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# Listening Unheard Voices of the Age-Old People: An Evidence-Based Study in Bangladesh

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**Keywords:** *age old people, social poverty, social policy.*

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# Listening Unheard Voices of the Age-Old People: An Evidence-Based Study in Bangladesh

Md. Aminur Rahman <sup>α</sup> & Md. Taufiq Ahmmad <sup>σ</sup>

**Abstract-** There are many problems in Bangladesh society, and few of them are visible, and few are invisible. The life of Age-old people is mostly unheard of the collected information. However, all acknowledge their contribution to family and society, as well national level. There is a Chinese proverb, "Death of an older person is the end of a library". Besides, they are sometimes addressed 'Old is Gold'; but in reality, the Age-old people are ignored fully in our present fabricated social structure. This study collected 'evidence and testimonies' of twenty-five age-old people both male and female, in Bangladesh. Research revealed that most of them are suffering without minimal assistance from government and society, and it has intersectional characters also. Female is more sufferer than male, and it has another gender dimension. In a nutshell, both male and female, both are existing out-side of security circle. This article helps to understand the life-cycle of age-old people and make recommendations that will be helpful for aging and social policy area. For Bangladesh, they will be benefitted and get rid of an intersectional life cycle by implementation of the recommendations.

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## 1. INTRODUCTION

There is a proverb, "Old is gold", considers 'elderly population',<sup>1</sup> who are the asset of any nation. Actually, they have a huge contribution to our national development, and it needs to acknowledge. But they are facing severe problems in their daily lives. Elderly is a reality, and they have hard experience that related to their survival especially when they are in 60 years and over.

Elderly is related to aging, and 'aging causes a functional deterioration and vulnerability that also creates physical changes as well. Aging is a social process that involves individual and population aging, biological and psychological aging, and social change, and cultural differences within and between age cohorts and cross-cultural and sub-cultural differences in values, beliefs, and norms (Mcpherson, 1991).

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<sup>1</sup> In this paper 'elderly people' means who are 60 years and over age-old. It also meant age-old people that used in this paper.

There are many opinions, but Social thinkers are mostly concerned about social factors of aging that may be termed as social aging. 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 Kunkel, 2001).

### a) Aging Scenario in Bangladesh: A Brief

In Bangladesh, aging (age-old people) is considered 60 years and over old people. And as data (BBS: SVRS, 2015) it is shown, in rural areas, 8.2% population belongs to 60 and over-aged and 6.9% existing in urban areas.

**Table-1:** Percentage distribution of sample population by age, sex

Age group	Rural			Urban		
	Male	Female	Both Sex	Male	Female	Both sex
60-64 year	3.1%	3.1%	3.1%	3.0%	2.7%	2.9%
65+ year	5.5%	7.7%	5.1%	4.3%	3.6%	4.0%
Total	8.6%	10.8%	8.2%	7.3%	6.03%	6.9%

Source: Bangladesh Sample Vital Statistics 2015; BBS, May 2016, p-15

**Table-2:** Marital status by residence SVRS 2015

Age group	Rural		Both Sex
	Male	Total	
Widowed	1.1%	1.1%	1.0%
Divorced/Separated	0.6%	0.9%	0.3
<b>Female</b>			
Widowed	8.5%	8.5%	8.5%
Divorced/Separated	1.3%	1.2%	1.4%

Source: Bangladesh Sample Vital Statistics 2015; BBS, May 2016, p-19

Among the total elderly people, whether the marital status is observed, which is very much keen to know their living status; as information, 1.1% male age-old people are 'widowed' (rural-1.1% and urban-1.0%) whereas 'divorce/separated' are 0.6% (rural-0.9% and urban-0.3%). For female age-old people, this figure is

'widowed' 8.5% (rural-8.5% and urban-8.5%) and divorced or separated represents 1.3% (rural-1.2% and urban-1.4%)

#### b) *Thought behind the study*

In recent days, it creates deliberation on age-old people's rights, and search the way out for their faced crisis. Different kinds of literature claimed, they have faced sufferings in their daily lives by violation of their rights. Literary, age-old people are treated as honorable one, but in reality, their rights are violated and ignored both in family and society, especially those who live below poverty line. Though 'safety net program' makes an initial safe umbrella for them, but the numbers are very few who enjoy the facilities. Nonetheless, most of them have fully or partially deprived of their basic rights; and female have a special consideration. It means, it has gender dimension also. This study tries to understand the real-scenario with micro-lenses at the rural area and delve the situation with emphasis the 'social aging'<sup>2</sup> than biological aging. One of the thrusts of this paper to identify how society fails to consume them in the streaming of social fabrication. For fulfilling the objectives, this study has conducted in one union under Moheshpur sub-district of Jhenaidah district, Bangladesh to understand the situation in-depth qualitatively.

