Study on Older Population in Bangladesh

Department of Population Sciences
University of Dhaka

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Message

I am delighted to know that the Department of Population Sciences, University of Dhaka, has completed their research on Older Population in Bangladesh in association with the United Nations Population Fund (UNFPA) and going to publish the research report. Population ageing is a demographically inevitable process for any country as it is linked to the demographic transition, a process in which both mortality and fertility rates decline. As a result, ageing is a global concern nowadays, and researchers and academia across the world are conducting researches on the older population to formulate better policy actions for the future by exploring the older people's situations and present challenges. I am pleased to see that the Department of Population Sciences is also in this trend. At present, 7.5 percent population in Bangladesh are aged 60 years and above.The 'National Policy on Older Persons 2013' of Bangladesh has projected that this figure will reach 20 percent in the year 2050. Furthermore, due to the changes in social patterns and posture regarding the practices of taking care of the older persons, it is essential to explore the conditions of the older population by addressing their needs and supports to make our country older population friendly.

This report of 'Study on Older Population in Bangladesh' includes the nationwide findings of older people's morbidity patterns, health care seeking behaviour, mental health status, control over life and resources, decision-making ability. Moreover, this study portrays the older people's experience of abuse and exploitations, their views upon Social Safety Net Programmes (SSNPs). Bangladesh is a disaster-prone country and thus this study also depicts older people's vulnerabilities during the disaster. I believe the findings of this study will help us to understand the nationwide situations of older people and formulate future policy actions for older people.

I thank the Department of Population Sciences, University of Dhaka and our development partner UNFPA for conducting such necessary research.

Md Sohorab Hossain
Senior Secretary
Secondary and Higher Education Division
Ministry of Education
Government of the People's Republic of Bangladesh

Message

I am delighted to know that the Department of Population Sciences is going to publish its research report titled

Currently, countries across the world are going through a longevity revolution, and life expectancy is increasing over time. Consequently, 1 (one) in 11 (eleven) persons is over the age of 60 years in 2019, which will be 1 (one) in 6 (six) persons by 2050. So, the study on the older population has become an essential concern among policymakers and development partners due to its socio-economic and demographic implications. In Bangladesh, the proportion of the older population has increased to 7.5 percent in 2011 and growing over time. The increasing number of the older population will affect each dimension of the societies.Thus, this study aimed to examine the social and economic problems; demographic consequences; disease patterns, mental health status; access to health care services, social supports, and safety net programmes; attitude towards older people; abuse and exploitations and future needs of the older population in Bangladesh to understand the nationwide situation and address the future needs of the older people,

This research on Older Population in Bangladesh has revealed reliable information about older people's livelihood, including their living arrangements, both mental and physical health, morbidity, health care, abuse, and exploitation. This research report will help us to understand the nationwide situations of the older population. Moreover, information and data derived from this research could play vital roles to formulate feasible and appropriate policies for the emerging number of older people in Bangladesh.

I would like to express my gratitude to the United Nations Population Fund for providing financial support to conduct this study. I sincerely hope their commitment to the Department of Population Sciences in supporting population and development related programmes and activities will be continuing in the future. I also congratulate the Department of Population Sciences for the successful completion of this research.

Professor Dr Md Akhtaruzzaman
Vice-Chancellor
University of Dhaka

Message

I am pleased to see the research report "Study on Older Population in Bangladesh" is getting published. This research is a primary study on the older population in Bangladesh and the analysis of various aspects of the lives of the older population. This study bears greater significance in achieving the Sustainable Development Goals in general and ensuring the quality of lives of older people in Bangladesh. This study was conducted by following a mixed-methods approach: quantitative and qualitative. Quantitative data were collected from 6,329 older population aged 60 years and above from seven divisions, which refers to the largest sample survey among all the studies conducted in Bangladesh so far related to the older population.

I believe, from this report, readers will gain important insights into population ageing, particularly on understanding the dynamics of the lives of the older population, socio-economic and demographic situation, care and support, health and morbidity pattern, psychological problems, control over life and resources, abuse and exploitation, social safety net programmes, family and social engagement, problems during disasters and problems of the older population, directions of future research and policy recommendations in Bangladesh.

In addition to grappling with today's challenges of the older population across the globe under remarkable fertility reduction and increasing life expectancy at birth, this primary research has given us a new and clear direction to research on population ageing in Bangladesh. The findings of this research will contribute to design effective policy interventions. This publication will also contribute to the scholarship in the field of Population Sciences in addition to the capacity enhancement of the Department of Population Sciences, University of Dhaka.

I wish to thank many individuals, organizations, and agencies that have invested their time and resources in our work; their commitments are both remarkable and humbling. My sincere thanks to the research team, colleagues, and staff of the Department who assisted in making this publication a reality. I would like to acknowledge the supports from the members of the technical committee of this research for their advice and suggestions. I would also like to acknowledge the cordial supports from Mr. Mahboob-e- Alam (National Programme Officer and Chief a.i., Population Planning & Research, UNFPA Bangladesh).

Lastly, I would like to express my sincere gratitude to UNFPA Bangladesh for providing financial and technical support to conduct this important study. I hope this generous support to the Department will be continuing to address population and development related issues in Bangladesh.

Professor Dr. Mohammad Mainul Islam
Chairman (11 March 2018 --)
Department of Population Sciences, University of Dhaka &
Project Director, Strengthening the Capacity of Teaching and Research Facilities at the Department of Population Sciences, University of Dhaka (Second Phase)

Message

The Department of Population Sciences is committed to produce experts in population areas and produce quality research on contemporary issues on population and development to meet national-level research gaps. The ageing population in Bangladesh is increasing rapidly, and this population will have immense consequences on living arrangements, financial conditions, health care, social support programmes, labour supply, economy, human rights issues, culture, and environment. Identifying the trends, patterns, and needs of the older population are essential for formulating effective policies and execution. However, compared to the developed and neighbouring countries, minimal attention has been given to these areas in Bangladesh. This research is very comprehensive, and pioneering focused on the older population in Bangladesh. The findings of this research would be instrumental in knowing the situation of different indicators related to the older population and in achieving the Sustainable Development Goals.

The output of this report and its policy recommendations will be beneficial for the government, donor agencies, NGOs, and researchers to understand the complex dynamics of the older population and to design effective measures to increase the services to the older population. We hope this study will provide more in-depth insights for future programme formulation and effective implementation by academicians, researchers, programme personnel, and the ministries of our government.

The successful completion of the *Study on Older Population in Bangladesh* was made possible by the contributions of the number of agencies and individuals. I would like to express my gratitude to the faculty members of the Department of Population Sciences, the University of Dhaka, for their every effort for the research. Special thanks to the Ministry of Education, University Grants Commissions, for their extended hands in the process of approving the project. I sincerely appreciate the generous financial support provided by UNFPA, Bangladesh, to the Department of Population Sciences for this research and hope that their support will continue in the future.

Professor Md. Aminul Haque, Ph.D.
Chairman & Project Director
(11 March 2015 to 10 March 2018)
Department of Population Sciences
University of Dhaka

Message

The United Nations Population Fund (UNFPA) Bangladesh takes pride in our longstanding collaboration with the Department of Population Sciences, University of Dhaka, in producing and publishing this significant and novel research on the older population in Bangladesh.

'Population ageing' is a significant demographic feature, which Bangladesh is expected to experience in a decade from now. With the shift to lower fertility and reduced mortality, there is expected to be a higher proportion of older persons in the near future. Moreover, trends in population ageing around the world suggest that ageing will occur more rapidly in Bangladesh, mirroring its rapid fertility transition. If we do not start adjusting to this scenario now, this will yield a steep challenge ahead, particularly for a majority of the elderly, comprising women – a sizable segment of whom are poor, and hence likely to lack social security, care, support and well-being outside of the family.

In the current context of the Coronavirus/COVID-19 pandemic, the multifaceted vulnerabilities of older persons have become acutely visible worldwide. The elderly, in many cases, struggle to access sufficient levels of medical services, confronting multiple barriers in accessing quality health care, such as affordability, accessibility, age discrimination, and age-related stigma.

The long-term trend that this research unravels, coupled with the novel challenges prompted by the Coronavirus, send a strong signal for policymakers to urgently consider, and respond to, the socioeconomic implications of population ageing. This includes devising robust and proactive policies and strategies to tackle this emerging challenge, and to respond to the health and well-being needs of our older friends. For example, this research shows us that it is important to expand the extent and budgetary allocation for social protection to ensure a smooth transition and to foster a care economy. It is also intrinsically important that the long-term development strategies of Bangladesh factor in demographic dynamics, promoting evidence-based planning and decision-making.

As the lead UN agency addressing population ageing, UNFPA facilitates the development of evidence-based policies to ensure that older people's concerns are addressed. Supporting gender-sensitive research on population ageing, UNFPA is widely advocating on the urgent need to harness the opportunities and address the challenges presented by an ageing population in Bangladesh, and around the world.

I hope this study will contribute greatly to the understanding of population ageing and the way forward for Bangladesh.

My heartiest thanks to the research team of the Department of Population Sciences, University of Dhaka, and the technical team of UNFPA Bangladesh for their significant contribution to the development of a new knowledge base on population ageing in Bangladesh. We, again, reiterate our strong commitment to continue to support the government as well as other stakeholders in formulating evidence-based strategies in relation to the pertinent population dynamics of Bangladesh.

