frailty of Old Age” where he highlighted on the demographic condition of old age, nature of aged problem and the role of family members in later life. This article has provided me with techniques of analysis.

RAHMAN (2002)

Dr. Muhammad Habibur Rahman, Professor in Sociology Department of Dhaka University, Bangladesh, wrote a book titled “Samajik Jara Bigganer Vumika (Role of Social Gerontology)” where he has become able to trace out a true depiction of aged people totally in context of Bangladesh focusing on the health (mental and physical), family, services, demography etc. He produced a massive discussion on the every aspect of the aged people of Bangladesh. In this book, the author used a wide range references. The author has made here a future trend in regard to health, life expectancy, economy, power, education, governmental services etc of aged people of Bangladesh.

CHAKARBARTI (2003)

P. Chakarbarti, former Professor of Indian Statistical Institute (ISI), India and also the former Director of Research, Socio-economic Research Institute, Kolkata published an article entitled “How Do the Rural Elderly People of Bengal Live?” in a book named “The Elderly: Contemporary Issue” edited by M. Kabir. In his study, he showed that the rural elderly are under severe health problems having no proper medical and health facilities. The complexities of the progeny and the daughter-in-law

in care giving matter suggested its potential for social change. The study also showed that the case study materials provide better understanding of the real situation of the level of physical impairments, care giving responsibilities, day to day involvement in meeting the needs and demands of the elderly members and their nursing and cares during illness, the extent of involvement of daughter-in-law and their helpless conditions in a fast changing society.

KABIR (2003)

M. Kabir, Professor of Statistics, Jahangirnagar University, Bangladesh, edited a most popular book named “The Elderly: Contemporary Issues” with guidance of Bangladesh Association of Gerontology. Actually the book contains several articles on elderly written by renowned scholars of our country who produced a mentionable data on socio-economic, culture, health, physical and psychological problems of aged people in our country. The matter of great concern in this book is that the book contains a lot of contemporary data and reflects the true depiction of elderly situation mainly in context of Bangladesh.

MAMUN AND CHOUDHARY (2005)

Syeda Afrina Mamun and Md. Shahidur Rahman Choudhary, Associate Professor, Social Work Department of Rajshahi University, Bangladesh and Assistant Professor in the Social Work Department of Rajshahi University, Bangladesh respectively, published an article titled “Briddhoder Samajik Marjadai Boyyoshka Vata Karjokromer Provab:Akti Porjalochana” in the Social Science Journal(vol:11) of Rajshahi University. Here they produced a detailed discussion on demography of aged people, their socio-economic status aged people, family and interaction pattern, acceptability of aged people in their respective family, their occupation etc. But the main focus was on what sort of role the OAA is playing in upgrading the social status of aged people.

AHMED (2006)

Md. Faisal Ahmed (Assistant Professor, Department of Social Work, Shahjalal University of Science and Technology, Bangladesh) has recently submitted a thesis paper titled “Aging Situation in Some Selected Tribal Communities in Bangladesh” to the Institute of Social Welfare and Research, University of Dhaka. This research work has been carried out with a view to trace out the socio-economic situation; explore the indigenous system of care giving and to understand the degree of participation aged people.

AHMED AND CHOUDHURY (2007)

Md. Faisal Ahmed and Shafiqur Rahman Choudhury published an article titled (in Bangla) “Probinder Nirapotta Bidhane Boyyoshka Vater Pravab (The Impact of Old Age Allowance in the Security of Aged People)” in the “Bangladesh Journal of Geriatrics” vol: 42, where they produced discussion and data on impact of OAA in upgrading the status of aged people, appropriate use of allowance, satisfaction over the amount of money which are very much related to my study.

The books and the articles mentioned above have helped to great extent to make myself conceptually and theoretically strong, and enriched and filled up the gap of my knowledge in this regard.

1.5. Conceptual Definitions

The meaning of the key terms, concepts or variables can be changed and used in various ways according to the demand and expectations of the researchers on situations. It is one of the major impediments in a research, which hinders from achieving deserved goals. So, the key terms, concepts and variables in a research must be defined specifically for fulfilling the target. In my study, the key concepts viz. elderly people; old age allowance, impact of old age allowance, elderly welfare etc. are explained below:

1.5.1. Elderly People

There is no universal definition of elderly age. In our country, we generally take them as old whose hair is white, skin is loose and weak bodied etc. In fact in our society, people work as long as they are permitted to continue. However, in the formal sector, there is specific age. “The term elderly is applied to those aged 60 and over in conformity with the International Plan of Action on Aging adopted by the World Assembly of Aging, held in Vienna in 1982” (Kabir 2003:64). According to the Retirement Act-1974, the retirement age from government service is 57 years. In Bangladesh, people over 60 years of age are generally considered as elderly. We generally use the term for those people who are selected for getting the OAA by the government and already have got the allowances since two years.

1.5.2. Old Age Allowance (OAA)

The measures of financial grant taken by the Government of Bangladesh like other countries of the world for poor and disabled aged, with a view to intensify the mental strength, upgrade social status, and restore feelings of security is called OAA program. In this study, OAA means the ‘Baisko Bhata’ which has been given to the rural elderly people. For the first time in 1997, the amount of Bhata was only Tk. 100. But it has been increased to 220 Tk. now.

1.5.3. Impact of Old Age Allowance (OAA)

This term means, “Whether there are any effect of old age allowance on the elderly people?” This effect may either be positive or negative. Impact is considered here mainly the role of old age allowance in changing the social life of elderly.

1.5.4. Elderly Welfare

According to Encyclopedic Dictionary of Sociology, “the term geriatric is often applied to patients, hospitals, nurses and so on. The medical specialist helps to ensure that the illness complaints of the old are investigated and treated (rather than dismissed as inevitable consequences of an intractable old age)” (Sharma 1999:367). In this study, Welfare of the elderly who are getting OAA means their position and

values to family members, to society and even to their relatives in terms of spending at the allowance, of getting help from theirs etc.

1.5.5. Rural Bangladesh

In general sense, the term rural stands for the village area. In my study, the term rural goes to the meaning that, the area, where metropolitan or town facilities are not available, the economy is agro-based and the most common occupation is farming.

1.6. Objectives of the Study

The general objective of this study is to carry out research for assessing the role of OAA for the welfare of elderly people in rural Bangladesh. The specific objectives of this study are as follows:

- To understand the present situation of elderly people in rural Bangladesh;
- To find out the problems of the rural elderly people;
- To know the demographic, socio-economic and health condition of the study people;
- To know how the allowance is being spent by the beneficiaries;
- To assess how far the old age allowance has been able to promote the welfare of the elderly people in rural Bangladesh; and
- To recommend some policy proposal for the welfare of the elderly in the rural Bangladesh.

1.7. Utility of the Study

The present study bears great utility from the social, economic and policy planning standpoint. The utilities are explained below.

- ✓ In course of time the issue “elderly” and “old age allowance” have become a part of academic syllabus in our country and this study on elderly issue has been carried out for the partial fulfillment of my Ph.D. dissertation.
- ✓ OAA is the widest program among the programs designed for the aged people. This program has been undertaken in all districts of Bangladesh and a significant portion of aged people of Bangladesh have been included as beneficiaries. I hope

this study will produce a fruitful representative depiction of how the program is going on and what is the impact, the program has exerted over the beneficiaries, to the academics, policy makers and general people.

- ✓ This study may trace out the flaws and impedes existing in the programs which will help concerned authorities to track down that negative factors, and
- ✓ I think this study will help the concerned authority to point out the gaps and may play roles as guidance for further steps forward to bridge the gap if there is any.
- ✓ I found insufficient number of related study materials on the issue so far I searched. So, from this stand-point of view, this study may satisfy the demand of publications on the issue to some extent.
- ✓ The socio-economic conditions of the aged people deserve attention of the expert as it needs to be discussed at the national level and it requires state intervention to be improved. But we noticed that there is a far distance between this attention and growing demand. Hence, this study may play the role of a media to patch the distance.

OAA is of a new origin in Bangladesh and a new venture of Bangladesh government. The results and recommendations formulated in this study may be of great use to the government and concerned agencies and by utilizing this results and recommendations, the government may fortify the existing program or may launch a new program.

1.8. Limitations of the Study

As a human being, it is nothing unusual to me to be faced by limitations or difficulties while at work. The limitations, which I have experienced, are as follows:

- Many of the respondents were sick due to respiratory problems. As a result, researcher had to face difficulties while collecting data from the respondents.
- As far as I know, a mentionable number of research works on the topic of OAA is yet to be conducted. That's why, I have found no researched result in this

regard, but if it could have been found, then it could be possible to make the research work more enriched.

- Most of the respondents were illiterate and that's why, many of them could not understand the questions and sought repetition and in some cases they tried to avoid the questions. This fact puts me in difficulty.
- Some respondents were awarded the card by the Union council chairman and members through bribe or by nepotism. When they were questioned, they tried to be silent or avoid in fear of loosing card or to be punished.
- When I approached the respondents, they thought me as a financial donor and became very much enthusiastic. But when they came to know that I am a researcher, then they lost their enthusiasm and became reluctant in regard to providing data.
- While I was at field level for primary data, mentionable days experienced heavy rain and that's why I had to be stuck in mud and had to face transportation related difficulties.

In spite of these difficulties, I had accomplished my research work and become able to reach a good finishing.

Chapter Two

Methodology of the Study

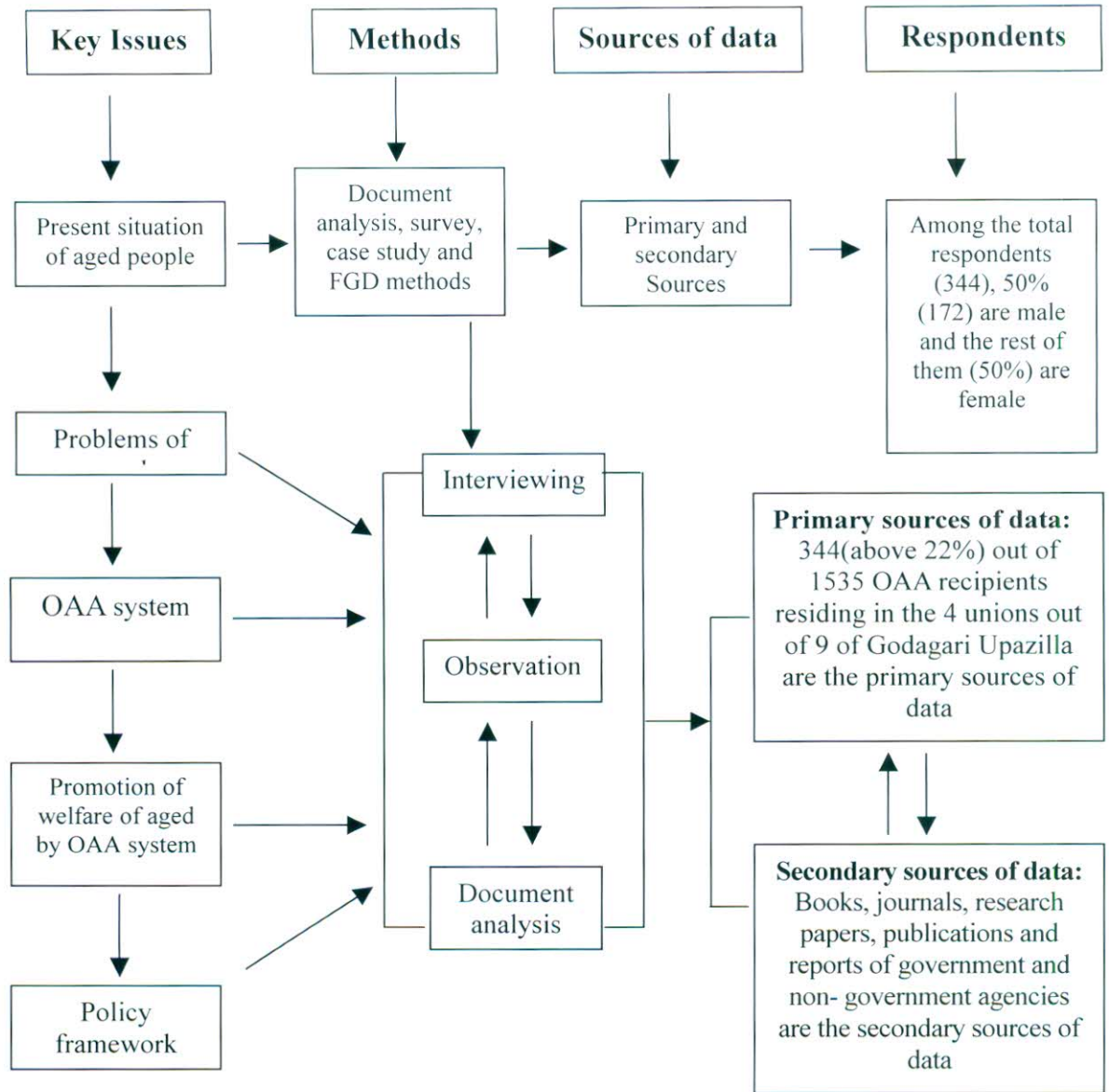
Methodology of the Study

2.1. Introduction

The present study has been designed to explore the impact of old age allowance on elderly welfare in the rural areas of Bangladesh. To attain this objective, several well-known methods and techniques have been applied.

2.2. Research Design

This research is an evaluative in nature. Data have been collected to know the conditions of OAA receivers who live in rural areas. Empirical data, mainly, have been collected through face-to-face interview with a structured questionnaire from the OAA receivers and a descriptive analysis of data using various statistical tools have been made to trace out the impact of OAA. A focus-group discussion (FGD) with the participants of the allowance to evaluate the program, social survey has been conducted to collect primary data and case study method has been used to go deep into the problem. Related books, journals and Internet library documents have also been used for collecting secondary data.

Table 2.1: Diagrammatic Presentation of the Study Design

2.3. Study Area, Sample Size and Sampling Techniques

2.3.1. Study Area

To obtain specific and reliable feedback, the area of this study has been confined to an Upazilla, named Godagari of Rajshahi district, Bangladesh. Rajshahi is mainly a divisional unit of the Northern part of Bangladesh and among the 16 districts of Rajshahi division; Rajshahi is one of the most important districts of Bangladesh. Godagari Upazilla belongs to this district. There are nine unions in this Upazilla. Out of these unions, four unions have been selected as the study area for this study.

2.3.2. Selection of Upazilla

Among the Upazillas in the Rajshahi district, Godagari has been selected purposively. It has an easy accessibility and is convenient location for conducting fieldwork for this research and data collection. This inspired me to select the area.

2.3.3. Selection of Union

There were nine unions in the Godagari Upazilla. Out of nine, four have been selected using the simple random sampling method.

2.3.4. Sample Size

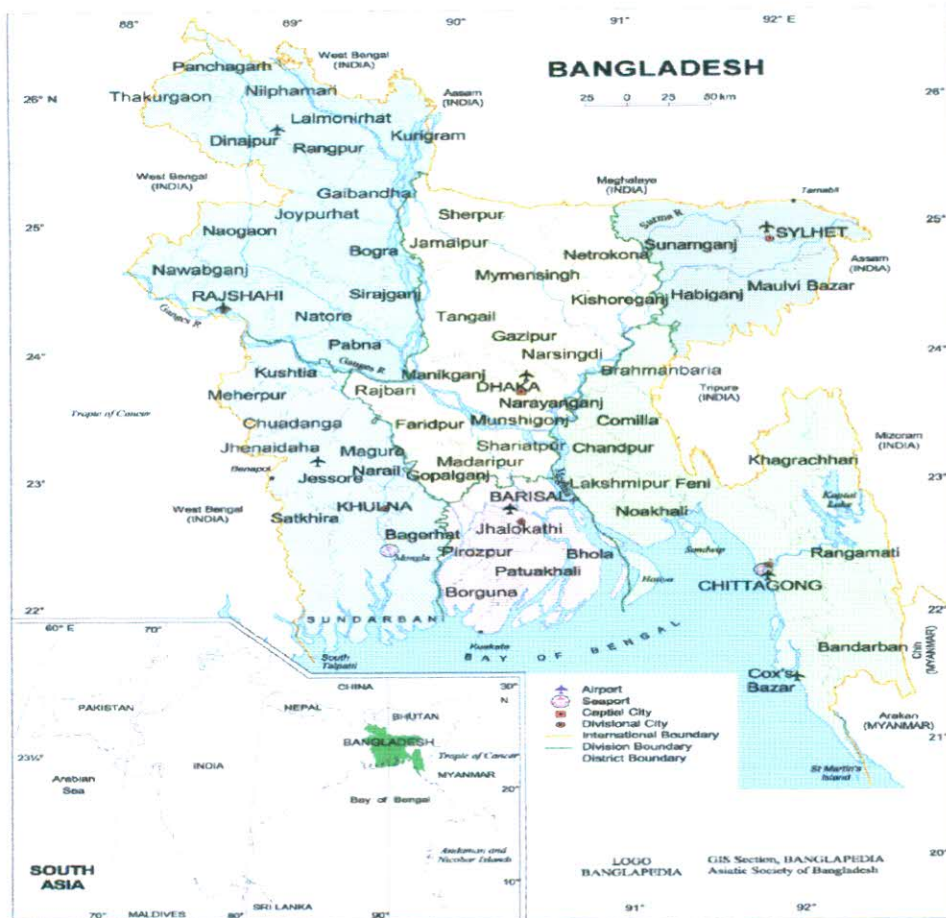
There are total 1,535 beneficiaries residing in the four selected unions. At time of data collection, there were 336 beneficiaries in Mohonpur, 330 in Risikul, 511 in Matikata and 358 in Basudevpur union. Out of them, a total of 344 (22%) beneficiaries has been selected simple random sampling to interview of which 50% are female.

2.3.5. Selection of Respondents

Based on the number of elderly people who have received “Old Age Allowance”, 22 % (containing 50% female) has been taken to take interview following simple random sampling (lottery method). In this study, respondents are the beneficiaries who are getting allowance at least two years while collecting data.

Study Sample at a Glance

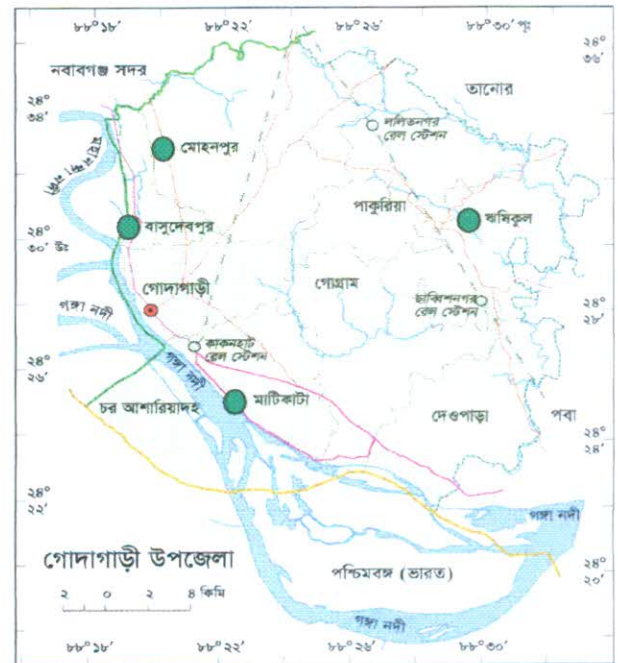
Name of Unions	Total recipients	Sample	Male	Female
Mohonpur	336	76	38	38
Reshikul	330	74	37	37
Matikata	511	114	57	57
Basudevpur	358	80	40	40
Total	1535	344	172	172



Map 1.1: Bangladesh



Map 1.2: Study Area (District and City) in Bangladesh



Map 1.3: Study Area (Godagari Upazilla) in Bangladesh

● Indicates the name of study unions.

2.4. Sources of Data

The relevant data have been collected from both the primary and secondary sources. Various documentary data, which are very much conducive to know the present situation of sources of the problem and to explore the rationale of the study, have been reviewed.

2.4.1. Secondary Sources

Several types of books, journals, dailies, and research papers were used as secondary sources. Ministry of social welfare, ministry of planning, ministry of finance are the most significant secondary sources of this study. Information of socio-economic condition of the elderly people, total population of the selected area and various quantitative and qualitative data which were very conducive to the study have been extracted from the conversations with the officials of selected organizations, the survey of official of publications and the survey of relevant literatures.

2.4.2. Primary Sources

The data, which are collected from the selected respondents, are called primary data. In this study, 344 respondents from the selected research area are the primary sources of data. Out of total 344 respondents, the number of male and female respondents is equal.

2.5. Methods of Data Collection

To collect primary data, FGD, case study and interviewing technique have been followed, comprised of an interview schedule separated in many features based on the respondent's criteria. Both close-ended and open-ended questions were furnished in the schedule. There was pre-test to finalize the questionnaire. To collect reliable data, two highly educated students, one was M.S.S degree holder and another one was M. Phil level, were employed under the direct supervision of the researcher.

Secondary data were collected from various published books, journals, research papers, thesis, dailies, public reports and official documents of several government, non government organization and different academic departments of different

universities such as Department of Social Work, Department of Statistics, Department of Population Science and Human Resource Development, Department of Sociology, Department of Economics, Department of Social Work of Sylhet University of Science and Technology, Central Library of Rajshahi University, Central Library of Dhaka University, Institute of Bangladesh Studies (IBS), Institute of Social Welfare and Research (ISWR), Upazilla Social Service Office(USS), Bangladesh Institute of Developmental Studies (BIDS) reports, Bangladesh Bureau of Statistics (BBS) report, United Nations Information Centre (UNIC).

2.6. Data Processing

Data Processing is a key factor for conduction a research and to write a report. Data processing procedure consist three parts. These are:

2.6.1. Editing: After the collection of data day by day, we carefully checked each schedule of questionnaire. The data were edited rigorously to make correction of any existing inconsistencies in data and to minimize non-sampling error of the study. The data were edited in order to have a complete, consistent, accurate and homogenous data.

2.6.2. Coding: The recorded data were coded in sheets according to a comprehensive code plan and tried best to minimize possible bias due to coding of open question.

2.6.3. Computerizing: Edited and coded data were next processed in a computer. At first, we entry each data in the work sheet. Entire computerization of data has performed by a computer package named SPSS for windows version 11.5, the most convenient program for data analysis for social science. Microsoft Excel and Microsoft Word are also used for completing the research. To analyze the data, various statistical techniques such as frequency distribution, central tendency, correlation and test of significance have been used. Data have also been put forward through univariate, bivariate, multivariate tables and pictures (Graphs and Diagrams).

2.7. Validity and Reliability of Data

The researcher believes that all types of collected data are reliable, empirical and unbiased in nature. While collecting data, various strategies followed in order to maintain the reliability of data. The researcher tried at his best and to ensure validity and reliability of data, the questionnaire had been pre-tested three times before sending final data collection. Observation was made to ensure the validity and reliability of data.

Chapter Three

Aged People in Rural Bangladesh

Aged People in Rural Bangladesh

3.1. Introduction

Bangladesh is a country of villages and most of the people of our country live in village. “In Bangladesh, near about 80% of aged people live village, because of being a country of village (Islam, Hasan and Assaduzzaman 2007: 157). The exact number of aged people in Bangladesh is a matter of controversy. According to the census report 1991, the percentage of aged people was 5.30% of total population. In 2001, 6.2% of total population was aged who had exceeded 60 year (Population Census 2001:51). The number of aged is increasing day by day with long stride.

