



Paper 17

**THE EFFECTS OF VARIOUS INTERVENTIONS
ON THE WELFARE OF THE ELDERLY:
EVIDENCE FROM MICRO-STUDY**

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It is now widely recognised that there is a need to take the scope of the population policy in Bangladesh beyond the confines of achieving population stabilisation through reduction of fertility. Although in recent years the approach to reduction of fertility has changed from narrow family planning to a broad based reproductive health approach, it is being increasingly felt that Bangladesh's population policy should encompass other equally important issues which have wide implications for the development process and the quality of life of people of Bangladesh. To address some of the related pertinent issues the Centre for Policy Dialogue has initiated a programme which aims at undertaking a series of studies covering the broad area of **Population and Sustainable Development**. The major objective of these studies is to enhance national capacity to formulate and implement population and development policies and programmes in Bangladesh, and through close interaction with the various stakeholder groups, to promote advocacy on critical related issues. The programme which is scheduled to be implemented by the CPD between 1999 and 2002 shall address, *inter alia*, such issues as population dynamics and population momentum and their implications for education and health services, the nexus between population correlates, poverty and environment, impacts of urbanisation and slummisation and migration, as well as human rights. The study has benefited from generous support provided by the United Nations Population Fund (UNFPA). The programme also envisages organisation of workshops and dialogues at divisional and national levels and also holding of international thematic conferences.

As part of the above mentioned CPD-UNFPA collaborative programme the CPD has planned to bring out a series of publications in order to facilitate wider dissemination of the findings of the various studies to be prepared under the aforementioned CPD-UNFPA programme. The present paper on the theme of ***The Effects of Various Interventions on the Welfare of the Elderly: Evidence from Micro-Study*** has been prepared by Dr. M. Kabir and Dr. M.A. Salam of Department of Statistics, Jahangirnagar University, Savar, Dhaka.

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THE EFFECTS OF VARIOUS INTERVENTIONS ON THE WELFARE OF THE ELDERLY: EVIDENCE FROM MICRO-STUDY

1. BACKGROUND, OBJECTIVES AND METHODOLOGY OF THE STUDY

1.1 Introduction

Population aging is the process by which the relative size (proportion) of the young age population decreases and old age population increases as a result of the transition from high levels to lower levels of both fertility and mortality. The age structural dynamics of a population and public policy are strongly interrelated. Age structural transitions include declines in mortality and fertility, as well as related changes in family and social arrangements. A population's needs and its potential are strongly shaped by its demographic composition i.e. by age structural transitions. Over the past few decades, there have been changes in the age structures of the Bangladesh population. The proportion of people aged 60 and over is increasing significantly and is raising formidable social and economic challenges related to financial support of elderly people and to the provision of care for frail elderly. These fast changes in the age structures of population have been driven by declines in fertility and increases in life expectancy. Decreases in fertility rates and improvement in life expectancy have led to rapid increases in the number of older people in Bangladesh. About 80,000 new elderly added to the age 60 and over each year (ESCAP Data Sheet, 1999). Currently about 6% of the population in Bangladesh are elderly population and the size is about 7.2 million suggesting the elderly population of Bangladesh is higher than the total population of Brunei, Bhutan and Maldives.

Aging issue in Bangladesh is not a main concern until recently because the demographic transition started only in recent years. However, in the coming decades Bangladesh will experience rapid growth of elderly population; aging population will be large in absolute terms because of large base population of Bangladesh. Under the assumption of replacement fertility the number of aged 60 years and above was 5.64 million (5% of the total population) in 1997 and this will increase to 14.6 million (about 9% of the total population) by the year 2020 (Kabir, 1999). This demonstrates that with the achievement of fertility decline and increase in the life expectancy Bangladesh will experience rapid growth of elderly population in the next two decades. One implication of the expected increase in the number of elderly population is higher dependency ratio. As young wage earners become a smaller proportion of the population they will have to take responsibility for a growing number of elderly populations. A weakening support system combined with a higher dependency ratio has the potential to increase the existing vulnerability of the elderly population to poverty conditions. Poverty is one of the important reasons for weakening the traditional form of family support for elderly population.

The process of population aging may impel considerable increases in expenditures for social security as a share of national income. Economic support may come from the family or social security schemes (pension or insurance schemes or provident funds), that are likely to cover only a very small proportion of the elderly population in a country like Bangladesh and mainly for those who are in the formal sector. In Bangladesh, old age security or pensions do not protect a large majority of the aged population, and among those many continue to work well beyond age 60. In the poorer segments of the population, where family members usually pool resources for fulfilling their basic needs of food, shelter and security, the economic and political pressures are contributing to the insecurities to life and socio-psychological state of the elderly.

The care and the support provided to elderly parents are usually in the form of shared housing, food and other necessities, and less often in the form of direct transfers of income. An important point to note is that living arrangements are not indicative of the care and support that is received by parents. For instance, living in an extended family system with one's children is no guarantee that adequate care and economic support are being provided, and living independently does not mean that one's care needs are not being met by family members. With the shift from an informal to a formal economy, the elderly are likely to face even fewer opportunities for productive work.

With the present economic structure, Bangladesh can not afford the economic burden of setting up an institutional framework to cater to a large number of elderly persons. In Bangladesh where women continue to be valued less than men, older women's health reflects their life long experience of discrimination, deprivation and neglect. Longer lives coupled with the tradition of marrying older men means that more women will face the loneliness and vulnerability of widowhood. With a spouse's death, older women face a significant loss of economic security. Gender inequality and discrimination against women is widespread in Bangladesh. In contrast to normal demographic patterns, women in Bangladesh live shorter than the men. This is a result of a lifetime deprivation, lack of education, poor health and nutrition, low status, discrimination, and restrictions on mobility. Older women also own fewer assets and have less control over family income, and endure more chronic disease and disability than their male counterparts. A large majority of older women in Bangladesh are widowed (68%) compared to only 7 percent of men. Once a woman is widowed (or divorced), she is often denied access to resources as husband's resources may be distributed among other family members. As a result, widows have no security, and they are heavily dependent on sons/ family, and they face relatively worse socio-economic situations and because of lack opportunities to earn income and do not hold savings. Women everywhere still earn less than men and are often concentrated in low paid jobs. Gender discrimination and inequality are carried into old age, making widows among the most vulnerable in society (HelpAge International, 2000). In Bangladesh, population aging has added urgency to the problem of poverty among older people. While in the past families were able to take care for their parents, they now find themselves in a changing world that severely limits their ability to maintain the traditional roles. Traditionally, nearly everyone in Bangladesh has married, and very few have divorced. Thus, nearly all of the men and women who are now elderly have been married. Because of age difference in age at marriage between husband and wife and increase in life expectancy the proportion of women who will be widowed will increase sharply. This is reflected in the following information. Another issue with important implications for the elderly is whether or not they will have adult children who can provide financial support and personal care. This is of particular concern in Bangladesh where most of the elderly live with their adult children and where there is no pension scheme. Population aging also has important implications on gender balance since higher proportions of the oldest -old are females. Gender based difference in longevity may have some impact on living arrangements, income, health care and other support systems. Most of the oldest -old is widows.

TABLE 1.1: SELECTED INDICATORS OF ELDERLY IN BANGLADESH

Indicator	Year	
	1997	2020
% Age 60 and over	5.0	9.2
% Age 75 and over	0.8	1.5
% Female 75 and over	41.0	50.0
	Male	Female
%Widowed age 60 and over	7	68
%Economically active, 60 and over	75	46
%Literate aged 60 and over	30	5

1.2 Rationale of the Study

Traditional support system for the older person in Bangladesh based on joint family structure and kinship to ensure older people's care security and respect has been declining. With the rapid decline of the joint and extended family system, the community no longer protects older people's rights as in the past. As a result, older people have largely been displaced in the community and are exposed to vulnerability. The present study would help to assess elderly population's basic need in terms of food, shelter health care, income security, socialization and community support. It would also help to draw feasible policy oriented strategy given the resource constraints.

1.3 Interventions Currently in Operation for the Elderly in Bangladesh

1.3.1 Government Boisko Bhata Scheme

Although about 80% of the population in Bangladesh live in rural areas, only a small fraction of the elderly are covered by formal pensions. There is no public safety net for poor aged people living in poor families, particularly in the rural areas. In 1998, the government introduced a new pension programme for the elderly population. The scheme is called "Boisko Bhata". The scheme provides 100 Taka per month to the 10 poorest and most vulnerable aged persons in each ward of a Union, which is the lowest administrative level of the country. Of these 10, at least five must be women. The new pension scheme introduced by government reaches only 44,500 out of the estimated several million of older people who live in extreme poverty. The government is also planning to extend its financial support to the distressed elderly women. In addition, the government has decided to build up "Boisko Nibash" (old homes) in six divisional towns of the country. The selection of elderly for "Boisko Bhata" is based on two criteria. These are:

- The age of the elderly should be 57 years and above; and
- The yearly income should not exceed Tk 3000

Besides, government also provides Tk.100 to 5 vulnerable women who are mostly widowed divorced/separated.

1.3.2 NGO Support to Elderly Population

Although a large number of NGOs are working in Bangladesh, a very few of these NGOs have programs directed towards elderly population. Programmes for the elderly population by NGOs include:

- Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) popularly known as Probhin Hitoishi Sangha whose activities includes health care, recreation, rehabilitation, seminars, workshops, research and publications. Currently it provides services at 34 locations. Its program will gradually be extended to all the 64 districts.
- Resource Integration Centre (RIC): Community level assistance to poor and disabled elderly with a primary focus on older women, as well as co-ordinating the celebrations of International Older Person's Day.
- Bangladesh Women's Health Coalition (BWHC): Older women are increasingly included in education services for women and children through clinic based in urban and rural areas by taking a "life -cycle approach" to health care.
- Boisko Punorbashon Kendro: Boisko Punor Bashon Kendro is rehabilitation Centre for the elderly population. It was established in 1987 in Gazipur. It is a full -fledged old home where elderly people 60+ from any religious faith can live.

- A number of other organizations have a limited number of programs with older people, including the Elderly Initiative for Development, Bangladesh Retired Government Employees Welfare Association, and Training Task Group. Bangladesh Retired Government Employee Welfare Association has been working since 1976 as registered organization. It provides medical services to the elderly population. Currently 62 district level organizations are working as affiliated bodies. Very recently, Bangladesh Girls Guides Association, Bangladesh Education Board Retired Employee's Welfare Association and Bangladesh Society of Gerontology are also working for the welfare of the elderly population.

1.4 Objectives of the Study

There is a serious lack of information on the situation of poor elderly population particularly those who live in rural areas. The major thrust of the present study is to focus on the policy consideration and identify those issues for consideration and implementation. The main purpose of the present study is to investigate the existing policies in operation and what are feasible policy interventions need to be considered for the welfare of the elderly population.

In the light of the above discussions, the study has made an effort to understand elderly population's concerns on issues like present socio-economic status, health, living arrangement and family and community support and to understand the condition of their lives. The specific objectives of the study are:

- To evaluate the socio-economic background of the respondents;
- To evaluate the situation of Boisko Bhata Scheme;
- To provide an empirical assessment about the coverage of Boisko Bhata Scheme for the elderly;
- To assess the institutional arrangement of the Boisko Bhata Scheme such as target group selection, leakage and barriers
- To provide an estimate for financial implications about a possible full coverage of the elderly welfare scheme. and
- To assess their needs in terms of policy consideration

1.5 Methodology

The study has covered both quantitative and qualitative information. The quantitative data were gathered through pre-designed structured questionnaire at the household level while qualitative information were collected by conducting focus group discussions with the NGOs personnel working for the welfare of the elderly population.