Dr. Asa Torkelsson
Representative
UNFPA Bangladesh

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Acronyms

BAAIGM	Bangladesh Association for the Aged and Institute of Geriatric Medicine
BBS	Bangladesh Bureau of Statistics
BOSHIPUK	Old Rehabilitation Centre
BWHC	Bangladesh Women's Health Coalition
CsPro	Census and Survey Processing System
EA	Enumeration Areas
EID	Elderly Initiatives for Development
ESCAP	Economic and Social Commission for Asia and Pacific
FGD	Focus Group Discussion
GAS	Geriatric Anxiety Scale
GDS	Geriatric Depression Scale
GO	Governmental Organization
HH	Households
HRQoL	Health-Related Quality-of-Life
IMPS	Integrated Multipurpose Sampling Frame
INGO	International Non-Governmental Organization
KII	Key Informant Interview
NGO	Non-Governmental Organization
PRB	Population Reference Bureau
PSU	Primary Sampling Unit
RIC	Resource Integration Centre
SCEP	Services Centre for Elderly People
SD	Standard Deviation
SPSS	Statistical Package for Social Science
SSN	Social Safety Net
SSNPs	Social Safety Net Programmes
UN	United Nations
UP	Union Parishads
VGD	Vulnerable Group Development
WHO	World Health Organization

Executive Summary

The population of Bangladesh is ageing gradually due to the transition from high to low birth and death rates. The proportion of the older population[1] increased to 7.5 percent in 2011, from 5.7 percent in 1974. It is projected that the share of the older population will increase to around 25 percent in 2061 (Hayes & Jones, 2015; BBS, 2015a). The increasing number of the older population will have huge consequences on living arrangements, financial conditions, health care, social support programmes, labour supply, economy, human rights issues, culture, and environment. Such wide-ranging effects will require new approaches in addressing the needs of the older population. Thus, this study was conducted among the older population to examine their social and economic problems. The study also explored disease patterns, mental health status, access to health care services, access to social supports and social safety net programmes, the experience of abuse and exploitations, and the future needs of the older population. This study was conducted by following a sequential mixed-methods approach: quantitative (face-to-face interview) and qualitative (FGD, KII, and Case Study). Quantitative data were collected from 6,329 older adults aged 60 years and above from seven divisions. Major quantitative findings of the survey on the older population in Bangladesh are as follows:

Socio-demographic and Economic Profile of the Respondents

- Among the total respondents, 44.3 percent were men, and 55.7 percent were women. More than half of the respondents (58.9%) were young-old (aged 60-69) followed by middle-old (aged 70-79) (28.9%) and old-old (aged 80+) (12.3%).
- Among the selected respondents, 60.4 percent were married, 38.1 percent were widowed/ widower, and 1.4 percent of respondents were divorced/separated. One-third of the total respondents were from the Dhaka division (33.2%) followed by Chattogram (18.1%), Rajshahi (13.8%), Khulna (11.9%), Rangpur (11.8%), Barishal (5.7%), and Sylhet (5.5%).

Care and Support

- The majority of the respondents (89.4%) received food always, and only 10.0 percent of respondents reported that they received food sometimes. About one-third of the respondents ever got favourable and suitable food, but 11.2 percent of older adults never got favourite food, 11.6 percent never got an appropriate diet, and 7.2 percent never got adequate food when they became sick.
- Sons were the primary caregivers to their old-aged parents, followed by the spouse of the older people. The majority of the respondents got clothes always from their son (61.0%), followed by the spouse (10.6%) and daughter (9.6%).
- The majority of the older population (54.3%) always got medicine when it was required, and 60 percent of the older population always got mental support from their family. Support on clothing and physical health mainly came from the son of the older people, and mental supports primarily came from the spouse of the older person.
- About one-third older population always received financial supports either to visit friends/relatives or for social needs, and about 40.0 percent always received pocket money if needed. The older population had very good interaction with their neighbours and community people.
- Qualitative findings further revealed that many older adults did not get adequate food, favourite food, and get enough money to fulfil their needs. Though many older adults got support from family and society, there was evidence of tension, anxiety, depression, and loneliness among the older population, which arise mainly from their concern about future livelihood and safety.

[1] In this study, older population has been defined as the proportion of population aged 60 years and above.

Health and Morbidity Pattern

- The majority of the older adults (67.8%) were suffering from general weakness followed by back pain, ulcer/gastric, low vision/glaucoma, blood pressure, knee pain, arthritis, pain in joint, sleeping problem, giddiness, migraine headaches, allergies, neck pain, a dental problem, urinary incontinence, prolonged cough, heart disease, breathing trouble, diabetes, cataracts, asthma, dysentery, and skin diseases.
- Overall, older women had a higher prevalence of diseases than older men except for allergies, prolonged cough, heart disease, breathing trouble, diabetes, asthma, and paralysis.
- Regarding perception about eyesight and hearing, the rate of mentioning good vision and hearing decreased with the increasing age of the older population. This pattern was consistent across the sex of the older adults.
- Qualitative findings also showed the existence of multiple diseases among older adults. Older men had giddiness, low vision, back pain, sleeping problem, asthma, rheumatic fever, diabetes, and heart disease. Low vision, heart disease, blood pressure, stomach problem, gynaecological disorders are the most common diseases among older women.

Health Care Seeking Behaviour

- Among the older population, 97.5 percent of the respondents who were sick consulted with physicians during their illnesses. In most cases, they consulted with the qualified allopath followed by a homeopath, *Kabiraj*, *addhyatic/ jhar-fuk* and ayurvedic.
- Older people got care from Government health facilities such as Upazila health complex (19.5%), district hospital (12.7%), Govt. medical college hospital (10.9%), community clinic (4.9%) and health and family welfare centre (4.0%).
- Among all respondents, only 2.5 percent did not seek treatment or took medicine for illness. The reasons for not seeking treatment were financial hardship, did not feel the need for treatment, and unaffordable costs for treatment.
- About 40.0 percent of the respondents used eyeglasses. Respondents who were not using eyeglasses, the common causes were financial hardship, too costly, did not understand its necessity, eye hospital was too far, transport problem, and no one to go with them.
- The findings of the qualitative results revealed that older persons were heavily dependent on family members for health care services. The older people underwent several constraints in accessing health care, such as financial hardship in going for a check-up, getting proper treatment, buying medicine, and undergoing an operation. Institutional limitations were also reflected in qualitative findings such as lack of quality medicine, negligence of hospital doctors, nurses and administrative staff, costly health care, and corruption in the health system.

Psychosocial Problems

- More than half of the older persons were worried a lot of time. Reasons behind being worried, 50.4 percent reported that little things bothered them a lot, 37.2 percent thought themselves as worriers, 41.4 percent often felt nervous, 52.0 percent became anxious due to their thoughts, and 68.2 percent were satisfied with their lives.
- Older persons with no education had a higher level of anxiety than educated older persons. Older women had higher anxiety than older men. Those who were not household heads had lower anxiety than those who were household heads. Living without a spouse was found to be associated with a higher level of anxiety than living with a spouse.
- Analysis of the Gierveld loneliness scale among the respondents showed that old-older persons (80 years and above) had the highest level of loneliness than the young-old and middle-old population. Older women were found to be more lonely than older men.

- The findings of the qualitative study consistently illustrate that older persons were worried most of the time, often felt nervous and stayed anxious due to fear about dying alone in their houses, tension about future care, future livelihood (including concern about getting food always and availing the desired shelter) and children's future.

Control Over Life and Resources

- Regarding mobility and decision-making ability, going outside for a walk and visiting others were the two most common activities that older persons could do if desired (96.0% and 95.0%, respectively). Going outside for shopping, going to the hospital, and spending money were the three least mentioned activities by the respondents, indicating that about one-fourth of the respondents could not do these activities despite their willingness to do so.
- There remain wide differences between men's and women's responses in being able to do all other activities on their own will except for two activities, namely going outside for a walk and visiting others. The highest difference between older men and women was observed in being able to go out for shopping.
- Among all respondents, 52.9 percent had ownership of property. The percentage of having property was highest among the middle older adults, followed by young-old and old-older persons. Most importantly, among older men, 82.8 percent had ownership of property, whereas only 29.7 percent of older women had ownership of property.
- Qualitative findings showed that particularly among the poor older population had a lower level of freedom in mobility and lower participation in decision making both in family and societal levels. Older women were more vulnerable in deciding for a walk, going outside for shopping, making decisions for food by own choice, making decisions on where they want to live, attending religious and cultural activities, visiting others outside, and buying clothes by individual choice.
- Besides, qualitative findings revealed problems of controlling property by older persons in most cases. Older persons who had savings or property were in a troublesome situation due to interference by their family members, neighbours and relatives.

Abuse and Exploitation

- Concerning the experiences of abuse and exploitation, 31.4 percent of total respondents said that somebody quarrelled with them. Another 14.4 percent respondent had heard the insulting words like fat, old, ugly, poor, etc.
- In decision-making activities, 15.6 percent of respondents said that they were ignored, and 15.0 percent of respondents never get recognition of their daily activities. Among the selected respondents, most of the older persons were abused by their intimate family members, neighbours and relatives.
- Old-old respondent group on an average faced most abuse and exploitation among the three age groups and older women experienced it more than their men counterparts. It also indicates that not educated and poor older adults experienced it more than their educated and affluent counterparts. Furthermore, rural respondents experienced more abuse and exploitation than the urban one.
- Qualitative findings also documented abuse and exploitation among older adults by family members, neighbours and community people which was manifested through throwing things to hurt, use of neglected words, ignorance, forced termination from the house due to becoming poor and unproductive, beating by family members, mean behaviour from local people, spiteful attitude from local leaders and musclemen and landowners, and the threat of embezzlement of wealth.

Social Safety Net Programmes (SSNPs)

- More than 80 percent of the older persons knew that government or private organizations were working in their locality for the older population, and the differences regarding this issue by sex and residence were found significant. Almost all the respondents irrespective of age, sex and place of residence know about old age allowance followed by widow allowance, VGD/VGF, and freedom fighter allowance.
- Concerning the management of Social Safety Net (SSN) allowance, 87.7 percent of the total older population were able to manage their SSN money. The variation of managing SSN benefits among young-old (92.5%), middle-old (86.9%), and old-old (79.7%) were significant.
- More than 60 percent of the older population were satisfied with the number of allowances they received from SSN programmes. On the other hand, 88.2 percent of older people out of all recipients were able to spend their SSN allowances by their choice.
- However, qualitative findings revealed a different picture compared to quantitative analysis regarding SSN programmes. The coverage of allowances to older people was not enough. Even those who are getting benefits faced several problems,such as long waiting time to get a benefit, unfair and corrupted distribution system, and nepotism of local leaders.