The socio-economic situation of aged people in Bangladesh is not so well. Increases in family break down, high rate of migration; rapid industrialization etc. contribute to make the socio-economic situation of aged more complicated. Most of the aged people in our country are in non-productive activities and sometimes workless. In familial context, they are often treated as burden and sent to old home. There are no sufficient measures designed to fulfill the recreational needs. Most of aged people especially the women aged are dependent on other family members especially on son due to economic security. In such dependency situation, condition worsen when one become widow or widower or divorce. “To speak the truth, in Bangladesh social situation of aged is unemployment, income less, security-less, health-less nutrition less, Medicare less” (Mamun and Choudhary 2005:27).

Bangladesh government has already taken some initiatives in order to up-grade the socio-economic situation of aged people and one of them is OAA. However, the initiatives taken by both of government and NGOs are not sufficient in response to prevailing needs.

3.2. Population Structure and Aging

From the last three decades, Bangladesh has experienced high level of fertility which fueled the dramatic rise in total number of population of Bangladesh. In the near past,

before the liberation war population of Bangladesh was not so high. But soon after the modern technologies enter into the country's health sector, the number of people got a new impetus and the figure extended with long strides. The arithmetic density of population of Bangladesh shows a high frequency. The arithmetic density of population of Bangladesh is 881 (Taha 2002:30).

Table 3.2.1: Age Composition of Population by Locality

Age group	Urban						Rural					
	Male			Female			Male			Female		
	1981	1991	2001	1981	1991	2001	1981	1991	2001	1981	1991	2001
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
0-4	13.0	12.7	10.3	16.0	14.5	11.0	17.3	17.0	14.0	17.6	17.3	13.4
5-9	12.7	13.5	10.8	15.4	15.0	11.4	16.4	17.4	14.8	16.6	16.9	13.8
10-14	12.8	12.0	12.2	14.5	13.1	12.8	14.1	12.8	13.5	12.6	11.3	12.3
15-19	10.1	9.2	10.9	10.6	10.1	11.6	9.0	8.1	9.5	9.3	8.1	8.9
20-24	10.1	9.9	10.3	9.6	10.8	11.9	6.7	6.9	6.7	8.2	8.8	9.6
25-29	9.6	9.8	9.8	8.1	10.1	10.7	6.7	7.4	7.0	7.4	9.0	9.5
30-34	7.2	7.6	8.1	5.9	6.7	7.9	5.2	5.8	6.3	5.9	6.1	7.3
35-39	6.1	7.1	7.3	4.6	5.3	6.5	5.1	5.7	6.4	5.0	5.3	6.3
40-44	4.8	5.3	5.9	3.0	3.9	4.5	4.2	4.3	5.2	4.3	4.3	4.7
45-49	3.5	3.7	4.3	2.7	2.7	3.1	3.5	3.5	4.0	3.1	3.3	3.4
50-54	3.2	2.9	3.3	3.0	2.5	2.7	3.2	3.0	3.4	3.0	2.9	3.2
55-59	1.8	1.7	1.8	1.3	1.3	1.4	2.1	2.1	2.1	1.7	1.7	1.8
60-64	2.1	1.9	2.0	1.8	1.7	1.7	2.4	2.3	2.5	2.2	2.1	2.3
65-69	.8	0.9	1.0	0.7	0.7	0.8	1.2	1.2	1.4	0.9	0.9	1.1
70+	1.6	1.8	2.1	1.9	1.6	1.9	2.7	2.6	3.2	2.1	2.0	2.6

Source: Population Census 2001, National Report (Provisional), Bangladesh Bureau of Statistics (BBS). Planning Division, Ministry of Planning, July 2003, P-52.

Age composition of population by sex and residence in Bangladesh has been put forward in the Table 3.2.1, where a variation is noticed in the population structure of

rural and urban area. In the rural area, the percentage population of age group 0-4 is comparatively higher than that of the urban area which implies the lower fertility level of urban population in comparison with rural population. The census report 1991 reasserts the same true where the proportion of males and females in the age group 0-4 is 17.0% and 17.3% in the rural areas as against 12.7% and 14.5% in the urban area. The percentage of population in rural area for the age group 5-9 for males and females are 17.4% and 16.9% in 1991 as against 14.8% and 13.8% in 2001. The corresponding percentages for the males and females in the urban areas are 13.5% and 15.0% in 1991 and 10.8% and 11.4% in 2001.

It's a matter of concern that in the urban area, the percentage of population in the higher age group is comparatively low in comparison with its rural counterpart. This may be explained by the existence of nucleus family in the urban area. The extended family system still continues in the rural areas of Bangladesh where old persons reside in the family with their children in the rural areas and such practice is less in the urban areas. Therefore, the percentage of population in the age group 55-59, 60-64, 65-69, and 70+ are less in the urban areas as compared to the rural areas.

Population ageing is defined as an increase in the proportion of population, which is elderly. It is a product of history, individual experiences and social forces (Morgan and Kunkel, 2001). The elderly comprises a much larger proportion of the population today than ever before. The aging situation should get due attention not only from the demographic angle but it also acquires special significance in a situation when the country swings at different levels on the continuum of tradition and modernity. It is essential for society and the government to realize that the aged population needs not to be regarded as demographic refuse and given a congenial atmosphere; they can still contribute to the family and community combining old values and new expectations. The rapid and faster technological progresses in medical science control the fertility and mortality rates considerably, and the average composition exhibits a relatively larger proportion of elderly persons. Among the Asia-Pacific region, Bangladesh has

experienced a steady decline in mortality accompanied by modest decline in fertility (NAS, 1981, ESCAP, 1981; Mabud, 1987; Kabir and Uddin, 1987).

Table 3.2.2: Crude Death Rate (CDR) Per 1000 Population by Residence in Bangladesh, 1988-2006

Year	National	Rural	Urban
1988	11.3	7.5	11.9
1989	11.3	7.3	12.9
1990	11.4	7.8	11.8
1991	11.2	7.8	11.5
1992	11.0	7.5	11.3
1993	10.0	7.2	10.4
1994	9.3	7.1	9.3
1995	8.7	6.7	9.0
1996	8.2	6.5	8.8
1997	5.9	4.2	6.5
1998	5.1	3.7	5.4
1999	5.1	3.5	5.4
2000	4.9	3.5	5.3
2001	4.8	4.3	5.2
2002	5.1	3.8	5.4
2003	5.9	4.7	6.2
2004	5.8	4.4	6.1
2005	5.7	4.5	6.1
2006	5.6	4.6	5.9

Sources: Statistical Yearbook of Bangladesh, 26th edition, Bangladesh Bureau of Statistics (BBS), 2006, P 51.

Due to the dramatic positive revolution in the medical science, death rate among aged people has been fallen down dramatically. Table 3.2.2 shows that the crude death rate at national level in 1988 was 11.3 per 1000 live birth which in 2006 drastically

decreased to 5.6. A sudden decrease in death rate has fueled the rise of number of aged people in Bangladesh which is increasing day by day.

A small proportion (around 6%) of the total population of Bangladesh constitute the elderly population, but the absolute number of them is quite significant (about 7.2 million) and the rate of their increase is fairly high. The elderly population (aged 60 years and above) in Bangladesh in 1911, 1951, 1981 and 1991 were 1.37, 1.86, 4.90 and 6.05 millions respectively and the projected figures for 2000, 2015 and 2025 are 7.25, 12.05 and 17.62 millions. This change in population characteristics will have serious consequences on society as well as on the overall socio-economic development of the country ([http:// www.banglapedia ageing.html](http://www.banglapedia.org/ageing.html)).

Moreover, in 2005 out of the total world population of 6,514,751 thousands, 766,816 thousands were living in the least developed countries and 153,281 thousands living in Bangladesh (United Nations Population Division, World Population Prospectus, 2006). The present scenario is such that about two thirds of all older people are living in the developing world and by 2025 this figure will be 75% (Aging and Life Course, WHO). The tragedy lies in the fact that though the industrialized nations have a well-equipped service delivery system targeted for the elderly, the scenario remains utterly dismal in the developing nations. This article tries to analyze the present status of geriatric care in Bangladesh and its future relevance, and stresses on the need for an immediate change in the attitude of the government as well as the general community. Almost all aspects of human behavior and attributes are regulated by one of the most fundamental characteristics; age structure of its population. The specific problems and requirements of a country vary in a large part with age. A population with a high proportion of old persons may differ considerably from that of young persons in its productive activities, consumption patterns, socio-cultural and political issues and other necessities and problems of life.

Table 3.2.3: Size and Percentage Distribution of Aged Population, 1974-2001

Year	Age groups			Total	Changes in size		Index of aging
	<15	15-59	60+		Number	Percentage (%)	
1974	34372000 (48.04)	33118000 (46.28)	4058000 (5.68)	71548000 (100)	-----	-----	11.8
1981	40601000 (46.60)	41616000 (47.77)	4904000 (5.63)	87121000 (100)	15573000	21.8	12.1
1991	47997906 (45.14)	52614321 (49.50)	5702765 (5.36)	106314992 (100)	19193992	22.0	11.9
2001	48716100 (39.33)	67544680 (54.54)	7590340 (6.13)	123851120 (100)	17536128	16.5	15.6

Source: Rahman and others 2007:18.

Distribution of the age structure of population has been presented in Table 3.2.3. Table 3.2.4 shows that during ten years from 1991 to 2001, the size has increased by nearly 2.0 millions. From the Table 3.2.4, we observed that the percentage of population in age group 0-14 years has declined over the past three decades but the percentage of population in the age group 15-59 years has increased till 2001. This may indicate a decline in fertility levels in the recent past. In 2001, we also observed that 45.46% population is dependent upon the rest of 54.54% working population, the most striking feature which increases dependence upon the rest of the working population. So, these figures are alarming. A low population percent of change indicates that fertility decreased in the previous decades. Also, the results show the enormous increase in the index of aging is due to faster rate of increase in the old age population accompanied by an equally faster rate of decline in the child population.

Table 3.2.4: Population by Broad Age-group in Percentage & Dependency Ratio, 1911-2001

Year	Total	0-14	15-59	60+	Dependency Ratio
1911	100.0	42.3	53.3	4.4	88
1921	100.0	42.3	53.6	4.1	87
1931	100.0	41.9	54.9	3.2	82
1941	100.0	41.4	55.1	3.5	81
1951	100.0	42.1	53.5	4.4	87
1961	100.0	46.0	48.8	5.2	105
1974	100.0	48.0	46.3	5.7	116
1981	100.0	46.7	47.8	5.5	109
1991	100.0	45.1	49.5	5.4	102
2001	100.0	39.3	54.6	6.1	83

Source: Population Census 2001, National Report (Provisional), Bangladesh Bureau of Statistics (BBS). Planning Division, Ministry of Planning, July 2003, P-52.

The dependency ratio of population is defined by the ratio of population 0-14 years and 60 years and over to the population 15-59 years. The dependency ratio of population from 1911 to 2001 has been put forward in Table 3.2.4 where it is noticed that the dependency ratio is below 100 up to 1951 and then this figure extended to 116 in 1974. Afterwards it started decreasing with only 83 for 2001 census.

3.3. Aged People and Family

There are two sort of living place available for aged people in Bangladesh to live in. But most of the aged people in Bangladesh avails familial environment due to the strong family bond of Bangladesh. A few of aged people spend their later life at old home and the number of old home in Bangladesh can be counted by fingers.

3.3.1. Status of Aged People in Family

Status of aged people in family depends on the type of the family and the function the aged man performs in the family. Nuclear families are prominent in urban area and joint and extended families are in rural area. In joint and extended family, the aged people are more dependent than that of nuclear families in urban area. Because the

rural aged people are not so much literate and service holder as compared to the urban aged people. “In general, rural elderly parents more dependent on their children for financial and emotional support than urban elderly parents do” (Benokraitis 1993:483). In rural area, aged people suffers a lot of emotional and financial crisis in old age and they seem to be burden to family if they are poverty stricken and disease-stricken. But in some cases, when aged person possess land and income sufficiently then other family member obey that aged person and enjoy a higher status both in family and society. But the number of such people is too small.

3.3.2. Interaction Pattern

Most of the aged people in Bangladesh prefer to live with children or near the children and grand children. But often, it becomes difficult to dream came true. Keeping pace with the rise in age, aged people gradually becomes an adult child to their children. “Some gerontologists maintain that as parents age, the parent child-relationship reverses itself: The parent assumes the former dependency role of the child and the child takes on the supportive role of the parent (Harris 1990:246). But the daughters are more eager in assuming supportive role to their old parents than of sons. “A son is a son till he gets a wife and a daughter is a daughter all her life” (Harris 1990:246).

In our country, the relationship between grandparent and grandchild taste like honey. The degree of sharing between grandparent and grandchild is of great high especially in recreation-oriented moments.

At the old age, both of husband and wife assume supportive and complementary role to each other. Both of them concentrate into the household chores. The degree of sharing between old age husband and wife gets a new impetus after the retirement. But sometimes it creates problem. Generally, wives take care of households. But after the retirement when husband interfere, then it causes problem.

“.....the retiring husband may be seen as an intruder who is suddenly underfoot all the time and even threatens to encroach on her sphere of influence” (Ward 1984:205).

It has also been experienced that at this stage of age, wives lord over the husbands in case of family affairs. “Whereas husbands were faced with feelings of being less useful, wives had renewed feelings of being needed” (Ward 1984: 206).

“It is true that a retired husband centralizes his attention to his wife to a great extent. Because when the old aged retired person becomes mentally ill then his wife comes with mental support to retired husbands are very much wife centered” (Rahman 2002:181).

There are some wives who never expect that their husbands are to go into retirement and they think that if their husbands go into retirement then they will have to go with a little income. Neighbors show due respect to old aged people. Other relatives also show due gratitude to old aged people.

3.3.3. Divorce and Widowhood

Divorce means legal separation between husband and wife. The number of divorced among aged is not too much in Bangladesh. Not only in Bangladesh but all over the world, the number of divorced age very small. “Elderly singles may be divorced, never been married and widowed. Only a very small percent of the aged (2.5%) is divorced and not remarried and only a small percent (5%) has never been married. The widowed make up the bulk of elderly singles with 13.6% of all aged men and 52.5% of all aged women in this category. Aged men who are divorced have the highest likelihood of marriage of all elder’s single categories” (Treas and Van Hilst 1976:132-136).

Divorce at the old age brings disaster in both of husband’s and wife’s lives especially the divorced aged women are the most sufferers. In spite of being most sufferers, divorced aged women don’t get married.

“Divorced aged women typically do not remarry and often live in poverty” (Barrow and smith 1980:142).

The divorce rate at old age is very low in our country because of our strong family bond culture and religions beliefs.

In our country, it is aged women who are to sustain widowhood more than that of men age people. Because in our country woman marries a man who is elder to her near about by 5-10 years.

Besides, average life expectancy of women is higher than that of men. "Because women outlive men and tend to marry men older than themselves, a large percentage of married women must cope eventually with the problems of widowhood" (Harris 1990:255). Due to widowhood both of widow and widower have to face difficulties.

In one sense, the old husband has the greater difficulty due to widowhood.

Must learn the new role of housekeeper;

Must learn cooking;

Must learn cleaning; and

Must take extra care of children.

On the other hand, widow too faces problem such as-

Economic insecurity;

Social insecurity;

Mental disorder; and

Problems outside the home etc.

"Widowhood/divorce/abandonment is a serious problem for Bangladesh women since social norms existing in the country do not encourage them to remarry" (Country Statement Bangladesh).

"About 4.3% of males are widowed, divorced and separated at the age of 60 years and above as against 56.3% female" (Population Census 2001:58). Never married aged person expresses different satisfaction over their marital situations. Some aged persons regret themselves at old age and some aged persons are very happy being unmarried. Getting wedded at old age is an exceptional matter but nothing unusual in our country. Very few never-married marry in old age. "The divorced are more likely to remarry than the widowed while the never married are least apt to wed" (Treas and Van Hilst 1976:136).

3.4. Socio-economic Situation of Aged People

This is the age of modernization and industrialization. Due to the modernization, industrialization, migration of young people, participation of women in the economic activities outside the home, decline of religious values, the situation of aged people in Bangladesh is deteriorating especially for them who are not active in manual work. Aged people whose income is insufficient are considered as burden and enjoy a socio-economic situation as poor grade.

3.4.1. Education

Most of the aged people in Bangladesh are illiterate. In context of Bangladesh, when our aged people were at early age, our country's educational rate was very low and people were reluctant about getting education and that's why, most of the aged people in Bangladesh are illiterate. But if educated then most of them either knows how to write own name or not exceeding class five. This depiction of education is especially appropriate for rural aged people but situation is different in urban area. Here most of the aged people are retired person as they are educated and were service holder.

3.4.2. Occupation

Occupation is very much correlated to the educational status. It is known from earlier chapter that most of the rural aged people are either illiterate or not exceeding class five and that is why most of the aged men are involved in agro-oriented activities and aged women are involved in household chores. "Able-bodied persons in Bangladesh involve in different types of occupations. They work in different fields such as agriculture, cottage industry, trades and commerce small trades and service sector" (GOB 2007: xv). A few of them do business, service, daily labor and some have no work. Aged person who have no job is composed of mostly women. "Study shows out of 362, 116 aged are engaged in different kinds of activities such as agriculture, service, business, daily labor etc. Among them 61 male and 4 female aged are dependent on agriculture" (Islam, Hasan and Assaduzzaman 2007:162).

3.4.3. Housing Situation

At the eleventh hour of life, aged people try to keep themselves aloof from noisy place and expect a peace and calm environment. If an aged has two or more houses then he or she prefers the house out of noisy environment. But if the relocation is occurred at aged men's own will then, it is good; otherwise, forced relocation may give birth to disease in aged person. Voluntary moves to improved living environments have been shown not to adversely affect the aged people.

“Force relocation is more difficult than voluntary move and it can bring trauma confusion, grief and a heightened sense of aloneness”(Kastler, Gray and Carruth 1968).

But the aged people, who don't have any alternative choice, are bound to stay at prescribed place and this fact often takes the aged person to edge of life more rapidly. However, now-a-days, weakening family ties and economic insolvency of the family make a large number of elderly destitute. They become helpless problems in living with problems. Sometimes, aged people are forced to stay in an old home. These aged people are they who

Have no children; Have a bad relationship with children or other relatives; Have no housing facilities.

Aged people who live in family settings maintain a satisfactory relation with other relatives. However, relocation or a change in one's home is not always easy and that fact holds true for any age group older people often face difficult adjustment in moving because they have lived in their houses for a long time. So, if relocation is compulsory then their proper adjustment is to be ensured.

3.4.4. Sanitation

Sanitation is a vital indicative of socio-economic situation. The sanitation situation in the rural Bangladesh doesn't satisfy the standardized requirements set by the world health organization. Many of health conditions associated with aging can be prevented if aged people have proper access to sanitation system. In case of using latrines, most

of the villagers use open space or hanging latrines over the rivers or ponds. Very few people use sanitary latrines. Keeping with this family practice, aged people are as well irregular in maintenance of hygiene. Very often, aged people fall into danger while using such sort of latrines. Besides, aged people don't maintain hygiene in clothing. Often they are found in unwashed dressings. In some cases, they remain indifferent about hygiene while taking foods. That's why, very often they have to face stomach problems and other digestive problems like constipation, gastric, loose motion etc.

3.4.5. Dependency

When a person enters into the age limit of aged person, the degree of dependency automatically increases. An aged person whether he is income sufficient or not, he must be dependent in any way. Because in spite of being income sufficient if aged person's health fall dramatically, he is to be dependent one. In perspective of Bangladesh, an aged person if live in familial settings normally becomes dependent on wife (if male), or on husband (if female), son, daughter, daughter-in-law, relatives, neighbor. Study shows "274 aged people are dependent which constitute 75.7 of total respondent and 216 or 59.67% aged people are dependent on their sons due to economic security (Islam, Hasan and Assaduzzaman 2007:164). All aged are not dependent. In context of Bangladesh, aged people who are self dependent, most of them are men. "Study shows 24.30 or 88 aged people are self dependent of which men constitute 21.28 and rest are women." (Islam, Hassan and Assaduzzaman 2007:164). In context of Bangladesh, among the aged population aged women are more dependent than that of aged men and it is the son upon whom most of the aged people rely and depend on.

3.4.6. Leisure

Most of the aged people in our country enjoy a time free from official job and extra responsibilities. This time comes especially when service holders enter into the retirement. But aged people, who are very much needy, continue work throughout whole lives and this depends on economic security. Further the economics of supply

and demand govern one's presence in or out of job market. "Some 80% of older people living in developing countries have no regular income and are forced to work in their old age to meet their basic subsistence costs" (UNESCAP Experts meeting 2007).

In our country, aged people who are out of job market, enjoy leisure time in different ways such as, watching TV with friends, with grand children, lonely and by religious performance.

"Study shows that 280 aged people pass time by doing religious performance, 116 aged people enjoy free time with children that means grand child, and 110 aged people prefers to be engulfed into the loneliness and 65 by watching TV. Actually there is a high degree of correlation between religious performance by aged and passing time by aged" (Islam, Hasan and Assaduzzaman 2007:165). But this sort of leisure time never comes to all aged persons.

3.4.7. Financial Support Oriented Programs

Financial support to aged bears great significance because most of the aged person warps up himself or herself from job market. Financial support to aged person can be categorized into two forms. These are:

Formal support; and

Informal support.

3.4.7.1. Formal Support

Formal financial support programs are those, which are undertaken by state and NGOs.

3.4.7.1.1. Governmental Programs

The government programs for the welfare of the elderly people in Bangladesh are: OAA, Welfare Fund and Joint Insurance, Formal Pension Scheme, Annual Development Program, Pro poor Project, National Committee on Ageing, Gratuity.

3.4.7.1.2. Non-governmental Program

Actually it is very much difficult to trace out specifically the depiction of NGO activities designed to provide support for the poor. But here I would like to mention the name of some agency, which works for aged people in Bangladesh. BAAIGM, Boishko Nibas (Old Home), RIC, SCEP, BRGEWAD, BRPOWAD etc. are the most important.

3.4.7.1.3. Informal Financial Support

Informal financial supports are those, which come from family, society and religion.

In home earning, son or daughter gives specific money to the aged person per month as pocket moneys. Besides, destitute aged person often gets Zakat, and other financial support from influential person in the society.

Chapter Four
Problems of Rural Aged, Survival Pattern and
Process of their Adaptation in Bangladesh

Problems of Rural Aged, Survival Pattern and Process of their Adaptation in Bangladesh

4.1. Introduction

A person at his early age or at mid-age is a unit of work force, which is of great value. Keeping with the rise of age person's ability as a work force unit starts to decline and his earning capacity starts to shrink. Gradually, a person becomes a non-productive unit as person falls into different both physical and mental illness and stuck into poverty. There are three major difficulties that the rural aged people face at their senior lives. The three major problems are-

- Physical illness;
- Mental illness; and
- Poverty.

These are discussed below

4.2. A Brief Discussion on Problems of Rural Aged

To speak the truth, the aged people in Bangladesh are below the satisfactory level. To present a brief discussion on problems of aged people, aged people have been categorized into three classes, they are

- Higher class;
- Middle class; and
- Lower class.

4.2.1. Higher Class Problems

The aged people who belong to this class, experience comparatively less difficulties as they are income sufficient even at elderly. This class hardly suffers from economic problems. "Aged in this class has minimum problem" (Mia: 2003:57).

But it is true that they suffer from psychological problems such as hypertension, diabetes etc. Blood pressure, diabetes and cardiac diseases are more common in the city whereas rural people suffer from pain, rheumatism anemia, asthma cough and cold” (Kabir 2003:71).