1.5.1 Sampling Design

For the purpose of this study eight Upazilas were selected taking two Upazilas from each old division of the country. From each Upazila two unions were selected randomly providing a total of 16 unions. From the elected unions two wards were selected randomly from the list of wards. Thus there were 32 sample wards. From the selected wards elderly population who were aged 57 years and above and who are receiving "Boisko Bhata" were selected for interview. From the selected wards an equal number of elderly women and men (8 men and 8 women) were selected. The total number of sample respondents of the elderly population was 256. The sample Upazilas are:

Dhaka Division : Harirampur and Polash
Chittagong Division : Anowara and Chandina
Rajshahi : Saghata and Sonatola
Khulna : Lohaghora and Fakirhat

The selected sample Upazilas are shown in Map

1.5.2 Focus Group Discussion

Two Focus Groups were conducted from two NGOs named Resource Integration Centre (RIC) and Prabin Hitoishi Sangha (Bangladesh Association of Geriatric Medicine). RIC is currently working for the welfare of the elderly population in rural areas while BAAIGM is working in the urban areas. A guideline was developed for conducting the focus group session.

2. SOCIO-ECONOMIC BACKGROUND OF THE ELDERLY POPULATION

2.1 Introduction

In this chapter socio-economic background of the sample elderly population is described to understand the situation of elderly population in Bangladesh. The study is also considered some selected demographic characteristics of the sample elderly population such as age, marital status, family type, and dependency status in the household. The Information is shown in table 2.1.

TABLE 2.1: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY THEIR SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

Characteristics of sample elderly population	Number	Percent
Age		
Less than 60	3	1.2
60-70	117	45.7
71-80	111	43.4
81-90	17	6.6
91+	8	3.1
<i>Mean Age</i>	<i>72.5</i>	
<i>Standard deviation</i>	<i>8.4</i>	
Sex of the Respondents		
Male	121	47.3
Female	135	52.7
Marital Status		
Married	130	50.8
Unmarried	126	49.2
Family Type		
Nuclear	189	73.8
Joint	67	26.2
Occupation		
Agriculture	14	5.5
Day Laborer	16	6.3
Petty business	6	2.3
Work in others house	181	70.7
Housewife	39	15.2
Income		
No income	174	68.0
Less than 1000	8	3.1
1000-1999	14	5.5
2000-2999	26	10.2
3000+	34	13.3
<i>Mean Income</i>	<i>Tk. 933</i>	
<i>Standard deviation</i>	<i>2240</i>	
Whether posses any land		
Yes	159	62.1
No	97	37.9
<i>Mean Land</i>	<i>5.2</i>	
<i>Standard Deviation</i>	<i>10.5</i>	
Whether there is any dependent on them		
Yes	95	37.1
No	161	62.9
<i>Mean Number of Dependents</i>	<i>2.0</i>	
<i>Standard deviation</i>	<i>1.5</i>	

2.2 Age Distribution

The age distribution of the elderly population is shown in Table 2.1. As expected about 90% of the elderly sample respondents are from young old range i.e. less than 80 years. The mean age of the respondents was 72.5 years indicating life expectancy of the population has been increasing. Surprisingly, the mean age of both male and female elderly person was the same - 72 years.

2.3 Sex Distribution of the Respondent.

Although the survey is designed to interview equal number of respondents from either sex but some male elderly population was not available at the households at the time of survey in the sample areas. In addition, female Boisko recipients were higher than their counterparts. As a consequence slightly more female respondents were interviewed to obtain the total sample size. Among the respondents about 53% were females as against 47% were males.

2.4 Family Type

Bangladeshi society has been experiencing rapid changes in household size and compositional relationship within and between household members of different generations. Religious and cultural traditions have resulted in a strong extended family system upon which older people have traditionally relied for survival (Samad, 1998). Traditionally old people depend on their adult children, particularly sons, for old age support and security. Increased migration of the work force, changes in the family structure and trends toward smaller family size and other socio-economic changes may adversely affect the old age support system in the society. One important concern of the elderly population is the breaking of traditional joint family system. This is also evident from the information collected in the survey (Table 2.1). Roughly two thirds of the respondents came from nuclear family as opposed to one fourth from the joint family. However, with modernization, a decrease in land availability, an increase in women's participation in the labour market, children migrating to urban areas, and the overall impact of pervasive poverty, it is generally acknowledged that this traditional form of support for the elderly population is weakening. This information implies that family support for the elderly population will decline in the future.

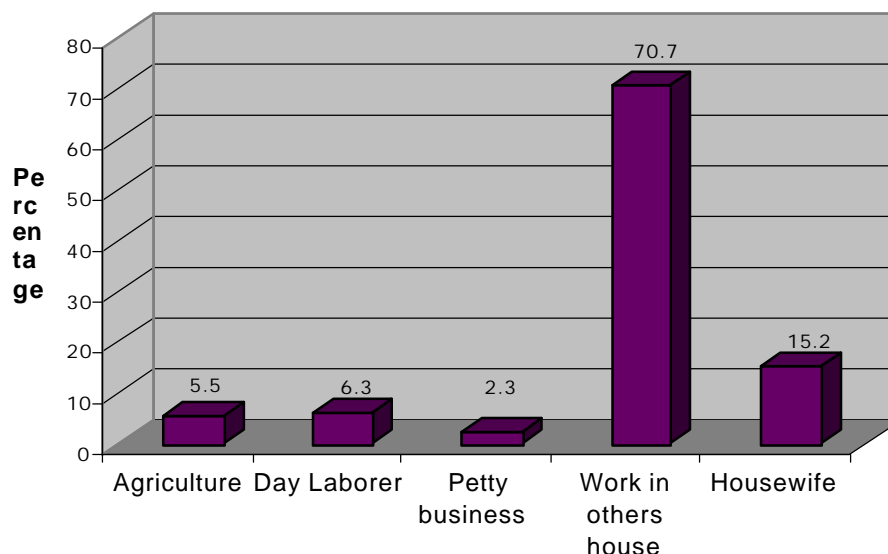
2.5 Marital Status

Marital Status of the elderly sample respondents was also collected and is shown in Table 2.1. At the time of interview about half of the respondents were married and the remaining half were widowed/widower/separated. Generally more women are widowed than men. This is also supported by the survey data. Of the total widowed/widower over 42 % of elderly women were widowed, as against only 7 % elderly men were widowers. The differential is due to difference in the age at first marriage of the husband and wife. Although in recent years the gap is declining the age difference was high as more than 10 years in the past. This differential has caused more women to become widowed. This also suggests that more elderly women will be vulnerable and will remain alone. Loneliness is a major problem of the elderly population. It also indicates that no one will remain in the household to provide support and care to the half of the elderly men and women; women remain more vulnerable than elderly men.

2.6 Occupation

Most of the elderly respondents who receive Boisko Bhata are poor and this is also reflected from their occupation, income and possession of land shown in Table 2.1. For instance, about three fourths of the elderly respondents reported that they work others house against kind and cash. The other occupations are agriculture (5.5%), day labour (6.3%), business (2.3%) and housewife (15.2%). Many elderly persons physically are unable to work and most of these persons work others household for their livelihood. The survey data support that relatively more elderly women work in other household for their livelihood than the elderly men.

Figure 2.1 Percent of elderly population by occupation



2.7 Income

Income distributions of the respondents show that about two thirds had no income except receiving Boisko Bhata. Only 13.3 % of the respondents had annual income over Tk 3000 and above yearly. The overall mean income was only Tk 933 (Equivalent to US\$ 17 dollar). This meager amount of income of the elderly persons can affect their livelihood and health and consequently their participation in labor force activity.

2.8 Possession of Land

Country wide, poverty is exacerbated by problems of landlessness, unemployment low education, high population growth, unequal land distribution, and yearly natural disasters such as floods, cyclones and drought. These problems hit older people especially hard as they are already in a vulnerable position due to their age. Ownership of land is another indicator of economic condition of the rural population. About two thirds of the elderly respondents had no land. Among those who said who had land about 38% reported that they had no homestead land and over 95% had no agricultural land. The average land owned by an elderly respondent was 5.2 decimal implying that poverty situation of the elderly population. These indicators also suggest that the selection criteria of the elderly population for Boisko Bhata were maintained.

2.9 Dependency Status

The elderly respondents were asked whether they had any dependent to look after and the information gathered on it is given in Table 2.1. As evident from the information about two thirds of the respondents reported that they had no dependents and slightly over one third of the respondents mentioned that they had dependents. This information implies that elderly couples are increasingly living alone. The respondents who reported that they had dependents were again asked the number of dependents they need to look after. The analysis of information suggests that they had on average 2 dependents. This is an economic burden for them. It is imaginable how these elderly populations are surviving without any income and household assets. Therefore, elderly populations who are vulnerable and poor, the

dependency are a major concern for their support and livelihood. The survey data also demonstrate that relatively more elderly women have less dependency than the men do.

2.10 Household Characteristics and other Facilities

Housing conditions of the elderly respondents were observed and the conditions were subjectively ranked and the information is shown in Table 2.2. A large majority of the elderly population lives in poor condition of the house. Most houses are constructed of mud/clay and thatch, while a few are made of tin. Most elderly population has also inadequate access to sanitary latrines. Access to safe drinking water appears to be universal.

TABLE 2.2: PERCENT DISTRIBUTION OF RESPONDENTS BY HOUSING STATUS, SOURCES OF DRINKING WATER AND TYPE OF LATRINE FACILITY

Conditions of the living house	Number	Percent
Worst	185	72.3
Bad	38	14.8
Moderate	30	11.7
Good	3	1.2
Source of Drinking Water		
Tubewell	251	98.1
River/pond/kua	5	1.9
Type of Latrine		
Sanitary	81	31.6
Katcha latrine	109	42.6
Open field	66	25.8

2.11 Distance of Children's Residence

In case of change in the family structure, elderly persons may prefer to live separately in their dwellings and familiar surroundings. Families can still live fairly close in separate households and provide help and assistance to one another. Older persons want to live near their children. The information obtained suggests that more than half of their children live less than half kilometer of their house. This mapping of children's living place has significant bearing for the elderly persons who are disabled and who have none to see them in case of illness and if necessary assisting them to health facility. However, because of economic hardship more children are settling in urban areas. One in five respondents mentioned that their children live 10 kilometers away from them. Roughly one in ten children are staying with them. These children are possibly dependent on the elderly persons.

TABLE 2.3: PERCENT DISTRIBUTION OF RESPONDENTS BY DISTANCE OF THEIR CHILDREN'S RESIDENCE

Living Distance of the Children	Number	Percent
Less than one kilometer	136	53.1
1 –2 kilometer	14	5.5
3 – 5 kilometer	10	3.9
6 – 10 kilometer	8	3.1
10 kilometer and above	54	21.1
Children live with them	34	13.3

2.12 Livelihood and Family Support

We already know the income of the elderly population, which is less than 20 US dollar in a year. The question is how they are surviving with this meager amount. All the respondents were asked whether the income is enough for their livelihood. If not, who support their livelihood and extent of support from other sources are also investigated. The information in this respect is shown in Figure 2.2. Social, economic and demographic changes have led to some changes in family structures such as increase in nuclear families. The information in Figure 2.2 shows that son/ daughter supports them in case of their need. However, the

poverty of the family results in greater poverty for the older persons in that family. Because sons must provide money for their families first, they have little left to give to their parents. Primary responsibility for parents traditionally falls to the son who provides shelter and food. The survey findings indicate that daughters are also taking responsibility for supporting their elderly parents. This is an emerging trend, but still is not the societal norm.