Family and Social Engagement

- More than 60.0 percent of older populations were still engaged in household cleaning, 53.3 percent involved in cooking in their household, 35.7 percent were involved in agricultural works.
- About 50.0 percent of the older population were engaged with taking care of their grandchildren.
- The majority (58.8%) of the older adults were still taking care of sick family members in their household.
- The older populations were also doing shopping for their family,and 67.0 percent reported that they were washing/cleaning their clothes.
- In qualitative findings, it was found that the older populations were still working for family and society, such as doing household chores and taking care of their family members. Many factors that influenced them to do those activities, such as maintaining their livelihood, and increasing their freedom in the family. Besides, they were forced by their family and relatives to involve in household activities.

Gender Perspective

- Most of the older population (88.2%) reported spouse as their primary source for all the necessary services. As regards taking care of the spouse and providing support, more than half of the respondents (51.3%) have mentioned about always giving this support to their spouse.
- About supports provided by older people to their spouses during sickness, staying beside spouses, and full supervision of care was also significant.
- Concerning the vulnerability of divorced/separated/widowed older women, 81.4 percent of the total respondents felt lonely without a spouse.
- Qualitative findings presented that gender-based vulnerability among older women was more pronounced in the case of health care facility during sickness, less medicine support during illness, less financial support from their families, and less power to control over life and resources.
- The findings of the qualitative data also revealed that older women were more vulnerable in deciding for going outside for a walk, going out for shopping, making a decision for food by own choice, making a decision on where they want to live, attending religious and cultural activities, visiting others outside, and buying clothes by individual choice. Older women did not have savings or property by their names.

Problems During Disasters

- More than half of the older population faced problems when they go for receiving relief, and most of the time, women faced difficulties in getting relief because of their gender identity.
- The common problems older population faced while receiving relief were their physical disability, long waiting time, have to face too much crowd, difficulty in receiving the relief while wearing a *Hijab,* etc.
- Qualitative findings showed in-depth insights into the problems of the older population during different seasons. For example, older persons suffered more during the winter season due to cold, lack of winter clothes, and increased pain. During the rainy season, they also faced problems moving from one place to another due to the inundation of the streets and houses. Even during the summer season, the older population suffered due to extremely hot weather for not having electric fans in their living rooms.

Problems of the Older Population

- Physical sickness during the disaster, lack of family support, the problem of tension, lack of appetite, cannot get treatment for the lack of money, cannot afford to buy clothes during the disaster, etc. were the common problems that the older population faced.
- About 70.0 percent of the older population mentioned physical sickness as their first problem, which was followed by not having an appetite, no treatment due to money problems, and dependency.
- The top three sources of expenditure of the older population were food, clothing, and treatment. On the other hand, son or daughter was the first source of earning and neighbour, land, relatives, savings; old-age allowance were the other sources of their earning. Old-age allowance, rationing on food, and free treatment were the three main services that the older population felt in need of.
- Qualitative findings showed a wide range of future needs of older adults in areas of health care, social care, and safety need. The older people needed various types of health care support such as free health care, sufficient doctors, sufficient hospitals, proper health care, allowance for health care, specialised hospital, quality and free medicine, and medical card so that they can avail free treatment.
- The older people also reported several needs for proper allowance which includes an increase of old age allowance, implementing effective alternative allowance system such as widow allowance and introducing pension system in the non-governmental and informal sector, ensuring proper distribution system, reducing complexity in SSN programmes implementation system and eliminating corruption and irregularities in SSN allowance system.
- Moreover, providing financial support was mentioned by most of the older population for their future livelihood, buying adequate food, clothes, accessing quality health care, and surviving in an emergency.

Policy Recommendations

- Provide suitable living arrangements for older people in general, and the old-old older people in particular. Some older people, specifically widowed older people were living alone without adequate support services. The initiative should be taken by the government to provide accommodation for them. Ensure better access to toilet facilities for older people.
- Older people suffer from multiple health problems. Access to adequate information about health care facilities and treatment should be ensured for older people. Most importantly, provide quality health care services for older people at free of cost. Besides, support services should be given to ensure transport services in emergencies for older people living in remote areas.

- Older people contribute to family and society despite their several problems, including health concerns. They deserve to receive better support and care from family and society. Motivational and awareness programmes should be taken to ensure that older people are getting adequate care and support from family and society.
- Food and clothing are basic human rights. Ensure an adequate supply of food for older people based on their needs. As suggested by the majority of the older people, the rationing system for food should be given to older people. Besides, providing clothing in time of need is also crucial for older people irrespective of their gender and identity.
- Financial hardship is another major problem for older people. Addressing their financial crisis will have a broader impact on health and longevity. Therefore, initiatives should be taken to ensure adequate financial support for older people in Bangladesh. The coverage of old age allowance should be expanded, and the amount of the allowance should be increased as well to ensure that older people can meet their basic needs with the allowance.
- Take stringent measures in preventing irregularities and mismanagement of budgets allocated for older people. Strengthen monitoring and evaluation systems to ensure that those who are not eligible for the old-age allowance, widow allowance, and other social safety net programmes are not getting benefits from these programmes.
- Prevent abuse and exploitation against older people through creating awareness programmes on the one hand and taking stern action against those who abuse and exploit older people on the other side. To achieve this, develop a communication system with older people so that they can report complaints faster to the legal authority.
- It was evident that gender-based discrimination persists in many areas, including access to health care, access to food, clothing, medicine, control over resources, and safety net programmes. Take necessary initiatives to reduce the vulnerabilities of older women as compared to older men.
- Older women are more vulnerable than older men in general, and widowed, separated and divorced are in particular. Special initiatives should be taken in areas of housing, food, clothing, security, social support, financial support, and mental support to address vulnerabilities of the widowed, separated and divorced older people.
- The main reason for dissatisfaction with social safety net programmes among older people is insufficient money. Government or private organizations should focus more on increasing the amount of money for social safety net programmes. At the same time, overall management regarding the distribution of social safety net programmes should be more efficient.
- Introduce alternative allowance system such as providing pension in non-governmental and informal sectors for older people.
- At the societal level, initiatives should be taken to ensure greater participation of older people in social programmes. Moreover, the ageing club can be established in every community to refresh the older by involving them in different kinds of societal as well as recreational activities.
- The prevalence of loneliness, depression, and anxiety was pronounced among older people with a higher level among older women and older people with lower socioeconomic status. Besides, the overall improvement of the socio-economic condition of older people, take awareness programme among community people to strengthen kin relations and allocating time and providing support for older people.
- Natural disasters are a widespread phenomenon in our country. During disasters, older people are subject to more risk, especially older women and old-old older people. During disaster, older people have different needs compared to other people, such as medication and suitable food. To address these problems of older people, including provisions for older people in disaster risk reduction, manuals and training activities.

Chapter - 1

Introduction

Chapter-One : Introduction

1.0 Introduction

Population ageing - the process that results in rising proportions of older persons in the total population - is one of the most remarkable changes that the world has experienced since the mid-twentieth century both in developed and less developed countries. The older people aged 60 years and over accounts for 13.5 percent of the total world population in 2019, which is projected to reach 21.4 percent by 2050 (United Nations, 2019). Although population ageing is taking place nearly all over the world, the growth rate of the older population is faster in the less developed countries as compared to the developed countries. It is estimated that nearly 8 out of 10 of the world's older people will live in less developed countries by 2050 (United Nations, 2017). Bangladesh is not an exception to this universal trend of population ageing. The percentage of older persons was 5.7 percent in 1974 (BBS, 1977), which has increased to 7.9 percent in 2018 (BBS, 2019), and projected to reach 20.0 percent by 2050 (BBS, 2015a). The population ageing in Bangladesh is the outcome of the declining trend in fertility (Total Fertility Rate of 2.3 in 2017 from 6.3 in 1975) and mortality (Crude Death Rate of 5.0 in 2018 from 15.0 in 1975) and subsequent increase in life expectancy (more than 72.3 years in 2018 from 43.3 in 1975) (Hayes & Jones, 2015; BBS, 2019).

1.1 Background

Bangladesh has undergone substantial changes in the age composition of its population since its independence in 1971 because of transitions from high to low birth and death rates. The significant changes in its age composition include a declining trend in the percentage of children (below age 15 years) and a gradual increase in the percentage of the older population (aged 60 years and over). The rate of children in Bangladesh has declined to 28.8 percent in 2018 (BBS, 2019) from 48.0 percent in 1974 (BBS, 1977). The declining trend in the young dependant population will continue. It is projected that the young dependant population will constitute 24.7 percent and 16.8 percent of the total population in 2025 and 2050, respectively (United Nations, 2019). The percentage of the older population has gradually increased overtime between 1974-2018, as mentioned above, though to a lower extent.

The declining trend of children and the increasing trend of the older population in Bangladesh resulted in a gradual increase in the percentage of the working-age population (aged 15-59). The percentage of the working-age population increased to 63.3 percent in 2018, from 46.3 percent in 1974 (BBS, 1977; 2019). It is predicted that the increasing trend in the working-age population will continue until 2025 (reaching the peak, 65.7%) and thereafter, will start to decline gradually over time (United Nations, 2019). The larger share of working population compared to dependent population is termed as the demographic dividend' which is considered as an excellent opportunity to accelerate economic growth if the labour force is transformed into a human resource through proper investments in education, health, economy, and governance (Bloom, Canning, Mason, Lee, & PRB, 2013). While demographic dividend opens an opportunity for accelerated economic growth, the gradual increase in the older population is a significant challenge for Bangladesh due to its wide range of implications in areas of social, economic, demographic, and health sectors (Kabir, 1999; Kabir, Kabir, Uddin, Ferdous, & Chowdhury, 2016).

Population ageing poses enormous challenges for all the countries in general and Bangladesh in particular because of its large number of population (164.6 million in 2018) in one hand and scarcity of resources on the other (BBS, 2019). Population ageing will have dramatic effects on living arrangements, financial conditions, health care, social support programmes, labour supply, economy, human rights issues, culture, and environment. Such a wide-ranging effect will require new approaches in addressing the needs of the older population. Although examining the implications of population ageing has received extensive attention globally, it has received limited attention in earlier research in the context of Bangladesh. The subsequent sections provide an overview of the

current state of knowledge on population ageing issues in Bangladesh and knowledge gaps in areas of population ageing in Bangladesh.