Sometimes, they often suffer from social and political problems too. Because, usually an economically dominant aged person automatically tops the power structure in rural and thus in run get involved in politics.

4.2.2. Middle Class Problems

Aged people, who belong to this class, usually experience socio-economic difficulties. They have less psychological problem but often suffer from physical problems. “Aged people in this class influenced from socio-economic point of view” (Mia 2003:58).

4.2.3. Lower Class Problems

Aged people belonging to this class always remain stuck into economic, social, physical and psychological problem. But most of them are free from political problems.

It is true that women aged are more vulnerable to problem at the old age. “The elderly poor women face an acute handicap since there is large-scale inequality in opportunity. They are also more handicapped than their male counterparts since health problems of aging are different for men and women. Some studies have shown that old women become especially prone to disabling disorders such as arthritis, osteoporosis, diabetes, cancer etc.” (Country Statement Bangladesh 2007).

So, the problems can be presented in a summarized way.

These problems are summarized as follows:

- Poor socio-economical condition;
- Lack of nutrition- micro or macro-nutrition in diet;
- Abuse by family, society-psychologically or financially;
- Environmental pollution- arsenic, water, air pollution;

- Natural calamities- repeated flood, cyclone and erosion of river;
- Lack of awareness and knowledge about health, diseases, exercise, maintaining weight and personal hygiene; and
- Lack of health care, specially designed for elderly people” (Country Statement Bangladesh 2007).

4.3. Problems Related of Physical Impotency

Keeping with getting older, many changes take place which are observable by simple observation such as hair becomes white skin is curl, can not move alone, periscope, hear loss, etc. “Skin looses elasticity and becomes more wrinkled, hair grays and thins out, the body become less erected” (Borrow and Smith 1979:109). The maim aim is to examine the needs and aspiration of the care receiver and care giver for understanding the complexities of care system and its impact on social change in India (Chakrabarti 2003: 208).

But apart from these external symptoms, body develops some implications within its mechanism keeping with getting older. These are discussed below:

4.3.1. Arthritis

This is very much common among the aged people in Bangladesh. The affected parts of body are normally flips, knees and other weight bearing joints. “It was found that arthritis or rheumatism is the most prevalent chronic illness for both male (49.6%) and females (60.3%) (Mostafa and Streatfield 2003:40). It is of three kinds and they are-

1. Osteoarthritis;
2. Rheumatoid arthritis; and
3. Gout.

Among these gout is the most common among the aged people in Bangladesh. Arthritis causes acute pain in aged body and some times leads to kidney diseases, heart disease.

4.3.2. Heart Disease

Heart disease implies different implications. Among different form of heart disease, coronary artery is most prevalent in the aged people of Bangladesh. “The most widespread form of heart disease is coronary artery disease. Its incidence does increase with age and it are the most common cause of death in middle aged and aged individuals” (Barrow and Smith 1979:111). Heart diseases produce pain in breast and leads to heart attack which fact is very much common in our aged people of Bangladesh. As a result of heart attack, aged person may fell shortness of breath, dizziness, confusion and acute pain in breast.

4.3.3. Respiratory Disease

This is another common disease among the aged people. It has different form such as common cold, cough, Bronchial Asthma. Among these, bronchial asthma is most common and brings fatal consequence. When respiratory diseases attack aged person, some symptom become prominent. They are

- Pressure in breast;
- Wheezing; and
- Pain in throat etc.

4.3.4. Hypertension

It is known as high blood pressure. Aged people who are over 65 are less vulnerable to this than that of below 65. “It affects a slightly larger percentage of those over 65 than those under 65 and is considered as a widespread problem for both the middle aged and the elderly” (Barrow and Smith 1979:112).

Hypertension is all also called “Silent killer because it don’t produce any symptom. Walter J. Covilee and Associates in their Abnormal Psychology said “Hypertension produces destructive organic changes; it must always be considered a medical as well as psychological problem”. Hypertension causes acute headache, chest throbbing, visual confusion etc. “Incident of cardio-vascular diseases including hypertension, stroke, heart failure is more common in urban area than in rural area. Coupled with

those there are eye problem, gastrointestinal diseases and malnutrition in rural area” (Country Statement Bangladesh 2007).

4.3.5. Diabetes Mellitus

“Diabetes Mellitus is a group of metabolic diseases characterized by hyperglycemia from defect in insulin secretion, insulin action or both” (Khan 2002:2). This disease is widely spread in Bangladesh especially among the rich aged people. “The total number of diabetes mellitus affected people in the world has reached 1 core and in 2030, this upward march will reach 30 core” (Dails Noya Digonta 2006:10).

“In 2002 in Bangladesh, there were near about 40 lacks diabetes affected people.” (Minister of Health and Family Welfare: 2002). This affects most of the aged people in our country. Here some symptoms of diabetes are presented below.

1. Insulin Dependent

Main symptom: A cute thirsty, to urinate excessively, weakness.

Minor symptom: Skin inflammation, doziness, constipation, visual confusion, and convulsion.

2. Insulin Independent Symptom

Thirsts, weakness, to urinate excessively, significantly decrease in weight, which fact is not so common” (Choudhary 2007:164).

4.3.6. Bronchogenic Carcinoma

It is another most prominent disease among the aged people in our country and women are the victim of it more than that of men. “Excessive smoking is the main mastermind of this sort of disease” (Saha 2002:147). Symptoms of this disease are-

- Excessive cough;
- Decrease in weight;
- Pain in chest; and
- Bleeding with cough etc.

4.3.7. Cataract

This is another common disease among the aged people in Bangladesh. “Due to lack of premedical check up, health education, health care rural elderly people are more prone to suffer in eye, dental and gastro-intestinal diseases” (Country Statement Bangladesh 2007).

4.3.8. Cancer

Cancer may have its root in body at early but risk of cancer increases keeping with the increase in age. The affected areas are commonly skin, breast, Stomach. The common causes of cancer are smoking, inhalation ingestion of chemicals, radiation. Every year a significant number of aged people fall into death because of this fatal disease all over the world including Bangladesh. Half of all death occurs from cancer in old age.

In context of Bangladesh, aged women who have exceeded fifty year vulnerable to breast cancer. “In Bangladesh 25% women are affected by breast cancer among the cancer affected women” (Choudhary 2007:136). “In 2000, near about 10100000 new comers has fallen into cancer world wide and according to Bangladesh cancer society, at present, there exist 10 lacks cancer patient in total in Bangladesh”(Welfare Ministry 2003:09). Besides these, other most common physical diseases prevalent in the aged people are as follows-

- Anemia;
- Asthma;
- Urinary;
- TB;
- Flatulence;
- Constipation;
- Diarrhoea;
- Insomnia; and
- Hiccup.

Besides, “Due to sudden environmental problems including arsenic, air pollution and water contamination, the diseases associated therewith is on the increase in

elderly people-in rural area. At the same time, water and sound pollution diseases are more common in urban area” (Country Statement Bangladesh 2007).

4.4. Problems Related to Mental Impotency

Mental health is just as important as physical health for the aged. It has been experienced that mental health exerts a significant influence over physical health. Sometimes physical problems being combined with mental problem make the aged peoples life more complicated.

It is said that keeping with rise in age peoples intellectual ability decline in old age. But this is not true. Because the information saved in aged person’s memory and the acquired skill don’t match, the changing society. “... intelligence itself does not decline with age: rather the information and skills of older people’s become obsolete in a changing society” (Ward 1984:37).

A significant number of aged people in Bangladesh suffer from mental illness. “Worldwide, elderly people lead the world health organization’s list of new cases of mental illness: 236 elderly people per 100000 suffer from mental illness, compared to 93 per 100000 for those aged 45 to 64, the next younger group” (Sultana 2007:57).

Despite the fact that, many of aged people suffering from mental illness; they very often seek help from others. Aged people hesitate to seek help and try to conceal their illness. Some times, aged people don’t avail Medicare because of lack of accessibility and quality. “However, the government services are lacking in quality and accessibility, and thus only 8% of the rural population is reported to use the government facilities (Healthcare in Bangladesh, www.csd.ssvl.kth.se/~csd2006-eam6/files/weeklyreport/w11/healthcare%20in%20Bangladesh.pdf).

Having good mental health throughout life does not ensure inanity from severe depression, Alzheimer’s disease, anxiety and other disorders in the senior years of life. In fact, some studies show elderly people are at great risk of mental disorders and their complications are higher than younger people. “Due to socio-economical

condition the rural elderly people are more victim of socio-economical injustice and as such the mental disease like delirium depression and dementia are more seen in rural than urban area” (Country Statement Bangladesh 2007). However, some names of disease are presented here, which are very much common among the aged people of Bangladesh.

4.4.1. Depression

It is the most common mental illness in aged people in Bangladesh. No specific cause is available to this disease. The intensity and duration vary from one person to another. “Study shows 66.3% of to respondent suffer from depression” (Islam, Hassan and Assaduzzaman 2007). Depression may originate from guilty feelings, grief, anger loneliness, and mental stress. Due to depression, aged people fall into -

- Loss of appetite;
- Insomnia;
- Fatigue; and
- Constipation.

4.4.2. Alzheimer’s Disease

It is one kind of organic disorder. In 1907 Alois Alzheimer, for the first time, invented it. “Alzheimer’s disease is the fourth leading cause of death” (Sultana 2007:59).

Symptoms of this disease are given below:

- Loss in recent and short-term memory;
- Keeping with the intensity of it, patients have trouble with abstract things; handling money, and working with numbers when paying bills;
- Mild personality modification like increased apathy or social withdrawal;
- Irritability, dogmatic attitude, quarrelsome; and
- The patient may become confused as to time, date, place etc. The person stops conversing, becomes erratic mood, uncooperative incontinent and at the end becomes unable to take care of him/herself.

“Loss of memory, especially of recent events, impairment of judgment and abstract things and a deterioration of personality” (Harris 1990:145).

There exists no specific cause in regard to Alzheimer’s disease. It has been discovered that women are more vulnerable to this disease than that of men.

4.4.3. Paranoia

This gives birth to suspension and confusion in patient mind. Affected person always makes himself obsessive in mistrust.

It’s a one kind of functional disorder of which physical cause is still unknown. But always patients are in confusion; “Paranoid states are characterized by feelings of persecution for some presumed wrong doing” (Hendricks 1986:135).

If one falls into paranoia, the degree of one’s social interaction decreases to a significant extent. A sense of withdrawal becomes effective in affected person’s mind.

Paranoia is a short-term disease and it is difficult to trace out it.

4.4.4. Parkinson’s Disease

In 1917, James Parkinson, for the first time describes this disease. It is often called paralysis agitaus.

It is long-term and neurotic disorder. Symptoms of this disease are-

- Muscle becomes rigid;
- Mild tremor in body in next;
- Steps becomes short;
- Imbalance in movement;
- Mask like face; and
- Pill-rolling tremor of hands.

It is prominent among people aged between 40-70 years old. Some causes are-

- Neurotransmitter;
- Side-effect of used drugs in past; and
- Any hit in head.

Then are more vulnerable to this disease than that of women.

4.4.5. Mental Stress

It is also an important and common mental illness among the aged people in Bangladesh. “Stress is one kind of force that creates dissatisfactory situation in persons mind that hurdle off person’s normal livings” (Choudhary 2007:83).

“Stress as an adjective demand placed on the organism. The condition or force or object giving rise to this demand may be internal or external and its designated as the stressor” (Coleman 1970:67).

There are several causes of mental stress. They are-

- Frustration;
- Conflict; and
- Threat etc.

“Stress exerts tremendous bad impact over the body of aged people. If the stressors are maintained long term behavioral, physiological, emotional and cognitive (thinking) effects occur” (Morgan and Others 1999:323).

Stress hampers aged people’s social functioning, interaction, and personal satisfaction. Besides these, other mental illnesses which are very much common in our aged society are as follows:

4.4.6. Decline in Adjustment Ability

When a person reaches at senior age passing through childhood, adolescent, youth and middle age, a decline becomes prominent in his adjustment ability. That means ability to cope with environment and managerial capability undergoes vast negative change. Aged person fails to match himself with the changing environment of the society.

4.4.7. Sense of Insecurity

Scarcity of money and mental support are the main factors which give birth to the sense of insecurity in aged peoples mind. Because of being out side of job market, they very often face money related difficulties and become puzzled to tackle the

problem. At the eleventh hour of life, they hardly have mental support. Because at this age of industrialization, sons or other have a little time to pay heed to their elderly persons.

4.4.8. Sense of Negligence

As most of the aged person remains jobless and enjoy long leisure time, they starts to think themselves as a non-productive unit and that in turn make them feel inferior.

4.5. Poverty

Eighty percent of our total population lives in the rural area of Bangladesh. Most of the aged people who live in the rural area used to do agro-oriented activities to lead lives at their early age. There is no system of giving pension or allowance for the aged farmers. Besides this, their family size is also big. Very often the aged people become able to mitigate their basic human needs. Most often they need to depend on their sons, daughter's wives or other close relatives.

“A research report shows, 75% of total respondent 1600 are in economic crisis and expressed dissatisfaction over their fulfillment of their basic human needs” (Ibrahim 1988:59).

If sons or other relatives help them out then its fine otherwise, the aged people have to face great difficulties in regard to fulfill of their basic human needs. Some times their needs remain unfulfilled. “Some 80% of older people living in developing countries have no regular income and are forced to work in their old age to meet their basic subsistence costs.” (UNESCAP Experts meeting 27-29 March 2007, Bangkok, Thailand).

“Another research report shows, although 83% of aged people visit doctors but, nevertheless 75% of then could not afford to buy drugs and other accessories” (Ibrahim 1988:59).

Apart from the aged people in rural area, town or city aged people are comparatively in a little bit of well position, as they draw pension or old age allowance regularly. But from the over-all point of view, most of the aged people both in village and town are stricken by poverty as they have not enough income to cope with the economic needs and crisis.

“A study shows, in both the villages or towns, 40.8% and 35.3% aged people are suffering from economic insolvency and 29.6% are in hard core poverty in rural area” (BAAIGM Research Report 1988:42). So, in Bangladesh, the aged people either in rural or urban area, are more or less stricken by poverty.

Chapter Five

Strategies and Programs to Help the Rural Aged

Strategies and Programs to Help the Rural Aged

5.1. Introduction

At the old age, usually aged persons are stricken with various problems. Financial problem is the most influencing one among all of the problems. Because, if a person possesses sufficient money even at old age, then it becomes very convenient to him to tackle others problems. It is the state duty to help the aged persons to overcome financial problems. In the Article, 15 in “d” sub section of the constitution, it has been stated that “the right to social security that is to say public assistance in cases of the undeserved want, arising from unemployment, illness or disablement or suffered by widow or orphans in old age or in other cases” (GOB 1994:11).

Present strategies and programs to help the rural aged people may be classified into two major types. One is undertaken by the government and guided by the direct supervision of government and the other is non-governmental which is being guided by various national and international organizations. Financial support to aged people bears a great significance because most of the aged person warps up themselves from job market. Financial support to aged person can be categorized into two forms. These are as follows:

Formal support; and

Informal support.

Formal Support

Formal supports are comprised of-

Government Strategies and Programs; and

Non-government Programs.

5.2. Government Strategies and Programs

In Bangladesh, the issue of aging population is of a recent phenomenon but very important, burning and a matter of great concern. Despite being very significant issue,

there are a very few elderly welfare programs available in this regard in our country which are mostly for those who were the public service holders. The programs are:

5.2.1. Formal Pension Scheme

“This scheme has been running from the reign of British; but that was very small in amount, complex in process and on in dixerual consideration. A little change came in Pakistan period. And then a remarkable change in the whole process of this scheme in Bangladesh in 1989, 1991 and 1994 respectively (Akter 2000:81)” “All males and females who retire from the government jobs after the age of 57 years get pension. There is also a formal program available to the elite retired military personnel. Only negligible functions of the total elderly are accounted for such scheme.” (Rahman 2004: 81).

5.2.2. Annual Development Program

“Under the annual development program (ADP) government has planned to establish six centers for the elderly in 6 divisions of the country. The main purpose of the scheme is to provide life long facility for care, protection and leading a normal life of the elderly. The important part of this program is to create environment of the Divisional Shishu Paribar’s inmates with elderly of such centers with care, affection and love” (Rahman 2004: 81).

5.2.3. Pro-Poor Project

The fifth five-year plan has a great scope to implant proper project for alleviating rural poverty. The plan makes assessments of essential needs in different cycles of life and states basic support or services required. The last cycle is obviously covered by old age. The proposed services are creating centers for old people with facilities for light income generating activities, geriatrics medical and social welfare services for the poor and the older people (Rahman 2004: 82).

5.2.4. National Committee on Aging

“A National Committee on Aging was formed to identify the problems of the older population, but includes a government or retired government member without NGO

representation. This could indicate a lack of representation of persons knowledgeable about the situation of poor older people” (Rahman 2004: 82).

5.2.5. Gratuity

“Gratuity is one of the public programs for retired stuff. It is a program of giving money at a time. After 10 years of pensionable service, it is to give half of the gross-pension to the government and then it will be paid in various rate of gratuity against each one taka” (Akter 2000: 82).

5.2.6. Welfare Fund and Joint Insurance

Any public official, at the time of service or within 10 years after retirement gets grant in various rates from the welfare fund. On the other hand, personnel can get financial assistance after crediting in joint insurance.

5.2.7. Old Age Allowance (OAA)

Ageing remains a problem both for the developed and the developing countries. The implementation of the ‘*Madrid Plan of Action*’ requires sustained action at all levels, both in national and international. In order to stimulate efforts for international cooperation, Bangladesh emphasizes on capacity building. We also need to mainstream the cause of the ageing population into national development agenda. The Government has introduced targeted program for the aged population in line with Madrid commitments. These include the ‘Old Age Allowances Program’ and allowances for widows, distressed and deserted women; homes for the abandoned, dispossessed and disabled aged.

Government programs designed for the aged are mainly in the form of pensions, introduced since 1924, but available only for a handful of retired government and industrial employees. Recently, 1997, the government introduced a new pension program ‘*bayaska bhata*’ (allowance for the aged), under which the 10 poorest and the most vulnerable old persons (five men and five women) of each union/ward are given a monthly allowance of Tk. 100 each. It is increased to 220 taka gradually upto fiscal year 2007-08. The number of allowance receiver is also increased.

According to the constitution of Bangladesh, the needy elderly people have the right to avail social security. This is one of the fundamental principles of our state policy (see article 15d). The Constitution of Bangladesh clearly declares in its clause 15(D) that Government should introduce social security program for the insolvent elderly population (Country Statement Bangladesh 2007). The first financial allocation (50 lack taka) for the wellbeing of the elderly appears in the fourth five-year plan (1990-95) under the jurisdiction of the ministry of social welfare. After the Vienna conference in 1982, National committee on Aging was formed at the government level. The committee plays a vital role in allocating some financial assistance to the Government of Bangladesh for its aged people. When the United Nations declared the international days for older persons the Government of the People's Republic of Bangladesh becomes more aware of and started to think about the aged people.

5.2.7. 1. Money Allocation

The Government of Bangladesh had started of functioning this program in 1997 and allocated Tk.125 million for that fiscal year. Here I would like to put forward a Table showing the amount of money allocated and number of beneficiaries.

Table 5.1: Yearly Money Allocation

Fiscal Year	Allocation in Budget (BDT, million)	Number of Person	Percentage of increase	
			Budget	Number
1997-1998	125	403110		
1998-1999	485	403110	288	0.0
1999-2000	500	413190	3.1	2.5
2000-2001	500	413190	0	0.0
2001-2002	500	413190	0	0.0
2002-2003	750	499662	50	20.9
2003-2004	1050	1000000	40	100.1
2004-2005	2603.7	1315000	148	31.5
2005-2006	2700	1500000	3.7	14.1
2006-2007	3840	1600000	42.2	6.7
2007-2008	3840	1700000		

Source: Bangladesh Economic Survey 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008. Economic Advisory Sub-division, Finance Ministry, Government of Bangladesh.

From Table 5.1, it is noticed that there was a trend of increasing the amount of money allocated for old age allowance. A total of BDT 125 million was for the fiscal year 1997-1998, 485 million for 1998-1999 with an increase of 288%, 500 million for the fiscal year 1999-2000, with an increase of 3.1%, then in 2002-2003 money sanctioned was 750 million with an increase of 50%, in 2003-2004 money sanctioned was 1050 million with an increase of 40%, in 2004-2005 money sanctioned was 2,603.7 million with an increase of 148%, in 2005-2006 money sanctioned was 2,700 million with an increase of 3.7%, and in 2006-2007 money sanctioned was 3,840 million with an increase of 42.2%.

5.2.7.2. Implementation Structure/ Scope of the Allowance

The older poor of all wards of the rural unions and Pourashavas of 64 districts in the country are proportionately eligible for this allowance. It is awarded to the most elderly and vulnerable fifteen persons from each ward under the unions both male and female of the country will be given 220 Tk. per month in the fiscal year 2007-2008. “About 13, 15000 older people will be benefited from this program” (Rahman 2004: 81).

5.2.7.3. Criteria of Candidate Selection and Selection Procedure

Candidates are selected on the basis of six particular parameters. Age, average income, health condition, socio-economic condition, vivid expenditure and amount of land are those parameters.

Age

Person with maximum age will get preference but none under 65 years; will not be eligible for this allowance. The rigidity of age limit relaxes for the aged who were getting allowance from the past as at the beginning of the allowance, this age limit was 57.

Income

A person of 65 years whose income is under 3,000 taka per year and comparatively disable or plastically handicapped with land not over 0.5 acre will be eligible for the

allowance. Vivid expenditure and socio-economic condition will also be considered in this selection. Older freedom fighter, destitute, landless, widow, divorcee, issueless and homeless will be considered respectively. The eligible person can apply through scheduled form of social service department.

Body Condition

Physically disabled and completely working powerless will get maximum priority. Physically ill, mentally disturbed, physical and mental handicap and partial working powerless will get less priority in order of prioritization.

Socio-economic Condition

Freedom fighter

Older freedom fighter will get maximum priority.

In Case of Economic Condition

Destitute, homeless and landless aged will get preference in order of prioritization.

In Case of Social Condition

Widow, divorcee, childless and detached aged will get preference in order of prioritization.

Sector-wise Expenditure

The proportional rate of sector-wise expenditure and annual income will be taken under consideration. Aged having no savings will get preference.

Ownership of Land

Aged having 0.5 acre or less will be eligible for the allowance.

Selection Procedure

General people should be notified through mass media, dailies and locally and requested for submitting application.

The application from the interested applicant at Upazilla level in specified index should be submitted to Upazilla Social Service Officer.

There should be a committee of village government at ward, union and Upzilla level for sorting out applicants with a view to disbursing old age allowance at Upzilla level

The interested applicants of municipality of ga (c) category will submit application to the Upazilla Social Service Officer.

The interested applicants of municipality of ka (a) and kha (b) category will submit application to the Deputy Director of District Social Service Office.

There should be a committee at ward and Poursova (municipality) level with a view to allocating old age allowance in the municipality of a, b c category.

5.2.7.4. Committees

Upazilla Committee

- i. Upazilla Nirbahi Officer (Chairman).
- ii. Chairman of Union Councils (Member).
- iii. One representative from Freedom Fighters Thana Command (Member)
- iv. District or Upazilla Account Officer (Member).
- v. Managers of concerned Banks such as SONALI, JANATA, AGRANI, Rajshahi Agriculture Development Bank (Member).
- vi. Principle of local Collage (Member).
- vii. Three local reputed person (selected through negotiation between Upazilla Nirbahi Officer and local MP) (Member).
- viii. Upazilla Social Service Officer (Member secretary).