2.13 Community Support

While families remain the primary source of support, elderly population mentioned that they receive support from their communities in distress (Table 2.4). Although community may not help them by giving cash taka, focus group study indicates that they receive support in the form of food, clothes and transport to medical facilities. The Focus group study indicates that support systems for older men and older women differ, suggesting older women’s dependency on their families for survival. Older women than older men live alone and thus are dependent on their income. Old-old women are completely dependent on family and community support. The FGD findings also support older men have a more developed social net work of support than older women because of their grater mobility and they have the freedom to meet with friends in the community and gossiping in tea stall in the local market or road side tea stall while women do not have such opportunities because of cultural barriers. Women are thus isolated both socially and economically, further increasing their dependency and vulnerability.

Figure 2.2 Percent distribution of elderly persons by source of support from where elderly receive

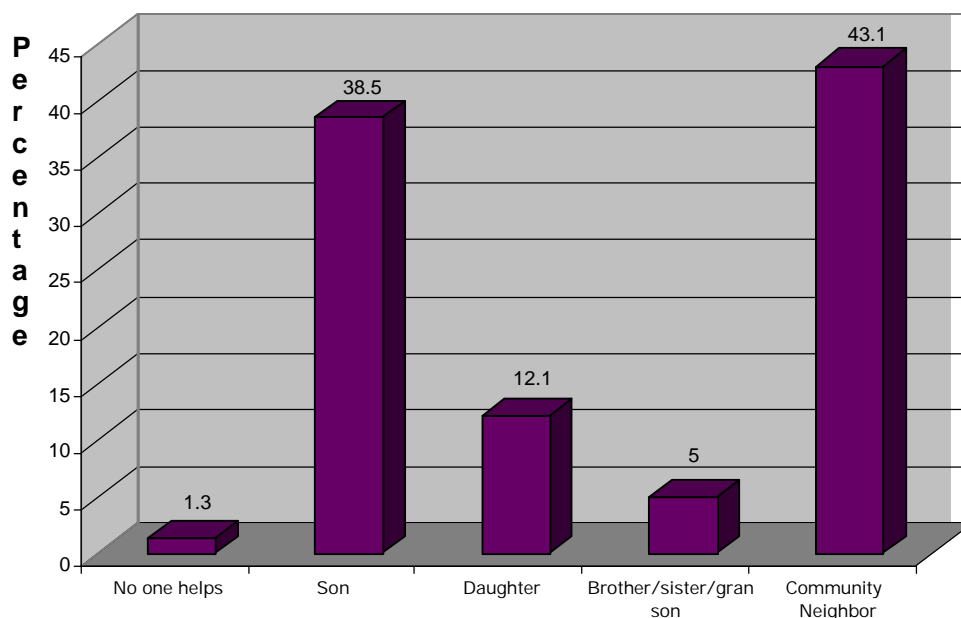


TABLE 2.4: PERCENT DISTRIBUTION OF RESPONDENTS BY SOURCES OF SUPPORT

Whether Income is enough for livelihood	Number	Percent
Yes	17	6.6
No	239	93.4
Sources of Support		
No one helps	3	1.3
Son	92	38.5
Daughter	29	12.1
Brother/sister/grand son	12	5.0
Community/ Neighbor	103	43.1
Sources of Additional Support*		
Taking loan	14	5.9
From working	2	0.8
From children	8	3.3
Influential members of the community	24	10.0
Others	33	13.8
Get no support	126	52.3
No response	44	18.4

* Multiple Responses

3. HEALTH STATUS, HEALTH CARE SUPPORT AND LIVELIHOOD OF THE ELDERLY POPULATION

3.1 Basic Needs

This chapter discusses basic health care needs of the elderly population; understanding about health status of the elderly population, self care practices and treatment seeking behavior. Health care is one of the basic needs for the survival of the elderly population in Bangladesh. The majority of elderly population in Bangladesh lives in absolute poverty. Elderly population suffers from cumulative effects of a lifetime of deprivation, entering old age in a poor state of health, and without savings or material assets. In Bangladesh, they are left out of the development process and consistently lack means to fulfill their most basic needs such as food, clothes, proper housing and health care, and also lack access to resources and income generating opportunities. All the elderly respondents were asked what are their basic needs. In response to the question they mentioned a number of basic needs. The basic needs of the elderly population as evident from Table 3.1 are food, clothes, health and shelter. The elderly populations were also asked among the basic needs what are their basic needs that are met. The information in this regard is shown in Table 3.1. The information clearly suggests that elderly population's most basic needs such as food, shelter and health care that are not being met.

TABLE 3.1: PERCENT DISTRIBUTION OF THE ELDERLY POPULATION BY THEIR BASIS NEEDS AND UNMET DEMAND OF BASIC NEEDS

Basic Needs*	Number	Percent
Food	256	100.0
Shelter	225	87.9
Clothes	254	99.2
Health	251	98.0
Security	41	16.0
Family Help	190	74.2
Recreation	23	9.0
Others	3	1.2
Unmet Need		
Food	240	93.8
Shelter	115	44.9
Clothes	187	73.0
Medical	237	92.6
Security	15	5.9
Family Help	72	28.1
Recreation	23	9.0
Others	3	1.2

* Multiple Response

3.2 Daily Food Items taken by the Elderly Population

The respondents were asked what that they eat during breakfast, lunch and dinner. The three times eating pattern of the elderly population is given in Table 3.2. The information in table 3.2 shows that elderly people report eating one to two meals a day, mostly consisting rice and vegetables in lunch, rice with water in breakfast and rice and curry in dinner. Poor older population is consumed with fulfilling their basic needs on a day to day basis.

TABLE 3.2: PERCENT DISTRIBUTION OF ELDERLY POPULATION BY TYPE OF FOOD ITEMS TAKE DAILY

Food items	Breakfast	Lunch	Dinner
Do not eat	0.8	7.4	6.6
Rice and pulse	9.0	2.0	3.1
Rice and vegetables	16.4	36.3	7.8
Rice with water	31.6	0.4	2.0
Biscuit and tea	1.6	6.3	0.8
Rice, pulse and potato	0.8	4.7	4.7
Rice with Barta	13.3	9.0	17.6
Rice and curry	1.6	16.0	23.8
Rice with Chili	2.7	1.2	2.7
Rice with fried Fish	5.5	1.2	2.7
Bread and tea	3.9	1.6	12.1
Only rice	9.8	0.4	10.2
Rice and salt	1.2	12.9	1.2
Fried Rice	2.0	0.8	2.0
Total	256	256	256

3.3 Whether Elderly Population Take Fish/Meat

To assess whether the elderly population take fish/meat in a week and if so how many days in a week. The information in this respect is given in Table 3.3.

Most elderly population is not concerned with nutritional value of food, only with having enough food to fill their stomachs. This is evident from Table 3.3. Only 1.2 percent of the elderly population reported that they took fish/meat often. A large majority said that they took fish/meat once or twice in a month or few days in a year.

TABLE 3.3: PERCENT DISTRIBUTION OF ELDERLY POPULATION ACCORDING TO WHETHER THE ELDERLY POPULATION TAKE FISH/MEAT IN WEEK

Frequency of taking Fish/Meat	Number	Percent
Once in a week	26	10.2
Twice in a week	17	6.6
Often	3	1.2
Once in a month	6	2.3
Once or twice in a month	101	39.5
Some days in a year	103	40.2

3.4 Health Problems and Support Needed

Health status of the elderly population is a major problem. In Bangladesh the ratio population and doctor is 1: 13,000 i.e. one doctor for about 13000 population. Bangladesh lacks medical facilities and infrastructure to meet the needs of the vast rural population not to speak of the older population. Most elderly population expressed concern about their health as it has a direct impact on their ability to earn for their livelihood. All the sample elderly persons were asked whether they had any health problem. If they had any health problem then they were asked to state the nature of the health problem they were having at that time. The information is shown in Table 3.4. It provides their health concerns and assesses their needs and explains the condition of their lives.

TABLE 3.4. PERCENT DISTRIBUTION OF ELDERLY PERSONS BY HEALTH PROBLEMS AND TYPE OF HEALTH PROBLEMS

Whether have any health problem	Number	Percent
Yes	253	98.8
No	3	1.2
Type of Health Problem*		
Arthritis	182	71.9
Dysentery	132	52.2
Eye Sight Problem	211	83.4
Ear Problem	56	22.1
Insomnia	193	76.3
Paralysis	14	5.5
Weakness	184	71.5
Movement Problem	71	28.1
Depression/Loneliness	25	9.9

* Multiple responses

Almost every one of the interviewed elderly reported that they had health problem. The type of health problems that elderly population suffers from included: arthritis, dysentery, and poor eyesight due to cataracts, insomnia and weakness. The findings also indicate that elderly population suffers from insomnia, which result from tension and anxiety is due to some psychological causes. Conflict of values and disobedience towards elderly are some of the causes of such tension and anxiety of the elderly population.

3.5 Physical Condition of the Elderly Population

Physical condition of the elderly population was also investigated i.e. whether they can move themselves or they need some one's support for movement or they can not move at all. The information in this respect is shown in Table 3.5.

TABLE 3.5: PERCENT DISTRIBUTION OF ELDERLY POPULATION BY THEIR PHYSICAL CONDITION

Physical Condition of the elderly persons	Number	Percent
Can move himself	223	87.1
Can not move himself	33	12.9

The diseases of the elderly population have impact on their ability to move from one place to another place. A large majority of the elderly population reported that they could move themselves without any support.

3.6 Advice Seek in Case of Illness

The elderly persons were asked whose advice they usually take in case of illness. The information in this regard is given in Table 3.6. As evident from the table more than half of the elderly population consult either their sons or daughters in case of their sickness. Besides, they also consult their wives and neighbors in the event of illness.

TABLE 3.6 PERCENT DISTRIBUTION OF ELDERLY PERSONS BY TYPE OF PERSONS THEY CONSULT DURING SICKNESS

Type of Person	Number	Percent
Brother	15	5.9
Son/daughter	135	52.7
Wife	49	19.1
Neighbors	33	12.9
Grand Son	5	2.0
Husband	4	1.6
Doctor	9	3.5
Do not consult any body	6	2.3

3.7 Whether Suffered from any Disease and Type of Disease they Suffer

The prevalence of diseases among the elderly persons were investigated and the information on type of diseases they suffer were also collected. The information is shown in Table 3.7. More than two thirds of the respondents reported that they suffered from various illnesses during the last three months prior to the survey. Most suffered from fever (53.1%) followed by stomach problems (37.1%), gastric (8%), heart problem (cardiac problems), asthma, cough and cold, dental and eye problems, rheumatism and blood pressure. Morbidity patterns among the elderly population are changing. With recent reduction in infectious diseases, geriatric diseases such as cancer and heart diseases have become common.

TABLE 3.7. PERCENT DISTRIBUTION OF ELDERLY PERSONS BY TYPE OF DISEASE SUFFERED DURING THREE MONTHS PRECEDING THE SURVEY

Whether Suffer any Disease During the last three months preceding the survey*	Number	Percent
Yes	175	68.4
No	81	31.6
Type of Diseases		
Asthma	8	4.6
Gastric	14	8.0
Typhoid	4	2.3
General Fever	93	53.1
Hand/leg broken	7	4.0
Stomach problems	65	37.1
Weakness	7	4.0
Liver Problem	8	4.6
Heart Problem	9	5.1
Jaundice	3	1.7
Dysentery	9	5.1
Cough	10	5.7
Tuberculosis	2	1.1
Skin Disease	1	0.6
Rheumatism	5	2.9
Blood pressure	9	5.1
Gayne	1	0.6
Tooth Problem	1	0.6
Eye sight problem	1	0.6
Paralysis	5	2.9

* Multiple Responses

3.8. Type of Treatment Received and Whether Satisfied with the Treatment

The respondents who reported that they had suffered from various diseases during the last three months preceding the survey were asked whether they had received any treatment. Their satisfaction about the treatment was also investigated. The information on the type of treatment they received and their satisfaction about the treatment is shown in Figure 3.1 and in Table 3.8.