1.2 Existing knowledge on population ageing issues in Bangladesh

Previous research on ageing population has focused on various problems and needs of the older people in Bangladesh. Overall, the findings of these studies can be summarised into the following categories:

1.2.1 Socioeconomic consequences/issues

The socio-economic problems of the older population in Bangladesh were first examined in greater detail in 1988 by the Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM). They interviewed 1640 older population from selected areas of Dhaka, Tangail and Noakhali. They found that 36.0 percent of older men and 76.0 percent of older women were illiterate. The proportion of respondents with primary education were 21.0 percent among men and 13.0 percent among women. The percentage of higher education was very lower among older women than among older men. There were regional variations in illiteracy rates by gender. For instance, older women living in rural areas had a higher illiteracy rate than their counterparts living in urban areas (BAAIGM, 1988). The higher rate of no education and regional variations in education by gender was also evident in recent years (Kabir, 1998; Begum, Sen & Ahmed, 2013). It is worthwhile to investigate the educational attainment of the older population because it is considered an important marker of many other socio-economic and health-related problems of the older population. For instance, higher educated older persons are more likely to have a more significant role in family decision making and less susceptible to economic hardship and health problems.

Kabir (1997) observed that about forty percent of the older persons were still working, about one-third of the respondents had secondary jobs, a vast majority received their skills from non-formal training and one-fourth of them wanted to work which do not require hard labour. In subsequent analysis, Kabir (1998) noticed that people were working at older ages for survival due to a lack of a comprehensive pension system. Kabir and Salam (2001) revealed that the majority of the older population worked in other people's houses (70.7%) followed by housewives (15.0%), day labourer (6.3%), agriculture (5.5%), and small business (2.3%).

Islam and Shamsul (2012) showed that more than half of the older population (58.5%) were active in various sectors. Among those older population who were engaged in the labour market, most were employed in agriculture, forestry and fisheries sectors (48.4%) followed by production and transport (24.1%), services workers (14.2%), sales workers (5.8%), professional and technical (4.7%), administration and managerial (0.5%), and other sectors (0.1%).

Despite the active participation of the older population in the labour market, their financial condition was not very good. Earlier research showed that three-fourths of the older population faced financial hardship and difficulty in meeting basic needs (BAAIGM, 1988; Chaklader Haque & Kabir, 2003; Kabir, 1997; HelpAge International, 2000; Sattar, Milton, Al-Mamoon & Bristi, 2003). Kabir and Salam (2001) showed that 68.0 percent of the older population did not have any income and only 13.3 percent older population had an annual income of Tk. 3,000 and above. A recent study showed that 32.2 percent of older peoplehad a yearly income of Tk. 3,000 or more, and the remaining older population had either no income or income of below Tk. 3000 (Begum et al., 2013).

The vulnerable situation of older people was also depicted in another study by HelpAge International (2000) using a sample size of 389 selected from Dhaka, Tangail, Pirojpur, and Naogaon districts of Bangladesh. It was found that the majority of older people could not meet their basic needs due to

poverty; their health status was very poor; they were excluded from services and support provided by NGOs and Government, and they lost authority and respect in the household. Thus, the research argued that poverty and exclusion were the greatest threats to the well-being of older people in Bangladesh (HelpAge International, 2000).

The financial insolvency among older persons has a wide range of consequences on their lives, including limited roles in the decision-making process, more significant exclusion from the mainstream society, and higher susceptibility to various diseases. Sheikh, Zaman, Mahmud, Azad, and Yesmin (2013) examined the participation of the older population in the family decision-making process in Dhaka North and South metropolitan areas. They found that involvement of older persons in family decision making depends on various components like family pattern, economic solvency of older people, the outlook of the family members towards older persons, place of living, etc. The study found that the older population always showed their interest in participating in family activities, but most often, they got limited scope to be a decision-maker regarding the health issues of family members (Sheikh et al., 2013).

1.2.2 Health and morbidity patterns

A vast majority of the earlier research on ageing population in Bangladesh have examined health status and morbidity patterns of the older population (e.g., BAAIGM, 1998; Chaklader & Kabir, 2003; Hossain & Islam, 2002; Kalam & Khan, 2006; Khan, Kabir, & Mori, 2005; Mostafa & Streatfield, 2003; Rahim, 2007a; Rahman, 2004; Sattar, 2003; Sattar et al., 2003; Kabir, 2000; Khan & Kabir, 2003). In general, the findings of these studies suggest that older people suffer from multiple health problems, including a higher prevalence of heart disease, diabetes, high blood pressure, weakness, dementia, a dental problem, hearing problem, vision problem, rheumatic pain and stiffness in joints, prolonged cough, breathlessness, bronchial disease, asthma, shortness of breath, and chest pain.

Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM) examined the health status of 1640 older population in Bangladesh. The findings of the survey showed that the health conditions of the majority of older persons were not sound. About 67.0 percent of men and 79.0 percent of women reported suffering from one or more diseases. One-fourth of the respondents had been suffering for over ten years, and the majority of them are older women. Among diseases, respondents had the highest prevalence of stomach-ache and diarrhoea followed by asthma, peptic ulcer, blood pressure, diabetes, cardiac problems, dental and eye problems, rheumatism, cough, and cold, fever, and anaemia. Besides, there were regional variations in disease patterns, for instance, older people living in urban areas had a higher prevalence of blood pressure, diabetes and cardiac diseases as compared to those living in rural areas (BAAIGM, 1988).

Concerning healthcare-seeking behaviour, it was found that the majority of the older population who were sick consulted with physicians (82.5%). In most cases, they consulted with qualified allopaths (61.0%) and the remaining consulted with unqualified allopaths, *Kabiraj,* and homeopaths. It indicates that a significant proportion of the older persons in response to sickness do not or can not avail of the services of Medicare from qualified physicians. In connection with this, the majority older population also faced various problems in having treatment such as lack of money, non-availability of physicians, and non-availability of medicine. These problems were more acute in rural areas as compared to urban areas (BAAIGM, 1988).

Mostafa and Streatfield (2003) have examined the health status of older people selected from 4700 households in Bangladesh. They found that almost half of the older men (49.6%) had arthritis followed by gastric (24.3%), anaemia (20.9%), diabetes (15.2%), eye disease (12.9%), cataracts (12.0%), asthma (11.3%), and urinary incontinence (8.4%). These prevalence rates of chronic morbidity symptoms were higher among older women than older men. The authors concluded that a more substantial portion of the older population would require additional support (such as from the

working-age population) because of a higher rate of disease prevalence among them. Consistent with these findings, Khan, Kabir, and Mori (2005) reported that although the majority of the older population had health problems, older women had higher disease prevalence than older men. They also noticed that during illness older population usually got care from their family members, and the majority of them preferred to stay with their family members instead of staying in government facilities (hospital, health centre, and clinic) during illness. Regarding the morbidity patterns, similar findings were also reported by other researchers (Hossain, 2002; Abedin, 2003; Khan & Kabir, 2003; Chaklader & Kabir, 2003; Chaklader, Haque & Kabir; 2003; Rahim, 2007a).

The morbidity patterns among the older population in Bangladesh were further revealed by Kalam and Khan (2006). Using survey data of 960 respondents from six divisions of Bangladesh, they noticed that majority of the older persons suffered from eye problem (44.7%) followed by weakness (41.3%), arthritis (39.4%), waist/back pain (31.4%), pain in joint (24.7%), high blood pressure (20.9%), sleeping problem (18.2%), asthma (12.2%), dental problems (10.4%) and diabetes (5.4%). In all cases, older women hada higher prevalence of diseases than that of older women except for arthritis, asthma, and diabetes. They concluded that because of various health problems older population was becoming a vulnerable group in our society. Therefore, the support of mass media was essential to take the message to the broader society.

Khanam et al., (2011) investigated the prevalence and patterns of multimorbidity among the older population in rural Bangladesh using cross-sectional data. They defined multimorbidity as suffering from two or more of nine chronic medical conditions, such as arthritis, stroke, obesity, signs of thyroid hypofunction, obstructive pulmonary symptoms, symptoms of heart failure, impaired vision, hearing impairment, and high blood pressure. Findings showed that the overall prevalence of multimorbidity among the older population was 53.8 percent, and it was significantly higher among women, less educated, persons who were single, and persons in the poorest quintile. Hence, they argued that the prevalence of multimorbidity was higher among the older population of rural Bangladesh; and emphasised the greater need for primary care for older people with multimorbidity in rural Bangladesh.

The earlier studies on the older population widely focused on general health status, very few studies have explicitly examined the mental health situation of the older population (e.g., BAAIGM, 1988; Begum, 2007; Islam & Shamsul, 2000; Levkoff, Macarthur, & Bucknal, 1995). The findings of these studies suggest that older people suffer from mental health problems due to loneliness and exclusion from mainstream society. Also, the prevalence of dementia, depression, and anxiety is increasing among the older population. Another possible explanation of the deteriorating mental health status among the older population is their discomfort/inability to accept new values and norms in the changing society (BAAIGM, 1988).

1.2.3 Social care/social support

Older people in Bangladesh mostly live with their married children, and, in most cases, it is expected that care for the older population would be given by their daughters-in-law. However, due to changes in social values and composition of family structure, the pattern of caregiving to the older population has changed substantially during the last few decades. Mostafa and Streatfield (2003) reported that 88.6 percent of older men received care from their spouses, followed by self (3.8%), daughters-in-law (3.2%), son (2.3%), and daughters (2.1%). On the other hand, nearly half (53.8%) of the married older women received care from their daughters-in-law (53.8%) followed by sons (24.4%), daughters (14.1%), and self (7.7%). This pattern of receiving care is similar to widower older men and women.

In consonance with the above findings, Abedin (2003) observed that the wives of older men were mainly responsible for taking both physical and overall care of their husbands. On the contrary,

spouses living in rural and urban areas provided overall care of their partners almost equally. Surprisingly, they noticed that both sons and daughters took care of their mothers more than their fathers. Besides, there were few older people for whom none was available to provide overall care (Abedin, 2003). In addition to receiving support from family members, the older population also received support from neighbours and community members (Kabir & Salam, 2001).

