The Elderly Care Services and their Current Situation in Bangladesh: An Understanding from Theoretical Perspective

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This study examines the aging problem in theoretical perspectives with their relevance in the case of elderly population in Bangladesh highlighting the needs and problems encountered by the elderly. At the same time this study reviews the services for the elderly and their limitations in Bangladesh. The latest section of this article recommends some guidelines with the emphasis on social worker’s roles for the welfare of the elderly in Bangladesh.

Key words: Age bias, elderly abuse, senior citizen, social worker, welfare

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INTRODUCTION

A man is born infant but dies old if he lives up to the expectation of his life. A man's life is passed through some predestined stages in a natural process namely: infant, childhood, adolescent, youth and old age. So in this case we can say that aging is an invariable socialization process that starts at birth and ends at death. Now in the world of modern era aging has become a social problem as with the change of society due to industrial revolution leading to capitalist social formation. Ageing is considered to be one of the social problems as the elderly feel solitary due to multifarious reasons, one of which is disengagement. Besides, people's attitude and behavior towards the elderly people in the society are held very differently. So, now in today's world, ageing as a social problem has got momentum and come into focus as a field of study in social sciences. Bangladesh is one of the developing countries with approximately 80% population living rural areas, some of them are inflicted with absolute poverty, where kinship ties are very strong, social relations are based on collective interactions. But the increasing rate of urbanization in Bangladesh has given different outlook and cultural values with regard towards their lives causing break in traditional family system, e.g., joint family has broken down due to urbanization and industrialization giving birth to nuclear family. Moreover urban life is bound up with individual and formal relations condemning elderly people to isolation and unlimited leisure time. Furthermore, due to innovation of modern technology and improvement in medical sciences death rates are controlled in many countries and Bangladesh as well. As a result, the number of aged people is increasing gradually and substantially day by day. So in this backdrop, this paper attempts to examine the elderly problems in theoretical perspectives with special emphasis on elderly needs highlighting the limitations of the services in the context of Bangladesh.

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

MAJOR THEORETICAL PERSPECTIVES
OF SOCIAL PROBLEMS AND ITS
RELEVANCY TO AGING

Sociologists have typically studied social problems from five perspectives, e.g., social disorganization, social pathology, deviant behavior, conflict and labeling (Weinberg and Rubington, 1973). As a field of study, an analysis from theoretical perspectives is necessary and helpful for complete and comprehensive understanding of aging in Bangladesh.

Social disorganization perspective: Society is made up of interrelated parts, social institutions and each institution has a function or role to play in keeping the society running smoothly and, together the institutions operate to meet the society's basic needs which are referred to functional requisites (Curran and Renzetti, 1996). If there causes any change, society becomes unregulated, unpredictable and uncoordinated and fails to make corresponding adjustments and demands of the people go unmet. This situation is termed as social disorganization. Major theorist of disorganization perspective, Thomas and Znaniecki (1918) define social disorganization as a decrease of the influence of existing social rules of behavior upon individual members of the group. Social disorganization involves a break down of social structure so that its various parts no longer work together and norms lose their influence on particular groups or individuals (Coleman and Cressy, 1990). It happens especially in situations of rapid social and technological change.

According to this perspective, aging appears in the society from the changes in institutional system. This perspective is pertinent to understand the aging in Bangladesh because modernization causes great changes institutional system that leads the elderly in to crisis in meeting their needs, like, breaking down the extended
family to nuclear family, institutional and technological development in medical and health care system.

**Conflict perspective:** According to conflict theorists, for example, Marx and Engels (1965) society is always in conflicting situation since the group in the society frequently come in to conflict with other groups pursuing their own interest. When groups have confronted one another about those conflicting interpretations, the conditions for the development of a social problem have emerged. According to this perspective, young and old people are in constant conflict due to the difference in culture and values. This conflict leads the older people in to crisis and faces multiple problems in their later life.