TABLE 3.8. PERCENT DISTRIBUTION OF RESPONDENTS BY TYPE OF TREATMENT AND SATISFACTION OF THE TREATMENT IN THE HEALTH CENTRE

Type of Treatment*	Number	Percent
Village Doctor	103	58.9
Hospital	90	51.4
Health Centre	34	19.4
Pharmacy	110	62.9
Traditional	61	34.9
Whether satisfied with the health Center's services		
Yes	13	38.2
No	21	62.8
Total went in Health Centre	34	

* Multiple Responses

The most frequently stated sources of treatment were from pharmacy (62.9%), village doctor (58.9%), and hospital (51.4%). About one in five respondents went to health centre for treatment. The respondents who visited health centre were asked about the satisfaction of services of the health centre. More than two thirds of the respondents expressed their dissatisfaction about services of the health centre. This may be due to the fact that services do not meet elderly person's needs.

3.9 Number of Times Visited Health Centre During the Last One-Year

To assess the severity of sickness, all respondents were asked how many times they went outside their households for the health care services. The information in this regard is shown

in Table 3.9. During the last year they went to outside for treatment on an average for more than 9 times. This also indicates that most of the elderly population remains sick most of the time.

Figure 3.1: Percent distribution of elderly by source of treatment

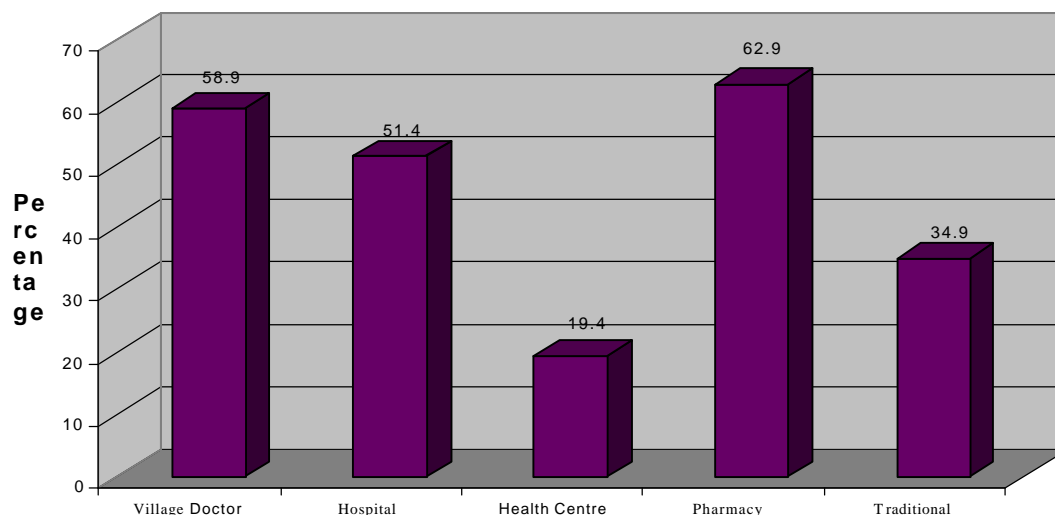


TABLE 3.9 PERCENT DISTRIBUTION OF THE RESPONDENTS BY NUMBER OF TIMES THEY WENT OUTSIDE THE HOUSEHOLD FOR TREATMENT

Number of Times	Number	Percent
Did not go	18	7.0
1-5 times	83	32.4
6-10 times	90	35.2
11-20 times	55	21.5
21 times and above	10	3.9
Mean		9.1
Standard Deviation		7.5

3.10 Sources of Receiving Money for Treatment

The respondents were asked to state the sources of money for treatment cost. Table 3.10 shows the distribution of sources of money for treatment. Only about one third of the elderly population mentioned that they spent for treatment expenses from their own savings but in most cases they mentioned that their sons or daughters provided treatment cost. Neighbors and rich people from the community also provided them treatment cost.

TABLE 3.10: PERCENT DISTRIBUTION OF ELDERLY PERSONS BY SOURCES OF RECEIVING TREATMENT COST

Source*	Number	Percent
Own savings	86	33.6
Son/daughter	140	54.7
Relatives	22	8.6
Neighbors	112	43.8
Rich persons of the community	69	27.0
Others	17	6.6

* Multiple Responses

3.11 Treatment Cost

Treatment cost for the poor elderly persons is an important determinant for seeking treatment in health center or in hospital. The elderly respondents who had received treatment last time were asked to provide information about cost of treatment for transportation, doctor's fee, and buying medicine. The cost for each component and the overall cost involved with the treatment are shown in Table 3.11. The information suggests that health care cost is an important factor for which many elderly persons may not seek health services when needed. If they do not receive financial support from others including from their children very few would seek treatment. Due to high cost of treatment many elderly populations may delay seeking medical attention until they become seriously ill, thereby prolonging their illness. This is particularly true for women who are heavily dependent on their sons.

TABLE 3.11: PERCENT DISTRIBUTION OF ELDERLY PERSONS BY DIFFERENT COST INVOLVED WITH TREATMENT

Type of Cost	Average Cost in Tk	Standard Deviation
Transportation	21.5	40.1
Doctor's Fee	43.5	313.9
Medicine	206.9	545.6
Total Cost	271.9	681.9

3.12 Distance of the Health Centre

Distance of the health Centre is also an important factor for which elderly persons either receive or do not receive modern health care services. All the elderly persons were asked about the nearest distance of the health Centre from their locality. The information collected in this respect is shown in Table 3.12. Distance of the health center is related to the transportation cost. Less than half of the respondents said that the health centre was between 1 to 3 kilometers from their house. Average distance is less than 3 kilometers.

TABLE 3.12. PERCENT DISTRIBUTION OF ELDERLY RESPONDENTS BY THE REPORTED DISTANCE OF HEALTH CENTRE FROM LOCALITY

Distance in Kilometer	Number	Percent
Less than one Kilometer	38	14.8
1-less than 3 kilometer	123	48.0
3- less than 5 kilometer	56	21.9
5 -less than 10 kilometer	30	11.7
10 kilometer and above	9	3.5

Since access to treatment will be an important policy issue in the future, all sample elderly persons were asked to express their opinions what should be done for their treatment. They provided a range options for their treatment. These are listed in Table 3.13.

TABLE 3.13: PERCENT DISTRIBUTION OF RESPONDENTS BY THEIR OPINIONS ABOUT THE TREATMENT OF ELDERLY PERSONS

Opinion of Elderly persons about their Treatment*	Number	Percent
Treatment with free of Cost	127	49.7
Doctor should visit them at home	114	44.5
Provide medicine free of cost	118	46.1
Provision for getting better food	12	4.7
Provide money for treatment	23	9.0
Provision for better treatment	47	18.4
Health Centre should be close	67	26.2
Others	18	7.0

* Multiple Responses

Elderly population's view about what should be done for their health care is also assessed. About half of the respondents desired that their treatment should be free of cost. An equal percentage of elderly population expressed their views that doctor should visit them at their homes and they should be provide with free medicine. About one in five mentioned that there should be provision for better treatment for the elderly population and over a quarter of the respondents desired that health centre should be close to their living place.

4. BOISKO BHATA SCHEME, DISTRIBUTION SYSTEM, LEAKAGE AND BARRIERS

4.1 Introduction

In this chapter Boisko Bhata scheme introduced by Government in 1998 has been assessed to see whether the selection was appropriate or not, distribution system of Boisko Bhata, leakage and type of barriers the recipients face in receiving the Bhata; what they feel about it and to what extent they are satisfied with it. It is to be noted here that this study sample consisted of respondents who are the recipients of Boisko Bhata Scheme. Besides, sample size is only 256. It may not be enough to address some of the issues, which are pertinent from research point of view. Despite this limitation it is expected that findings of the study would provide future indication about what options should be taken to deal vast elderly population of Bangladesh.

4.2 Whether Recipients face any Difficulties and Type of Difficulties

The recipients of Boisko Bhata were asked whether they face any difficulty in receiving the Bhata and if they face any difficulty then what type of difficulty they face were investigated in Table 4.1. Only 18 % of the respondents mentioned that they faced difficulty while receiving the money. The most stated difficulty as mentioned by the recipients of Bhata is long waiting time. All the recipients of the Upazila come on a fixed day to a bank to collect their Bhata. This causes enormous discomfort, as they need to wait almost the whole day to receive the Bhata without any food as well as without any toilet facility there. Since certain percentage of elderly population are disabled and physically weak the procedure of receiving the Bhata should be simple.

TABLE 4.1: DISTRIBUTION OF RESPONDENTS WHO REPORTED THEY FACE DIFFICULTY AND TYPE OF DIFFICULTIES THEY FACE

Whether face any difficulty	Number	Percent
Yes	45	17.6
No	215	82.4
Type of difficulty		
Long waiting time	36	80.0
Did not receive the Bhata for the last few months	3	6.7
They need to collect first revenue stamp to receive the Bhata	10	22.2
Total	45	100.0

4.3 Expenses Incurred to Receive the Bhata

All the recipients of Boisko Bhata were asked to state type of expenses they needed to spend for receiving the Bhata and the average money they spent for it. The responses in this respect are shown in Table 4.2. Each elderly person receives Tk. 100. They indicated that some of the benefit was lost to transportation costs to collect payment. In addition they also mentioned that they needed to buy revenue stamp to draw the Bhata. Since the post office is not near to the Bank they again go there by rickshaw to collect revenue stamp. It costs 15-20 Taka each time when they drew the benefit. This estimate is probably underestimated. The field observations suggest that they need to spend 40-50 Taka each time when they go to collect the Bhata. The situation becomes difficult for those elderly persons who can not move on their own. Field observation suggests that if any old person died before receiving Boisko Bhata then his/her family members can not draw the benefit. The next person would receive it from the month he/she is selected. This procedure takes 3-4 months for selecting the next person. It is also not known what they do with the benefit of the dead person. However, there is uniformity in the distribution of Bhata in all the selected Upazilas. As per government instruction Boisko Bhata should be distributed in each month through Sonali, Agrani and

Janata Bank. Instead of providing each month Bank distributes the Bhata three months at a time. In some areas, recipients travel to the Bank to collect the Bhata and in some areas, bank officials along with Upazila Social Welfare Worker in presence of the Union Council Chairman distributes the Bhata in respective Union Council Office. As the recipients collect three month's Bhata at a time they need to provide revenue stamp.

TABLE 4.2: DISTRIBUTION OF BOISKO BHATA RECIPIENTS BY TYPE OF EXPENSES

Whether they have expenses to receive the Bhata	Number	Percent
Yes	189	73.8
No	67	26.2
Type of expenses they need to do		
Transportation cost	166	87.8
Revenue ticket cost	23	12.2
Average total cost	Tk 15.6	

4.4 Spending Nature of Boisko Bhata

The respondents were asked to mention how they spent the Boisko Bhata. All the respondents reported that they spent the money for their basic needs such as for buying food, cloth and medicine. They also mentioned that they spent the money in paying loan (Table 4.3). About three fourths of the elderly population spent their Bhata on buying food indicating poverty situation of the elderly population.

TABLE 4.3: PERCENT DISTRIBUTION OF RESPONDENTS BY NATURE OF SPENDING THE BHATA

Spending Nature of Bhata*	Number	Percent
Spend for household Matters	96	38.3
Repay loan	33	12.9
Spend for buying food	187	73.0
Spend for buying clothes	21	8.2
Spend for buying treatment/medicine	94	36.7

* Multiple Responses

4.5 Other Related Issues Regarding Boisko Bhata

The respondents were asked a number of questions relating to Boisko Bhata such as to whom they keep the money; whether they support alternative option of Boisko Bhata; whether they are deprived from other benefits due to Boisko Bhata. The information is shown in Table 4.4. Since a majority of the elderly population lives in nuclear family obviously they keep the money with them followed by their wives. When asked whether they would consider other options instead of Boisko Bhata only about one in ten respondents mentioned that they would like the alternative option of Boisko Bhata but a vast majority mentioned that they would prefer the Boisko Bhata Scheme. In response to the question whether they were deprived of any benefit due to Boisko Bhata, about two-thirds of respondents reported that they were deprived from getting other benefits due to Boisko Bhata. The other benefits they are deprived from were relief materials and do not receive rice/wheat as relief. Over 13 percent respondents mentioned that their VGD cards have been cancelled.