#### c) *Study Objectives*

- To know the study population's present living situation including food and health.
- To collect information on their deprivation and helplessness.
- To identify why family and society fails to facilitate them
- To search suggestions and recommendations for the betterment of age-old people.

## II. METHODOLOGY

For conduction of the study, the Qualitative method was used. Case Study has taken as a method to delve the living situation of the Age-old People's, taken under this study. And twenty-five Case studies were done where twenty-three from rural areas and two from an Old-Homes, Jessore, district town. Here it is mentioned, Oral testimony<sup>3</sup> was used in this study also

<sup>2</sup> 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 Kunkel, 2001).

<sup>3</sup> While the word testimony can have a legal meaning, Panos uses it sociological study that to describe the results of free-ranging, open-ended interviews around a series of topics, drawing on direct personal memory and experience. In 1928 already, the sociologist William Thomas came to this conclusion, saying that: « *if men define situations as real, they are real in their consequences* ». Judging what is true or false, good or bad, beautiful or ugly, useful or useless, is a cultural

as a technique that was introduced by Panos Institute of London. According to the Panos (2003), 'Oral Testimony' describes the results of free-ranging, open-ended interviews around a series of topics, drawing on direct personal memory and experience. And through these techniques, it tries to understand the complex cycles of aging and how it impacts on the age-old people lives as like food, social, financial, medical, the helplessness that they have faced in their lives. Without any interfere, collect the information as their voices. Considerable manner that has followed as like Provide additional understanding and knowledge of complex issues and situations;

- Their direct and personal nature is n raising awareness and bringing development topics alive are a means for communities to document their (otherwise unrecorded) history;
- Amplify voices of marginalized individuals and communities;
- Can be a more democratic way of collecting information from people compared to other methods of data collection.

The purposive sampling has used to better interest of the study that met the objectives. Additionally, it concerned on those who were not under any assistance package as like safety net or aid when confirmed them to take this study. Two consultation meetings have held with local elites who contributed in response to the age-old people's sufferings regarding the steps that help to make recommendations in line with the policy formulations.

**Table 3:** At a Glance: Respondents' age\*, sex and residence status

Residence	Male	Female	Total	Living Status
<b>Rural</b>				
Village-01	3	3	6	Three are living with son's support, two female supported by daughters and rest of living with life partners. And two widow living alone without any kin's support. Only three is coverage under government safety-net program.
Village-02	8	2	10	
Village-03	2	3	05	
Village-04	1	1	02	
<b>Urban</b>				
Urban-01	2	....	02	Two age-old males are living in an old home who enjoying three square meal in a day and medical facilities those are supported by Rotary Bangladesh.
<b>Total</b>	<b>16</b>	<b>9</b>	<b>25</b>	

**\*\* All respondents are more than 60 years old**

process, bound and full of specific pathways through time and space. Given the many differences in cultures, generations, class and between rural and urban settings, it is very important to train students in the complexity of people's perception of history and change.

### III. FINDINGS

It has found that on nine variables, most of their status is very poor and these indicate their insufficient gaining to life leading. The achieved information also indicated few new information and reality that is very crucial. Findings have disclosed, describe here in a short manner with clarification.

#### a) Regarding Family Support

Out of 25 case studies, only six are living with their families that facilitated with elder son's families. Out of this, nineteen age-old people have been suffering for supported living. And lead their lives either alone or partial support as like by their daughter. In fact, many families and persons are around them, but no one with them in real. As per testimony, daughters are more helpful than sons, and few of them said, "daughter is more beneficial than son". When it has seen among the females, widows are more vulnerable regarding family support. They are fully alone both physically and socially. One informed, she has three sons and no daughter, but no son looks after her. As her verdict, "if she has a daughter, probably might be got support from the daughter". If it has considered on "family support", their situation is very deprived.

#### b) Regarding Financial Security

This is very crucial fact for the age-old people that most of them are living without minimum financial or monetary support. The irony of fact, when they have interviewed, even most of them have no money in their houses. As Bangladesh per capita income, it is 2200 US dollars when conducted the case study, but as that accounting, they are under the poverty line. And due to age limit, they have no earning capacity as well no sources also.