**Labeling perspective:** Another major perspective of social problem analysis is labeling. This perspective, developed by Becker (1963) focuses on social reality that men create. This reality rests rather heavily and some times shakily on the process of social definition whereby men such for create and sustain meanings and then live by them. Here, if men define situations as real, they are real in their consequences. The groups with greatest power do the job by making the rules and imposing it to others. According to this perspective, aging is a social construction because our society labels them as old that denote unproductive, degenerative and liable though very often they are free from such myths. Such labeling damages older people’s self-concepts and may cause them to feel ashamed or embarrassed. They have to face many difficulties from these prejudices (Curran and Ranzetti, 1996).

**Deviant behavior perspective:** Deviance is non-conformity to social norms. Deviance refers to behavior or characteristics that violate social norms and expectations and are negatively valued or stigmatized by large number of people as a result (Weinberg and Rubington, 1973). Two popular theories in deviant behavior perspective are Merton’s Anomie Theory (1968) and Sutherland’s Differential Association Theory (1939). In anomie theory Merton argues that if a person fails to meet his/her needs (cultural goals) by structural means, he/she will try to fill the demands by taking another ways (illegitimate means). Sutherland differs here and says, it is not possible for man to take a way that is completely unknown to him. He/she learns it from different associations in which he/she interacts. According to deviant behavior perspective, when the existing societal institutions, e.g., family, aged homes, old age allowance, nursing homes, fail to meet the basic needs of the older people, he commits deviant behavior, like, suicide, begging.

**ELDERLY PROBLEMS IN BANGLADESH: SOME GROWING ISSUES AND RECENT TRENDS**

In traditional societies, older people are treated as resources and are respected by all and enjoyed a valued social position in the extended household. But this situation is changing enormously due to the break down of traditional family pattern, changes in traditional norms and values, innovation of modern medical facilities and increasing rate of older people. For these changes, the elderly face difficulty to meet their physiological, psychological and social needs. They are mostly vulnerable in terms of living arrangement, food consumption and possessions on wealth, participation in decision making of the family and social attitude and values. A lot of multi-casual factors are responsible for the current situation of the elderly in Bangladesh.

**Changing trend and disorganization of the society: A threat of lively living for the elderly:** In traditional agro-based societies, older people live with their near and dear one’s and in most of the cases dependent on them in meeting their needs. Socially it is the responsibility of the children to take care of their older parents when the elderly people are unable to meet up their demands with own efforts. But it is quite difficult task for our young generation to perform their traditional responsibility towards their parents in modern industrialized world due to their job and professional duty. In the advent of industrialization and urbanization a lot of changes have been taken place in the world. Modernization has affected our agro-based society and increased the migration from rural to urban and country to country affecting the pull factors and push factors. Older parents in Bangladesh are sending their children abroad for study job and even for settlement. Some young and adult children are leaving their older parents behind (despite the fact that their parents do not like it) and settling down either in the urban center of Bangladesh or in over-seas countries (Rahman, 1999). So the older people are living separately from their children and grand children. A study reports that about 55% are living in their own arrangement (self), slightly more than 25% with their sons and around 11% with their daughters (Kabir, 1994).

In poor families, both in rural and urban areas, older people often unable to meet the demands due to the extreme poverty where food is the top priority needs. About 77% older people do not have enough income to meet their basic needs and 71.4% are dependent on siblings for financial assistance for their livelihood (Kabir, 1994). Living arrangement is an important component for the over all well-being of the elderly but
the elderly people face problem in getting proper shelter. Most of the poor families can not ensure the separate living places for their senior citizen as they live in one or two room houses consisting of more than five member households (EBS, 2001). For this reasons, the elder people sleep and take rest in a corner of the corridor or a novel that is mostly unhygienic living condition characterized by health hazards and intricacies. In urban well off families, though the elderly have no problem with basic needs but they feel isolated, lonely and depressed within the family. At the same time they are to be found on odd situation due to the lack of proper care. Female participation on the labor force and extensive pressures on school going children, fewer women and grand children are now available to be the primary care givers for the elderly.