It is important to mention that the older population not only receive care from their family members they also contribute to the maintenance of their households in many respects. Sultana (2013a) investigated the roles performed by the older population in maintaining household chores using primary data from a sample of 80 respondents in the urban area of Bangladesh. She found that older women were playing a great role both in their parent's and husband's home by doing lots of household chores, such as cooking for the family, tidying and cleaning household things, washing clothes, nursing the sick members of the family, and supervising and caretaking. Similarly, Rahman et al. (2012) noticed that 27.0 percent of the older persons contribute to cooking, 14.0 percent contribute to childcaring, and 6.0 percent provide to both caring children and cooking.

Among recent studies, Pradhan, Akthar, Khan, and Islam (2017) revealed that the older population in both urban and rural areas in Bangladesh was more vulnerable in receiving personal care. However, the older people in the rural area was less vulnerable in receiving care from relatives, friends, and neighbours than the urban area. They attributed the vulnerability of the older population in receiving all kinds of care to their previous employment status, number of children and current employment status of their children.

1.2.4 Living arrangements

Traditionally the family structure of Bangladesh is such that older people live with their children. However, due to rapid socio-cultural change, urbanisation, and individualisation—which has led to the breakdown of joint families and the consequent increase of nuclear families—the living arrangement of the older population is undergoing some transformations over time. Using survey data of 500 older population in Bangladesh collected under the auspices of ESCAP in 1993, Kabir (1994) examined the socio-demographic consequences of population ageing in Bangladesh to generate policy recommendations for local-level development. One of his findings was that almost half of the respondents were living with spouses and had their living arrangements, and the remaining older women live with their children. Mostafa and Streatfield (2003) noticed that majority of the older people live with their married sons (62.8%), and only 5.7 percent of the older population live with their married daughters (5.7%). Besides, the percentage of living with unmarried son and daughter has declined over time (11.7% in 1974 to 4.4% in 1996).

Abedin (2003) investigated the living and care arrangements of 424 older population in Bangladesh in the view of demographic change and socio-economic transformation taking place in the country. The study found that the vast majority of older peoplelive with their children. However, there are some variations in living with children among the older population by gender (65.5% and 34.4% for older men and women, respectively). Besides, a small percentage of older people live with their relatives as well. However, it is also found that due to the change in lifestyle, demographic transformation, and socio-economic changes, this practice of living with children had changed nominally.

Ghuman and Ofstedal (2004) examined the nature of economic and social support from children and siblings for older people in Matlab, Bangladesh. They noticed that one-half to two-thirds of older adults were living with a married offspring. Sons were considerably more likely than daughters to live with or adjacent to parents and to provide economic aid. They also revealed that older persons who did not live with children had regular contact with and received assistance from them. Also, of the few who were childless, most lived with family members or lived alone.

The increasing volume of the older population and subsequent changes in lifestyle and social values make older people more vulnerable. Sultana (2013b) explored this situation of older women living in BAAIGM old homes in Gazipur. The author found that older women were compelled to live in the old home because their family environments were not so positive for them. Besides, there were security issues of living with family in some cases. The older women preferred to live in the old home due to better living arrangements and easy access to health care facilities. Sultana (2013b) suggested that establishing a special hospital and old home for the older population in every district should be given priority for ensuring the future protection of older people in Bangladesh. It should be mentioned that the findings of this study should be interpreted with caution in the context of Bangladesh. Because the author interviewed only ten older women, and the percentage of older women living in the old home is very negligible. Still, the majority of the older population prefers to live with their children or spouse or a combination of both (Abedin, 2003). Despite these limitations, the study conducted by Sultana (2013b) provides some insight into arranging alternative housing for the older population in Bangladesh.

1.2.5 Social safety net programmes (SSNPs) for older people

Financial insecurity is an influencing factor that makes older people more vulnerable in society. The more people get older, the more they become dependent on others in terms of financial security as they lose the capacity of earning. Though the government provides the pension scheme for the public servants, it covers only a small portion of the older population in Bangladesh.

The government of Bangladesh has implemented several programmes for the poor and disadvantaged people of the country. A few of them are aimed at the older population of which 'the Old Age Allowance Programme' introduced in 1998 tries to give protection to the older persons. Bangladesh Association for the Aged and Institute for Geriatric Medicine (BAAIGM) was formed in 1960 with the principle of serving physical, social, and psychological support to the older population. It is running a 50-bed geriatric hospital where 30 percent of poor patients get free treatments. It also has a full residential old home to give shelter to older people (Khan, 2009). Among other organizations that are working on the welfare of the older people include Old Rehabilitation Centre (BOSHIPUK), Resource Integration Centre (RIC), Bangladesh Women's Health Coalition (BWHC), Services Centre for Elderly People (SCEP), Elderly Initiatives for Development (EID), Bangladesh Retired Government Employees Welfare Association, Defence Personal Welfare Trust, Bangladesh Retired Police Officer's Welfare Association, Bangladesh Association of Gerontology and Ragib-Rabeya Foundation.

Several studies have been conducted on this issue to address the appropriateness, weakness, barriers of the efforts made by both government and non-government institutions. Older people are excluded from services and supports by the NGOs due to age limits on participation resulting in low or no uptake of the services by the older people (HelpAge International, 2000). The study conducted by HelpAge International (2000) on 332 older people revealed that the coverage of '*Boisko Bhata*' or old-age allowance is insufficient for the large and growing number of older people (only 4 out of 332 participants) and much of it spend in transportation cost.

Kabir and Salam (2001) assessed the '*Boisko Bhata*' scheme in terms of appropriateness, distribution system, weakness, and types of barriers to the programme. A sample consisting of 256 older people who were the recipients of the scheme revealed that 82.0 percent of them are satisfied with the existing distribution system while the remaining 18.0 percent was facing difficulties, such as longer waiting times. Since a large portion of the older population faces various physical disabilities, the distribution mechanism of the '*Boisko Bhata*' needed to be older people friendly. Moreover, the recipients had to spend on an average around Tk. 16 (sixteen) every time to collect the allowance which seemed to be an extra burden to them. Despite the successes of the scheme, about 12.0

percent of the respondents wanted to consider other benefits than old age allowance since the enrolment to old age allowance sometimes disqualified them from other benefits such as receiving relief materials, VGD cards, etc.

Majumder and Begum (2001) evaluated the *'Boisko Bhata'* programme using a sample of 194 old-age allowance recipients and 102 non-beneficiaries in Bangladesh. The disbursement procedure through scheduled bank found appropriate while the mobile unit for disbursement was also suggested. The quality of life was improved for the recipients and their families. The study found that the old age allowance enabled income-generating activities for some respondents. It also provided mental strength to the respondents to fight against poverty. Despite these successes of the programme, coverage and amount sanctioned seemed dissatisfactory to the older people. They also revealed that the selection of candidates in terms of economic activities, spousal participation in the case of the recipient's death should be considered in future planning.

At the beginning of the old age allowance project, the older population (women aged 62 years and men aged 65 years) used to get Tk. 100 per month. At present, the amount has been increased to Tk. 500, and the total budget for the project now amount to Tk 2,100 crore in 2017. In 2016, the Government gave an old age allowance to 31,50,000 people. In 2017 another 1,50,000 people were added to the project. However, the old-age allowance programme has been characterised by a lack of adequate coverage, inadequate amount, mismanagement, and misappropriation. The project has given limited attention to disaster-affected communities and disadvantaged tribal groups. Hence, experts recommended making National Identity Card compulsory for identifying the age of the beneficiaries, increasing the amount of allowance, providing a special allowance for people aged 80 years and above, and selecting beneficiaries without political intervention (The Daily Star, 2017, October 31). It should be mentioned that there is a lack of empirical research in Bangladesh on assessing the adequacy and effectiveness of the old age allowance programme in addressing vulnerabilities of the older population.

1.2.6 Human rights of older population and experience of abuse and violence

The human rights situation of the older persons in Bangladesh is not satisfactory as compared to the degree to which the UN principles (UN, 1992) for older people are used. The policy documents in Bangladesh do not include the human rights issues of older peoples extensively (Rahman et al., 2012). The rights are somewhat uncertain than should be spelled as guaranteed issue. However, it is encouraging that the Government of Bangladesh and major NGOs are showing interest in upholding the rights of this vulnerable group. Bangladesh constituted a National Committee on Ageing to ensure legal protection on the rights of the older population based on the Madrid International Plan of Action on Ageing.

A few studies have been conducted to address the rights of the older population in Bangladesh. Rahman (2013) conducted a study to examine the negligence status, issues, and intensity of Bangladeshi older women from the different economic situations. The qualitative research including 100 older people for the interview, found that overall, 72.0 percent of older women faced family negligence. It seemed noteworthy that the upper-class older women were not prone to disclose their negligence in front of others. Besides, the author found that there exists a significant negative correlation between economic class and negligence status, and financial neglect was higher than social negligence.

Another study conducted by Islam and Rabbani (2013) also put light on the age discrimination in Bangladeshi society. A sample of 10 older people was studied qualitatively and revealed the age discrimination stemmed from negative stereotypes of ageing such as mental and physical weakness, out-dated, stubbornness, inability to learn, unhealthy and burden to the society. These perceptions toward older people lead them to serious social insecurity in all aspects as it violates fundamental

human rights. It makes the situation worse when this negligence comes from their family or community.

Ismail, Islam, Koshio, and Kawahara (2015) revealed that individuals from poor households face abuse is significantly higher than their counterparts in middle and affluent families in Bangladesh (62.0% and 6.0%, respectively). However, it is widely perceived that the prevalence of abuse and exploitation towards the older population is even much higher compared to the reported numbers. Due to social stigma, the older population sometimes does not report their bitter experiences to others or formal agencies. In connection with this, Jamaluddin, Chunab, and Taher (2015) mentioned that detection of older abuse in Bangladesh is a significant hurdle because due to deep-rooted cultural belief and filial obligation to look after one's elders, any report of abuse by an older victim amounts to more than a breach of the right to protection under the law. They recommended persistent efforts in public education to bring necessary changes in the identification and prevention of abuse and exploitations towards the older population.

1.2.7 Effects of cultural and demographic changes

Current social and demographic transitions are leading to an erosion of family support for the older population in Bangladesh since it is changing the culture or practice regarding the attitude towards older people. Urbanisation and modernisation are changing the family structure as expected with adverse effects on the caregiving and supporting the pattern of the older family members (Kabir et al., 2003).