On gender consideration, a female is also identified as vulnerable. They are mostly under intersectional cycle<sup>44</sup> which is more discussed issue at present in Gender Science. One female widow who has two sons but live alone without any money and she has no fixed earning also. During the study, the study team found, they are facing financial crisis all time; if they have siblings. By this study it is known, age-old females are more sufferer than males.

#### c) Regarding earning status

None of the respondent has fixed income, and all of them are totally or partially dependent on others. Most of them depend on sons and daughters; few are also of neighbors. For the male, it has found that two male age-old operates a grocery of their sons and other are out of income-earning activities. Three females have also depended on neighbor's cash or kind supports.

The non-earning position thrushes them into an inhuman situation inside family and society that is related to psychological obstruction.

#### d) Regarding Food in-taking

Food is a right for any being universally. For this study, a very undesirable food-in-taking scenario has been found. Among twenty-five age-old people, out of two who are in Old Home, Jessore city; most of them have failed to take three-square meals in a day. In our study, it has taken last seven days food-in-taking picture that is like as this.

Table 4: Food-intake in a week

Days	Three Square meals per day	Two or one square meal per day
1 <sup>st</sup> day	Male=5, Female=1	Male=11, Female=8,
2 <sup>nd</sup> day	Male=3, Female=4	Male=13, Female=3, 2 taken one meal
3 <sup>rd</sup> day	Male=5, Female=1	Male=11, Female=8
4 <sup>th</sup> day	Male=6, Female=3	Male=13, Female=5, 1 taken one meal
5 <sup>th</sup> day	Male=5, Female=2	Male=11, Female=7,
6 <sup>th</sup> day	Male=3, Female=1	Male=11, Female=3, 5 taken one meal
7 <sup>th</sup> day	Male=5, Female=2	Male=11, Female=3, 4 taken one meal

#### e) Regarding Health support

For any age-old person, health is all time bothering factor. According to the collected information, all the studied age-old persons have deprived of any kind of health support irrespective of male and female. At present, one female is very sick, but no one takes care her though she has two sons. Most of the males are suffering from a cough, heart diseases, and sickness. Alternatively, females are suffering from a degenerative problem that related to after menus status. They have a headache, eye-sight problem and hypertension. Besides, age-old females are under high blood pressure. The more important thing is, they are out of medical treatment, in a sense. Because few of them have taken treatment from the bare-footed doctor, but most of them are either out of treatment or visited a traditional healer. As a citizen, they are fully deprived of all types of health facilities.

#### f) Regarding Social support

Might be it is ignored or partially treated in our elderly literature especially in Bangladesh. In query this, two criterion it has been followed as 'social support'; these are 'kin support' and 'neighbor support'. As revealed information, if few are enjoying the kin support but at present neighbor's support are very rare for aged people. One expressed with a sigh, "previously we honored our old people, but at present, no one honor us, even not asking 'how are you'". For the female, very few are supported by their families and neighbors.

<sup>4</sup> Intersectional analysis aims to reveal multiple identities, exposing the different types of discrimination and disadvantage that occur as a consequence of the combination of identities.



*Table-5:* Social Support Scenario: Collected by the Study

Category	Kin/Family	Neighbor	Government	No support
Male	Four are fully/partially supported by daughters Two supported by sons	Three supported by neighbors	Three supported by safety net	Four are out of any support
Female	One supported by sons	Two supported by neighbors	Two supported by safety net	Four fully out of any assistance

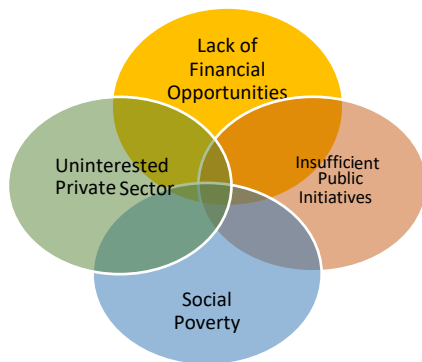
By the analysis, it has only considered the social support; and seen society and family are fail to provide the poor age-old people who have a significant contribution to their family as well as society. In their opinion, modern education and awareness could be not helpful for them; rather traditionalism is better than culture.

#### g) Gender consideration

As it measured through 'Gender Lens'; both genders are passing their days under the inhuman situation. But in this respect a female is taken much concentration; as testimony and group discussion, it has known female who are the widow and no kids are mostly vulnerable. Additionally, among twenty-five respondents who have no 'daughters' are more helpless than those who have 'sons'. Like this study, daughters are considered more helpful as an agency for their parents.