**Productivity and dependency of the elderly: A dilemma for age biases:** In Bangladesh, the elderly people are discriminated both by prejudice and means of exploitation. Our society feels that the elderly people are incapable to carry out their duties and sometimes compel them to retire from their current positions at the age of fifty seven though they are capable to serve at that age. They are labeled as aged and considered as unproductive due to our social construction for age biases. Though the older people retire at the age of fifty seven but they remain more fifteen to twenty years after their retirement. At that time they had to live their life depending on others. This dependency is made by our society through age biases. On the other hand a myth prevails on the society that the older people get much but do nothing is also socially constructed. But elder people in Bangladeshi family life contribute much by their active involvement in child care and domestic work. Data from various researches revealed that older people provide valuable contributions to well-being and livelihood of the family by taking responsibility for house hold activities, freeing younger family members to seek work out side the home. Elder people have joking relationships with their grand children and through this process take the responsibility of proving children’s sex education and preparing them for later marriage responsibilities. This relation is always warm, caring sometime educative in nature (Aziz, 1979). In most of the family where both father and mother are employed, Grand parents are the only reliable safeguard for the family who take all the responsibilities to care and protect their grand children from all sorts of sexual evils and also protect the most valuable household resources. Older people are important advisors in the community; they help to settle misunderstandings and build peace as Joyce Mukandkundiye of Rwanda remarks (Hossen, 2005). Older people can help the community people to solve their problems by giving direction in the light of their life experiences.

**Co-residency and the elderly abuse: the generational gap:** In Bangladesh context because of traditional norms and religious and social values most of the elderly are living with their offspring but at the same time it should be elicited that how easier this co-residency. Because of wide spread poverty and a socio-economic change, living together is no guarantee of economic well-being of the elderly (Kabir, 1994). In general the elderly of Bangladesh are respected and well cared by their families but in recent time, Elderly abuse is alarming visible in rural poor family. Elder people suffer from the mistreatment of family members and the society. Our society holds some myths and prejudices towards the aging, which include ‘rocking chair syndrome’ where the assumption is that an old person’s daily routine consists of napping in their rocking chairs; unproductive, due to lack of participation in the labor market, sick, dependent and generally useless. Although much of the early works of social gerontologist was influenced by age bias, focusing on the physical psychological and social decline in the aged, most recent research has been instrumental in debunking prevalent myths about aging and old age (Kart, 1985). Their sons and daughters, daughter-in-laws, spouses, grand children and others abuse elderly people. Adult children are the most likely perpetrators of abuse (30%) as compared with spouses (14.8%) (Boudreau, 1993). In most of the cases, young children make a nuclear family due to the disagreement of wife with their parents. They rarely communicate with their parents’ even if they posses wealth or property. Elderly women particularly the widow dissected and divorced are the silent victim of this situation as they do not possess any valuable social and economic wealth like, land or other kind of property. Boudreau have mentioned some forms of elderly abuse, like, verbal assault, isolation, threat, reduction of personal freedom, theft of money or property, hazardous living conditions, lack of supervision, withholding of food and inducement of fear (Boudreau, 1993). National Aging Resource Center on Elderly Abuse (NARCEA) reports that most frequent types of elder abuse (37.2%) are followed by physical abuse (26.3%), financial or material exploitation (20%) and emotional abuse (11%) (NARCEA, 1990).

**Vulnerability of the elderly in later life: the generation of social maladies:** Due to the break down of extended family, poverty, social alienation and myth and abusive behavior from the family members, exclusion from income
generating activities and lack of safety network the elderly lead a vulnerable life in their later life. In Bangladesh, it has traditionally been the responsibility of the family to provide food and shelter for its elderly members. More specifically traditional norms in Bangladesh, as in other south Asian countries demand that sons are responsible for financial provision while the daughters-in-law are responsible for proving day to day care (Jefferys, 1996). But about 44.3% people live under absolute poverty both in rural and urban areas. These poor families are unable to meet the basic needs of the older people including food, health care, clothing adequate shelter and access to income or employment opportunities. Commenting on a seminar paper, Professor Ali Akbar says, irrespective of whether they resided in urban or rural areas, a significant portion of the elderly men lived a solitary life, singly. More than two thirds of the elderly men lived in nuclear families where they were likely to be the main breadwinners (CPD, 2000). Find no other alternative to maintain their life expenses; the elderly people involve them in Beggary and some one commit suicide though the suicidal act is very insignificant in our country. From a study, it is found that 43.1% people have no income source where 86.3% involved in beggary (Rahman, 2000).