As mentioned earlier the traditional social norm in Bangladeshi society is of co-residence with children, sons in particular are supported by previous research (Kabir, Szebehely, Tishelman, Chowdhury, Höjer & Winblad, 1998; Chakladar & Kabir, 2003). However, there have been some changes in the attitude towards seniors and the level of respect among youth and working population. These changes in attitude and values further intensify the problems of the older population (Roy, 2002; Barikdar, Ahmed, & Laskar, 2016). Due to the changing attitude towards older people the modern society could not uphold the dignity and honour of older adults, and by many older adults are considered as a burden. This changing attitude towards older adults has been mostly attributed to individualistic attitudes, changes in family patterns, financial crisis, and other social problems (Roy, 2002; Barikdar et al., 2016).This scenario depicts the vulnerability of older people in terms of dignity and importance. For this reason, Chakladar and Kabir (2003) emphasised on promoting traditional cultural values so that the older population become useful and respected members of society.

The declining trend of the importance of the older population is also associated with their limited participation in the decision-making process. In connection with this Sheikh et al. (2013) confirmed that the desire for older people's involvement in family decision making is not met due to their less contribution to family income flow. Moreover, older persons possessing their property could play a significant role within their families in terms of income-expenditure planning, the health of the family members, food, clothing, and participation in socio-cultural activities. This suggests that family members determine the level of one's participation in the decision-making process by their available resources. This is nothing but a substantial change towards the materialistic aspiration of the adult population.

1.3 Gaps in the literature on population ageing in Bangladesh

Although the above literature on population ageing has contributed a lot in depicting the issues and challenges of the older population in Bangladesh. However, it has some limitations, as well. First of all, none of the surveys has covered all divisions to derive a nationally representative sample of the older population in Bangladesh. Second, except for a few studies, the sample size was very small to the total number of older people in Bangladesh. Third, a vast majority of the literature on population

ageing in Bangladesh has examined health problems of the older population, and limited attention has been given in exploring other important issues such as violence against the older people, rights issues, social care, and projection on needs of the older population. The main reason for not focusing on these topics is the lack of survey data in greater detail on each of these issues. Fourth, there is no comprehensive survey with a large sample size on the older population in Bangladesh since 1988. Although the studies conducted by Mostafa and Streatfield (2003) and Begum et al. (2013) were based ona large sample size (4700 and 3000, respectively), their focus was limited to health implications and old-age allowance programmes for the older population, respectively. Thus, considering all these limitations, it is worthwhile to conduct a study on the older people in Bangladesh that will cover a wide range of topics of population ageing, such as socio-demographic and economic consequences, morbidity patterns, health care, and healthcare-seeking behaviour, evaluation of social safety net programmes, social care, violence and rights issues, and assessment of the needs of the older population.

1.4 Rational of the proposed study

The ultimate aim of the "Survey on Older Population in Bangladesh" is to find ways to improve the quality of life of the older population in Bangladesh by better understanding their various dimensions of socio-demographic, economic, psychological, and health-related problems. The findings of this study will generate huge interest among researchers and policymakers, which will eventually contribute to active ageing and the maintenance of an active lifestyle for the older population in Bangladesh. This will also create a unique research source that can be used to gain a better understanding of how the multiple aspects of lifestyle and socioeconomic factors have an impact on maintaining the health and development of the disease. Furthermore, the study will provide a research platform from which it would be possible to conduct many other studies. The study will contribute to improve health services and ensure equal access to health care among the older population in Bangladesh. The wealth of data to be collected will also create new knowledge on the various interrelated social, economic, demographic, and psychological factors of the older population. This will eventually contribute to the rapid adoption of sound research into health practices, programmes, and policies thereby producing a strengthened and more responsive health system. Finally, the proposed study will facilitate ways and means of bringing the older population into the mainstream of economic and social development at the local level so that they can contribute to the society to a great extent.

The studies reviewed above have contributed substantially to the global level data and literature on population ageing in general and ageing research in Bangladesh in particular. A vast majority of this literature has not only reported a wide range of socio-demographic and health consequences of the older population but also has emphasised on conducting comprehensive surveys on older population covering a wide range of topics to derive valid and reliable estimates on the needs of older population from a nationally representative sample. In connection with this, Kabir (1999) argues that there is a dynamic relationship between population ageing and other social, cultural, and economic developments. In contrast, "there has been little research works on the socioeconomic and physical wellbeing of the elderly and factors affecting their status in Bangladesh context" (Kabir, 1999:15). Therefore, the proposed study on the older population in Bangladesh is worth doing to address the gaps in earlier surveys on the older people in Bangladesh.

1.5 Organization of the report

This report is outlined as follows. Chapter 2 elaborates on the methodology of the study. Chapters 3 to 11 describe the findings of the study. Finally, Chapter 12 illustrates discussion and policy recommendations.

Chapter - 2

Research Questions and Methodology

Chapter-Two : Research Questions and Methodology

2.0 Introduction

Broadly, this research aimed to explore the socio-economic, demographic, life and livelihood, vulnerabilities, and health-related situation of the older people in Bangladesh. This chapter begins with presenting the specific research question of this study followed by the detailed methodology adopted to answer these research questions.

2.1 Research questions

Based on the review of existing literature on the older population and their limitations, this research has mainly attempted to explore the socioeconomic, demographic, and health consequences of the older people in Bangladesh. The survey was conducted to answer the following research questions:

(1) What kinds of support do older populations receive from family and society?
(2) What is the living arrangement of the older population?
(3) What are the major social and economic problems faced by the older population?
(4) What kinds of psychosocial problems do the older population suffer from?
(5) What types of morbid conditions do the older populations suffer from?
(6) What types of health care do the older population have access to?
(7) Do the older population have control over their lives and resources?
(8) What kinds of social safety net programmes do the older population have access to?
(9) What are the perceptions of the older population regarding the current social safety net programmes in terms of reaching and supporting them?
(10) How and to what extent older population are engaged in supporting at the family and societal level?
(11) What kinds of abuse and exploitation do older people experience in our society?

2.2 Research design

The adoption of research design in research is mainly dependent on the type of research questions/ objectives a researcher wants to answer. In practice, there are three different types of research designs: qualitative, quantitative, and mixed-methods. Qualitative research aims to seek answers to questions about the 'what', 'how', or 'why' of a phenomenon while quantitative research aims to answer questions about 'how many' or 'how much' (Green & Thorogood, 2004). Mixed-methods research aims to answers questions of both types. The research questions of this research indicate that both qualitative and quantitative approaches should be used. Thus, this research has adopted a sequential mixed-methods approach where quantitative data were collected first, and then qualitative data were collected.

2.3 Methods for data collection

This research collected both primary and secondary data. Primary data was collected from the older people (60 years and above) and the stakeholders who were working on the issues related to the older population. The research design of this study suggests that both qualitative and quantitative data should be collected as part of the primary data collection process. A face-to-face interview was used to collect quantitative data from the households where the older population was living. On the other hand, focus group discussions (FGDs), and case study was conducted as part of collecting qualitative data from the older people while key informant interview (KII) was conducted with the people who were working on the issues related to the older population in different government organizations (GOs), non-government organizations (NGOs), and international non-government organizations (INGOs). Additionally, various national and international policy documents on the older population were reviewed as part of this research.

2.4 Sample size and sampling for quantitative survey

2.4.1 Sample size

The primary objective of the quantitative study was to produce statistically reliable estimates for the seven Divisions of the country by urban and rural variation. Thus, the study domain was the administrative Divisions of Bangladesh. The sample size of this study was calculated based on the following formula:

$$n= (z^2pq/r^2)* \text{ design effect}$$

Here, n is the sample size of the older population; Z is the standard normal distribution which is 1.96 at 5 percent level of significance; design effect was considered 2; p is the target parameter which was 20 percent i.e., about 20 percent of older persons were receiving Old-Age Allowance; r is the relative error which was considered 7 percent. The total sample size for this study was 6272 by using the above formula.

2.4.2 Sampling frame and strategy

This research used the Integrated Multipurpose Sampling Frame (IMPS) prepared by the Bangladesh Bureau of Statistics based on the Bangladesh Population and Housing Census 2011. The BBS has started to collect data for Monitoring the Situation of Vital Statistics of Bangladesh from the 1500 primary sampling units (PSUs) from July 2013 (BBS, 2015b). The primary sampling unit is also known as an enumeration area (EA), which is a geographic area covering an average of 120 households (BBS, 2015c). Thus, this study used the 1500 PSUs available in the IMPS as the sampling frame. This sampling frame contains information about the EA location, type of residence (urban or rural), and the estimated number of residential households. However, the allocation of the EA for this study was determined by the number of older people living in each EA. It was assumed that on average 40 older people are living in each of the EA considering the rate of older people aged 60 years and above at 7.48 percent and average household size 4.4 per household (120*4.4*7.48%) according to the Bangladesh Population and Housing Census 2011 (BBS, 2015). Thus, this study collected data from 157 EAs (Sample Size 6272/40 older people in each EA) across the seven Divisions of Bangladesh.

There were seven administrative Divisions in Bangladesh at the time of implementing this study: Barishal, Chattogram, Dhaka, Khulna, Rajshahi, Rangpur, and Sylhet. The allocation of sample size and the number of EA coverage in each of these administrative Divisions were proportional to the population distribution of these administrative Divisions according to the Bangladesh Population and Housing Census 2011. The allocation of sample size and the number of EA coverage was also proportional to the rural-urban ratio within each of these administrative Divisions. Thus, a two-stage stratified systematic sampling was adopted in this study. Each division was stratified into urban and rural areas. As a result, a total of 14 sampling strata were created. Samples of EAs were selected independently in each stratum in two stages. The numbers of respondents to be interviewed were allocated to each stratum according to the national distribution of households in each stratum, obtained from Bangladesh Bureau of Statistics for the 2011 Population and Housing Census (Table 2.1).