TABLE 4.4: PERCENT DISTRIBUTION OF RESPONDENTS ACCORDING TO SOME RELATED ISSUES OF BOISKO BHATA

To whom they keep the money	Number	Percent
Keep it to own	228	89.1
Keep it to wife	20	7.8
Others	8	3.1
Whether any body in the family wants to take the Bhata		
Yes	7	2.7
No	249	97.3
Whether would consider other benefit instead of Boisko Bhata		
Yes	29	11.3
No	227	88.7
Whether Deprived from other benefits due to Boisko Bhata		
Yes	166	64.8
No	90	35.2
Type of benefits they deprived from due to Boisko Bhata		
Do not get relief now	102	61.4
Used to receive many benefits before but not now	29	17.5
Do not get rice and wheat now	23	13.9
Cancellation of VGD card	22	13.3
Total	166	100.0

4.6 Whether the Respondents Feel that the Present System Should be Changed

All the recipients of Boisko Bhata were asked whether they felt that the present system should be changed. If they felt about changes then what were the changes need to be done. The information is presented in Table 4.5. Most of the respondents (about 88%) were in favor of changes. The respondents wished that Boisko Bhata should be increased (80%), there should be arrangement of giving the Bhata at their home, and more than one third of the respondents said that along with Boisko Bhata they should be provided with rice/wheat to reduce their poverty. About one in 10 respondents mentioned that amount of Boisko Bhata should be increased from Taka 100 to Taka 500.

TABLE 4.5: PERCENT DISTRIBUTION OF THE RESPONDENTS BY THEIR OPINION ABOUT CHANGE OF THE PRESENT SYSTEM

Whether they feel the present system need to changed*	Number	Percent
Yes	225	87.9
No	31	12.1
Type of Changes		
Increase of Bhata	181	80.4
Arrangement of providing Bhata at home	28	12.4
The present amount is small	6	2.7
Provision of rice/wheat and cloth with Bhata	80	35.6
Increase the amount from Tk 100 to Tk 500	22	9.8
Others	5	2.2

* Multiple Responses

4.7 Respondent's Knowledge and Awareness about the Criteria of Receiving Boisko Bhata

Respondent's knowledge and awareness about the criteria of receiving Boisko Bhata are assessed through series questions and their responses are given in Table 4.6. Roughly about 40% of the recipients of Boisko of Bhata reported that they knew the criteria of distributing Boisko Bhata and 60% of the recipients reported that they do not know about the criteria. The information indicated that elderly population is not aware of their rights of receiving Boisko Bhata. The recipients mentioned a number of criteria. They mentioned that to receive Boisko Bhata one must be old; one must be poor; one must be destitute; one must be landless and one must have low income. The recipients of Boisko Bhata were appropriately selected is supported by the fact that all the recipients mentioned that they needed the Boisko Bhata for their survival. This indirectly indicates that there was no bias in selecting the elderly persons for the Boisko Bhata. However, three respondents mentioned that they could run the family

without Boisko Bhata. When asked again whether the right people are getting the Boisko Bhata about 95% of the respondents answered positively, two respondents answered negatively and 12 did not give any response to this question. According to the opinion of the elderly persons an average of 55-60 persons should have received Boisko Bhata in their locality besides them. Field observations during the survey supports that in each ward there is at least 50 to 60 persons who are eligible for receiving Boisko Bhata. This situation has created dissatisfaction among the eligible elderly persons who are not receiving the Boisko Bhata. This also creates pressure to select right person considering all the criteria.

TABLE 4.6: PERCENT OF DISTRIBUTION OF THE ELDERLY PERSONS BY THEIR KNOWLEDGE OF CRITERIA OF RECEIVING BOISKO BHATA

Whether knew criteria of Boisko Bhata	Number	Percent
Yes	102	39.8
No	154	60.2
What are the criteria*		
To be old/aged	71	69.6
To be poor	62	60.8
To be destitute	29	28.4
Low income	14	13.7
Landless	20	19.6
Unemployed	9	8.8
No homestead	7	6.9
Whether Boisko Bhata Is essential		
Very much needed	249	97.3
Needed	4	1.6
Can run without Bhata	3	1.2
Whether Right Person getting the Bhata		
Yes	242	94.5
No	2	0.8
Did not response	12	4.7
Average number of eligible elderly persons in their locality should get Bhata	38	

4.8 Alternative Activities that should be taken instead of Boisko Bhata

All the respondents were asked to state what are the alternative options to be considered for the welfare of the elderly persons. The responses are given in Table 4.7. The information in Table 4.7 indicates that the respondents provided range of alternative options instead of Boisko Bhata. These include free food, cloth, rice/wheat, treatment, shelter, medicine etc. One in ten respondents mentioned about more money.

TABLE 4.7: PERCENT DISTRIBUTION OF ELDERLY PERSONS BY TYPE OF ALTERNATIVE OPTIONS THAT SHOULD BE CONSIDERED INSTEAD OF BOISKO BHATA

TYPE OF ALTERNATIVE OPTIONS	Number	Percent
Provide food free	37	14.5
Provide treatment free	44	17.2
Provide credit	20	7.8
Provide shelter	62	24.2
Provide clothes	47	18.4
Provide more money	29	11.3
Provide rice/wheat	64	24.0
Provide medicine	18	7.0
PROVIDE VGD CARD	13	5.1
Provide Tubewell	59	23.0
Provide sanitary latrine	25	9.8
Provide job opportunity	11	4.3
Others	14	5.5
No response	27	10.5

* Multiple Responses

4.9 Whether any NGO working for the Welfare of the Elderly and whether any Support they are receiving from NGOs

All the elderly persons were asked whether any NGO in their locality is working for the welfare of the elderly population and if any NGO working in their locality then types of support they are getting from NGOs. The information is shown in Table 4.8. Although there are about 2000 NGOs are working in Bangladesh, the respondents reported that there was little support being provided to older people by NGOs. This is also supported by the information shown in Table 4.8. Access to micro- credit programmes offered by NGOs and the government agencies are limited for the elderly population. This is mainly attributed to the age limit of the recipients of the micro-credit. Many NGOs such as BRAC, GB and Proshika excluded older persons from providing credit due to age limit of 54 years.

TABLE 4.8: PERCENT DISTRIBUTION OF THE ELDERLY PERSONS ACCORDING TO WHETHER ANY NGO WORKING IN THEIR LOCALITY AND TYPE OF ACTIVITIES NGOs SHOULD CONSIDER FOR THE WELFARE OF THE ELDERLY PERSONS

Whether any NGO working for the elderly population	Number	Percent
Yes	13	5.1
No	243	94.9
Type of activities should consider by NGOs for the welfare the elderly persons		
Provide credit support	17	6.6
Provide treatment	34	13.3
Provide money	30	11.7
Provide rice/wheat	36	14.1
Provide clothes	21	8.2
Provide credit without interest	32	12.5
Tin	12	4.7
No support from NGO	23	9.0
Provide Tubewell	21	8.2
Provide sanitary latrine	11	4.3
No response	103	40.2

5. EMPIRICAL ASSESSMENT ABOUT THE COVERAGE OF BOISKO BHATA AND FINANCIAL IMPLICATIONS FOR FULL COVERAGE

5.1 Introduction

This chapter makes an attempt to estimate the eligible elderly population for the Boisko Bhata and provides estimates of elderly population under different assumptions. It also makes an attempt to provide financial implications under several assumptions. In 1998 government introduced Boisko Bhata Scheme to elderly population in rural areas. The Bhata is given on the basis of pre-assigned criteria. Neither the Upazila nor the Social Welfare Office at Upazila level keeps total size of the elderly population and the eligible elderly population for Boisko Bhata. The estimate shown here is an indirect estimate. The supervisors during the filed survey collected information about the number of eligible elderly persons in each selected Ward. This information is used to estimate the total eligible elderly persons in rural Bangladesh and financial implications if each eligible person brought under the scheme. Currently the Boisko Bhata Scheme covered only about 12% of the elderly population (population aged 57 years and above). Table 5.1 shows the estimated number of eligible elderly population for the Boisko Bhata. The eligible elderly persons varied from a maximum of 3.5 million to 2.6 million depending upon the size of the elderly persons per ward and per union. According to the projection based on the 1991 census there are about 7.2 million elderly persons aged 60 years and above in 2000. The estimate indicates that about half of the elderly population is eligible for the Boisko Bhata. The estimate seems to be reasonable considering the current trend of the elderly population.

TABLE 5.1: ESTIMATED MAXIMUM AND MINIMUM NUMBER OF ELIGIBLE ELDERLY POPULATION PER WARD AND PER UNION AND IN RURAL BANGLADESH

Average No. of Eligible Old in a Ward		Total No. of Eligible Old in an Union		Total No. of Eligible Old in Bangladesh (in million)	
Maximum	Minimum	Maximum	Minimum	Maximum	Minimum
87	64	780	578	3.5	2.6

5.2 Financial Implications of Coverage under Different Assumptions

At present government covers about 12% of the eligible elderly population under the Boisko Bhata Scheme. Financial implications under different assumptions are explored and are shown in table 5.2. If all eligible elderly persons were provided with Tk 100 Bhata then it would cost government more Tk 347 million; if the Bhata increased from Tk 100 to Tk 150 then it would cost more Tk 520 million and 694 million if the current Bhata increased to Tk 200. The minimum financial involvement is also shown in the table. We also explored what would be the financial involvement if 50% of the eligible elderly persons were given the Bhata. The estimates are shown in Table 5.3. If the current Bhata continues even then it would require about Tk 174 million Taka to cover all the eligible elderly population under the scheme. The variations in the amount of Bhata and financial involvement are also shown in table 5.3. If Boisko Bhata is expected to cover 25% of the eligible elderly persons, then it would cost maximum Tk. 87 million in addition to the present amount (Table 5.4).

TABLE 5.2: ESTIMATED COST IF ALL ELIGIBLE ELDERLY PERSONS ARE BROUGHT UNDER BOISKO BHATA SCHEME UNDER DIFFERENT AMOUNT OF BOISKO BHATA

Total Cost (in million) if Boisko Bhata is Tk. 100		Total Cost (in million) if Boisko Bhata is 150		Total Cost (in million) If Boisko Bhata is Tk. 200	
Maximum	Minimum	Maximum	Minimum	Maximum	Minimum
347.18	257.05	520.77	385.57	694.36	514.09

TABLE 5.3: ESTIMATED COST IF 50% OF THE ELIGIBLE ELDERLY PERSONS ARE BROUGHT UNDER BOISKO BHATA SCHEME UNDER DIFFERENT AMOUNTS OF BOISKO BHATA

Total Cost (in million) if Boisko Bhata is Tk. 100		Total Cost (in million) if Boisko Bhata is 150		Total Cost (in million) if Boisko Bhata is Tk. 200	
Maximum	Minimum	Maximum	Minimum	Maximum	Minimum
173.59	128.52	260.38	192.79	347.18	257.05

TABLE 5.4: ESTIMATED COST IF 25% OF THE ELIGIBLE ELDERLY PERSONS ARE BROUGHT UNDER BOISKO BHATA SCHEME UNDER DIFFERENT AMOUNTS OF BOISKO BHATA

Total Cost (in million) if Bhoiska Bhata is Tk. 100		Total Cost (in million) if Bhoiska Bhata is 150		Total Cost (in million) If Bhoiska Bhata is Tk. 200	
Maximum	Minimum	Maximum	Minimum	Maximum	Minimum
86.79	64.26	130.19	96.39	173.59	128.52

6. FAMILY AND COMMUNITY SUPPORT AND CONSTRAINTS AND BARRIERS ELDERLY POPULATION FACE

6.1 Introduction

This chapter provides information on the role of family and community in the society and their outlook of life of the younger towards the elderly population. Older people in Bangladesh are excluded -often systematically -from access to services and support, justified by the inevitable restrictions of old age and a perceived lack of capacity for contributions and self-help. The neglect of older people in policy is rationalized by traditional values, which are assumed to safeguard the position and care of older people by families is threatened by pervasive poverty, and social, economic and demographic change. These changes in most societies are pushing older people to the poverty situation. Poverty and exclusion are the greatest threats to the well being of older people. This is especially true for older women, who suffer from multiple disadvantages resulting from biases of gender, widowhood and old age. However, with the decrease in land availability, lack of job opportunity, an increase in women's participation in the labour market, children's migration to cities, and the overall impact of pervasive poverty, it has been generally acknowledged that this traditional form of support for older people is weakening. A weakening support system combined with a high dependency ratio has the potential to increase the existing vulnerability of older people to poverty conditions. Poverty is the major reason for weakening the traditional form of family support for older people.