Elderly care services in Bangladesh: GO and NGO initiatives: Aged people are increasing in alarming rate day by day. If we don’t take initiatives, it would be more complicated and fatalistic. According to UN, the world is experiencing an age quake. Every month, one million people turn 60. By the year 2001, one of every 10 persons will be over 60. By 2030, several industrial countries will have one third of their population over 60 (UN, 1999). In Bangladesh, Eighty thousand new elderly people added to the over 60 age group each year (ESCAP, 1999). Today, People over 60 years make up 6% of the total population of Bangladesh. While this percentage is small relative to developed countries due to the large size of the population, it represents approximately 7.3 million people (Samad and Abedin, 1998). Furthermore, projection indicates that the number of elderly people in Bangladesh by 2025 will reach in 8.5 million and 10.1% of the total population (Rabbaw and Hossain, 1981) (Table 1 and 2 ).

Perceiving this dreadful situation of aging in Bangladesh, a number of Government and Non-Government organizations have taken some programs associated by different international organization. After the independence, Bangladesh Government initiated some programs like pension, gratuity, welfare fund, group insurance and provident fund for retired Government officials and employees. Since 83% of the population in Bangladesh lives in rural areas only a negligible fraction of the total elderly are covered by formal pensions. Considering the rural helpless, disabled destitute poor aged people, Government have introduced elderly allowance (Boisiko Bhati) program in 1998 that covers 10 aged people in each ward and 403110 aged people can be benefited from this program across the country. This program has largely been praised. Although this is a meager amount and the recipients are very few in numbers, yet this is a very good start and pioneer effort by the Government. It has been highly appreciated by people of all corners (Rahman, 1999). In addition to this, Government is imparting the services to the aged, mostly women, through Vulnerable Group Development (VGD) and Vulnerable Group Feeding (VGF) programs. Very recently Government has set up six aged homes (Santi Nibas) in six divisions for rendering shelter, life long health care, medicare and recreational services for the aged people.

In parallel with government programs, some non-government organizations are working for the welfare of our senior citizen. Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) is the pioneer national organization that takes a comprehensive care services including residential and health care facilities for the welfare of the elderly people in Bangladesh. Retired officers Welfare Association (Dhaka), Retired Police Officers Welfare Association (Dhaka), Rehabilitation Center for Aged and Child, Service Center for Elderly People (Rajshahi), Elderly Development Initiative (Manikganj), Senakalyan Sangsth, etc. are also undertaking some programs towards the elderly people in Bangladesh. Resource

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Source: Statistical Year Book 2000, BB, June 2002

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Integration Center (RIC) and Bangladesh Women Health Coalition (BWHC), two member organizations of Asia Training Center on Aging (ATCOA, 2000), are implementing a pilot project for the development of women health and status. Rotary Club, Lions Club, Girls Guide, Zayeda Dream Care Mothers Home, Apon Ghor, Nijer Ghor, Antore Apon, etc. also are taking part in aging care services. But all these existing services are unable to meet the demands of large number of aged people in Bangladesh for some constraints and limitations.

- A social security program has become the backbone of old age economic assistance in the developed country. But we are far away from that sort of program. At the time of retirement the older people get an amount from gratuity and provident fund but find difficulties to invest it somewhere. Sometimes they have to wait more than one year for bureaucratic complexities to get their pension and other allowances. The retired personnel get an amount monthly and after death their wife get equal to half of the amount. About ninety percent people are excluded from this program as they were not involved in service. Very recent, in 1998, Government has introduced elderly allowance and widower and destitute women allowance program from where 125 each per month certainly the amount is very little. In 2005-06 fiscal year this amount will increase in taka 185. This amount is also too little to change their lives.