#### h) Intersection character in Aging

At first, it needs to feel without a total support the age-old people have not secured in their life. Intersectional character is another lens to understand the problem as a whole. 'Intersection' allows us to understand one another on a broad spectrum, instead of 'one trait'. For the present study, it has revealed that no single cause is liable for their unprotected living where many causes working behind the problems. It also presents through a diagram here.

*Figure-1:* Diagram of Identified Causes

As an institutional failure, 'insufficient public initiatives' is the core problem for age-old people's sufferings. Government fails to expand and implement the safety net facilities for the poor-aged-people and even for female also. Though Bangladesh claims, she is now developing country, but reflection is not vivid in this area. As like this, 'lack of financial opportunities' is another shortcoming for two considerations. One is no grant or gratuity for the age-old people though now very few grants are offered by the government to the rural poor and distressed, the monthly allocation is not more than present ten kilograms rice price. Secondly, Micro Finance Institutions (MFIs) are not interested to provide sufficient financial support whether they should provide credit or grant for the age-old. Besides, These NGOs are also least interested to introduce any financial grants under Social Corporate Responsibility due to lack of budget. Due to lack of NGOs interest to facilitate the age-old poor people, it has also treated as lack of financial opportunities. But many age-olds want to do something that is soft-activities if these NGOs provide them capital money. This is also same for the private sector that means business corporate and financial corporates like the bank and other agencies. In this nexus, 'social poverty' badly impacts on the age-old people. Here it means, supports and assistance that has given by family, kin, and neighbors that is called society. It also related to 'relationship nexus'; that is identified as social capital in this sub-continent by many scholars. But the irony of fate, nuclear family, over population growth and modernity impact negatively on the traditional social fabrication and produces an 'impaired social pattern' that is not helpful and does not facilitate the age-old people who contribute them previously for making a good society and nation.

#### a) In-circle and Out-circle nexus in age-old people

For previous institutional characters, age-old people are now living out-circle areas. We mention 'In-circle and Out circle terminology' that means secured area and non-secured area for the age-old people. If it has theorized through based on present study findings, it posturizes as like all the respondent's age-old people are living at present 'out-circle' areas that means 'no one with them'. But it needs to include them 'In-circle' area where all the facilities are available for them. Now the question how possible it and what approach is needed.

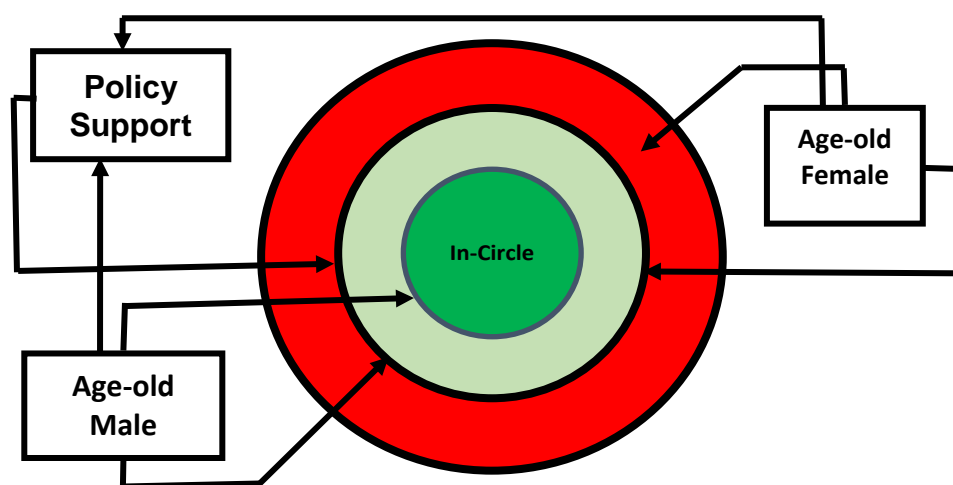


Figure-2: In-Circle Out-Circle Diagram

Probably, public-private agencies should play effective role mostly. Out of this, society can provide all types support for their parents; that is a social fabrication. Family and kin are key-agents in this regard. Besides neighbors are also be careful with them. Social awareness should have increased for breaking the cycle of social barriers. And it needs immediately. Based on present study, the age-old people commented for their financial security and health facilities first that means it needs to enact and implement the age-old sensitive policy and activities that reach the rural people institutionally, to transform the people of 'out-side circle' into 'inside-circle'. Proper policy needs to be enacted and implemented to the proper areas.