In the following chapter family support as well as community support and problems are investigated. This would help understanding the cultural norm and values towards elderly population of Bangladesh. For the increasing number of elderly both family and community are important source for the welfare of the elderly population of Bangladesh.

To obtain information about family and community support and problems that elderly population face, series of related questions were asked. All the elderly respondents were asked to state whether they are facing any problem in the family. If they are facing a problem then what are the problems they are facing are obtained. The information in this respect is shown in Table 6.1. They reported a wide range of problems that they are facing in the family. These include quarrel with son, conflict with son's wife, and children do not see them. The children do not see them because they are unemployment, lack of peace in the family, loneliness and hard work at old ages. They feel depressed because of their socio-economic problems during their old age.

**TABLE 6.1: PERCENT DISTRIBUTION OF THE RESPONDENTS BY
PROBLEMS FACE IN THE FAMILY**

Whether face any problem in the family	Number	Percent
Yes	55	21.5
No	201	78.5
Type of problems they face in the family*		
Quarrel with son	20	36.4
Quarrel with neighbors	4	7.3
Conflict with son's wife	24	43.6
Do not get the opportunity to see the nearest relatives	7	12.7
Children do not see us	11	20.0
Others	5	9.1
Total	55	

* Multiple Responses

6.2 Community's Attitude and behavior Towards Elderly Population

Elderly population's status in the community, their interactions with them and the problem they face and types of problems they face are also investigated to understand their situation in

the community. The information obtained in this respect is given in Table 6.2. The information in Table 6.2 provides impression that community people respect them and they also help them when they need. This finding suggests that at the community level the elderly population should be given due respect in any social function. Community should behave well with the elderly population, accompany them with elderly whenever possible and help the disable elderly persons.

TABLE 6.2: PERCENT DISTRIBUTION OF THE ELDERLY PERSONS BY OPINION ABOUT BEHAVIOR AND ATTITUDE OF THE COMMUNITY AND SOCIAL PROBLEMS THEY FACE IN THE COMMUNITY

Type of behavior of the community with them	Number	Percent
Community people respect them	128	50.0
Community people help when they face problem	181	70.7
Community people avoid them	9	3.5
Community people misbehave with them	12	4.7
Whether community invite them social party		
Yes	194	75.8
No	62	24.2
Whether they face any social problem		
Yes	17	6.6
No	239	93.4

6.3 Types of Support Get from the Family and the Community

The elderly persons were asked to state type of support they are receiving from the family and the community. The responses in this regard are given in Table 6.3. Both community and family support to elderly persons remain significant at the time of their distress.

TABLE 6.3: PERCENT DISTRIBUTION OF ELDERLY POPULATION BY TYPE OF SUPPORT THEY RECEIVE IN DISTRESS

Type of support	Number	Percent
Son helps in distress	54	21.1
Community people visit when they are sick	20	7.8
Community people help at the time of need	75	29.3
Community people provide money	17	6.6
Get help occasionally from neighbors	99	38.7
Others	5	2.0

Since cultural norm of respecting elderly population has been declining, the respondents were asked about the nature of relationship with children and adolescents of the family. They are also asked whether they observed any change among the adolescents as compared to their time. Negative stereotype or attitudes towards elderly is not unknown. Because of changing society the elderly population has expressed mixed feelings of love-disgust, and respect. The information obtained in this regard is shown in Table 6.4. There is a conflict between elderly and the adolescents in the attitudes. The adolescents are from modern age and therefore there may be generation gap between them. The adolescents should understand the problems of elderly and if they interact with them it would help to reduce loneliness of the elderly population.

Family members still regard them. The elderly population feels that there has been a change among the adolescents of today's. They are more free and open than they were during their time. The elite of the community must remind the young about their obligation to their parents and the elderly persons of their community. They should be encouraged to adhere to family values and uniqueness of extended family.

TABLE 6.4: PERCENT DISTRIBUTION OF RESPONDENTS BY THEIR OPINION ABOUT THE RELATION OF CHILDREN AND ADOLESCENTS WITH THEM

Type of relation of elderly with family children*	Number	Percent
Friendly	69	27.0
They behave well	223	87.1
They disrespect them	7	2.7
Type of relationship with adolescents		
Friendly	54	21.1
They disrespect	6	2.3
They behave well	224	87.5
Others	7	2.7
Whether observed any change among the adolescents to day compared to their time		
Yes	255	99.6
No	1	0.4
Type of change they observed		
They have more freedom	224	87.5
To days adolescents are more open	242	94.9
To days boys and girls are getting married late	130	51.0
More boys and girls are getting higher education	211	82.7
They get more knowledge from mass media	133	52.2
Mass media has bad effect on the moral of adolescents	128	50.2
To days adolescents do not respect the old persons	115	45.1
Others	10	3.9

* Multiple responses

6.4 Opinion about the Change and Awareness about Social and Economic Situation of the Country

The elderly respondents were asked to provide their opinions about the changes they observed and they were also asked whether they are aware if there is a change occurred in the country. Those who mentioned that they could know if there is a change in the country were again asked sources of knowledge of the change. The information obtained is given in Table 6.5. Slightly over one third of the elderly population mentioned that they could know the changes in the country. A large majority of them are not aware of occurrence any event in the country. Use of media may be an important way to create awareness about the problems of the elderly and keeping the elderly well informed about the changing world so that they do not feel isolated.

TABLE 6.5: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY THEIR OPINIONS ABOUT CHANGES THEY OBSERVED IN THE COUNTRY

Opinion about the change	Number	Percent
They think it is good	36	14.1
They think it is bad	85	33.2
They think it is timely	67	26.2
They past was good compared to the present	65	25.4
Others	3	1.2
Whether came to know if there is a change occurred in the country		
Yes	93	36.3
No	111	43.4
No curiosity to know	52	20.3
Sources of knowing the change		
Newspaper	5	5.4
Radio/letter	38	40.9
Neighbor	90	96.8
Gossiping in the tea stall	60	64.5
Conversation at the road side	78	83.9
In the community meeting	25	26.9
Others	6	6.5
Total	93	100.0

6.5 Survival Strategy and their Leisure Time

All the sample elderly respondents were asked to state what they need for their survival and how they pass their leisure time. The information is shown in Table 6.6. Most elderly

persons stated that they need support from government and social support for their livelihood. In response to the question how they spend their leisure time they expressed that older women are responsible for household chores such as cooking, fetching water, and caring grand children. However, the likelihood of caring and rearing grand children will decline due to increasing disintegration of joint family, and migration of children to urban areas. This also means that grand children will be deprived from their love and affection from the elderly population. With the changing family structures, the elderly persons do not automatically have a role to play within the family and in the society and their support is not automatically provided for. Older men and women provide valuable contributions to well being and livelihood of the family by taking responsibility for household activities, freeing younger family members to seek work outside the home. Older people feel that old age is the final stage in life, a time when religion becomes important. The study findings support that a last majority of sample respondents spend a significant amount of time engaging in religious activities. The religious practices of elderly population play a significant role in the on-going religious life of the communities to which they live.

TABLE 6.6: PERCENT DISTRIBUTION OF THE RESPONDENTS BY TYPE OF SUPPORT NEEDED FOR THEIR SURVIVAL

Type of support required for their survival	Number	Percent
Family support	50	19.5
Social support	136	53.1
Government support	241	94.1
NGO support	33	12.9
Others	6	2.3
How elderly pass their leisure time*		
Caring grand daughter/son	139	54.3
Performing prayer	227	88.7
Assisting family work	169	66.0
By gossiping with the neighbors	179	69.9
Reading newspaper	5	2.0
Others	40	15.6

* Multiple Responses

6.6 Whether Want to Stay in the Government Shelter and Reason for not Living in the Government's Shelter

The respondents were asked whether they would stay in the government shelter if they would offer to live and those who said they would not like to stay in the government's shelter were again asked to provide the reason for not staying in the government shelter. The information obtained in this respect is shown in Table 6.7. The information suggests that although family structure is changing still the elderly population prefer to stay with their children. They would feel more conformable to live with family members than staying in the government's shelter. In this situation Boisko Bhata is definitely an important step for their welfare. Further investigation of the survey information indicates that elderly populations who have dependents are not more likely to stay in the government's shelter. In general more women elderly than men would prefer to stay in the shelter because they are mostly widowed and probably no one in the family to look after them.

TABLE 6.7: PERCENT DISTRIBUTION OF THE RESPONDENTS BY WHETHER THEY WOULD STAY IN THE GOVERNMENT'S SHELTER AND REASONS FOR NOT STAYING IN THE GOVERNMENT'S SHELTER

Whether stay in the government shelter	Number	Percent
Yes	50.8	
No	49.2	
Reasons for not staying in the government shelter*		
Can not live alone	12	9.5
Can not leave family tie	61	48.4
No body will be there in case of sickness	8	6.3
Can not leave family members	22	17.4
Can not leave the grand children	13	10.3
Can not leave the homestead	23	18.3
Total	123	

* Multiple Responses

6.7 Credit Facilities for Income Generating Activities

Older women and men reported that they would be capable of participating in income generating activities if they had better access to micro-credit programs. This is reflected from Table 6.8. All the respondents were asked if they were given credit and training then what type of income generating activities they would like to be involved. More than half of the respondents would like to be involved in livestock rearing followed by poultry raising (30.1%), petty business (20.3%), and stock business (14.1%).

TABLE 6.8 PERCENT DISTRIBUTION OF RESPONDENTS BY TYPE INCOME GENERATING ACTIVITIES THEY WOULD LIKE TO INVOLVE IF THE RECEIVE CREDIT

Type of Income Generating Activities*	Number	Percent
Vegetable gardening	18	7.0
Poultry raising	77	30.1
Livestock rearing	143	55.9
Petty business	52	20.3
Buy lease land	20	7.8
Physically disabled so can not take do any thing	48	18.8
Stock business	36	14.1
Rice Husking/Fish farming	17	6.6
Others	7	2.7

* Multiple Responses

7. FINDINGS FROM FOCUS GROUP DISCUSSIONS

To understand the magnitude of the elderly problems and type of activities undertaken by NGOs we conducted three focus groups using an unstructured guideline. It has already been mentioned that although over two thousands NGOs are working in Bangladesh very few has specific program for the welfare of the elderly population. Among the NGOs Bangladesh Probin Hitoshi Sangha and Resource Integration Centre have some direct programs for the welfare of the elderly population. The activities of these two organizations and the discussions on the basis of a guideline are summarized below.