Besides, representatives from elderly welfare organization if any and Upazilla Nirbahi Officer will take action in this regard.

Working Scope of Upazilla Committee

- i. To finalize the list based on justification sent and sorted by village government.
- ii. To supervise allowance disbursement and to arbitrate appeals.
- iii. To approve the list finally.

To ensure allowance disbursement through the nearest branch of SONALI Bank, JANATA Bank, AGRANI Bank, Rajshahi Agriculture Development Bank.

Ward Committee at Union Level

- i. Elected Member of concerned ward. (Chairman).
- ii. Elected Women Member of concerned ward. (Adviser).
- iii. Selected Two Persons by Upazilla Nirbahi Officer.
- iv. Member Secretary (Union Social Worker).

Working Scope of Ward Committee at Union Level

- i. To formulate primary list of sorting applicants in light of policies designed to disburse old age allowance.
- ii. To put forward final list to Upazilla committee for finals approval.
- iii. To arbitrate complains in regard to selection of primary applicants but if the matter of appeal appears, then they will refer it to Upazilla committee.

Besides, other committees in this regard are committee of municipality A and B grade.

5.2.7.5. Illegibility for the Allowance

Government employee or his family members, pension consumer, VGD card holder, any other regular Government allowance or any other organizations aid holder, citizen of City Corporation and engaged in any occupation will not be eligible for the allowance.

5.2.7.6. Implementation Authority

The main duty of the Ministry of Social Welfare is to implement the OAA. It has been undertaken by the Department of Social Service under the Ministry Social Welfare of the country.

To supervise, there is a ministry level committee leading by finance minister. Minister of LGRD, Minister of social welfare and the sub Minister of the ministry of freedom fighting affairs are the members of this committee. Pourashava has (Municipality) will be classified in to three classes based on socio-economic development situation. Those classes are A. B. and C. There are separate committees for each class of Pourashava. The C, B and A class Pourashava get preference respectively.

5.2.7.7. Allowance Disbursement Mechanism

- i. After releasing the budget, allotted money goes to the SONALI Bank;
- ii. For the sake of recipients money is disbursed through the nearest branch of SONALI Bank, JANATA Bank, AGRANI Bank, Rajshahi Agriculture Development Bank;
- iii. Recipients get a book named payment book like 'Pension Payment Order' (PPO). Attested picture of recipients by concerned members or first class officer or Upazilla Nirbahi officer will be attached to this. Every book contains exclusive number. After the final approval district or Upazilla accountant will issue a book to concerned authority. After the issuance district or Upazilla Accountant will issue an order paper with the photographs of concerned recipients to SONALI Bank. , JANATA Bank. AGRANI Bank, Rajshahi Agriculture Development Bank ordering delivers of money. If passbooks get damaged or lost then Upazilla committee will finalize the matter;
- iv. The register containing the name of recipients, photographs, and sample signature will be preserved in the office of district or Upazilla accountant, Upazilla Social Service Officer or Deputy Director of District Social Service Office;
- v. If the recipient is disabled or conservative and can't be appeared, then the allowance goes to his or her nominee. The identity card of nominee

contains attested picture of nominee by concerned members or first class officer or Upazilla Nirbahi Officer;

- vi. Allowance is disbursed per month, but the money can be withdrawn at a time;
- vii. If any recipient dies then the concerned chairman or member or commissioner ascertains the death certificate of recipient notify 'Deputy Director Social Service Officer' in this regard;
- viii. After the death of recipient the nominee can draw due money (if any) and nominee can draw money up to 3 month.

5.3. Non-government Programs

Non-government organizations, which have been implementing various programs for the well being of the elderly people, are varied in three major levels. Besides, these institutions or the services may be formal or informal.

5.3.1.1. BAAIGM

“Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) is the prime non-government organization at national level working for the welfare of the older persons Bangladesh” (Rahman 2004: 82).

This organization has taken a great step to comprehensive well being for the elderly people. It encompasses the health care service, recreational and socio-economic services provided for the aged.

The organization is presently running the following programs

- i. Fifty bed geriatric hospital, outdoor programs and pathological services.
- ii. Fifty capacity dormitory for the elderly.
- iii. Recreation and library programs.
- iv. Vocational training and management of revolving funds.
- v. Research and publications.

5.3.1.2. Boishko Nibash (Old Home)

The government of Bangladesh has decided to build up Boishko Nibash (Old Homes) in six divisional towns of the country. It seems that the government is quite aware of the problem of our country. This is a great initiative to do something welfare comprehensively for the all kinds of elders.

There are other old homes in our country. In 1960, Dr.AKM Abdul Wahed founded the “Probeen Hotoishi Shangha”, one of the leading organizations aimed to render welfare services for the aged persons in Bangladesh and pioneered establishment of “Probeen Nibash”. At the beginning, it was at Dhanmondi and now at Agargaon, Dhaka. The six-storied accommodation building was built in 1993-94 fiscal year under a project launched by Ministry of Social Welfare. This home render service at money cost and inmate selection criteria are- inmate should be 55 years old, financially around and self-dependent. The services rendered by this organization are-

- Food;
- Lodging;
- Health Care; and
- Recreational Services.

Yet another organization designed for elderly welfare is Khaleda Zia Old Home, a private initiative by the former Prime Minister Khaleda Zia in 2006. Services at this institution are free of cost and services rendered by this institution are clothing, food and health care.

Old and Child Rehabilitation Centre founded by philanthropist and industrialist Khatib Abdul Zahid Mukul in 1987, is another cost free institution. It was initially at Uttara in Dhaka and now at Monipur in Gazipur. The services rendered by this organization involves:

- Food;
- Recreational facilities; and
- Religious facilities.

There are some rules and regulations for admission. These are as follows:

- i. Applicant should exceed 60 year;
- ii. Helpless and destitute;
- iii. Self-dependent in case of roaming around;
- iv. Mentally fit;
- v. Roaming outside prohibited except religious occasion; and
- vi. Ability to accomplish own work and keep surroundings neat and clean.

5.3.1.3. Resource Integration Center (RIC)

The main purpose of this center is to integrate resources for the better well fare of the older persons especially for the destitute, disabled and vulnerable elders. It is a community based rehabilitation service as well as a credit and medical service. Housing grants, older club, day care centre, monthly pension and funeral report are the new services of this organization. Credit programs help older to become financially solvent and independent and to play amore prominent role in the community. It also strengthens the role of women particularly in society. “They also provide preventive and curative services with the support of Help Age International (HAI) Physicians make follow-up visit at patients’ home, indicates their outreach community, and they have a strong referral system” (Rahman 2004: 84).

5.3.1.4. Service Center for Elderly People (SCEP)

“SCEP, a non-government organization in Rajshahi, started working for the elderly in 1994 with a slogan “A Care for the Generation.” It provides health service and recreational facilities to the older persons of age 60 and more for their social and emotional peace. Present activities of the SCEP for the registered elderly include listening to the radio, watching television, reading newspapers, magazines, playing indoor games. Every Friday health investigation of the registered elderly is made” (Rahma 2004: 84).

5.3.1.5. Elderly Development Initiatives (EDI)

The Elderly Development Initiatives (EDI) is a significant local organization for the wholesome development of the elder people. It is situated in Manikganj and works in the district only. “It is a community based self-help organization has some programs for the development of elderly in Manikgonj” (Rahman 2004:84).

5.3.1.6. Bangladesh Retired Government Employee Welfare Association, Dhaka (BRGEWAD)

“This association has been working since 1976 as a registered organization. This organization offers medical services to members and provides welfare services to retired employees and their families. It has some financial support (grant) programs such as, medical grant, education grant and lump grant. This association also provides interest- free loan to the elderly. It also publishes a journal. This association has been negotiating with government to increase the amount of pension, gratuity and for the introduction of festival allowances for retired people. 62 district level branches are working as its affiliated bodies” (Rahman 2004:84-85).

5.3.1.7. Bangladesh Retired Police Officers Welfare Association, Dhaka (BRPOWAD)

Similarly, this organization offers socio-economic services to retired police officials and their families.

5.3.1.8. Defense Personal Welfare Trust, Dhaka

This trust provides socio-economic and medical services for employees of the defense services.

“Very recently, Bangladesh women’s Health Coalition (BWHC). Bangladesh Girl Guides Association Bangladesh Education Board Retired Employee welfare Association, Mother and Baby home, Old Home (Bridho Nibash) and Bangladesh Society of Gerontology and forum for the rights of the elderly are also working for

welfare of elderly” (Rahman 2004: 85). “However, their services are confined to outdoors and indoor Medicare, maintenance of old man’s home, recreation facilities for the old people and seminars, workshops, training, research and publication activities” (Tammin, 2007: 105).

5.4. Informal Support/ Traditional Services

“Traditional services include care by the family or relatives, charity or alms giving and permission to live in religious premises such as mosques, grave yards, mazars and dargas. In rural areas of Bangladesh old aged people are generally cared by the family and kinship” (Tammin, 2007: 104).

“In Bangladesh, religion plays an important role in supporting the older persons through religions instructions (e.g., to be kind to older people to take care of parents, to give Zakat, Fitra of poor older people etc) and religious instructions (e.g., Mosque, Majar, Dorga etc.) give shelter to poor older people” (Rahman 2004: 80).

Beggary is the most familiar traditional security system for the poor and disabled older in our society. Despite various negative attitudes against beggary, it is supported in society for religious customer. A great member of older people is engaged with this system. Another indirect information service is that “some universities are expanding their curricula to include courses that focus on older people. The University of Dhaka and the University of Rajshahi have introduced courses on Social Gerontology and Geriatric Welfare. Professors at both institutions are reported to be conducting research on ageing and society in Bangladesh.

Chapter Six

Results and Discussions

Results and Discussions

6.1 Introduction

Old Age Allowance is one of the most significant security programs taken by the government for the destitute elderly people in Bangladesh. Especially, it is the pioneer for upgrading the life style of rural elderly. The main aim of the study is to evaluate the impact of that allowance and to do this; data have been collected from the selected 344 respondents of the study area following simple random sampling technique. The collected data have been processed and presented below in convenient ways.

6.2 Age of the Respondents

In both the cases (population & sample), the standard deviation represents the average variability in a population. The greater this variability around the mean of a distribution, the larger the standard deviation.

Table 6.1: Descriptive Statistics Related to Age of the Respondents

	Type of respondents	Minimum	Mean	Std. deviation	Maximum	N
Age of the respondents (years)	Male	50	72.02	8.29	120	172
	Female	50	70.82	7.00	100	172
	Both sexes	50	71.42	7.69	120	344

From Table 6.1, it is seen that the mean age of 344 respondents is 71.42 years with a range of minimum 50 years and maximum 120 years and the standard deviation of these ages is 7.69 years. It implies that 328 (about 95%) respondents are between $(71.42 \pm 2 \times \text{st. deviation})$ or (71.46 ± 15.38) i.e. between 55.78 years and 86.84 years. In other words, about 8 respondents (i.e. about 2.33%) are younger than 55.78 years and about 8 respondents (i.e. about 2.33%) are older than 86.34 years. The study clearly reveals that 2.33% of the respondents are receiving OAA breaking the rules of

the minimum age of eligibility of receiving OAA. So, the age limits should be strictly followed in selecting the receivers of OAA.

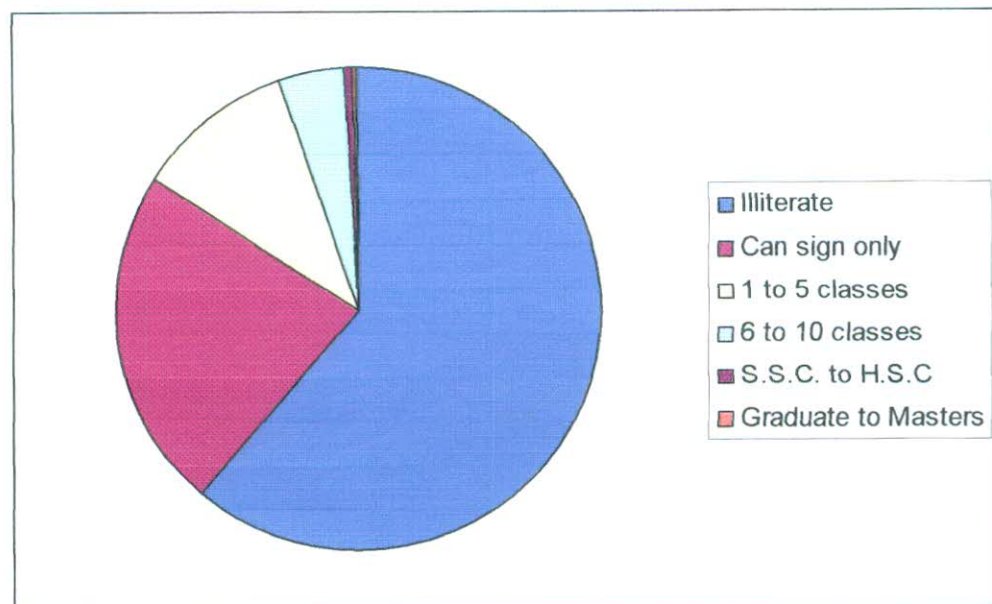
6.3 Educational Qualification

Education level is an important criterion to describe the socio-economic state of any person. In the context of Bangladesh, the level of educational qualification and socio-economic status are highly correlated. In reality, most of the people of Bangladesh are illiterate. About 60 years ago, this picture was even worse. In recent years, this picture is changing rapidly but not as per expectation.

Table 6.2 shows that most of the respondents were illiterate which about 63.2% of the total respondents. Large number of female respondents were illiterate than the males (77.3% and 45.3% respectively). About 23.0% of the respondents were able to sign their names. A very small proportion (0.3%) of the respondents had educational qualification of graduate to masters level. Therefore, it can be stated that most of the aged people under study are illiterate and some possesses ability to sign their name only and only a few have crossed the boundary of illiteracy and signing ability.

Table 6.2: Percentage Distribution of the Respondents by their Educational Qualification

Educational qualification	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Illiterate	78	45.3	133	77.3	211	61.3
Can sign only	53	30.8	26	15.1	79	23.0
1 to 5 classes	25	14.5	11	6.4	36	10.5
6 to 10 classes	13	7.6	2	1.2	15	4.4
S.S.C. to H.S.C	2	1.2	0	0.0	2	0.6
Graduate to Masters	1	0.6	0	0.0	1	0.3
Total	172	100.0	172	100.0	344	100.0

Figure 6.1: Pie Chart of Educational Qualification of the Respondents

Educational Qualification of the Respondents

6.4 Marital Status

Table 6.3: Percentage Distribution of the Respondents by their Marital Status

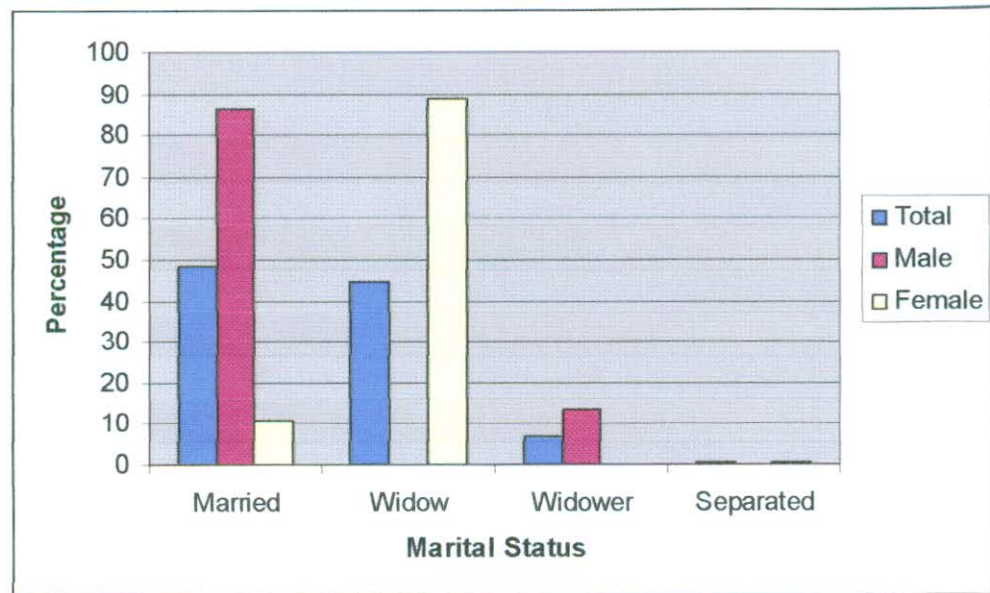
Marital status	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Married	149	86.6	18	10.5	167	48.5
Widow	0	0.0	153	89.0	153	44.5
Widower	23	13.4	0	0.0	23	6.7
Separated	0	0.0	1	0.6	1	0.3
Total	172	100.0	172	100.0	344	100.0

Marriage is a legal union and also a social contract between a man and a woman. In Bangladesh, most of the people get married at the early stage of life. When a person steps into the boundary of old age, some have their better halves with them and some don't. That means that some of the aged loose their better halves because of death, divorce or some other reason. An aged person without his life partner feels really helpless. However, this study shows that 44.5% of the total respondents were leading their lives as widows whereas only 6.7% were widowers. So, it is clear from Table 6.3 that among the respondents women are much prone to the widowhood. This may be

avoided by raising the mean age at marriage. The incident of separation is a rare phenomenon in rural area of our country. This study concord with this fact. The study also found that one woman was living separately from her husband.

Marital Status of the Respondents

Figure 6.2: Bar Chart of the Marital Status of the Respondents



6.5 Religion

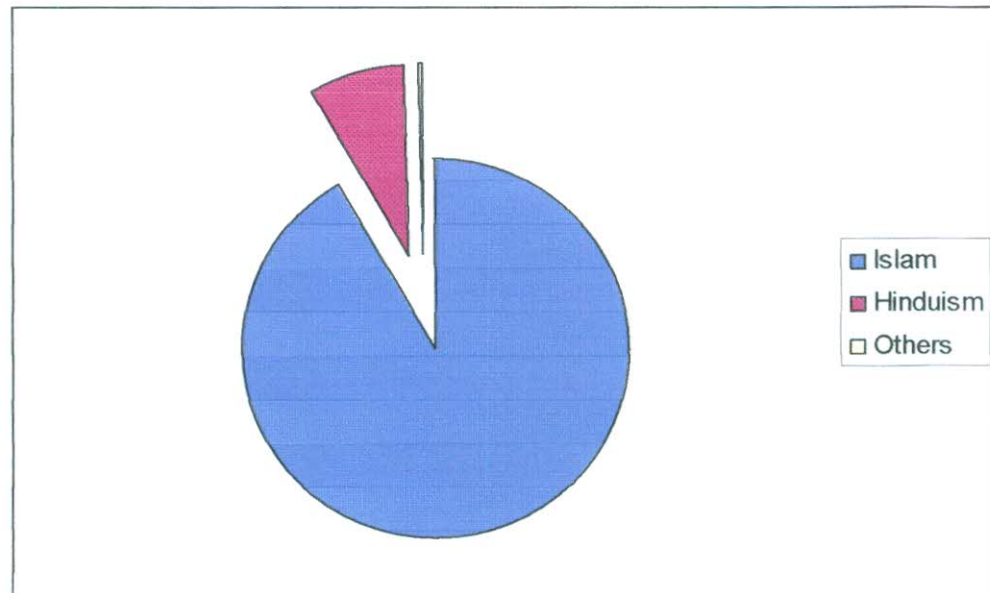
Table 6.4: Percentage Distribution of the Respondents by their Religious Believe

Religion	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Islam	160	93.0	155	90.1	315	91.6
Hinduism	11	6.4	17	9.9	28	8.1
Others	1	0.6	0	0.0	1	0.3
Total	172	100.0	172	100.0	344	100.0

Excluding atheists, every person believes in some religion. Bangladesh is a Muslim dominated country. About 90% of the inhabitants have faith in Islam. That is, the main religion is Islam, then Hinduism and then comes Christianity in Bangladesh. The present study makes it public once again that Islam is the main religion in the study

area and most of the respondents are Muslims by religion. 315 (91.6%) respondents out of 344 are Muslims and only 28 (8.1%) were Hindu by religion.

Figure 6.3: Pie Chart of the Respondents according to their Religious Believe



Religious Believeness of the Respondents

6.6 Types of Family

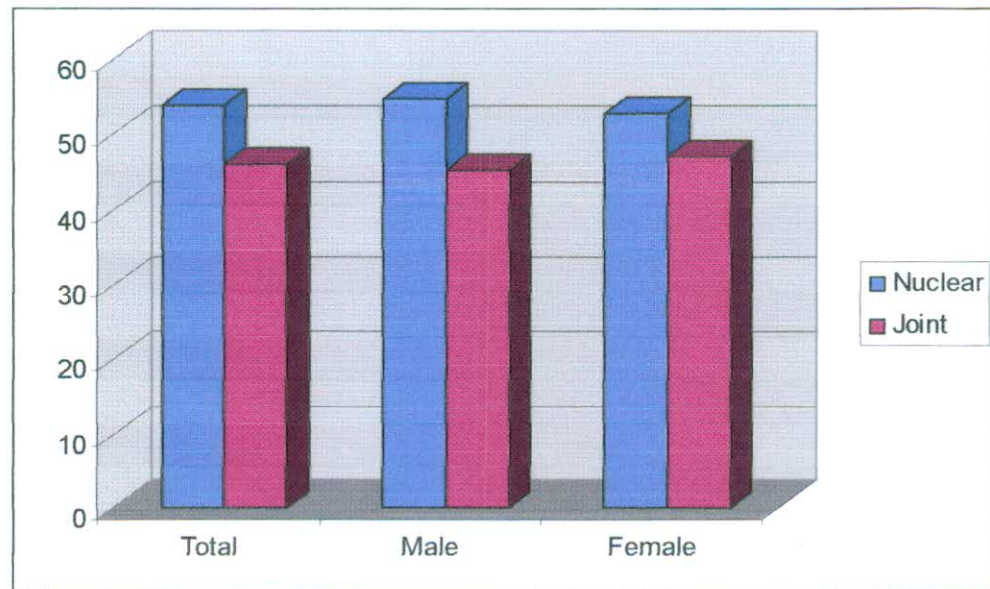
Table 6.5: Percentage Distribution of the Respondents by their Family Types

Family types	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Nuclear	94	54.7	91	52.9	185	53.8
Joint	78	45.3	81	47.1	159	46.2
Total	172	100.0	172	100.0	344	100.0

Man likes to live in society and some families together make a society. Human beings require a familial environment to live in and family renders significant support to every of its members. All of study respondent resides in family settings. In the context of Bangladesh, we experience mainly three types of family settings such as nuclear, joint and extended family. Single or nuclear family is that which consists of couple and their children whereas a combined family consists of a couple, their children,

grandfather and grandmother or any other relatives (if any). The present study shows that most of the respondents resides in nuclear family which is about 53.8%. Also more than 45% of the respondents are living in joint family. But in term of sex, large number of aged women (about 47.1%) resides in the joint family whereas this number is 45.3% for male.

Figure 6.4: Histogram of the Respondents According to their Family Types



Respondents by their Family Types

6.7 Present Occupational Status

As a men or women every one does something in life to lead a peaceful life. That means everyone somehow involved in any occupation. But keeping with the entrance in old age some people warp themselves from the occupation. This is suitable for those who have potential to be remained economically solvent but aged who is exception to that has to keep on occupation. However, in the context of rural Bangladesh, the common areas of occupation performed aged people are Laborer, day laborer, small business, work as servant in home, housewife, hair cutting, agriculture, Imam of Mosque, beggary etc. "Able-bodied persons in Bangladesh involves different

types of occupation. They work in different fields such as agriculture, cottage industry, trades and commerce, small trades and service sector”(GOB 2007:xv).