#### IV. OBSERVATION FROM DONE TESTI MONIES

##### a) Humanitarian Issue

*Context:* Considering the overall situation of age-old people, it has commented that they are living under severe problems including all types of security as food, health, cash and social assistance. In a nutshell, they are under inhuman situation mostly.

##### b) Recommendations

- All age-old should have taken under safety net program or any assistance.
- Primarily, attention should have emphasized on food and health care.

#### V. FAMILIAL AND KINSHIP RESPONSE

*Context:* As traditional norms, the family has a responsibility to take care of their age-old people. But for the studied people, family fails to provide them food and health security as their primary basic need due to lack of access to any entitlement as assets and handful cash earnings that impacts on the age-old people who are living their family. For kinship assistance, daughters are more sensitive than the sons whether both are under

poverty. Besides, testimony shows, female age-olds are more neglected by the in-laws as like daughter-in-laws, even sons also.

#### VI. RECOMMENDATIONS

- Need to concentrate on those family who assist the age-old and provides support to those households who take the responsibilities.

##### a) Social Justice

*Context:* Evidence shows clearly, society as like neighbors or villagers does not care the mentioned people at all. Not only that, even the local government representatives have not taken necessary action(s) in response to fulfill the needs of age-old people.

##### b) Recommendations

- It needs to ensure any obligation for the local government representatives of the age-old people.
- NGOs should be involved age-old issues within their social awareness programs.

##### c) Economic Security

*Context:* They have no economic security at all, 'no cash' is one of the problems. On finance, they are dependent on other persons.

##### d) Recommendations

- Cash should be given them on a monthly basis, and as public, private agencies should take care the age-old people.

##### e) Medical Assistance

*Context:* This is the most concerning issue, causing age-olds are suffering now many diseases but fail to take any healthcare due to lack of money and assistance them physically. In this regard, age-old widows are more vulnerable than the age-old male. In reality, experience gives an idea about few of them forget what health care is and it needs to them.

f) *Recommendations*

- For this crucial issue and State should be more concern. Ministry of Health and Family Welfare should be taken it as their concern and may order to line institutions like UP based Family Planning and Community Clinic's for an open desk for the age-old people.
- All hospital/clinics/diagnostic centers (public/private) should open special desk for age-old people.
- No prescription money will be taken by any Doctor (public or private) from the Age-old people who unable to pay.
- Medical tests and other referral treatments should be given them either full compensation or partial payment. It should take care to issue an immediate order in this regard.

g) *Legal Status as Senior Citizen*

*Context:* Experience initiates to enact related laws for them and declared them as Senior Citizen. If not, it is difficult to facilitate them just based on sympathy and pity.

h) *Recommendations*

- Age-old people treated as Senior Citizen, and package should have declared for them. Women should have taken more concerns in this regard.

i) *On General Observation*

*Context:* Observation shows, family members including present kin and in-laws have failed to carry out their duties to the aged people or partially. No local data have preserved on the age-old people in UPs.

j) *Recommendations*

- A Database should be completed by UPs and needs to be maintained it digitally that helps to access the age-old people information.
- Age-old people's issues should have included in primary and secondary level education curriculum that make the kids sensitive to the age-old people in future.

k) *Policy Recommendations*

- It should have introduced a 'special type of Card' for age-old people (as like NID Card) may be called as 'Elderly Card'.
- All the poor Age-old people (100%) should have covered under the safety-net program through a public-private partnership.
- Health facilities should have introduced for them through establishing Age-Old Desk in Hospital/Clinic both government and non-government Health Institutions.
- Poor Age-old Card-Holders should be provided free-treatment by the private hospital and clinic. And it needs to include new law(s) for this purpose.

- No Doctors can be taken any fees from the age-old people who own the 'Elderly Card'.
- Community clinic should have provided a service for Age-old people.
- Transportation should be free of cost for those who unable to pay, and it could be mandatory for all transports.
- It should have established at least one 'Old-home' for each Upazila by next five-year plan.

## VII. CONCLUSION

Many issues of aging people have identified through this study. Finally, is revealed age-old are most vulnerable especially who are below poverty line. And based on the study, some recommendations have done, and if few numbers of these will implement in the near future, the age-old people will be benefitted and got rid of the inhuman situation.

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