7.1 Focus Group Discussion with Probin Hitoshi Sangha

Three persons from the Probin Hitoshi Sangha participated in the discussions. They are Dr. M.A. Rashid (President)
Dr. Mahbubur Rahman (General Secretary)
Mr. A. S. M. Atiqur Rahman (Associate Professor Social Welfare and Cultural Secretary Probin Hitoshi Sangha)

7.1.1 We asked what are the current activities of Probin Hitoshi Sangha for the welfare of the elderly population?

They mentioned wide range of activities and these are listed below:

- Probin Hitoshi Shanga has 40-district branches and these 40-district branches run health clinics for elderly people.
- Prabin Hitoshi Shanga of Dhaka Branch provides only medicine to these branches and the district branches are providing rest of the services.

7.1.2 We then Asked what type Programmes Should be Taken for the Welfare of the Elderly Population

The participants opined that most of the elderly population could survive better if they are provided with micro-credit for income generating activities. We should chalk out feasible activities for the elderly population. Currently the elderly population is not considered for the micro-credit because of their age. According to the participants NGO's think that elderly people can not work or if NGOs give loan to elderly people they may not be able to repay it. The participants said that Probin Hitoshi Shanga would consider some activities in near future for the welfare of the elderly population. The future activities will include:

- To arrange training programs at the district branch covering popular economic activities of those areas.
- As all the micro credits are commercial in nature, income-generating activity for elderly should also be commercial in nature.
- At present NGO's including Grameen Bank are charging 20-22% interest rate which is very high. Because loan for elderly people is for service to them, we should provide loan to them with lowest interest rate or with free of service charge only. But we should monitor so that return of capital is ensured.
- Elderly people should participate in development process and government or NGO's should create such scope for them.
- Elderly people should involve in all kind of activities of the NGO's program and in case of micro-credit NGO's should form groups and in each group, one-third of the member should be elderly people. Only elderly people should not form a group because it may be risky due to their vulnerability. A group should be a mixture of young and elderly people together. This would help the elderly to get some support from the younger to run the income generating activities.

- Interest rate of the group containing elderly people should be lower than groups without elderly people.
- There should be a rule for group formation.
- NGO should include elderly into health program, afforestation program, family planning program, women's functional literacy program etc.

7.2 Future Program of Probin Hitoshi Shanga

We asked the participants what are future programs they are thinking for the welfare of the elderly population. Probin Hitoshi Shanga will consider:

- Expand its program from district level to Upazila level and then at the Union level gradually.
- Will expand its program by discussing with local elite appropriate for that locality.
- Probin Hitoshi Shanga already started training program on health education at Upazila and District levels.

7.2.1 We also asked the participants to give their opinions on the Boisko Bhata Scheme

The participants feel that there is some leakage in the selection criteria. They opined that

- Probin Hitoshi Sangha expresses their wish to participate in selection process, to evaluate the gap between demand and availability of resources, to evaluate the feasibility in increasing the quantity of service.
- It is a good step by the government and according to them the Boisko Bhata Scheme has become very popular and they think that it will not be possible to stop the program by any government. They feel that the program should be expanded because a very small portion of the eligible elderly people is getting Boisko Bhata. They suggested that the number of eligible recipients of Boisko Bhata should be increased gradually under the program.
- To make the elderly population program sustainable, local government should have their own program and strategy for the welfare of the elderly population in their community. The participants suggested that Local Government should introduce old age tax in their locality for the welfare of the elderly population.
- In Bangladesh religious institutions and families are the important places for the security of elderly people. Religious institutions are very strong in Bangladesh. We can use these religious institutions for the welfare of the elderly people.
- In Bangladesh, there are about 2 lac mosques and in every Friday almost 2 crore people go to mosque for prayer. We should think whether these mosques could be used as the center for the old age welfare.

7.3 Focus Group Discussion with Resource Integration Centre (RIC)

We conducted two focus groups one at the their Dhaka Office and the other one at the Project Office Ghorasal, Narshigdi. At both levels program mangers involved with elderly population program participated in the discussions. At Dhaka Head Office Mr. Haseeb Khan, Executive Director, Mr. Mainul Islam, Program Manager and Anar Kali Happy, Assistant program manager participated in the focus group discussions.

7.3.1 We asked which areas of Bangladesh they have elderly population program?

In response to this question the participants replied that y RIC has been working with the elderly population in four rural sites. These elderly programs are situated in Pirozpur, Natore, Ghorasal and Maheshkhali. We asked that how many elderly persons they are covering in the

program. According to them they cover about 5000 elderly men and women in the four project sites.

7.3.2 What type of program we should take for the welfare of the elderly population?

- The participants said a traditional welfare activity for elderly people is not a permanent solution for them. To formulate a sustainable welfare program for the elderly people, we should include them in all types of development programs. Both Government and NGO should include elderly population welfare programs in their project activities.
- Currently NGO's are not involving elderly people in micro credit program because they think that elderly people will not be able to repay their loan. RIC from their field experiences feel that elderly people of poor families are active. RIC's experience is that if they are provided with loan they would repay their loan regularly. The participants mentioned that elderly population should be integrated into micro credit programs by removing the age barrier.
- RIC thinks that through participation in the development process, elderly population will be able to establish their rights more strongly in the family.
- Social attitude towards elderly people should be changed. In-depth counseling is necessary for changing social attitudes towards elderly people. If government desires, it could consider health and nutrition programs for the elderly. In the government health and nutrition program, one of the target groups should be the elderly people. If it is done then this program will cover a large number elderly population. NGOs and other organizations may cover rest of the elderly people.

In order to implement the micro-credit and other welfare programs for the elderly population RIC suggested that:

- Age barrier in every activity should be removed.
- Elderly people should be integrated into health and nutrition programs.
- Elderly persons who are really vulnerable and who need support should be identified first and then they should be provided with all types of assistance.

7.3.3 What are the programs RIC has for the welfare of the elderly population?

- RIC's programs for elderly people include small business, such as small shop, poultry raising, handicraft and agriculture. Average monthly income is about Tk. 800-1000. RIC encourages intra-generation project such program together with grandfather and grand son. There is a provision for providing credit to grandson of disabled elderly on the condition that grandson will take care of the grand parents.
- RIC's elderly population program in Moheshkhali and Norshingdi attained at sustainable level because these two programs are now being managed by the income of those projects.

7.4 Focus Group Discussions with RIC Field Managers at Ghorasal Project Site

The research team also visited RIC's elderly project in Ghorasal, Narshigdi to gather practical experiences. In Ghorasal, RIC has been working for last 11 years. It works in 5 unions of Ghorasal. RIC has four main programs for the elderly people: (i) Micro credit, (ii) Health, (iii) Funeral support, and (iv) Recreational program. If necessary RIC also takes rehabilitation program where it prefers elderly vulnerable persons.

7.4.1 We asked the Field Managers what are the main problems in running the project?

According to the field managers of RIC they did not face any problem with the implementation of its program strategies. But it had to change its model at different times because of the demand of time. However, they face a problem with the implementation of the program only once. In 1999 RIC tried to organize a “Probin Mela” but the fundamental group of the area resisted it. Consequently, RIC could not organize it. But elderly people supported and accepted the programs of RIC gladly. RIC thinks that elderly people are the family members of RIC. So, RIC has a strong community support.

7.4.2 We asked about their success in elderly program

RIC field managers think that they are successful to implement RIC’s programs because it has attained its program goal. RIC thinks that they could expand the elderly program in other areas. But they are getting not sufficient fund neither from international organizations nor from the Government to cover more areas. For this reason they are bringing some changes in their model. For example, RIC provides allopathic treatment to the elderly people. But now RIC thinks that it can adopt herbal treatment to the elderly people. Many elderly people are aware of herbal treatment. RIC can reduce the cost of treatment by introducing herbal treatment by providing training to the elderly people who have skill in this area. As a future program strategy RIC will recruit local MBBS doctor on part time basis to provide treatment of the elderly population.

7.4.3 We also asked reasons behind their Success

RIC has been providing micro credit to the elderly people with a very low service charge. Before providing financial support, the family members neglected the elderly people and they were valueless. Family members did not like them. By getting financial support from the RIC the elderly people could invest to small business, making a small shop, poultry rearing, hawker etc. RIC’s experience is that many elderly people have become self-sufficient and made their position strong in the family and in the society through earning from the micro-credit program. In situation where elderly persons are disabled RIC provides credit to his or her grand son on the condition that they will look after their elderly relations.

Many elderly people are fully depended to their son, grandson or nephew. But in many instances the economic conditions of that son or grandson are also not good enough to look after the elderly parents. By taking financial support from the RIC, elderly people have been giving money to his/her son or grandson on whom he/she is depended to invest to income-generating activities if he or she is unable to do that activity. So, his/her acceptability to that son or grandson becomes higher than before. When an elderly people invest his/her loan by his/her son or grandson, RIC always monitors through a team whether that son or grandson takes care of that elderly person.

In Ghorsal area, RIC provides about Tk. 35 lacks as loan to elderly people and the recovery rate is almost 100%. Although many NGOs are afraid of about the recovery of loans from the elderly people, RIC is very much successful in this case.

RIC has some loan program for the elderly people such as “Moushumi” (seasonal) loan (Tk. 500) and agricultural loan (Tk. 1500) without service charge. They take service charge from loans when the elderly people invest to business. RIC is also providing pension of Tk. 300 per month to 20 very old people in the community. The money of this pension scheme comes from the service charge of the credit program.

RIC is also providing funeral support to its members. All the members of RIC are assured that RIC will provide support for their burial ceremony. So, it is a very beneficial support for their family at the time of economic crisis.

RIC has a recreational program. The most important problem for the elderly people is to spend their time. Through recreational program, RIC tries to make scope for the elderly people to spend their time with joy. They established some elderly clubs in their project sites where elderly people can spend their time by playing games or by gossiping with others. Through this club, RIC tries to establish that elderly people are not lonely or neglected. They have also value in the society.

RIC has a program to bring 400/500 elderly persons every year to Dhaka City at International Aged Day. RIC arranges a rally there and prepares a whole day program for them. The day becomes a very important day for the elderly people of the RIC project area.

Through these programs elderly people could overcome their loneliness. The main reason for their success is that the elderly people accepted RIC's activities gladly and they think that RIC is their own organization.

RIC is also trying to modify their programs according to the demand of the elderly people of the locality. For instance, in Pirozpur, RIC built about 400 houses for the elderly people.

7.4.4 We asked the Field Mangers about introduction of Micro-credit by other NGOs and why NGOs are reluctant to provide credit to the Elderly Population

Many NGOs think that there is no scope for brining elderly people to micro-credit. RIC has the experience that micro-credit can be successfully run for the elderly people. RIC claims that RIC is a model for the success of micro-credit for the elderly people. An old man does not want to die with loan. So, when he/she takes loan from the RIC, he/she tries to repay it as early as possible. He/she requests his/her son or grandson to refund loan after his/her death if he/she could not refund his loan before death. This situation usually does not happen for the normal case. Micro-credit for the elderly people should be designed quite differently than the usual micro-credit. Micro-credit for the elderly should be endurable for them. In RIC program such design is already existed.

7.5 Feasibility of Micro-credit for the old-old

In providing loan for the old-old, one should detect the person on whom the old-old is dependent and whether that person will take care of the old-old. After affirming that the person on whom old-old is dependent will take care of the old-old, attempt should be taken to promote the existing profession of that person by investing money to that sector. By this way, income of that person will be increased from which he will be able to take care of the old-old. Situation should be created so that old-old should not be neglected. The project managers should regularly monitor whether supporting person take cares of the old-old.