- Aged people mostly suffer from various complicated physical diseases and the number is increasing day to day but the services provided through government hospitals are inadequate in compared to needs. They have to take the services from the government hospitals standing on a large queue. The rural poor elderly people do not get proper medical care services from there for lack of sufficient doctors and nurses, medicine and for other modern medical equipments. The family members also unwilling to spend money for the elderly people because they think that the cost for elderly is meaningless, as they live no more days. Doctors and nurses are also less interested to take their higher studies and specialization in this field and also be reluctant to care them that also eventually increase the sufferings of the older people.

- Ninety five percent of the elderly and ninety percent of the disabled elderly live at home and rely entirely on their family members. Institutional services are insufficient here. Though some institutions have been set up by the government initiative, these institutions often face a crisis in absence of the elderly. Most of the elderly people and their family are not aware about these services. On the contrary, the institutions that are working for them are most often proprietary that is run for profit, they hold high amount of service charge that make the people far from these institutions. This institution also experiences the shortage of skilled manpower to care for the aged. Professional knowledge is mostly unavailable among them. There is also found lack of motivation and counseling in both of the government and non-government agencies.

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

- Community care services (service arranged by the community itself) should be expanded to care for the elderly. To ensure these services, we have to take proper steps to re-arrange or set up new and alternative institutions that can take care to the aged, such as, aged homes, nursing homes, health complex, day care center, recreational center and so on. In doing so, Government can make a dialogue with individual solvent donors and voluntary organizations and should provide them technical and logistic support in this regard.

- Micro and macro level counseling can be a more effective initiative to give up the myths and prejudices of the community people towards their elderly and to inspire them to initiate more elderly care services and also the elderly people can be persuaded to take the services from the newly introduced institution.

- Government should take some programs for making them involvement through using their inner potentialities and experiences to reduce their mental sufferings resulting from loneliness and isolation. Meanwhile a large scale social security programs, like, pension, old age allowance, health insurance can also make them free from anxieties in later life. The amount of old age allowance and beneficiaries should also be increase at satisfactory level VGD (Vulnerable Group Feeding). Programs can also be effective for elderly people.
Elderly people mostly suffer from some physical diseases. At that time, they need comprehensive medical care services. But in some cases it becomes impossible for them to stand in a queue to avail the services from general out door services in government hospitals and to get in to the bus due to their physical inability. In this regard government should take initiative to devise special free out door service units in government hospitals and special free transport services for the elderly.

As the elderly people feel free to stay in their own residence, home-based care can be more effective service instead of institutional care. In this regard, local self-government can recruit "Paid Home Helper" who will serve the aged people in their home. Some developed country like, Norway, Sweden, Finland, Denmark, have already introduced such programs.

We need to revise our academic curriculum and include such issue that would teach and direct our new generation to respect our senior citizen and awaken them about their duties and responsibilities towards the older people.

In all these fields that have been mentioned earlier, professional social workers can use professional knowledge and training, as it is a new challenging issue for social workers in the 21st century. Social workers can involve themselves in both teaching and promoting social and case advocacy in changing the attitude of community people and policy makers and the elderly as well in service to the elders. They can effectively use their advocacy strategy among the students to change their attitude towards the elderly people. In the 21st century, as the number of elders increase, greater participation will be needed from the private sector with the formation of an effective public-private partnership. Here, Social workers can play a coordinating role among corporations, universities, senior citizen centers and members of the aging network.

CONCLUSIONS

Aging is an unavoidable and universal process in human life. But a little has been done to make the life easier for the elder generation who are the progenitors of civilization, the transmitter of culture and the people who ensure society's linear succession. It is our ethical and moral responsibility to extend our helping hands towards our senior citizen so that they can pass their ending days of life with respect, proper care, food security. Poor health care service, mistreatment from the family members and threat from meeting basic needs, unhygienic living condition and poor sanitary system, isolation and loneliness, unsuitable transport system and poor recreational facilities are very much associated with the life of the elderly in Bangladesh. Earlier the joint or extended family system used to take care of the elderly population by family resources but this situation is now changing rapidly through the eroding of traditional family pattern. In this context, the need for a social welfare program for the elderly both from the government as well as public sector is emerging and requires serious attention in future years.

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