Table 2.1: Enumeration area (EA), sample allocation, and completed interviews

Division	Enumeration Area			Estimated Sample Size			Collected Sample Size		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Barishal	8	1	9	304	59	363	303	59	362
Chattogram	21	7	28	821	276	1097	850	295	1,145
Dhaka	36	18	54	1417	698	2115	1,360	742	2,102
Khulna	15	3	18	599	130	729	623	130	753
Rajshahi	18	4	22	724	151	875	721	151	872
Rangpur	16	2	18	650	94	744	652	95	747
Sylhet	7	1	8	295	54	349	295	53	348
Total	**121**	**36**	**157**	**4810**	**1462**	**6272**	**4,804**	**1,525**	**6,329**

At the first stage, primary sampling units (PSUs) i.e. enumeration areas (EAs) were selected from the IMPS. A total of 157 EAs were selected from the frame. Since no listing of the households in the selected EAs was done, interviewers visited every household in the EA to find the eligible respondents who were 60 years and above. Then at the second stage, the aforementioned number of respondents was interviewed systematically with an average of 40 individuals per PSU. In the case of any household, where more than one eligible respondent was found, all of them were interviewed. The interviews were continued as long as the required numbers of respondents from a specific stratum were achieved.

2.5 Sample size of qualitative data

FGDs and Case Studies were conducted with older people aged 60 years and above. KIIs were conducted with the people who were working on the issues related to the older population in different government organizations (GOs), non-government organizations (NGOs), and international non-government organizations (INGOs). Two FGDs were conducted from each Division: one with older men and the other with older women. On the other hand, three case studies were conducted from each division. The participants for the case study were selected based on their vulnerabilities due to older age (young-old, middle-old, and old-old older population). Finally, two KIIs were conducted from each Division. The following table summarizes the sample size of the qualitative data collected for this study.

Table 2.2: Sample size for qualitative data

Respondent Type	Method of Data Collection	Quantality
Older people	FGD	14
Older people	Case Study	21
Stakeholders working on issues related to the older population	KII	14
Total		**49**

2.6 Data collection tools development

A structured questionnaire was developed for the collection of quantitative data from the older population through the face-to-face interview. The study also developed three topic guides for conducting FGDs, KIIs, and Case Study.There were two broad aspects of the structured questionnaire for collecting quantitative data from the older population. The household aspects included the following topics: household members socio-economic situation (age, sex, marital status, education, and place of residence); sources of water for drinking and household purpose; access to toilet facilities; housing materials used; household assets and land properties; and household ownership of various livestock. On the other hand, older people's aspects included the following topics: individual characteristics (age, sex, marital status, education, income, occupation, employment, number of living children); living arrangement; care and support; physical health condition; mental health; abuse and exploitation; social safety net; family and social level engagement of the older population; gender perspective of older population; older people's problem during the disaster, etc. The questionnaire can be found in Appendix A.

The questionnaire was developed in three phases. First, the research team drafted the English version of the questionnaire,which was backboned by a comprehensive review of available literature from both Bangladesh and other countries. Secondly, members of the technical committee validated the drafted English version. A technical committee was formed to support this study; Please see Appendix B for technical committee members. At this stage, the English questionnaire was translated into Bengali. Thirdly, the Bengali questionnaire was finalised by incorporating inputs

received from the enumerators during their training for data collection and pre-test. The study followed a sequential mixed-methods approach, and thus, qualitative data collection tools were developed based on the preliminary findings of quantitative data. Three topic guides were developed for collecting qualitative data through FGD, KII, and Case Study. The qualitative data were collected by the Core Research Team members, while enumerators were recruited for collecting quantitative data.

2.7 Recruitment of enumerators, training, pre-test of the data collection tools and fieldwork

This study deployed 28 enumerators (15 male and 13 female) and 7 supervisors (all male) to carry out the data collection process (please see Appendix C). Each data collection team consisted of three or five enumerators and a supervisor. Each team was given the responsibility of completing the data collection process for a single Division, and the supervisor of that team was responsible for monitoring the data collection process and ensuring the quality of the collected data. The recruitment criteria for enumerators and supervisors were that they had at least graduate-level education, prior experience in similar kinds of research projects, and intention of staying three to four months in the field for the data collection process. The completion of the recruitment process of both enumerators and supervisors was immediately followed by a one-day training on the household listing process. The data collection teams were trained on how to conduct the household listing by using a simple matrix from the selected PSUs. The completed household lists were then entered into a digital database and used for randomly selecting the required number of older people from each of the selected PSUs.

The completion of the household listing process was then followed by a seven-day training on how to collect survey data by using a structured questionnaire. The training included how to approach the selected respondents, how to conduct the interview, orientation on the data collections tools, mock interviews, and pre-test. The data collection team went for a pre-test after five days of training. During the pre-test, the data collection team checked the acceptability and feasibility of administering the questionnaire. The data collection took roughly about one and a half months. Each enumerator interviewed five older persons per day.

2.8 Quality control measures

Strict quality control measures were taken at all levels of the implementation of this study. The quality of field data collection has been ensured through proper selection of field data collection team and preparing them for the task through rigorous training and motivation. The following criteria were considered at the time of field team recruitment: educational qualification, previous work experience (similar type of work), and capacity to work in a team.

Seven days of intensive training were arranged for the field data collection team where they were oriented on various aspects of population ageing, particularly older people's socio-economic, health, and rights issues. After completing the training, interviewers participated in *Mock Interview Sessions* and an *exam with MCQ questions.* Only successful candidates were finally selected as an enumerator of this study.

Survey enumerators were also motivated to ensure the quality as they were paid reasonably and given the flexibility to work within the set parameters. Moreover, close monitoring and supervision were provided throughout the study implementation period to ensure that nobody commits any mistake due to negligence or lack of understanding. Field monitoring was maintained at different levels:

- From field-level Supervisor;
- Rigorous checking of the filled-in questionnaires by the Field Supervisor; and
- Frequent field visits and monitoring by the core research team members.

To ensure quality at every stage of the field, a data collection manual was provided for efficient data collection. The manual contains: (a) interviewing techniques and (b) editing instructions. Field Supervisors were the primarily responsible person for quality control through constant supervision, spot check, re-interview if necessary and field editing. He was responsible for providing logistical, and others support. He also maintained continuous liaison with the Core Research Team. They got *separate training on filed monitoring and evaluation* along with general training. *On each day*, the

supervisors arranged a *feedback session* for the enumerators on the conducted interviews and planned the work for the next day. Besides, each supervisor also *carried out a 20 percent back check* of the filled-in questionnaires. Each supervisor also ensured that all members of the team were following the *procedures as oriented and feedback received* after the field practices. The *core research team members* randomly checked 5 percent of the filled-in questionnaires and arranged a *feedback session* for the enumerators and supervisors during their field visits.

Additional training was arranged for the core research team members who have collected qualitative data. They were trained on how to conduct FGDs, KII, and case studies. Digital recorder was used in collecting the qualitative data whenever possible; otherwise, detail notes were used. Digitally recorded data were transcribed and coded for analysis.

2.9 Data entry, data processing, and data analysis

Quantitative data was edited after completion of data collection, and open-ended questions were coded at this stage. The data entry process started soon after collecting the data. The data were entered into Census and Survey Processing System (CsPro) version 5.0. Quantitative data was analysed by using the data analysis package SPSS (version 21) and STATA. The analysis of quantitative data was carried out based on the research questions of this research. On the other hand, after collecting the qualitative data, it was transcribed. All the transcripts were then read and re-read to develop a code which was eventually developed a theme. Computer-aided qualitative data analysis software NVIVO was used in analysing the qualitative data.

2.10 Ethical issues: privacy and confidentiality

The study ensured the ethical issues involved, including the risks and benefits of the respondents. Before conducting data collection, each respondent was informed about the purposes, type of information coverage, confidentiality, interview time, etc. Also, they had the right to refuse in giving the interview. It was important to explain to respondents that their participation in the study is voluntary, their names or any identifying details were kept strictly confidential. The study asked their verbal consent to take part in the study. The research protocol has reviewed by the institutional review board of the Department of Population Sciences, University of Dhaka, as well as the Technical Review Committee formed for this research.

Chapter - 3

Profile of the Older Population

Chapter-Three : Profile of the Older Population

3.0 Introduction

This chapter provides a detail description of the older population's socio-demographic and economic characteristics that have been collected in greater detail to have a better understanding of the various issues and problems of the older people in Bangladesh. These characteristics of the respondents include age, sex, marital status, number of living children, residence, division, educational attainment, religion, wealth quintile, and occupation.

3.1 Socio-demographic characteristics of the older population

The total respondents for this study were 6,329 older population who were aged 60 years and above at the time of the survey. Table 3.1 shows that among the selected respondents, 44.3 percent were men, and the remaining 55.7 percent were women. Although Bangladesh has a very balanced sex ratio (100: 100.3 in 2011), the slightly higher percentage of women among the selected respondents is consistent with the expectation due to the higher life expectancy of women in older ages compared to men. The distribution of the older population across three categories of age groups shows that more than half of the respondents (58.9%) were *young-old* (aged 60-69 years) followed by *middle-old* (aged 70-79 years) (28.9%) and *old-old* (aged 80+ years) (12.3%). The age composition of the older population is important in the sense that it will provide a snapshot of the extent to which they will require supports and services for their well-being and safety. For example, a greater percentage in the old-old age group would suggest that the country will need more focus and investment in healthcare services and other social and mental supports.

On the other hand, 75.9 percent of the respondents were from rural areas. The rural-urban distribution of respondents is very much consistent with the national concentration of rural and urban areas in Bangladesh. One-third of the total respondents were from the Dhaka division (33.2%) followed by Chattogram (18.1%), Rajshahi (13.8%), Khulna (11.9%), Rangpur (11.8%), Barishal (5.7%), and Sylhet (5.5%). About half of the respondents (45.3%) were not doing any work.

Among the selected respondents, 60.4 percent were married, and 38.1 percent were widowed/ widower. However, only a small percentage of the respondents were either divorced or separated (1.4%) (Table 3.1). Although the proportions of these two groups were smaller and may not be adequate for separate quantitative analysis, it is worthwhile to keep them in the survey since we have also carried out qualitative data through the application of FGD, KII, and Case Studies as a complementary of the quantitative analysis. In qualitative research, special attention was given on exploring vulnerabilities of divorced, widowed/widower, and separated older people so that we have a very good understanding of the extent to which vulnerability of these older population differ from their married counterparts.