Table 6.6: Percentage Distribution of the Respondents by their Present Occupational Status

Occupation	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Unemployed	8	4.7	1	0.6	9	2.6
Leisure	113	65.7	109	63.4	222	64.5
Labor	6	3.5	0	0.0	6	1.7
Day labor	27	15.7	0	0.0	27	7.8
Business	5	2.9	4	2.3	9	2.6
Work as servant in home	0	0.0	9	5.2	9	2.6
Housewife	0	0.0	49	28.5	49	14.2
Hair cutting	1	0.6	0	0.0	1	0.3
Agriculture	8	4.7	0	0.0	8	2.3
Imam of mosque	1	0.6	0	0.0	1	0.3
Beggar	3	1.7	0	0.0	3	0.9
Total	172	100.0	172	100.0	344	100.0

According to the rules and regulations of eligibility in getting OAA, occupation plays an important role to get selection for OAA. But lack of proper management and other related problems, this study shows that 7.8% were day laborers, 2.6% worked as servant at home and 0.3% Imam of mosque were also getting OAA. Besides, among the respondents, 64.5% had leisure time, 2.6% were unemployed, 14.2% were housewives, 2.3% were farmers, 0.3% was barbers, and 0.9% was beggars.

Considering gender, men aged are prone to enjoy leisure time than that of women aged person. The result also shows that 109 (63.4%) out of 172 aged women enjoy leisure time whereas 113 (65.7%) aged men out of 172 enjoy free time. A significant number of aged women are housewives, constituting 28.5% of the total female respondents.

6.8 Previous Occupational Status

Table 6.7: Percentage Distribution of the Respondents by their Previous Occupational Status

Occupation	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Agriculture	55	32.0	4	2.3	59	17.2
Service	5	2.9	0	0.0	5	1.5
Day Labor	85	49.4	8	4.7	93	27.0
Business	17	9.9	2	1.2	19	5.5
Work as Servant in home	0	0.0	12	7.0	12	3.5
Housewife	0	0	146	84.9	146	42.4
Kumar	1	.6	0	0.0	1	0.3
Hair cutting	2	1.2	0	0.0	2	0.6
Agriculture and day labor	1	0.6	0	0.0	1	0.3
Fisheries	1	0.6	0	0.0	1	0.3
Woodier	2	1.2	0	0.0	2	0.6
Emam of Mosque	1	0.6	0	0.0	1	0.3
Van driver	2	1.2			2	0.6
Total	172	100.0	172	100.0	344	100.0

Before being an aged person, all of the respondents under this study were engaged in different types of hard works. Because they were shouldered with several responsibilities and they were bound to carry out them. Being an able-bodied man, in the context of Bangladesh, most of the village dwellers perform their jobs as farmer or day laborers. In daily labor sector, most of the laborers were directly or indirectly involved in agro-oriented labor force. In case women, household chores were important sectors to pay their labor. This study shows that male respondents are distributed in different sectors of work whereas female respondents are centralized in one sector that is housewife sector. From Table 6.7, it is shown that 49.4% and 32.0% of male aged were involved in daily labor and agriculture sector. Before being an aged person and when they were able-bodied woman, no woman was found lay idle rather they did hard work and most of them were in household chores. About 42.4% of the female respondents were engaged in household related activities rather than so called income-generating activities.

From Table 6.6 and 6.7, it is seen that 64.5% of the respondents have leisure time, but in previous occupation, no body had leisure time. About 17.2% of the respondents were involved with agricultural occupation whereas at present, no body does not involve with this occupation.

6.9 Head of the Family

Table 6.8: Percentage Distribution of the Respondents According to the Head of the Family

Occupation	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Own	104	60.5	67	39.0	171	49.7
Son	55	32.0	73	42.4	128	37.2
Daughter	1	0.6	16	9.3	17	4.9
Wife	9	5.2	0	0.0	9	2.6
Son-in-law	3	1.7	8	4.7	11	3.2
Grand son	0	0.0	3	1.7	3	0.9
Husband	0	0.0	5	2.9	5	1.5
Total	172	100.0	172	100.0	344	100.0

A head runs every family set-up. In the context of Bangladesh, senior male person, commonly grandparents, becomes the head of the family. In absence of senior male member in body or lack of ability, the next one is sworn in head of the family. A female aged, having head position in the family, is not rare in Bangladesh. But in generally aged persons become the head of the family. Besides, there were many families in Bangladesh that are headed by son, daughter, wife, grandson, and son in law etc. The present research work traces out that most of the respondents are leading leading their families as head of the family. About 50% of the respondents till then are able to lead their families as head. In consideration of sex, large number of male aged is head of the family than that of female aged. Table 6.8 shows that 60.5% male respondents are family head whereas 39.0% women aged are family head. It is noticed that in case of aged women respondents' sons are the family head of mot of the family. Table shows 42.4% out of total female respondents named their sons as their family head.

6.10 Living House

Table 6.9: Percentage Distribution of the Respondents by the Ownership of their Living House

Proprietor of living house	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Own house	146	84.9	108	62.8	254	73.8
Son's house	7	4.1	38	22.1	45	13.1
Daughter's house	6	3.5	14	8.1	20	5.8
Relative's house	4	2.3	5	2.9	9	2.6
Government's land	3	1.7	3	1.7	6	1.7
Wife's father house	5	2.9	2	1.2	7	2.0
Brother's house	1	0.6	2	1.2	3	0.9
Total	172	100.0	172	100.0	344	100.0

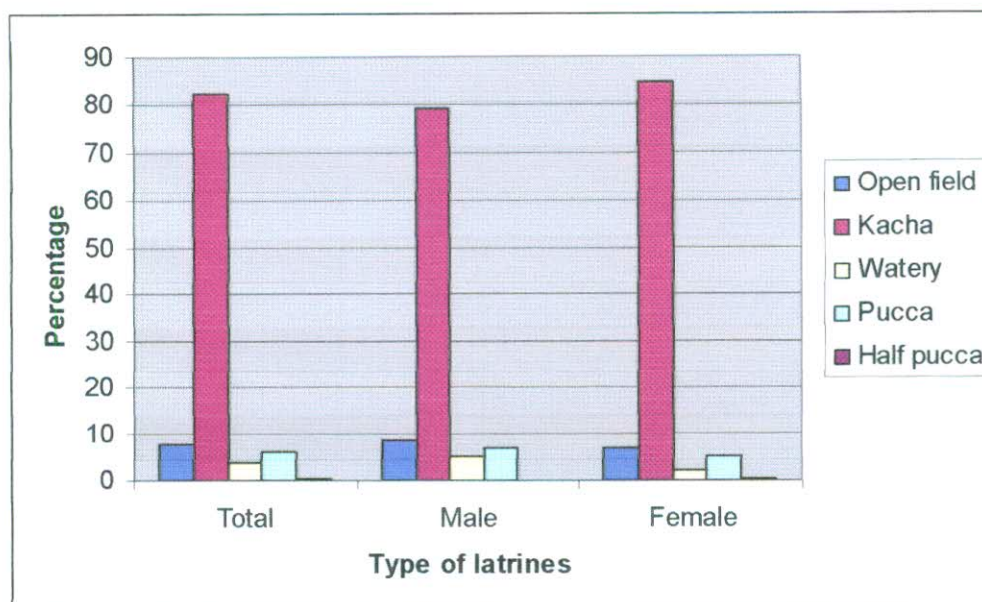
In the context of Bangladesh, there are two types of available settings available to the elderly to live in. One is family setting and another is institutional setting such as old homes. In Bangladesh old home is not so popular. Most of the elderly resides in family settings. In Bangladesh, the most common family settings for the aged people are own house, brother's house son's house, daughter's house, relative's house, government's land, wife's father house etc. Among these own house and son's house is the most popular. The present study shows that most of the aged persons reside in their own home, which is about 71.9%, and there are about 14.9% of the respondents who are residing their son's homes. Considering gender, Table 6.9 shows that most of the (about 84.9%) male aged is living in his own home. The number of aged women living in their son's home is much more than the number of aged men.

6.11 Types of Latrines

Table 6.10: Percentage Distribution of the Respondents by Using Type of Latrines

Type of latrines	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Open field	15	8.7	12	7.0	27	7.8
Kacha	136	79.1	146	84.9	282	82.0
Watery	9	5.2	4	2.3	13	3.8
Pucca	12	7.0	9	5.2	21	6.1
Half pucca	0	0.0	1	0.6	1	0.3
Total	172	100.0	172	100.0	344	100.0

Sanitation situation is considered as an important indicator to describe the state of happiness of people. In rural area of Bangladesh, brick-built latrines are rare, if any then it is only used by village influential but mass have no access. Which is common that bamboo-built hanging latrines or in open space. Actually, the types of latrines rest upon economic affordance of people. According to the UNDP report “only 48% people have accessibility to sustainable sanitation” (UNDP 2005 :). Present study shows that most of the aged respondent uses “kacha” latrines (Generally bamboo-built and not hygienic). More than 80% of the respondents uses kacha latrine, which is very much unhygienic. About 8% of the respondents have no latrine i.e. they excrete their stool in open fields. The govt. should take necessary initiatives so that the villages can easily excess to sanitation. This should be done through the involvement of local authority.

Figure 6.5: Histogram of the Respondents According to their Latrine Facilities

6.12 Sufferings From Diseases

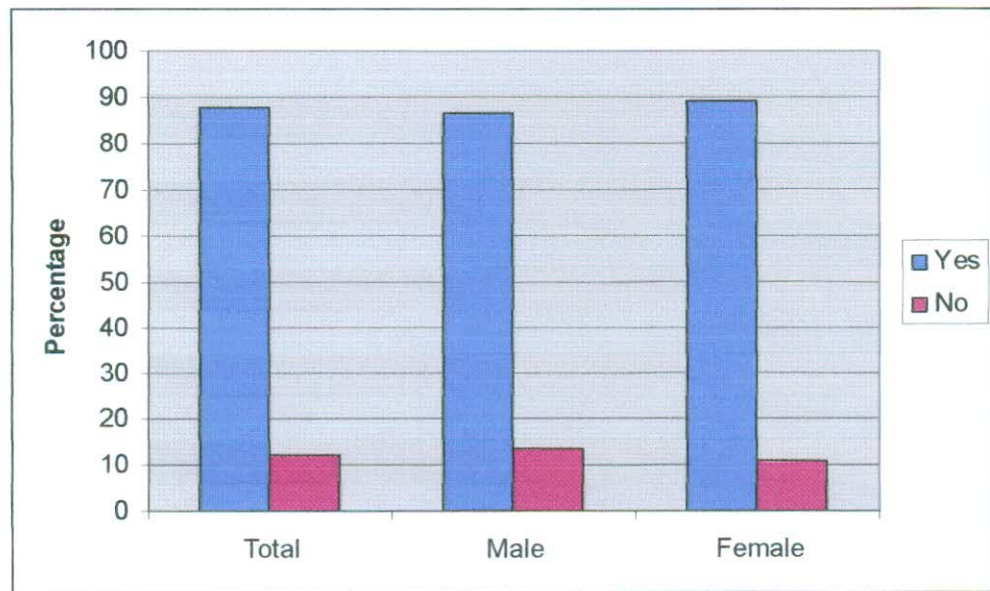
The vulnerability to be stricken by disease at old age increases with the increase of age. Normally in rural area of Bangladesh the availability to health care facilities is beyond the satisfactory level. Both of aged and young people in the rural area can hardly afford to avail health facilities. Aged person with coughing or lied down on bed with arthritis or any other disease is very much common scenario of rural Bangladesh. Negligence, poverty, prejudice etc. makes rural aged to be kept aloof from availing modern medical care. The names of diseases, from which the respondents are suffering, are Heart disease, Diabetes Mellitus, Respiratory disease, Hypertension, Arthritis, Bronchogenic, Carcinoma, Cataract, Cancer, Anemia, Asthma, Urinary TB Flatulence Constipation Diarrhea Hiccup Alzheimer's disease Depression Mental stress, Feelings of insecurity, etc.

Table 6.11 placed below shows that most of the aged people are suffering from various kinds of diseases. About 87.8% of the aged respondents are suffering from diseases where women are the much sufferer as compared to male aged persons, which are 89.0% and 86.6% respectively.

Table 6.11: Distribution of Old Age Allowance Receivers Suffering From Any Diseases Or Not

Having any diseases	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Yes	149	86.6	153	89.0	302	87.8
No	23	13.4	19	11.0	42	12.2
Total	172	100.0	172	100.0	344	100.0

Figure 6.6: Histogram of the Respondents Suffering From Any Diseases Or Not



6.13 Distribution of Different Types of Diseases

Table 6.12: Distribution of Old Age Allowance Receivers Suffering From Different Types of Diseases

Type of diseases	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Diabetic	3	2.0	0	0.0	3	1.0
High blood pressure	2	1.3	6	3.9	8	2.6
Heart disease	1	0.7	2	1.3	3	1.0
Asthma	9	6.0	3	2.0	12	4.0
Skin diseases	1	0.7	0	0.0	1	0.3
Discentry	0	0.0	1	0.7	1	0.3
Cataract of eyes	15	10.1	9	5.9	24	7.9
Gastric	18	12.1	12	7.8	30	9.9
Cancer	2	1.3	0	0.0	2	0.7
Paralyzed	11	7.4	12	7.8	23	7.6
Anemia	1	0.7	0	0.0	1	0.3
Pain in belly	2	1.3	1	0.7	3	1.0
Feel physical pain	3	2.0	10	6.5	13	4.3
Headache	0	0.0	4	2.6	4	1.3
TV	1	0.7	0	0.0	1	0.3
Leg less	1	0.7	0	0.0	1	0.3
Ake shira	1	0.7	0	0.0	1	0.3
Combination of two or more diseases	78	52.3	93	60.8	171	56.6
Total	149	100	153	100	302	100

From Table 6.12, it is observed that about 9.9% of the respondents are suffering from Gastric, 7.9% from Cataract of eyes, 7.6% from, 4.3% from Physical pain, and 4.0% from Asthma. The problem of Gastric and Cataract of eyes are more acute to male respondents than the female. The results also show that 7.8% of the female respondents are suffering from Paralyzed, at the same time; this number is 7.4% for male. Table 6.12 also indicates that 52.3% of the male respondents, 60.8% of the female respondents and 56.6% of the total respondents are suffering from more than one disease.

6.14 Taken Meals

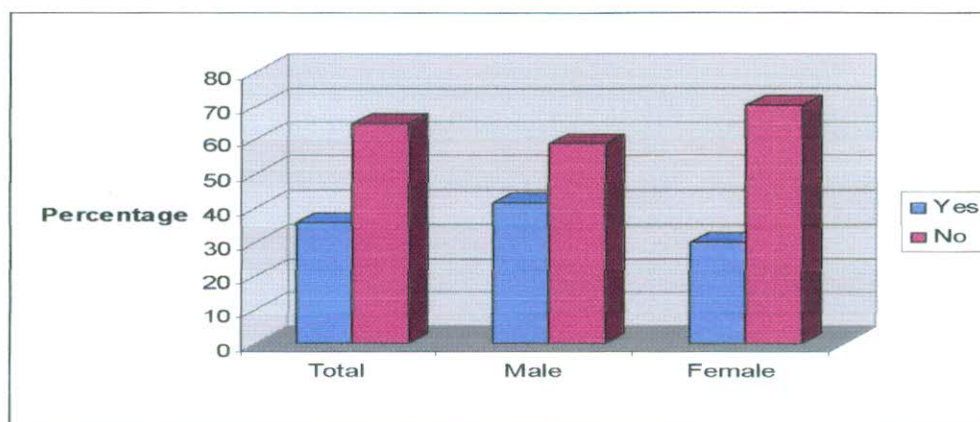
In the context of Bangladesh, most of the people in the rural area do jobs in agro-oriented sectors or daily labor; they can hardly afford to manage three times full meals per day let alone short Tiffin.

Table 6.13: Distribution of Old Age Allowance Receivers Having Three Times Full Meals or Not

Having meals and short tiffins	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Yes	71	41.3	51	29.7	122	35.5
No	101	58.7	121	70.3	222	64.5
Total	172	100.0	172	100.0	344	100.0

They take meal only for their minimum survival but for body fitness or luxury. The present study shows that most of the respondent can't arrange meals for three times a day. Here women aged are more sufferer than male counterpart. About 70.3% of the women can't afford meals for three times a day whereas this number is 58.7% for males

Figure 6.7: Histogram of the Respondents Having Three Times Full Meals



6.15 Meals with Satisfaction

Table 6.14: Reasons of Not Taken Meals and Short Tiffins Three Times a Day With Satisfaction

Reasons	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Insufficient money	64	37.2	57	33.1	121	35.2
Illness	19	11.0	30	17.4	49	14.2
Carelessness of family members	1	0.6	5	2.9	6	1.7
Insufficient money and carelessness of family	4	2.3	3	1.7	7	2.0
Insufficient money and illness	13	7.6	16	9.3	29	8.4
Illness and carelessness of family members	0	0.0	10	5.8	10	2.9
Total	101	58.7	121	70.3	222	64.5

Present study traced out that large number of aged respondent couldn't have meal fully three times a day because of money scarcity. About 35.2% of the aged respondents don't have meal because of being stricken by money insufficiency and other 14.2% can't have due to illness. About 37.2% of the aged male could not take meals for three times a day due to insufficient of money. This figure is 33.1% for female aged.

6.16 Living Room Conditions

Table 6.15: Distribution of the Respondents According to their Living Room Conditions

Reasons	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Floor						
Mud	170	98.8	172	100.0	342	99.4
Brick	2	1.2	0	0.0	2	0.6
Wall						
Mud	136	79.1	132	76.7	268	78.7
Jut stick	1	0.6	1	0.6	2	0.6
Brick	13	7.6	21	12.2	34	9.6
Bamboo twig	22	12.8	18	10.5	40	11.1
Roof						
Tin	167	97.1	169	98.3	336	97.7
Straw	4	2.3	3	1.7	7	2.0
Tin and straw	1	0.6	0	0.0	1	0.3
Total	172	100.0	172	100.0	344	100.0

When we think of Bangladeshi rural village, the most common things that dawn in our mind is that house with tin roofed or straw roofed, wall made of tin or mud or fence of bamboo. This depiction is very much common in rural Bangladesh. But as a result of industrialization and urbanization, depiction has undergone some little bit of change. In rural of Bangladesh, at present home make of bricks can be seen elsewhere. The present study shows that the house of most respondent's is made of mud and tin. About 99.4% of the aged having the floor of mud made, 78.7% having the wall of mud made, and 97.7% having the roof of tin made (Table 6.15).

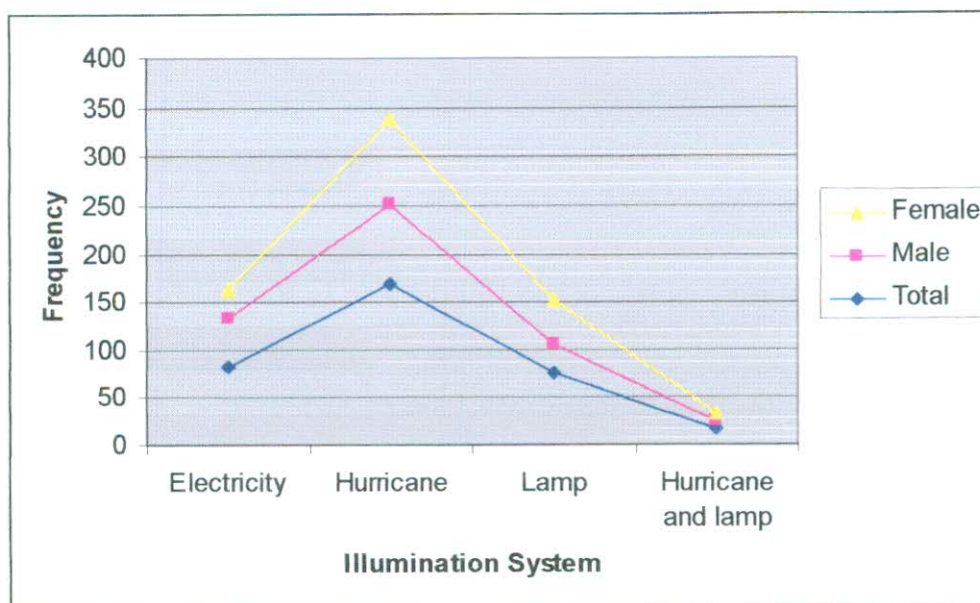
6.17 Illumination System at Home

Table 6.16: Illumination System at Home of the Respondents Receiving Old Age Allowances

Types of illumination	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Electricity	51	29.7	31	18.0	82	23.8
Hurricane	83	48.3	86	50.0	169	49.1
Lamp	30	17.4	46	26.7	76	22.1
Hurricane and lamp	8	4.7	9	5.2	17	4.9
Total	172	100.0	172	100.0	344	100.0

Electricity is not available in all rural areas of Bangladesh. If any, then is not frequent as compared to town area. In rural area, generally, a private organization named “Palli Biddut Somobay Somity” is rendering electricity service. The most common sources of light in rural area are battery run torchlight, hurricane and lamp. Torch is used to roam in darkness. But hurricane and lamp are widely used to light the home at night. This study showed that most of the aged respondents use hurricane to make light their home. About 49.1% of the respondents out of total aged use hurricane as a source of light. But in consideration of gender, male aged are more eager to use electricity than female counterpart. The electricity facility is access to about 30% male aged and for 18% of female aged, it is only more used to female aged (26.7%) than the male aged.

Figure 6.8: Line Chart of the Illumination System at Home of the Respondents



6.18 Financial Loan

Table 6.17: Distribution of the Respondents Having Any Financial Loan or Not

Having loan	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Yes	62	36.0	32	18.6	94	27.3
No	110	64.0	140	81.4	250	72.7
Total	172	100.0	172	100.0	344	100.0

Mutual borrowing of goods is a common phenomenon in the context of rural Bangladesh. Borrowings take place among the relatives, neighbors, close associates, moneylenders and borrowers. However, at present, the most common place from where aged people draw loan is Non-government organizations (NGOs). In rural areas, people draw loan at the time of crisis and try to overcome it. But at the time of repayment, receivers often bewilder in raised situation. Situation worsens in cases when money is taken on interest. Interest makes the figure of borrowed doubled, which burdens a lot to the borrowers and push them into bending situation. In the past, people took loan frequently. But situation has undergone a little bit of change and people are now more conscious in this regard. Table 6.17 shows that most of the respondents are free from any kind of financial loan. Only 27.3% out of total

respondents are burdened with loan and the rest of them (which is about 72.7%) are free from loan. In consideration of gender, the study also reveals that about 81.4% of the female aged is free from financial loan.

6.19 Capability of Doing Work

Table 6.18: Distribution of the Respondents in Terms of Capability of Doing Work

Work types	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
All works	9	5.2	1	0.6	10	2.9
Slight works	93	54.1	103	59.9	196	57.0
Incapable	70	40.7	68	39.5	138	40.1
Total	172	100.0	172	100.0	344	100.0

The dependency ratio in Bangladesh is increasing gradually day by day. At the early age of life, a person is considered to be a unit of work force. But keeping with getting older this ability of man fall down gradually and becomes unable to do any sort of work. Gradually restrictions are imposed on ability to do work. Then person warps up himself from all sort of work and do those only person's body permits thus do only some slight work. But if the body condition deteriorates the person looses all of ability of doing work. At old age it is the physic and psychic disorder, which takes person to incapability of work. However in present study it has been found that most of the aged respondents get used to slight works and a significant portion is incapable of doing work and a very few are still capable of doing all kinds of work. The results of the study shows 57.0% out of total aged are capable of doing slight work, and a significant portion that is 40.1% out of total aged respondents are incapable of doing work.