7.5.1 According to the Program Mangers of RIC the Problems of the elderly population are:

- Social negligence
- Family negligence
- Health problems

7.5.2 Ability of the RIC to Meet the Problems of the Old-old

RIC has covered about 1500 old-old people under its program. The participant mentioned that although RIC claims that they are successful but it could not provide service according to the demand of the elderly population. RIC takes steps to cure the acute diseases of the old-old by taking them to good doctors in Dhaka.

7.5.3 Opinion about Boisko Bhata

RIC's program managers think that 100 Taka per month for an elderly person is a meager amount. Moreover, they have to spend about 40-50 Taka to collect the money from Bank. So, actually they are getting only 250 Taka for 3 months. Boiska Bhata is not paid in every month. They have to wait 3 months to get the money. RIC thinks that Boisko Bhata should be increased to 300 Taka and it should reach to the elderly people in every month on a regular basis. Sometimes elderly people are treated very badly at the time of receiving money from bank. Thus, the money should be given to the elderly people by visiting their house or to a nearest place of the elderly people's house.

8. DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

The majority of older people in Bangladesh are living in absolute poverty. The present report highlights poor older people's basic needs; how they survive and the contributions they make to the family. The survey findings indicate that elderly men and women lack access to land and agricultural resources. Access to resources, and therefore livelihood strategies, have changed for both older men and women. Most of the respondents are landless and they earn very little from land. Now as many families have lost their land, elderly men try to find employment as day labourers in other's house. The findings from the study show that poor older people in rural areas faces very difficult circumstances as they attempt to meet their basic needs. Many elderly persons have only homestead land but no agricultural land. Again, many elderly persons even do not have homestead land. Children of many of the elderly persons are so poor that they can not help their elderly parents; and children live away from the elderly persons, as they can not take care of their elderly parents.

The findings suggest that the majority of elderly population in rural Bangladesh can not meet their basic needs, and food is the top priority need for them. They are deprived of their most basic needs including food, health care, clothing and adequate shelter. Lack of adequate food is a result of many factors including landlessness, poor income, poor health and their family's inability to support them. The health status of elderly population is poor and they lack access to basic health care and sanitation facilities. Primary barriers to access to basic needs include cost, physical access and poor quality of services. The findings also suggest that families remain a primary source of support, but it is getting weaker due to break down of traditional family structure, joint family to nuclear family and poverty. Often a son can not find employment and thus can not provide support for his parents. Most elderly population did not consider the concept of quality of life due to their struggle to obtain their basic needs such as food. This implies that problem is not quality of life, but rather basic deprivation - which becomes more acute in old age. Poverty of elderly persons is coupled with many factors including poor health, lack of employment opportunities for sons. Elderly population has low expectations due to lifetime of deprivation, and lack of understanding of any concept of wellbeing due to their focus on day to day survival and meeting basic needs. Older women are more dependent on their families for survival than older men, which increases their vulnerability. When asked what should be done for improving the quality of life, virtually every one indicated that if they only had enough food to eat they would be content. Longer lives coupled with the tradition of marrying older men means that more women will face the loneliness and vulnerability of widowhood. With a husband's death, older women face a significant loss of economic security. Thus, widows become financially dependent on their children.

The survey as well as focus group findings suggest that poverty is the main cause of decline in family support for the elderly population. While the value of supporting older family members may still exist, poverty makes it difficult, and in some instances impossible, to support older family members. Because of falling fertility and increase in life expectancy this has become more of an issue now than in the past. This suggests that more families have older persons.

The government Boisko Bhata Scheme is an encouraging step towards the welfare of the elderly population, but it reaches a fraction of the elderly population in rural Bangladesh. Although Boisko Bhata benefit is very small compared to their needs many poor elderly persons have been able to utilize it for buying food, clothes and medicines for their treatment. The survey data and field observation suggest that they face difficulties in drawing the Bhata. They need to move long distance to Upazila bank to collect their benefits. This has incurred transportation cost to them. It is given quarterly and in fixed day of a month. This

arrangement has been causing long delay in the Bank because all the beneficiaries of the Upazila get together to receive the Boisko Bhata. This has also been causing discomfort to many elderly persons as they remain without food all the day. Besides, there is no toilet facility near by the bank causing enormous problem for the elderly people particularly to the elderly women.

An empirical assessment about full coverage of Boisko Bhata and its financial implications are also explored under different assumptions. The estimated eligible number of elderly persons for Boisko Bhata varied from as high as 3.5 million to as low as 2.6 million.

Under the present system 347 million taka will required if all eligible elderly persons are brought under the scheme; the requirement will come down to taka 174 if 50% of the eligible elderly population are given the benefit and taka 87 million if 25% of the eligible elderly persons are given the Boisko Bhata.

Elderly population is also excluded from micro-credit program run by NGOs. Their exclusion is due to age barriers in the distribution of micro-credit. Income earning opportunities are more difficult for older people due to physical limitations, cultural barriers and lack of micro-credit available to them

Elderly population place significant importance on their daily activities, as they want to feel useful and retain their dignity. They help the family by taking care of their grand children. Elderly population continues to play an important role in the family, and make significant contribution to ensure the livelihood of the family. Aging issues affect all the people of the society, not only the older persons. An aging population will have important consequences for the structure of families, employment, health care etc.

Multivariate regression analysis suggests that age is an important determinant of both income and health condition of the elderly population.

Recommendations:

The elderly population in Bangladesh has been increasing and it has become a concern to all i.e. the family as well as the society. Although in Bangladesh elderly problem is not yet a serious one in the near future it will have serious implications because of lack of support from the family and the community.

Traditional joint family is said be the best place where the elderly used to get much comfort. But it is breaking down. Can we restore our traditional joint family? Mass media can play a significant role in raising the people's awareness about older person's concerns. Through mass media we can make people aware of aging issues providing information on aged related problems and the responsibility of the family and the society.

The analysis of Bangladesh demographic data suggests that the elderly population will increase dramatically in next few decades both in terms of absolute numbers and as a proportion of the total population as a whole. This changing situation presents a clear challenge to policy makers: who will provide Bangladesh's growing elderly population with personal care and financial support they will need? An assessment of the estimate eligible elderly population suggests that cost will be enormous. It ranged Tk 347 million to Tk 87 million under different assumptions.

Traditionally, older persons have been supported and cared for by their families, but there are clear indications that family-support systems are eroding. Traditionally, women gained value, status and authority within their family and community as they become older, for their wisdom and nurturing role as grand mothers. With modernization, urbanization coupled with economic hardship, traditional families are breaking way to nuclear families - a single set of parents, their children and a grand parent or two. In this setting and with growing need for families to have multiple incomes to survive, grandparents, especially grand mothers, have

convenient baby care role whose medical needs may be addressed within the economic constraints of the family.

Given the situation the needs of the poor elderly of Bangladesh should be addressed through integration of older persons into existing and future community development and poverty alleviation programs.

Micro-credit programs should be considered to include elderly population taking into consideration their different capabilities and needs. Support should be targeted to the most distressed and vulnerable elderly population such as those who have no family support and who are widowed. In the poor and poverty stricken family elderly population are considered as burden. To increase their acceptability physically capable elderly persons should be given opportunity to earn independently. By introducing micro-credit program activities, it is not only the elder persons who will benefit, but also the whole family.

In this study all the sample respondents are the beneficiaries of government Boisko Bhata Scheme. They indicated that Boisko Bhata was insufficient for their livelihood and a fraction of the benefit is lost due to transportation costs. This is due to the fact that they travel a long distance to the Upazila Bank to collect their Bhata. Although the sample respondents did not mention about the leakage of their benefit, but field observations indicated that some elderly persons need to pay the union council members and chairman. The beneficiaries did not mention it because of fear that their names may be dropped from the benefit. The study findings demonstrate that a sizeable number of extremely poor and vulnerable elderly persons (they are mostly physically weak and unfit to do any additional work) can not get two full square meals. These persons should be identified and should be provided ration card for wheat and rice along with the Bhata for their survival.

It is clear that the government has acknowledged a need for helping elderly population by introducing Boisko Bhata scheme, but it is only a fraction of the elderly population. Currently about 12% of the eligible elderly population get the benefit of Boisko Bhata. Even if 25% of the eligible elderly population were given the Boisko Bhata it would cost government 87 million taka. In addition to funding and implementing Boisko Bhata scheme, policy makers will face particularly hard choices in the allocation of health care resources.

Greater access to income earning opportunities for elderly population would bring them dignity, and they feel that it would increase respect of family members towards them. In terms of health more women are vulnerable than men are. Due to their increased vulnerability the issues of cost, quality and mobility or location of health care services would have to be considered carefully.

Current and future health needs of older people should be urgently addressed through promotion of health education and information targeting elderly population. Introduction of medical card in the hospital and health centre would be an important step in this respect. It is recommended that health workers should visit elderly men and women and should take them to health centre particularly those who are physically weak and unable to move long distance. A day in the week should be fixed in all the government hospitals for the elderly population so that they can see the doctors easily. All the elderly persons should get the services free of cost. The health care plans that need to be addressed for the vast elderly population over the next few years will influence the well being of the elderly population in Bangladesh. If feasible and possible treatment services for the elderly who can not move should be provided through mobile hospital.

Government /NGO development programs should give priority to those sons/daughters who are primary source of support for an older relative to strengthen and promote the capacity of the family to provide support to older population.

NGOs should reconsider their present strategy of excluding elderly population in micro-credit program. The elderly persons who are capable and could under take income-generating activities should be encouraged to improve their livelihood by under taking income-earning activity.

Considering the size of the elderly and their dimension of problems the Health Ministry and the Ministry of Social Welfare should establish a separate cell to deal with the elderly population problems. National Health Policy should provide emphasis for the promotion of health of the elderly population. The health policy should also consider separately for the elderly population. A large number of NGOs are working in Bangladesh but they do not have any program targeting the elderly population. Government should encourage the NGOs to take activities for the welfare of the elderly population. The elderly persons, who have skill in cottage industries and handicrafts, NGOs, should create opportunity for them for their better livelihood. In addition, they should under take different welfare programs for the elderly population.

The study finding demonstrates that income security for the elderly population and keeping family and kinship ties intact and role of media in creating a positive image of the elderly would be crucial for the welfare of the elderly population.

Participants of the focus discussions with NGOs recommended introduction of old age tax system by the local government body for the welfare of the elderly population of their locality. They also recommended that to make the elderly population program sustainable, local government should have their own program and strategy for the welfare of the elderly population in their community.

They also recommended that in Bangladesh religious institutions and families are the important places for the security of elderly people. Religious institutions are very strong in Bangladesh. They suggested that the religious institutions might be used for the welfare of the elderly people. In Bangladesh, there are about 2 lac mosques and in every Friday almost 2 crore people go to mosque for prayer. The program managers should think whether these mosques could be used as the center for the welfare of the elderly population.

Although it is difficult to say whether the elderly community will reside in the proposed “Shanti Nibash” because many elderly persons expressed that they do not want to stay there because of non familiarity environment and they think their loneliness would increase there. It may be recommended that the elderly persons who are not supported by their children and are shelterless should be provided with an accommodation in the Shanti Nibash.

Both GO and NGOs should create opportunities for elderly women to provide their services in a wide range of activities such as care of children and involving them in caring other aged population.

Policies should address the special needs of women for social protection against economic and physical uncertainties. The aging issues, if they are considered at all, should not be viewed only as isolated problems of physical hardship and should not be considered as part of social deprivation.

How population dynamics are interacting with culture, social change, and economic conditions to affect the well being of the elderly and the relationships between older and younger generations need to be answered in the socio-economic cultural context of the country.

Government and the NGOs should introduce advocacy program to raise more awareness, about issues faced by older persons. Programs should be under taken to enhance their skills, knowledge and attitude regarding caring of the elderly population. To raise awareness about aging and older people’s issues and to promote changes in attitudes towards elderly, policies and actions among decision-makers and NGOs should be concomitant.

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