6.20 Visiting Doctors

Table 6.19: Distribution of the Respondents in Terms of Regularity of Visiting Doctor

Go for doctor regularly	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Yes	59	34.3	41	23.8	100	29.1
No	113	65.7	131	76.2	244	70.9
Total	172	100.0	172	100.0	344	100.0

Right to get proper treatment is one of the fundamental rights to human beings. But it is very known to us that most of the rural people live below the poverty line where they can't manage three times meal a day, let alone regular visit to doctor. Besides health facilities are not frequent in rural Bangladesh, people are not so conscious in regard to health. These are the why rural people can't maintain a frequent and regular visit to doctor. Another thing is that our rural society is conservative in attitude towards women either aged or young or girl. This is another reason for women to be refrained from frequent visit to doctors. The study shows that 70.9% out of the total aged are not regular in visiting to doctors. In consideration of gender, female aged are less frequent than male aged. Table also shows about 76.2% out of the total female aged are irregular whereas the numbers of male aged are 65.7%.

6.21 Choices of Treatment Measurement

Table 6.20: Distribution of the Respondents in Term of Preference in Choosing Treatment Measure

Treatment types	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Allopathic	132	76.7	136	79.1	268	77.9
Homeopathic	9	5.2	11	6.4	20	5.8
Allopathic and homeopathic	4	2.3	1	0.6	5	1.5
Kabiraj	4	2.3	2	1.2	6	1.7
Montro	6	3.5	14	8.1	20	5.8
Homeopathic and montro	1	0.6	2	1.2	3	0.9
Homeopathic, kabiraj and majar	1	0.6	3	1.7	1	0.3
Allopathic and Kabiraj	3	1.7	2	1.2	6	1.7
Allopathic and Montro	8	4.7	136	79.1	10	2.9
Allopathic and Majar	1	0.6	0	0.0	1	0.3
Homeopathic and kabiraj	3	1.7	1	0.6	4	1.2
Total	172	100.0	172	100.0	344	100.0

Though not regularly but when rural people find no way, they have to visit doctors. That means when one becomes severe disease stricken, it makes rural people doctor bound. In the past the first preference of rural people was village kaboraj. Now due to the increase in mass consciousness people's perception has been modified. From Table 6.20, it is showed that most of the aged prefer and have faith in allopathic treatment. About 80% of the aged prefer to take treatment from the allopathic doctors. About 5.8% of the aged chose homoeopathic treatment. On the other hand, about 6% of the respondents go for "mantra" because of their conservatism.

6.22 Livestock Farming

Table 6.21: Distribution of the Respondents Having Any of the Livestock in the Family

Name of livestock	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Cows	16	9.3	4	2.3	20	5.8
Goats	18	10.5	9	5.2	27	7.8
Ducks	12	7.0	2	1.2	2	0.6
Hens	2	1.2	8	4.7	20	5.8
Pigeons	31	18.0	0	0.0	2	0.6
Cows, goats, ducks and hens	16	9.3	27	15.7	58	16.9
Cows and goats	2	1.2	7	4.1	23	6.7
Ducks and hens	3	1.7	1	0.6	3	0.9
Cows and ducks	9	5.2	2	1.2	5	1.5
Goats and hens	3	1.7	9	5.2	18	5.2
Goats, ducks and hens	5	2.9	12	7.0	15	4.4
Cows, goats and hens	4	2.3	7	4.1	12	3.5
Cows and hens	1	0.6	3	1.7	7	2.0
Cows, goats and ducks	1	0.6	3	1.7	4	1.2
Cows, goats, ducks, hens and pigeons	16	9.3	5	2.9	6	1.7
Hen and pigeons	0	0.0	1	0.6	1	0.3
Goats and ducks	0	0.0	1	0.6	1	0.3
Total	123	71.5	101	58.7	224	65.1
Have no	49	28.5	71	41.3	120	34.9
Grand total	172	100.0	172	100.0	344	100.0

Cows, goats, ducks, hens etc. are the domestic animals. Rural people of Bangladesh are very much fond of livestock farming especially women. In the context of Bangladesh, women rear domestic animal as like as they do in case of their own children. The most common domestic animals are cow, goats, ducks, hens etc. Sometimes these animals are nourished in combined. The study shows most of the aged respondents are habituated with livestock farming which is about 65.1%. Aged respondents who are farming livestock in combined that means combination of cows, ducks, goats, and hens are about 16.9%. This is noticed from the study that about 34.9% of the respondents do not have any of the domestic animals. This may because they may not be able to rear these animals due to their age burden.

6.23 Discussion about Physical Problems

Table 6.22: Distribution of the Respondents Discussing with other Family Members in Regard to the Physical Problems

Discuss with	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Wife	124	72.1	0	0.0	124	36.0
Husband	0	0.0	8	4.7	8	2.3
Son	27	15.7	49	28.5	76	22.1
Daughter	6	3.5	50	29.1	56	16.3
Daughter in law	12	7.0	51	29.7	63	18.3
Doctor	0	0.0	5	2.9	5	1.5
Wife, son and doctor	1	0.6	0	0.0	1	0.3
Daughter and son in law	0	0.0	1	0.6	1	0.3
Grand son	1	0.6	3	1.7	4	1.2
Son and daughter in law	1	0.6	0	0.0	1	0.3
Relatives	0	0.0	2	1.2	2	0.6
Neighbor	0	0.0	2	1.2	2	0.6
Brother	0	0.0	1	0.6	1	0.3
Total	172	100.0	172	100.0	344	100.0

In a family atmosphere, sharing of feelings and views are very much common and to some extent, it acts as the base of familial interaction. Sharing may take place concerning personal secured feelings, views, familial matters, conflicts or any other social matters. Generally the degree of sharing rests upon the degree of relation and vice-versa. In rural context, husbands exchange views mostly with the wives. But wives are so much frank to their husbands in regard to personal diseases as much as they do with their daughter or daughter in law. In this study, the results show that 72.1% of the male respondents share their physical problems related feelings to their corresponding wives. About 15.7% share their feeling with their sons. But in case female aged the situation differs that means 29.1% out of the total female aged share their feelings with their daughters and sons but a few female aged 4.7% share with their husbands.

6.24 Cleaning and Arranging Clothes

Table 6.23: Distribution of the Respondents Availing Help From Others to Clean and Arrange Cloth

Helping to clean and to arrange cloth	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Own	7	4.1	44	25.6	51	14.8
Wife	89	51.7	0	0.0	89	25.9
Husband	0	0.0	1	0.6	1	0.3
Daughter	14	8.1	28	16.3	42	12.2
Daughter in law	28	16.3	72	41.9	100	29.1
Daughter and daughter in law	1	0.6	1	0.6	2	0.6
Wife and daughter in law	4	2.3	0	0.0	4	1.2
Own and daughter in law	2	1.2	13	7.6	15	4.4
Own, son and daughter	1	0.6	0	0.0	1	0.3
Own and daughter	1	0.6	7	4.1	8	2.3
Own, son and daughter in law	3	1.7	0	0.0	3	0.9
Own, wife and daughter in law	4	2.3	0	0.0	4	1.2
Own and wife	5	2.9	0	0.0	5	1.5
Own, wife and daughter	1	0.6	0	0.0	1	0.3
Own, daughter and daughter in law	4	2.3	1	0.6	5	1.5
Wife and daughter	6	3.5	0	0.0	6	1.7
Own and son	1	0.6	0	0.0	1	0.3
Grand son	0	0.0	2	1.2	2	0.6
Grand son's wife	1	0.6	3	1.7	4	1.2
Total	172	100.0	172	100.0	344	100.0

In the rural context of Bangladesh, aged wives are considered to be helping hand to aged husbands and daughter in law to aged wives. It's a tradition. From Table 6.23, it is clear to us that more than 50% of the male aged is dependent on their wives to clear and arrange their clothes. About 16.3% take help from their daughter in law, 8.1% from their daughters and 4.1% of the aged clean and arrange their clothes by themselves. On the other hand, 41.9% of the female aged is dependent on their daughter in law to clean and arrange their cloth. About 25.6% clean and arrange their cloth by themselves, 7.6% take help from both their daughter in law and also own.

6.25 Time Enjoyment

Table 6.24: Distribution of the Respondents of How Do the Respondents Spend Their Leisure Time

Spend leisure time with	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
With friends	16	9.3	20	11.6	36	10.5
With family members	51	29.7	44	25.6	95	27.6
Watching TV/listening to radio	4	2.3	1	0.6	5	1.5
Praying	24	14.0	22	12.8	46	13.4
Alone	19	11.0	15	8.7	34	9.9
With friends and family members	12	7.0	10	5.8	22	6.4
With family members and praying	16	9.3	21	12.2	37	10.8
With family members and neighbor	3	1.7	5	2.9	8	2.3
Praying and alone	11	6.4	13	7.6	24	7.0
Neighbor	0	0.0	1	0.6	1	0.3
With family members and alone	5	2.9	3	1.7	8	2.3
With friends and alone	1	0.6	5	2.9	6	1.7
With friends, praying and alone	1	0.6	0	0	1	0.3
With friends, family members and praying	1	0.6	2	1.2	3	0.9
With friends and praying	8	4.7	10	5.8	18	5.2
Total	172	100.0	172	100.0	344	100.0

In old age, a man becomes unable to do something. In Bangladesh, they try to be free from work so that they can have sufficient time to enjoy leisure. Due to weak body conditions and vulnerability, the aged people desire help from others. In rural Bangladesh, gossiping is one of the most common ways of entertainment, especially gossiping between aged men or women and their grandchildren. Besides, other family members such as daughter in law, son etc. is also the sharing partner of aged people in Bangladesh. The study results show that about 27.6% of the aged spend their time by gossiping with their family members, 23.4% by praying, 10.8% with both their family members and praying, and 10.5% with their friends, 9.9% alone, 7.0% both praying and alone (Table 6.24).

6.26 Time Duration and Amount of Allowances

Table 6.25: Percentage Distribution of the Respondents According to the Duration and Amount of Getting OAA

Duration of getting OAA (month)	Amount of getting OAA (TK.)	Before receiving OAA		
		Male	Female	Both sexes
24-48	4560-8340	147(85.5)	140(81.4)	287(83.4)
49-72	8341-11040	10(5.8)	10(5.8)	20(5.8)
73-96	11041-13440	3(1.7)	6(3.5)	9(2.6)
97 and above	13441 and above	12(7.0)	16(9.3)	28(8.2)
N		172(100.0)	172(100.0)	344(100.0)

Note: Values in the parenthesis indicate percentage of the respondents.

In this study, the beneficiaries getting the OAA from last two years were considered as respondents. The time duration of getting old age allowance (in months) was categorized into four groups as 24-48 months, 49-72 months, 73-96 months, and 97 and above months respectively. From Table 6.25, it is revealed that about 84.2% of the respondents were getting allowances from 24 to 48 months and only 2.3% were getting from 73 to 96 months. The number of male respondents was higher (5.8% higher) than the female respondents who were getting allowances from 24 to 48 months.

6.27 Dependency of the Respondents

Table 6.26: Gender of the Respondents and their Dependency on Others

Type of dependency	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Independent	70	40.7	37	21.5	107	31.1
Dependent	102	59.3	135	78.5	237	68.9
Total	172	100.0	172	100.0	344	100.0

Generally, aged people in rural area are not economically solvent and incapable of doing work. So, they need to depend upon another one either directly or indirectly. Some are physically unfit, some are mentally unfit, some possess loosed visual capability, and some are not economically sufficient. Study shows that most of the aged respondents are dependent on and the percentage of dependency is more among the female aged. About 78.5% of the female aged are dependent on others whereas this figure is 59.3% for male. In total cases, about 70% of the aged are dependent on others.

6.28 Types of Dependency

Table 6.27: Percentage Distribution of the Respondents According to the Dependency On

Dependent on	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Husband	0	0.0	2	1.2	2	0.6
Wife	7	4.1	0	0.0	7	2.0
Son	71	41.3	86	50.0	157	45.6
Daughter	6	3.5	20	11.6	26	7.6
Daughter in law	1	0.6	3	1.7	4	1.2
Son in law	1	0.6	3	1.7	4	1.2
Other relatives	5	2.9	10	5.8	15	4.4
Neighbors	0	0.0	2	1.2	2	0.6
Son, daughter and daughter in law	1	0.6	1	0.6	2	0.6
Son and daughter in law	6	3.5	2	1.2	8	2.3
Daughter and son in law	1	0.6	0	0.0	1	0.3
Wife, son and daughter	1	0.6	0	0.0	1	0.3
Wife, son and Daughter in law	1	0.6	0	0.0	1	0.3
Grand son	1	0.6	3	1.7	4	1.2
Son and daughter	0	0.0	1	0.6	1	0.3
Son in law and neighbors	0	0.0	1	0.6	1	0.3
Daughter in law and other relatives	0	0.0	1	0.6	1	0.3
Dependent	102	59.3	135	78.5	237	68.9
Independent	70	40.7	37	21.5	107	31.1
Grand Total	172	100.0	172	100.0	344	100.0

The aged people in rural Bangladesh live in family with their sons and relatives. Usually, they are treated as respected and honored persons. But sometimes, it is seen that they are misbehaved and threatened mercilessly. Despite these, the elderly people feel comfortable to live in their respective families. From Table 6.27, it is seen that 45.6% of the respondents are dependent upon their sons. In case of male and female, these numbers are 41.3% and 50.0% respectively. Only 7.6 are dependent on their daughters and 4.4% are on their relatives. It is interesting to note that though 2.0% male out of the total respondents are dependent on their wives but no female respondents are dependent on their husbands. The results also show that about 30% of the respondents feel independent.

6.29 Hearing about Old Age Allowance From

Table 6.28: Source of Information on Old Age Allowance

Hearing from	Male		Female		Both sexes	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Son	4	2.3	3	1.7	7	2.0
Daughter	0	0.0	1	0.6	1	0.3
Grand son	3	1.7	2	1.2	5	1.5
Neighbors	38	22.1	50	29.1	88	25.6
Friends	1	0.6	2	1.2	3	0.9
Chairman/members of union parishad	111	64.5	108	62.8	219	63.7
Newspaper	1	0.6	1	0.6	2	0.6
Radio	8	4.7	3	1.7	11	3.2
TV	2	1.2	1	0.6	3	0.9
Political leader	2	1.2	1	0.6	3	0.9
Son in law	1	0.6	0	0.0	1	0.3
BRAC office	1	0.6	0	0.0	1	0.3
Total	172	100.0	172	100	344	100.0

Old age allowance program is one of new programs taken by the government of Bangladesh. It is not widely access to the rural people. But it is seen that a large number of aged persons in village are receiving the allowance. From where, they have come to know about the program has been revealed through this study. From Table 6.28, it is clear that about 63.7% of the respondents have been informed about the allowance from their union council chairman and or members. Only 25.6% has been known from their neighbors. But there are only few persons who have been informed about this allowance from their sons, which is only 2.0%.

6.30 Help in Getting Old Age Allowances

Table 6.29: Help in Getting Old Age Allowance

Help in getting OAA	Male		Female		Both sexes	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Son	6	3.5	5	2.9	11	3.2
Daughter	0	0.0	1	0.6	1	0.3
Husband	0	0.0	2	1.2	2	0.6
Wife	1	0.6	0	0.0	1	0.3
Neighbor	22	12.8	30	17.4	52	15.1
Friends	1	0.6	2	1.2	3	0.9
Chairman/members of Union Parishad	123	71.5	103	59.9	226	65.7
Social worker	16	9.3	23	13.4	39	11.3
Son and chairman/members	2	1.2	2	1.2	4	1.2
Neighbor and Chairman/members	1	0.6	2	1.2	3	0.9
Political leader	0	0.0	2	1.2	2	0.6
Total	172	100	172	100.0	344	100.0

As old age allowance is a program taken by the government, an elderly is to maintain many formalities for getting the allowances. Before being enlisted, they are managing various types of documents and also get photographs, attested by Thana Nirbahi Officer. For executing all this tasks, other's help is necessary. Whose help has been received the elderly people, shown in the Table 6.29, the results show that 65.7% of the respondents have been taken help from their chairman and or members of union council. In case of male and female, about 71.5% of the male and 59.9% of the female respondents also take help from the chairman and or members of their respective union council. The neighbors also come to help which is 15.1%. Here one thing can be high lightened that only 3.2% of the respondents have been helped by their sons and only 0.3% by their daughters. Another thing can be mentionable that the role of radio and TV is unexpected. TV and radio should play much better role about the program among the rural people.

6.31 Help of Others in Spending the Allowances

Table 6.30: Who Help the Respondents to Spend their Old Age Allowances

Spend old age allowances through	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Myself	135	78.5	104	60.5	239	69.5
Husband	0	0.0	7	4.1	7	2.0
Wife	11	6.4	0	0.0	11	3.2
Son	12	7.0	34	19.8	46	13.4
Daughter	0	0.0	12	7.0	12	3.5
Grand son/daughter	0	0.0	3	1.7	3	0.9
Son in law	0	0.0	1	0.6	1	0.3
Own and son	9	5.2	9	5.2	18	5.2
Own and son in law	1	0.6	0	0.0	1	0.3
Own and wife	3	1.7	0	0.0	3	0.9
Own and daughter	1	0.6	2	1.2	3	0.9
Total	172	100.0	172	100.0	344	100.0

Old age allowance program is the first initiative for the elderly provided by the government of Bangladesh. It is given for the better living of the elderly people. But it is often necessary to help them in spending the allowance because of their physical unfitness. The results reveal that 69.5% of the respondents spend their money by themselves, 13.4% spend through their sons, 5.2% through own and son, 3.5% through daughters, 3.2% through their wives, 2.0% through their husbands. Moreover, daughter in law, son in law, etc. help them to spend money.

6.32 Sectors of Spending the Allowances

Table 6.31: Distribution of the Respondents According to their Expenditure Sectors

Sectors of spending old age allowances	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Food	0	0.0	1	.6	1	0.3
Treatment	1	0.6	4	2.3	5	1.5
Battle nut, tea-cigarette and fruits	4	2.3	0	0.0	4	1.2
Treatment and battle nut, tea-cigarette & fruits	4	2.3	6	3.5	10	2.9
Food, cloth and treatment	90	52.3	79	45.9	169	49.1
Food and treatment	7	4.1	8	4.7	15	4.4
Food and cloth	6	3.5	8	4.7	14	4.1
Food and battle nut, tea-cigarette & fruits	10	5.8	9	5.2	19	5.5
Cloth and treatment	3	1.7	8	4.7	11	3.2
Cloth, treatment and battle nut, tea-cigarette & fruits	1	0.6	0	0.0	1	0.3
Cloth and battle nut, tea-cigarette & fruits	2	1.2	1	0.6	3	0.9
Food, cloth, treatment and battle nut, tea-cigarette & fruits	21	12.2	7	4.1	28	8.1
Food, cloth and battle nut, tea-cigarette & fruits	9	5.2	12	7.0	21	6.1
Food, cloth, treatment and home made	6	3.5	5	2.9	11	3.2
Food, treatment and home made	1	0.6	2	1.2	3	0.9
Cloth, treatment and home made	0	0.0	2	1.2	2	0.6
Food, treatment and battle nut, tea-cigarette & fruits	7	4.1	18	10.5	25	7.3
Food and home construction	0	0.0	2	1.2	2	0.6
Total	172	100.0	172	100.0	344	100.0

Old age allowance is awarded to beneficiaries with a view to make them able to lead a normal life. Aged people spend their money in different sectors. Study shows that 49.1% of the respondents spend their OAA for buying the basic needs of food, cloth and treatment. At the same time, 8.1% of them spend for food, cloth, treatment, battle-nut, tea & cigarette, 7.3% spend for food, treatment and battle-nut, tea & cigarettes. The following Table also shows the different sectors where the respondent spends their allowances.

6.33 Problems in Getting Old Age Allowances

Table 6.32: Distribution of the Respondents in Terms of Facing Problem in Getting Old Age Allowances

Facing type of problems	Male		Female		Total	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Have to go to village leader	8	4.7	3	1.7	11	3.2
Bribe to chairman/members	43	25.0	71	41.3	114	33.1
Not get money timely	40	23.3	29	16.9	69	20.1
Given bribe and not getting money timely	2	1.2	2	1.2	4	1.2
Have to go to village leader and given bribe to chairman/ member	1	0.6	0	0.0	1	0.3
Feel problem	94	54.7	105	61.0	199	57.8
Feel no problem	78	45.3	67	39.0	145	42.2
Grand total	172	100.0	172	100.0	344	100.0

To get OAA, the respondents had to follow some official steps. In these steps, the respondents were facing some problems. About 57.8% of the respondents were facing problems. About 33.1% of the respondents have mentioned that they have to give bribe to chairman/members, 20.1% said that they do not get money timely (case study no. 1), 3.2% said that they have to go to village leaders. On the other hand, about 42.2% of the respondents do not feel any kind of above problems.

6.34 Correlation between Selected Variables

In this study, the purpose of measuring correlation was to find how strong the relationship between two variables without making any distinction between dependent and independent variables. By measuring correlations, the magnitude and dimensions of relationship between the variables have been shown. Table 6.33 represents the correlation coefficients between duration of getting old age allowance (OAA) that are considered in months, amount of OAA till then (TK.), yearly income of the respondents' family, current age of the respondents and their total children.

Table 6.33: Correlation Coefficients between the Selected Background Characteristics of the Old Aged People

Selected background characteristics	Duration of getting OAA (month)	Total Amount of OAA Received (TK.)	Yearly income (family)	Age of the respondents	Total children
Duration of getting OAA (month)	1	0.052	-0.009	0.016	-0.086
Total Amount of OAA Received (TK.)		1	-0.024	0.136*	0.030
Yearly income (family)			1	0.268**	0.027
Age of the respondents				1	0.203**
Total no of children					1

Note:

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

* Means correlation is significant at the 0.05 level (2-tailed).

OAA denotes Old Age Allowances

In Table 6.33, it is shown that the variables - duration of getting OAA (in months) and the total amount of OAA (in TK.); duration of getting OAA (months) and age of the respondents; total amount of OAA received (in TK.) and age of the respondents; yearly family income and age of the respondents; and age of the respondents and total number of children are positively and significantly correlated to each other. That is, the changes between these mentioned variables are in the same direction.

6.35 Role of Old Age Allowance (OAA) in Uplifting the Family Position of the Elderly

Table 6.34: Role of Old Age Allowance (OAA) in Uplifting the Family Position of the Elderly

Gender	Situation in the family	Before receiving OAA		After receiving OAA	
		No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Male	Satisfactory	8	4.7	102	59.3
	More or less satisfactory	111	64.5	57	33.1
	Not satisfactory	53	30.8	13	7.6
Female	Satisfactory	5	2.9	103	60.0
	More or less satisfactory	118	68.6	62	36.0
	Not satisfactory	49	28.5	7	4.0
Total	Satisfactory	13	3.8	205	59.6
	More or less satisfactory	229	66.6	119	34.6
	Not satisfactory	102	29.6	20	5.8

In consideration of gender, before receiving allowance, only 4.7% male respondents were in a satisfactory position with their families. But after receiving OAA, it was increased upto 59.3%. Again before receiving OAA, 2.9% of the female respondents were in a satisfactory position with family while in after receiving, it was increased upto 60.0%. On the other hand, in case of before receiving allowance, 30.8% male respondents were in a non-satisfactory position with family while after receiving it was decreased by 7.6% and before receiving allowance, 28.5% of the female respondents were in a satisfactory position with family while after receiving it was decreased upto 4.0%.

6.36 Relation with the Family Members Before and After Getting the Old Age Allowances

Table 6.35: Relation with the Family Members Before and After Getting Old Age Allowances

Relation with		Before receiving OAA			After receiving OAA		
		Male	Female	Both sexes	Male	Female	Both sexes
Son	Not satisfactory	28(16.3)	15(8.7)	43(12.5)	4(2.3)	1(0.6)	5(1.5)
	More or less satisfactory	114(66.3)	126(73.3)	240(69.8)	45(26.2)	53(30.8)	98(28.5)
	Satisfactory	19(11.0)	14(8.1)	33(9.6)	112(65.1)	101(58.7)	213(61.9)
	Have no son	11(6.4)	17(9.9)	28(8.1)	11(6.4)	17(9.9)	28(8.1)
	N	172(100)	172(100)	344(100)	172(100)	172(100)	344(100)
Daughter	Not satisfactory	9(5.2)	6(3.5)	15(4.4)	3(1.7)	2(1.2)	5(1.5)
	More or less satisfactory	120(69.8)	109(63.4)	229(66.6)	43(25.0)	43(25.0)	86(25.0)
	Satisfactory	35(20.3)	39(22.7)	74(21.5)	118(68.6)	109(63.4)	227(66.0)
	Have no daughter	8(4.7)	18(10.5)	26(7.6)	8(4.7)	18(10.5)	26(7.6)
	N	172(100)	172(100)	344(100)	172(100)	172(100)	344(100)
Neighbor	Not satisfactory	13(7.6)	18(10.5)	31(9.0)	2(1.2)	2(1.2)	4(1.2)
	More or less satisfactory	116(67.4)	103(59.9)	219(63.7)	56(32.6)	42(24.4)	98(28.5)
	Satisfactory	43(25.0)	51(29.7)	94(27.3)	114(66.3)	128(74.4)	242(70.3)
	N	172(100)	172(100)	344(100)	172(100)	172(100)	344(100)
Relatives	Not satisfactory	11(6.4)	14(8.1)	25(7.3)	1(0.6)	1(0.6)	2(0.6)
	More or less satisfactory	113(65.7)	92(53.5)	205(59.6)	52(30.2)	39(22.7)	91(26.5)
	Satisfactory	48(27.9)	66(38.4)	114(33.1)	119(69.2)	132(76.7)	251(73.0)
	N	172(100)	172(100)	344(100)	172(100)	172(100)	344(100)

Note: Values in the parenthesis indicate percentage of the respondents.

Relation of the respondents before and after getting OAA with the sons, daughters, neighbors and relatives were shown in Table. The results showed that the relationship with son was increased satisfactorily from 9.6% to 61.9%, with daughters, it was increased from 21.5% to 66.0% and with relatives, and it was increased from 33.1% to 73.0%. This implies that the OAA has a positive role in improving the status of the aged to the family members (case study no. 1 & 2).

6.37 Association between Gender of the Elderly and their Opinion about the Effect of Old Age Allowance (OAA)

Although the per month old age allowances to elderly was very small, it was a very good starting and initiative from the government. Considering this, respondents were asked about the effect of this initiative in their practical life. In Table 6.36, it was clearly shown that about 90% of the respondents' situations were increased. It also indicated that females (about 7.6%) were more satisfied than their male counterpart.

Table 6.36: Association between Gender of the Elderly and their Opinion about the Effect of Old Age Allowance (OAA)

Opinion about the effect of (OAA)	Male	Female	Both sexes	χ^2 value	Degrees of freedom (d.f.)	Significant level
Increased	148(86.0)	161(93.60)	309(89.8)	6.002	2	0.05
Unchanged	22(12.8)	9(5.2)	31(9.0)			
Don't know	2(1.2)	2(1.2)	4(1.2)			
Total	172(100.0)	172(100.0)	344(100.0)			

Note: Values in the parenthesis indicate percentage of the respondents.

In addition, to see the association between the respondents' and their opinion, χ^2 test was done. At 5% level of significance with 2 degrees of freedom (d. f.), the tabulated value of χ^2 was 5.999. This being lower than the calculated value of χ^2 , which was 6.002. So, we may reject our null hypothesis. In other words, it can be said that there was a significant association between Gender of the elderly and their opinion about the effect of old age allowance (OAA).

6.38 Opinion about the Present Amount of Old Age Allowance (OAA)

Table 6.37: Opinion of the Respondents about the Present Amount of Old Age Allowance (OAA)

Opinion about the present amount of (OAA)	Male		Female		Both sexes	
	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Sufficient	10	5.8	11	6.4	21	6.1
Not sufficient	162	94.2	161	93.6	322	93.9
Total	172	100.0%	172	100.0	344	100.0%

Most of the people of Bangladesh are poor and they live from hand to month. A little support from any sectors helps them very much. From Table 6.37, it is clear that the aged feel at least a little amount of satisfaction because of getting OAA although the amount is not so sufficient.

6.39 Role of Old Age Allowance (OAA) to Uplift the Social Position

The study shows that before receiving of OAA, only 10% male respondents were in a satisfactory position while after receiving; it had increased upto 72.1%. Before receiving allowance 2.3% female respondents were in a satisfactory position in society while after receiving it had increased upto 72.7%. On the other hand, before receiving allowance 23.3% male respondents were in a dissatisfactory position in society while after receiving case, it had decreased to 5.2%. And before receiving of OAA, 16.9% female respondents were in dissatisfactory position in society while after receiving; it had decreased to 2.3% (case study no. 1 & 2 shows the same picture).

Table 6.38: Role of Old Age Allowance (OAA) to Uplift the Social Position of the Elderly People.

Gender	Situation in the society	Before receiving OAA		After receiving OAA	
		No. of respondents	Percentage (%)	No. of respondents	Percentage (%)
Male	Satisfactory	17	9.9	124	72.1
	More or less satisfactory	115	66.9	39	22.7
	Not satisfactory	40	23.3	9	5.2
Female	Satisfactory	4	2.3	125	72.7
	More or less satisfactory	139	80.8	43	25.0
	Not satisfactory	29	16.9	4	2.3
Both sexes	Satisfactory	21	6.1	249	72.4
	More or less satisfactory	254	73.8	82	23.8
	Not satisfactory	69	20.1	13	3.8
χ^2 value		12.069		2.122	
Degrees of freedom (d. f.)		2		2	
Significant level		0.002		0.346	

6.40 Association

The per month amount for the aged given by the govt. is very scanty. The aged opined their views to be more effective the OAA program to them. Table 6.39 shows that about 39.8% of the respondents said that the amount have to increase and also stop the business.

We want to test the following hypothesis.

H_0 : There is no relationship between the elderly and their Opinion to be more effective of old age allowance (OAA)

H_1 : H_0 is not true.

The test statistic is

$$\lambda^2 = \sum \sum \frac{O_{ij}^2}{E_{ij}} - N$$

$$= 25.219 \text{ with } 15 \text{ d.f.}$$

Table 6.39: Association between the Elderly and their Opinion to be More Effective of Old Age Allowance (OAA)

Opinion about the effect of (OAA)	Male	Female	Both sexes
Increased amount of allowance	30(17.4)	24(14.0)	54(15.7)
Confirmation of allowance at home	1(0.6)	0(0.0)	1(0.3)
Reduce time limit of allowance	0(0.0)	1(.6)	1(0.3)
Stop biasness of leader in getting allowance	0(0.0)	1(.6)	1(0.3)
Increased and confirmed at home	19(11.0)	19(11.0)	38(11.0)
Increased, confirmed at home and stop biasness of leader	7(4.1)	11(6.4)	18(5.2)
Increased, confirmed at home and getting timely	1(0.6)	0(0.0)	1(0.3)
Increased amount, no. of candidates and stop biasness	19(11.0)	10(5.8)	29(8.4)
Increased amount, decreased time limit and stop biasness	33(19.2)	16(9.3)	49(14.2)
Increased allowance and stop biasness	54(31.4)	83(48.3)	137(39.8)
Increased allowance, candidates, decreased time limit & stop	3(1.7)	5(2.9)	8(2.3)
Increased candidates and Stop biasness	1(0.6)	2(1.2)	3(0.9)
Confirmation of allowance at home and Stop biasness	1(0.6)	0(0.0)	1(0.3)
Increased candidates, confirmed at home and stop biasness	1(0.6)	0(0.0)	1(0.3)
Increased amount, and decreased time limit	1(0.6)	0(0.0)	1(0.3)
Increased, confirm at home and Reduce time limit	1(0.6)	0(0.0)	1(0.3)
N	172(100.0)	172 (100)	344(100.0)
Calculated value of χ^2	25.219		
Tabulated value of χ^2	24.996		
Degrees of freedom (d.f.)	15		
Significant level	0.047		

Note: Values in the parenthesis indicate percentage of the respondents.

Comment:

Whenever, we perform the χ^2 test, it is seen that at 5% level of significance with 15 d.f., the tabulated value of χ^2 is 24.996. At the same time our calculated value is 25.219. That is, the calculated value is greater than the tabulated value. Hence we may reject our null (H_0) hypothesis.

6.41 Opinion about the Welfare Programs of the Elderly

The opinion about the programs that should be taken for the welfare of the elderly is presented in the Table 6.40, the results showed that 74.4% of the respondents opined that economic security and treatment & recreation related programs should be taken for their welfare, but at the same time, 14.8% of the respondents argued that economic security should be confirmed for them.

In case of chi-square test, it is seen that at 5% level of significance with 7 d.f., the tabulated of χ^2 is 14.067. Hence our calculated value is 14.891. The calculated value is greater than the tabulated value of χ^2 . So, we may reject our null hypothesis. That is, we can say that there is a very good association between the opinion of future taken program and the elderly.

Table 6.40: Association between the Elderly and Would be Taken Programs for Welfare of the Elderly

Opinion about the effect of (OAA)	Male	Female	Both sexes
Management of economic security	34(19.8)	17(9.9)	51(14.8)
Continue combine family system	1(.6)	0(0.0)	1(0.3)
Facility of treatment and recreation	3(1.7)	1(0.6)	4(1.2)
Economic security and treatment & recreation	117(68.0)	139(80.8)	256(74.4)
Economic security, combined family system and treatment & recreation	12(7.0)	15(8.7)	27(7.8)
Economic security and combined family	1(0.6)	0(0.0)	1(0.3)
Treatment & recreation facilities	1(0.6)	0(0.0)	1(0.3)
Economic security, treatment & recreation and home construct	3(1.7)	0(0.0)	3(0.9)
N	172(100.0)	172(100.0)	344(100.0)
Calculated value of χ^2	14.891		
Tabulated value of χ^2	14.067		
Degrees of freedom (d.f.)	7		
Significant level	0.037		

Note: Values in the parenthesis indicate percentage of the respondents.

6.42 Case Study no. 1

Case Introduction

Name: Mr. Bidhu Mondol

Father's name: Late Sri Ronojit Mondol

Address:

Village: Pirizpur

Post: Pirizpur

P. S.: Godagari

District: Rajshahi

Age: 72 years

Religion: Hindu

Educational Qualification: Illiterate

Occupation: Leisure

Nationality: Bangladeshi

Height: 5'2"

Skin color: Cloud-colored

Familial Introduction

Sl.No.	Name	Relationship with the Case	Age	Educational Qualification	Marital Status	Occupation	Income per Month	Comment
1	Pathani	Wife	65	Illiterate	Married	House wife	—	—
2	Tarani	Son	32	Signatory level	Married	Day labor	2500	—
3	Sohagi	Daughter in law	28	Can sign only	Married	House wife	—	—
4	Ful Rani	Daughter	52	Signatory level	Married	House wife	—	Permanent Resident of India
5	Dhan Moni	Daughter	40	Signatory level	Married	House wife	—	Living with husband
6	Usha	Daughter	30	Signatory level	Married	House wife	—	Living with husband

Familial Condition

Mr. Bidhu Mondol resides in a mud-built and tin-shaded house founded on other's land. Sometimes, Mr. Mondol runs his family combining son and daughter-in-law and sometimes being separated from them. His daughters are married and elder one is settled by marriage in Lalgola of Murshidabad, India.

Economic Condition

Mr. Mondol meets familial expenses with the money of old age allowance (OAA) and support from the son. Sometimes, he has to go for neighbor's help. He spends money himself or through his son. His complete dependency on son and neighbors prior to receiving allowance is now at end. He spends allowance for food, treatment and clothing sector. He has not invested this money in income generating activities because of its scanty amount.

Social Condition

Being awarded with allowance, now Mr. Mondol treat himself a man with good status in the society, because he is yet to get such allowance. Prior to allowance receiving, not a single government or non-government agency had come to take care of him. Now after receiving allowance, his position both to the family and society is more fortified. Now he needs not to depend completely on son and daughters and also on neighbors. If he goes to used glossary shop for rice, potatoes, flours, onions, then the shopkeepers now don't hesitate to deliver on due. Because, shopkeepers are now assured of having the due from him as he gets OAA.

Health Condition

Mr. Mondol's health condition is weak. He seems to be bending with age. He is suffering from paralysis. Lack of adequate food grows him as aged.

Mental Condition

Mr. Mondol who enjoyed freshness and pleasure at young and boyhood, now he feels loneliness at all times due to broken health conditions. Depression and insecurity are other causes of his loneliness. But after receiving OAA, his degree of depression and insecurity scales down significantly. Mr. Mondol thinks that this governmental allowance to him is one of the security.

Bidhu Mondol's Comments on Old Age Allowance

Mr. Mondol thinks that OAA has upgraded his status. He suggests to increase the amount and to pay the amount timely. In his word "Panch-Chha bochor theke Bhata

pachchhi, pariman kom, taka bokeya thake, dichchhe kintu somoy moto na (I had been getting allowance since five-six years, but amount is small. Besides, money does not pay timely)”).

Evaluation

As a pioneer social security program for the aged, OAA has upgraded his position to family and society. If the amount of the allowance is increased, then it must be able to meet his economic crisis to a great extent.

6.43 Case Study no. 2

Case Introduction

Name: Mst. Amena Begum

Husband's name: Late Abdul Zabbar Mondol

Address:

Village: Bidirpur

Post: Pirizpur

P. S.: Godagari

District: Rajshahi

Age: 70 years

Religion: Islam

Educational Qualification: Illiterate

Nationality: Bangladeshi

Height: 5 foot

Skin color: Cloud-colored

Familial Introduction

Sl.No.	Name	Relationship with the Case	Age	Educational Qualification	Marital Status	Occupation	Income per Month	Comment
1	Saymuddin	Son	55	Illiterate	Married	Day labor	1500	
2	Usuf	Son	53	Illiterate	Married	Day labor	1500	
3	Sufia	Daughter in law	46	Can sign only	Married	House wife		
4	Alamgir	Grand-child	30	Can sign only	Married	Business	1500	
5	Jahangir	Grand-child	28	Can sign only	Married	Business	1500	
6	Anamul	Grand-child	26	Can sign only	Married	Driver	2000	
7	Esmail	Grand-child	24	Can sign only	Unmarried	Day labor	1000	

Familial Condition

Mst. Amena Begum takes birth in Lalgola of Murshidabad district in West Bengal of India. She got married at early age with Mr. Abdul Zabbar of Banladesh. In 1972, her husband died of paralysis and since then she resided with her sons and grandsons. Her two daughters are now residing with their husbands. Between two sons, one resides in another seprate home. Mst. Begum's family headed by her son.

Economic Condition

Mst. Begum's sons are day laborer. Grandchildren earn either from business or day laborer or driving. Mst. Begum with a big family lives with difficulty. Before receiving the allowance, she had to depend on her sons and grandsons for medicine, cloths and other accessories. But she cut her dependency down on sons and others, being after awarded with OAA. Now she can buy her medicine and other necessities with this allowance.

Social Condition

Mst. Begum expresses dissatisfaction over the rude behavior of her son and grand sons prior to her allowance achievement. After receiving allowance, the degree of rude behavior falls down. Now, she can render economic support to her family. She has been getting OAA since four years. During these four years, her familial relationship has been strengthened. Now, shopkeepers take a risk in bearing arrear over the goods.

Health Condition

At present, Mst. Begum is suffering from both of gastric and respiratory problem. Health has been broken down due to lack of adequate food and proper treatment. Besides, illness exerted bad impact on her body.

Mental Condition

Being widowhood at early age, Mst. Begum can not go a single day without illness, displeasure and sense of insecurity. OAA has alleviated this sufferings a little extent and she treat OAA as ray of hope.

Comments on Old Age Allowance (OAA)

Due to the old age allowance (OAA), Mst. Amena's relationship with other family members has been more fortified. She claims for increasing the amount. In her word "Bhatar taka beshi diche na go, oshudh khachchhi baromash, dokane baki hoye geche, chhelera khati-khuti khai, bhata pabar age chhel-meyera khiti-miti korto, akhon onektai komechhe. (Sufficient money is not being paid at all. I have to take medicine round the year, arrear is in shop. Sons do hard labor. Prior to receiving allowance, siblings showed rude behavior, which is at low ebb now)"?

Evaluation

Old age allowance (OAA) to the widowed women like Mst. Amena Gegum is just like a ray of hope. This allowance has played role in enhancing her relationship with family members.

Chapter Seven

Focus Group Discussion

Focus Group Discussion

7.1. Introduction

Focus group discussion is a kind of group interaction run by a moderator focusing on specific topics for investigation. The number of the group members should not less than 6 and not exceeding 12. Focus group discussion, as a qualitative research method with a definite goal, is essentially a group discussion-taking place between people of more-or-less identical age, socio-economic status, sex and other common characteristics (Gupta 1989:15). An FGD session is defined as a discussion in which a small number (usually six 6 to 12) of respondents, under the guidance of a moderator, discuss about topics that deserves special importance to the investigation. Two FGD (Focus Group Discussion) was conducted in the study area to trace out the present situation and impact of old age allowance (OAA). Each group was consisted of eight beneficiaries. Between the two groups, one was formed by female beneficiaries and the other was by male. Researcher himself played the role of a moderator. Help was taken from two associates, one of them was a student of M. Phil. level and the other was of honors level in the faculty of Social Sciences. In order to carry out these activities, prior contact was made with the beneficiaries and they were informed about the time and place. Preparations were taken with the help of two associates two days back and the respondents were made prepared enough to face the meeting. Questions designed to ask the beneficiaries were pre-specified.

7.2. FGD 01

Location: Lashkarhati, Basudevpur Union, Godagari, Rajshahi

SI No.	Name of beneficiaries	Age	Shelter provider	Village	Duration of having benefited
1	Nur Bahar	70	Son	Paharpur, Namaz Gram	4 year
2	Saleha Khatun	59	Son	Lashkarhati	3 year
3	Jamila Khatun	80	Own self	Lashkarhati	2 year
4	Pesion Ara	75	Son	Lashkarhati	4 year
5		72	Daughter	Lashkarhati	4 year
6	Shakhina	68	Son	Lashkarhati	3 year
7	Monoara Khatun	68	Own self	Lashkarhati	3 year
8	Rojina Bewa	75	Son	Basudevpur	3 year

This group entails female beneficiaries. Something exceptional happened to disbursement system of allowance while selecting eligible beneficiaries. One female beneficiary got the money before the prescribed time. All from the group were economically insolvent and have nothing to loose. Before getting allowance they experienced a vulnerable position in the family and many of them couldn't afford to meet necessities. In such a situation, OAA showed them a new hope of life.

They states except one all of them were notified about the allowance from the union council members or chairman or neighbors. It is the members who helped them out in having allowance. But Mrs. Pesion Ara and Mrs. Shuraton claimed of having exchange bribe with local members for getting allowance. However, none of them continued such practice. Aged woman stated that all of them now draw money from bank. They claimed of facing some problems while drawing money from the Bank. For example, sometimes they have to wait from the dawn to dark in the Bank which imperiled them to a great extent. Female beneficiaries stated that they mainly spend the allowance for feeding, clothing, medicine, and even to the gift for grand children.

In this regard, Mrs. Nurbahar said that she could afford to gift a dress to her grandchildren on the occasion of years back Eid. She uttered that she bought one spectacles with the money of allowance so that now she can read Quran and roam around. They agreed on a common fact that they can frequently visit relatives without anyone's help. They can have battle-nut and other foods as they wish. But, as the amount of allowance is very small, nobody can save or invest it in income generating activities. Against the question whether allowance has brought any change in their familial or social life, all of them admitted that the money has a positive role though it is little. In this regard, Mrs. Shakhina Khatun said that in the past she had to depend on her son for everything, but now she can afford to meet small necessities and no need to ask her son. Thus, the burden over son has reduced and her status increased. Mrs. Monoara Khatun opined that in the past, shopkeeper didn't risk bearing arrear, but they do so. That means, hesitation attitudes towards them have been changed so far.

Old age is a vulnerable stage of life. In this stage man suffers from diseases and complexities. Elderly people are to go to buy medicine now and then. They have to consult with the doctors. But he who can not ensure their food, how can they spend money for treatment? The OAA has helped them in this regard so far. Almost all of them have opined that at least they can consult a doctor and buy necessary medicine with this little amount of money.

Though OAA has an effective role to help the rural elderly people, they are not satisfied with the small amount. They said with anger that the price of essentials is scaling up by leaps and bounds, how we can go with this small money. So, the amount should be increased. Mrs. Monowara Khatun said, the amount should be increased in five hundred Taka. Similarly Mrs. Rozina Bewa said, it will be better if the amount increased into six hundred Taka. But Mrs. Soleha Kaatun has demanded more. According to her opinion, the amount of OAA should be increased into Taka

one thousand. All of them demand for increasing the amount of OAA. They also said that the money should be delivered in each month.

7.3. FGD 02

Location: Pirizpur, Matikata Union, Godagari, Rajshahi.

SI No	Name	Age	Shelter provider	Village	Duration of having benefited
1	Lutfor Rahman	78	Son	Bidirpur	8 year
2	Ibrahim	67	Son	Bidirpur	4 year
3	Abdul Quader	73	Own Self	Bidirpur	4 year
4	Md. Mazhar Ali	72	Son	Bidirpur	4 year
5	Md. Shajahan Ali	71	Own Self	Bidirpur	4 year
6	Khorshed Ali	70	Own Self	Pirizpur	7 year
7	Moinul Islam	60	Own Self	Pirizpur	10 year
8	Bindu Mondol	72	Own Self	Pirizpur	6 year

The researcher tried to know the present condition and the impact of old age allowance through FGD by forming a group of eight members. It has been revealed from the study that they have heard about OAA from the members and chairman and they have selected them for OAA. Only one member has heard about OAA from his neighbors. It is also revealed that all the poor elderly people have not got OAA though they are poor and old enough to get the allowance. Sometimes, age criterion has been ignored due to better relationship with the leaders. For example, Mrs. Moinul Islam has been receiving OAA since last ten years though he was then fifty years of age. They have also opined that there are many such examples can be found available in this community. These incidents prove that there is a relationship between the beneficiaries and their leaders. Some of them opined that they had to give bribe to their leaders for receiving OAA.

The beneficiaries spend their money for fulfillment of different needs such as feeding, clothing, buying, medicine etc. Mr. Lutfor Rahman said, he gave money to his son for the purpose of family expenditure. But it is found that almost all of them expend their money by themselves. Mr. Moinul Islam is one of them, said, he invested this money in his pretty business, and maintaining his family with its profit.

While asking them about the role of OAA in uplifting their socio-economic conditions, they have expressed that they have made a little bit betterment of their conditions. But they were emphasizing on one thing that they are getting some opportunities to meet their needs which were never met before. For example, Mr. Lutfor Rahman opined that at present, he can buy medicine but before receiving the OAA, he had to ask his sons for this and they had not tried to hear his words. But now they come and try to look after me. Similarity, Mr. Mazhar said, nobody would lend me money before but now they lend me money and grocers also put due to me. Mr. Ibrahim said, the prestige of his family has been increased after getting OAA. Mr. Ibrahim said, getting OAA is like a symble of salaried man. So, people considers me as a impressive person and I also think and feel proud of it.

One interesting thing has come to light through this study that some people, who do not get OAA, envy them for receiving the allowance.

Almost all of them have raised an objection about the amount of OAA. They said where money inflation rate is high, how can we do something with that small amount of money. They opined if the amount is three hundred that will be better for us. Someone demanded the amount should be increased into one thousand Taka.

Some of the participants have expressed dissatisfaction about the limitations of transportation. Such as Mr. Mazhar Ali said, I can not move for my age bondage. How can I go to receive the allowance from a distant place walking on foot or spending money? He uttered that if the money would be given at the recipients' houses, that will be good for them. One of the participants Mr. Abdul Kader said that would be better, if the money would deliver to every month. But other participants

said, they become more profitable as they get the money after three months. They can do something better with the whole money. Almost all of them have said that they don't get the money in time. Though, the amount of OAA is small, it has gladdened and helped the poor elderly of the rural area undoubtedly.



Chapter Eight

Summary and Conclusion

Summary and Conclusion

8.1. Major Findings

Old Age Allowance (OAA) is the first program taken by the government for the elderly people of Bangladesh. Though it was introduced in 1997, it came into operation from 1998 with a small amount of 100 taka per month for each person. Later, the amount of OAA for each person has been increased up to Taka 220, which continued till the fiscal year 2007-08. Recipient elderly people are selected on the basis of vulnerability. OAA is given only to the people who are the most vulnerable of each ward.

Generally, the people aged 57 years were considered as eligible for the allowance in the past but now it is raised to 65 years. Besides this, the elderly people who are socio-economically distressed are given priority for the OAA. The mean age of 344 respondents of this study was 71.42 years with a range of minimum 50 years and maximum 120 years and the standard deviation of their age was 7.69 years. One of the recipient respondents was only 50 years old, which is neither expected nor permitted. The educational status of the people under study shows that 61.3% respondents were illiterate of which 45.3% were male and 77.3 were female. Out of the 344 respondents, only 23% people can sign their names. Only one respondent had the education of the level of Graduation to Masters. Such level of education of the respondents points towards their vulnerability for which they could get the OAA.

Aged people badly need familial caring and mental support. A wife or husband can fulfill this need. But the study reveals that more than fifty percent of the respondents had no life partners. Among those, 44.5% were female and only 6.7% were male. It is indicated that women respondents are more vulnerable than the male. Among the respondents 91.6% are Muslims and 8.1% are Hindus by religion. It also indicated that Islam is the principal religion in the area under study.

Family pattern of the respondents divided into two types - nuclear family and joint family. About fifty four percent of the respondents resided in nuclear families and 46.2% were in joint families. Elderly people residing in joint families were supposed to be better secured but poverty and poverty related problems caused insecurity to them for which they had come under the OAA program. Occupations of the respondents revealed that 64.5% of the respondents were not engaged in any kind of income earning activity. Because of their age, they retired from all sorts of economic activities. Among the respondents, 7.8% were day laborers and 14.2% were housewives. Though a large number of them were not employed in any kind of jobs, they were involved in various types of jobs and affairs before becoming old. Of those who were engaged in some kind of income earning activity, 17.2% were engaged in agriculture, 27% were day laborers. But 2.6% of them were maid servants and only one person was an Imam of a mosque who are not eligible for OAA according to the policy. Their previous occupation showed that they all had been involved in marginal income generating activities and that was why, they had come under the program. But OAA cannot involve them to income generating sectors. It was revealed in the study that 49.7% respondents were heads of their families and 37.2% were in the families headed by their sons. About 73.8% respondents had their own houses and a small number of respondents (13.1%) had no house of their own. About 5.8% dwelled in their daughters' houses. Out of the 344 respondents, 282 (82.0%) respondents had kacha latrine, 7.8% used open field and only 6.1% had pucca latrines. The Kacha latrines of 82% respondents bear the symbol of their poverty. The elderly are very much vulnerable to diseases. Health conditions of the elderly people under this study were no different, 87.8% respondents were suffering from different kind of diseases and only a small number of respondents (12.2%) were free from illness.

Rural elderly people are poverty stricken. So, they can hardly procure their full meals (three times meals a day). Only 35.5% respondent could manage their meals fully and the rest respondent could not afford to manage their meals. It was found that 35.2%

respondents could not manage their full meals due to shortage of money and 14.2% for their illness and 8.4% for both the insufficient money and illness. Their lodging conditions were also similar to their income. About all of them lived in houses made of mud, wood and bamboo. Room illumination system was also poor. Only 23.8% used electricity and 49.1% used hurricanes and 22.1% used lamps only.

Though the people under study lived in hard core poverty, they had no debt. Only 27.3% had loans and 72.7% had no loans. The hard fact was that they did not get any loans at times of their needs from any source. NGOs well known for their micro credit programs did not come forward to disburse loans to the elderly.

Elderly people are weak both physically and mentally. So, they cannot work. It was found in this study that 40.1% respondents were incapable of doing any work and 57% could do only some light jobs. They also could not visit their doctors regularly. Only 29.1% visited their doctors regularly and the rest could not. Of the respondents who visited doctors regularly, 77.9% could go to allopathic doctors, 5.8% were able to visit homoeopathic doctors, and 5.8% believed in 'Montro' (supernatural power).

Out of the total respondents, 65.1% had livestock in the family. Among them, 16.9% had cows, goats, ducks, and hens. Only 5.8% had cows and 7.8% had goats only.

The study reveals that among the elderly people of the study area, only 36% could share their physical problems with their wives and 22.1% could do so with their sons, and 16.3% with their daughters and 18.3% with their daughters in law. But it was interesting to note that though 36% could share their problems with their wives, only 2.3% wife could share their physical problems with their husbands. In getting help from others to clean and arranging cloth, 25.9% male respondents could take help from their wives but only one female from their husbands. It was also seen that 12.2% of the elderly respondents were dependent on their daughters, 29.1% were depend on their daughters-in-law.

In passing leisure time, only 27.6% of the respondents could spend their time with their families, 13.4% passed the time performing prayer or religious activities, 10.8% with friends, 9.9% spent their time alone, 7.7% by both praying and being alone and 10.5% with family members and friends.

The term 'dependency' is very much related to old age. This was also reflected in this study. Among the total respondents, 68.9% were dependent on others. In considering gender, 59.3% male and 78.5% female respondents were dependent on others. More female dependency showed higher vulnerability of them respectively. Of the dependent elderly people, 45.6% were on their sons and only 7.6% were on their daughters. There was an interesting finding that is, out of total 344 respondents, though 2 female were dependent on their husbands but in case of male respondents this number was 7.

Most of the elderly people had heard about the OAA from union council chairman or members. Twenty five point six percent heard about OAA from their neighbors. But only 2% of them elderly people had heard about OAA from their sons.

A great proportion of the respondents got help in getting OAA from chairmen/members (65.1%), 11.3% got help from social workers and 15.1% from their neighbors.

Most of the respondents (49.1%) spent their OAA on food, clothing and treatment. Only 3.2% of the recipients spent the money on clothes and treatment, and 4.4% on food and treatment, and 4.1% on food and clothing. This indicates that OAA recipients were really very poor and deserved the allowance. In getting OAA, 33.1% of the respondents were compelled to give bribe to the chairman and members. About 20.1% of the respondents did not get their money timely, and 3.2% had to go to village leaders. For receiving OAA, about 59.6% of the respondents stated that their position to family upgraded after receiving the OAA but before receiving the

allowance, only 3.8% of the respondents were satisfied about their position in families.

Though the amount of OAA was very small, it had significantly improved the relationship of the elderly people with their family members. More than 60% of the respondents opined that their relations with the family members (sons) had improved after getting the OAA but before getting the allowance, only 9.6% opined about their improved relations.

It was been proved through the study that the OAA is a very good initiative to improve the respondent's situation in their practical lives. From the study, it is evident that 90% of the respondents' situation was upgraded. The results of chi-square test have also proved such association.

It was seen in the study that the aged are satisfied at least to some extent through getting OAA although the amount is not sufficient. About 94% of the respondents opined so.

It is revealed in the study that the OAA has raised the status of the respondents in the society. After receiving the allowance, 72.7% were affirmed that their status were increased while before receiving the allowance only 23.3% were avowed about their good status..

In the study, it is clearly revealed that a significant association between the opinion of future program and the elderly. About 74.4% of the respondents opined that economic security, treatment and recreation related programs should be undertaken for their welfare, and 14.8% argued that economic management of economic security should be undertaken for them. A chi-square test between the respondents (money received) and their opinion about the programs that should be taken for their welfare (treatment, security etc.) was done which proved the same condition.

Association between the elderly and their opinion to be more effective of old age allowance was very significant. Chi-square showed this picture. About 39.8% of the respondents said that the amount has to be increased and to be devoid of bias.

It is seen through two focus group discussions (FGDs) that OAA has played a significant role in uplifting their socio-economic conditions of the elderly. They have been able to lead a better and happier life than before. Their social status has also been upgraded. Through the study it has been brought to light that they are meeting their needs such as buying foods, clothes, medicine etc. It is also revealed through the study that almost all of the participants have heard about OAA from the union council members or chairman. But the participants are very unhappy with the small amount. Some of them have told about the transport problems. They have opined if the beneficiaries receive the OAA at home, it would be very convenient for them. All of them have demanded to increase the amount.

8.2. Conclusions and Recommendation

Old age allowance (OAA) for the aged people is a very good initiative and it is the only social security program for them provided by the government of Bangladesh. Monthly amount of this allowance is very small and insufficient. On an average, the monthly amount which the respondents receive is only Tk.132. This amount is only for those who are getting this allowance from the beginning of this program. With this scanty of amount, there is little scope for any significant economic impact on the aged people. But the social impact of this allowance is very significant. In this study, an attempt has been made to emphasize this issue. This study shows that this allowance helps the beneficiaries in improving their relationships with their sons, daughters, neighbors and relatives. The aged people have accepted this program positively. On the basis of the findings, the following recommendations are being made:

- i. The number of the old age allowance receiver is very few in comparison with the total number of destitute elderly people in Bangladesh. It is necessary to increase the number of beneficiaries.

- ii. Amount of the allowance should be increased. About 93.9% of the respondents opined that the amount of allowance was not sufficient. If the amount is increased to a reasonable manner (at least 1500 Tk.), it will be possible to take it to income-generating activities.
- iii. Almost twenty percent (20.1%) of the respondents opined that they did not get the allowance in due time. So, proper steps should be taken to ensure due time disbursement of allowance in due time.
- iv. Implementation policies of OAA program are very weak and usually it is not managed in a proper way. A man aged 50 gets the opportunity of OAA, which should not be. Day laborers and servants working at homes are also getting the allowance, violating the rules of the existing policy. It is making the system of OAA weak and inactive. So, the implementation policies of OAA should be followed strictly.
- v. While getting allowance, the aged people have to go to the chairman or members of respective union councils, political leaders in the village and sometimes have to give bribes to them. More than 33.1% of the respondents reported that they have to give bribe to chairman /members of union councils. This should be stopped through proper initiatives by the concerned law and regulation enforcing agencies.
- vi. Motivational programs (such as mass media campaign through radio, TV, religious institutions etc.) should be taken so that the money of allowance can be used in income earning activities.
- vii. Formulation of an elderly policy is very essential in Bangladesh. As there is no specific policy for the welfare of the elderly in this country, programs and activities taken for the well being of the elderly people do not continue permanently. So, the Government should take an effective step to formulate an elderly policy as soon as possible.

- viii. The old of to day were the young of the past and they contributed much in the socio-economic development of the country. Besides, the experience they gathered is very important for our present young generation. But they are leading a very vulnerable and insecure life. There are ‘Women and Child Welfare Ministry’, and ‘Youth Ministry’ in Bangladesh. But there is no Ministry for the Elderly from which the elderly people can receive state protection and help. So, it is necessary to take an initiative to establish ‘Ministry of Aging Welfare’.
- ix. The present study reveals that 87.8% of the elderly suffer from various diseases. But they do not get the minimum medical facility and health care service. So it is very much important to improve the health care facility for the elderly throughout the country and for this, geriatric hospital should be established in every district of Bangladesh.
- x. It is evident from the study that about 70% of the elderly respondents are dependent on others. For this most of them are considered to be burden for their families. But there are no sufficient old homes in comparison to the growing number of elderly people. To remove this undesirable condition, it required to set up institution like OCRC in different parts of Bangladesh under the government initiatives.
- xi. It is clear from the study that most of the elderly people of our country are illiterate. About 61.3% are illiterate and 23% can sign their names only. So, the initiative to undertake formal and non-formal educational programs is very essential.
- xii. Last but not the least; an aged person has to walk a long distance to the Bank. Allowance is disbursed from the Bank, but if the home delivery service is launched then aged persons can avoid a hard physical labor.

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Appendix –I

Questionnaire

Impact of Old Age Allowance on Elderly Welfare in Rural Bangladesh: A Study of Godagari Upazilla in Rajshahi District

Section I

(Collected information will be used only for academic purposes with maintaining its full secrecy)

1. Your name please:
2. Your address: (i). Village:.....,(ii). Post office:.....,(iii). Union:.....
(iv).Upazilla: Godagari, (v).District: Rajshahi.
3. Your age please:.....(in years).
4. Educational qualification: (i). Illiterate, (ii). Can sign only, (iii). Class I to Class V,
(iv). Class VI to Class X, (v). S.S.C. to H.S.C., (vi). Honors to masters, (vii). Others
(mention).....
5. Marital Status: (i). Married, (ii). Unmarried, (iii). Divorced, (iv). Widowed, (v).
Separated, (vi). Widower.
6. Religion: (i). Islam, (ii). Hindu, (iii). Christian, (iv). Buddha, (v). Others
(mention).....
7. Present occupation: (i). Unemployed, (ii). Leisure, (iii). Labor, (iv). Day labor, (v).
Business, (vi). Home servant, (vii). Housewife, (viii). Others (mention).....
8. Previous occupation: (i). Farmer, (ii). Service, (iii). Day labor, (iv). Business,
(v). Home servant, (vi). Housewife, (vii).
9. Type of family: (i). Nuclear, (ii). Combined.
10. Family members: Male:.....Female:.....Total:.....
11. Who is the head of your family?.....
12. Description of the other members of the family.

Serial no.	Name	Relation with respondents	Age	Educational qualification	Marital status	Occupation	Monthly income	Comments
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

13. Your total children: Male:, Female:.....,
Total:....., Live:....., Dead:.....,
Total:.....
14. Have you any piece of land? Yes:.....No:.....
15. If yes then (amount):.....decennial
16. Amount of land according to its used type.

Type of land	Cultivable	House	Garden	Pond	Unused	Others
Amount						

17. Income of your family (yearly):.....TK.
18. Type of used latrine: (i). Open, (ii). Kucha (iii). Watery, (iv). Pucca
19. Are you suffering from any diseases? Yes/No
20. If yes then: (i). Diabetic, (ii). High blood pressure, (iii). Heart diseases, (iv). Asma, (v). Skin diseases, (vi). Discentry, (vii). Stroke, (vii). Problem of liver, (viii). Cataract, (ix). Gastric, (x). Cancer, (xi). Anemia, (xii). Paralyzed, (xiii). Others (mention).....
21. Are you feeling from any of the psychological problems: (i). Frustration, (ii). Careless, (iii). Imbalancenness, (iv). Insecurity, (v). Narrow-minded, (vi). Loneliness, (vii). Feel no behavioral change.
22. Can you manage three meals a days? Yes/No
23. If no, then, why? (i). Insufficient of money, (ii). Illness, (iii). Carelessness of family members, (iv). None for food cooking, (v). Others (mention).....
24. Who is the proprietor of your living home? (i). Own, (ii). Son, (ii). Daughter, (iv). Rental, (v). Neighbor, (vi). Relative, (vi). Others (mention).....
25. How many rooms do you have? Total:.....
- 26(a). Types of floor of your living room: (i). Mud, (ii). Brick, (iii). Others (mention).....
- 26(b). Types of wall of your living room: (i). Mud, (ii). Jut stick, (iii). Brick, (iv). Bamboo twig, (v). Others (mention).....
- 26(c). Types of roof of your living room: (i). Tin, (ii). Straw, (iii). Others (mention).....

27. Light used at home of: (i). Electricity, (ii). Hurricane, (iii). Lamp, (iv). Candle, (v). Others (mention).....
28. Do you have any of the livestock's: (i). Cow, (ii). Goat, (iii). Duck, (iv). Hen, (iv). Pigeon, (v). Others (mention).....
29. Do you have any loan? Yes/No
- 29(a). If yes then (amount):.....TK.
30. Are you capable of doing work? Yes/No
31. Can you go regularly to doctor? Yes/No
- 31(a). If yes then after how many days:.....
- 31(b). Last going to doctor how many days ago:.....
32. Discuss for physical problems with: (i). Wife, (ii). Husband, (iii). Son, (iv). Daughter, (v). Daughter in law, (vi). Doctor, (vii). Son in law, (viii). Others (mention).....
33. What type of treatment do you take? (i). Allopathic, (ii). Homeopathic, (iii). Village kabiraj, (iv). Montro, (v). Go for majar, (vi). Others (mention).....
34. Who help to clean and arrange cloth? (i). Own, (ii). Wife, (iii). Husband, (iv). Son, (v). Daughter, (vi). Daughter in law, (viii). Others (mention).....
35. How do you spend your leisure? (i). With friends, (ii). With family members, (iii). Radio/TV, (iv). Reading book, (v). Praying, (vi). Alone, (vi). Others (mention).....
36. What is your source of income? (i). Own, (ii). Son, (iii). Own and help of son and daughter, (iv). Relatives and neighbors, (v). Others (mention).....
- 37(a). Are you independent? Yes/No
- 37(b). If no then depend on: (i). Husband, (ii). Wife, (iii). Son, (iv). Daughter, (v). Daughter in law, (vi). Son in law, (vii). Other relatives, (viii). Others (mention).....

Section II

38. From when are you getting old age allowance?.....months
.....years.
39. How much are you getting till then?TK.

40. Hearing about old age allowance from: (i). Son, (ii). Daughter, (iii). Husband, (iv). Wife, (v). Grandson, (vi). Neighbors, (vii). Friends, (viii). Chairman/members of union council, (ix). Newspaper, (x). Radio, (xi) TV, (xii). Others (mention).....
41. Who help for getting old age allowance? (i). Son, (ii). Daughter, (iii). Husband, (iv). Wife, (v). Neighbors, (vi). Friends, (vii). Chairman/members of union council, (viii). Social worker, (ix).
42. Have to pay money for getting old age allowance? Yes/No
- 42(a). If yes, then: Whom.....? Amount.....
Why:.....?
43. Do you get full money of old age allowance? Yes/No
- 43(a). If no, Amount:.....and Why.....?
then:
44. Spend old age allowance through: (i). Own, (ii). Husband, (iii). Wife, (iv). Son, (v). Daughter, (vi). Grandson-grand daughter, (vii). Son in law, (viii). Neighbors, (ix). Others (mention).....
45. Sectors where do you use old age allowance? (i). Food, (ii). Cloth, (iii). Treatment, (iv). House construction, (v). Battle-nut, tea-cigarette and fruits, (vi). Others (mention).....
46. Feel problem for getting old age allowance? Yes/No
- 46(a). If yes, then what kind? (i). Have to give bribe to union social workers, (ii). Have to go to village leaders, (iii). Have to give bribe to chairman/member of union council, (iv). Not getting money timely, (v). Others (mention).....
47. Your situation in family before getting OAA: (i). Not, (ii). A little satisfactory, (iii). Satisfactory, (iv). Don't know.
48. Your situation in family after getting OAA: (i). Not satisfactory, (ii). A little satisfactory, (iii). Satisfactory, (iv). Don't know.
- 49(a). Your relation with son before getting OAA? (i). Not satisfactory, (ii). A little satisfactory, (iii). Satisfactory
- 49(b). Your relation with daughter before getting OAA? (i). Not satisfactory, (ii). A little satisfactory, (iii). Satisfactory
- 49(c). Your relation with neighbor before getting OAA? (i). Not satisfactory, (ii). A little satisfactory, (iii). Satisfactory

- 49(d). Your relation with relatives before getting OAA? (i). Not satisfactory, (ii). A little satisfactory, (iii). Satisfactory
- 50(a). Your relation with son after getting OAA? (i). Not satisfactory, (ii). A little satisfactory, (iii). Satisfactory
- 50(b). Your relation with daughter after getting OAA? (i). Not satisfactory, (ii). A little satisfactory, (iii). Satisfactory
- 50(c). Your relation with neighbor after getting OAA? (i). Not satisfactory, (ii). A little satisfactory, (iii). Satisfactory
- 50(d). Your relation with relatives after getting OAA? (i). Not satisfactory, (ii). A little satisfactory, (iii). Satisfactory
51. Effect of OAA in increasing gratitude: (i). Has increased, (ii). Unchanged, (iii). Others (mention)....., (iv). Don't know.
52. Is the amount of OAA sufficient? (i). Sufficient, (ii). Less than sufficient amount, (iii). Don't know.
53. Your situation in society before getting OAA: (i). Satisfactory, (ii). A little satisfactory, (iii). Not Satisfactory, (iv). Don't know.
54. Your situation in society after getting OAA: (i). Satisfactory, (ii). A little satisfactory, (iii). Not Satisfactory
55. For more effectiveness of OAA program, what may you recommends? (i). to increase the amount of the allowance, (ii). to increase the allowance receivers, (iii). Confirmation of allowance at home, (iv). Reduce age limit of getting allowance, (v). Stop biasness of the leaders in getting allowance, (vi). Others (mention).....
56. For the welfare of the older what programs may take? (i). Management of economic security, (ii). Continue combine family system, (iii). Management of treatment facilities and recreations, (iv). Others (mention).....

Thanks for your cooperation

.....
Signature of the Data Collector and Date

Appendix –II

FGD Questionnaire

FGD (The focal points to which the questions were administered)

- How did you manage to lead life prior to getting allowance and who took care of you and now who does so?
- To know about the procedure of allowance disbursement.
- To know whether any money or bribe had to pay or not.
- To identify problems in case of getting allowance.
- To know the sectors to which money of allowance are channeled.
- To know whether any one invested this money to income generating activities or not.
- To measure the impact of this allowance on transmission of profession.
- To know the impact on having treatment (For example, someone visited Kabiraj, now go for modern treatment).
- To know the role of allowance in sanitation sectors.
- To know the impact in upgrading their position in family due to getting allowance.
- To know whether due to getting allowance, the relation with family members has been strengthened or not.
- To know whether due to getting allowance, the relation with neighbors and relatives has been strengthened or not.
- To know whether due to getting allowance, the position in the society has been upgraded or not, if upgraded, then how much and how?
- To know the degree of satisfaction of beneficiaries with the money of allowance.
- If the amount is heightened then how it would be helpful to receivers.
- To extract the recommendations from members towards the making this program more fruitful.