Concerning educational attainment, Table 3.1 shows that 69.3 percent of the respondents had no education, 16.6 percent of respondents had primary education, 11.1 percent of respondents had secondary education, and only 3.0 percent of respondents had higher than secondary education. The distribution of respondents' educational background was useful as it was an important marker of the socio-economic well-being of the older population. Older people with higher educational attainment are more likely to have better health status and financial solvency to their lower educated counterparts.

In this study, it has been found that 55.7 percent of respondents were involved either in income-generating activities or household works, and the remaining 45.3 percent did not work. Among all respondents, 20.4 percent were housewives, followed by farmers (12.9%), business (5.6%), day labourer (5.3%) and service holder (2.1%). Other sectors where the older population were involved

for income-generating activities include handicraft, rickshaw puller/van/auto driver and servant (Table 3.1).

We have found that 86.5 percent of respondents were Muslim, 13.1 percent were Hindu, and the remaining respondents were Buddhist and Christian. Moreover, 50.3 percent of the total respondents had five or more children, and 33.9 percent of respondents had three to four children. The percentage of respondents who have 1 to 2 children was 13.7 percent, whereas only 2.1 percent of respondents did not have any child (Table 3.1).

Table 3.1: Socio-demographic characteristics of the surveyed older population

Background characteristics	Number of respondents (%)
Age group	
Young-Old (60-69 years)	3726 (58.9)
Middle-Old (70-79 years)	1827 (28.9)
Old-Old (80 years and above)	776 (12.3)
Sex	
Men	2805 (44.3)
Women	3524 (55.7)
Place of residence	
Rural	4804 (75.9)
Urban	1525 (24.1)
Division	
Barishal	362 (5.7)
Chattogram	1145 (18.1)
Dhaka	2102 (33.2)
Khulna	753 (11.9)
Rajshahi	872 (13.8)
Rangpur	747 (11.8)
Sylhet	348 (5.5)
Educational attainment	
No education	4386 (69.3)
Primary incomplete	533 (8.4)
Primary complete	516 (8.2)
Secondary incomplete	439 (6.9)
Secondary complete	265 (4.2)
Higher	190 (3.0)
Occupation	
Service holder	132 (2.09)
Farmer	815 (12.88)
Handicraft	44 (0.70)
Business	357 (5.64)
Rickshaw puller/van /auto driver	58 (0.92)
Day labourer	337 (5.32)
Servant	130 (2.05)
Housewife	1290 (20.38)
Others	301 (4.76)
Do not work	2865 (45.27)
Marital status	
Married	3823 (60.4)
Widowed/widower	2414 (38.1)
Divorced/ Separated/ Never married	92 (1.4)
Number of children alive	
0	130 (2.1)
1-2	866 (13.7)
3-4	2147 (33.9)
5+	3186 (50.3)
Religion	
Muslim	5473 (86.5)
Hindu	828 (13.1)
Buddhist/ Christian	28 (0.4)
Total	**6329 (100.0)**

3.2 Household characteristics of the older population

Table 3.2 presents the household characteristics of the older population. There was almost an even distribution of respondents (about 20%) in each of the five categories of wealth quintile: poorest, second, middle, fourth, and the richest. A vast majority of the respondents had access to electricity (70.2%). To make walls and roofs majority of the respondents' households used tin (48.7% and 85.6%, respectively) followed by cement/concrete (28.8% and 11.3%, respectively) and wood/bamboo (11.8% and 2.7%, respectively). On the other hand, the main materials for constructing floors were soil (70.9%) and cement/concrete (28.8%). Among all respondents, 84.2 percent had a homestead, whereas less than half of the respondents had lands other than homestead (44.6%).

Tubewell was the main source of both drinking and cooking water (84.6% and 65.9%, respectively). Other sources of drinking water included piped into dwelling, piped outside dwelling, and pond/lake/river. Still, the second-highest source of cooking water was pond/lake/river (21.0%). We observe that the proportions of sharing drinking and cooking water sources with other households were still high (66.8% and 66.1%, respectively). Nevertheless, only 36.3 percent of the respondents shared toilets with others (Table 3.2).

Table 3.2: Household characteristics of the older population

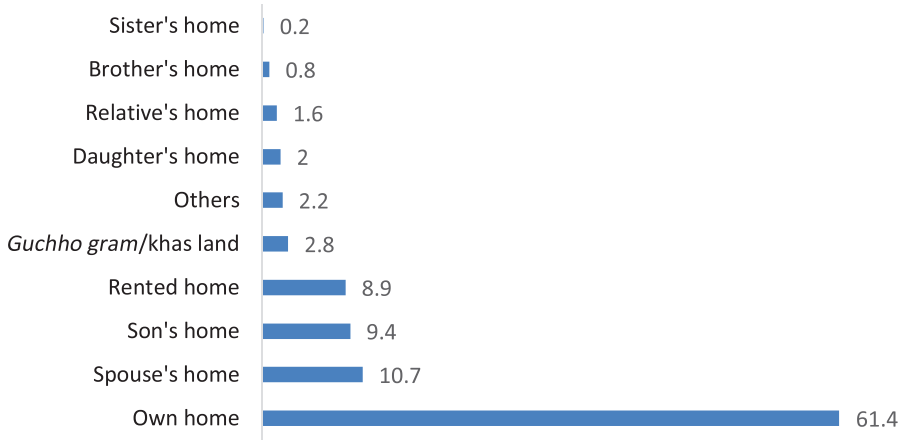
Household characteristics	Number of respondents (%)
Wealth quintile	
Poorest	1265 (20.0)
Second	1262 (19.9)
Middle	1272 (20.1)
Fourth	1260 (19.9)
Richest	1270 (20.1)
Access to electricity	
Yes	4446 (70.2)
No	1883 (29.8)
Material of wall	
Cement/concrete	1820 (28.8)
Tin	3084 (48.7)
Wood/bamboo	744 (11.8)
Polyethylene/board	18 (0.3)
Soil	663 (10.5)
Material of roof	
Cement/concrete	717 (11.3)
Tin	5418 (85.6)
Wood/bamboo	170 (2.7)
Polyethylene/board	9 (0.1)
Soil	15 (0.2)
Material of floor	
Cement/concrete	1824 (28.8)
Soil	4488 (70.9)
Wood/bamboo	17 (0.3)
Has homestead	
Yes	5328 (84.2)
No	1001 (15.8)
Has land other than homestead	
Yes	2822 (44.6)
No	3507 (55.4)
Source of drinking water	
Piped into dwelling	607 (9.6)
Piped outside dwelling	211 (3.3)
Tube well	5356 (84.6)
Pond/lake/river	155 (2.4)
Shares drinking water source with other HH	
Yes	4229 (66.8)
No	2095 (33.2)
Source of cooking water	
Piped into dwelling	653 (10.3)
Piped outside dwelling	178 (2.8)
Tube well	4169 (65.9)
Pond/lake/river	1329 (21.0)
Shares cooking water source with other HH	
Yes	4184 (66.1)
No	2145 (33.9)
Total	**6329 (100.0)**

3.3 Living arrangement of older people

3.3.1 Homeownership

We have found that 61.4 percent of older people owned homes, 8.9 percent lived in rented homes. Besides, 10.7 percent of the respondents' homes were owned by spouses. Other categories of ownership included the son's home, daughter's home, brother's home, sister's home, relative's home, and *guchho gram/khasland* (Figure 3.1).

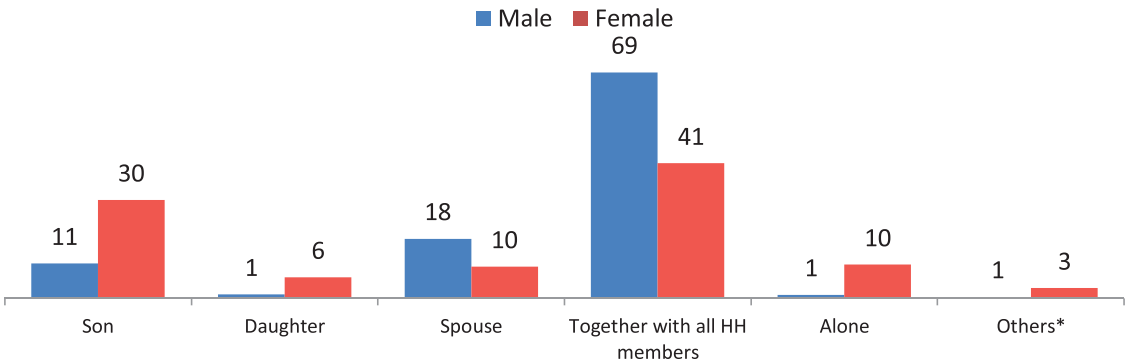
Figure 3.1: Homeownership among the older population(%)



3.3.2 Living arrangement

Figure 3.2 presents the description of persons with whom older people were living. It was found that more than two-thirds of men (69.0%) were living together with all the members of the household, while slightly over one-third (41.0%) women were living together with all the members of the household. More women were living with their sons, alone, and daughters than men. Moreover, a smaller percentage of older women were living with a grandson, granddaughter, relatives, and brothers/sisters, which has been labelled as 'others'.

Figure 3.2: Persons with whom the older population are living with by sex (%)



3.3.3 Living and sleeping arrangement

Table 3.3 presents older people's living and sleeping arrangements. Regarding the satisfaction of the room where the older people were living, 45.9 percent mentioned that they were moderately satisfied, followed by satisfied (38.2%), and very satisfied (4.5%). However, 9.5 percent of the older population was not satisfied, and 1.8 percent of them were very dissatisfied with the room where they were living. The reasons for dissatisfaction included lack of air, too hot, too cold, too dark, too muddy, and too noisy.

Among the older population, 94.9 percent were sleeping in the bedroom, and 95.1 percent of them were sleeping on *khat/chowki*. Only 4.6 percent of older people were sleeping on the floor. It was also found that 78.7 percent of the older people were sharing a room with others. In connection with this, we noticed that 51.9 percent of them were sharing their room willingly due to necessity, while only 2.4 percent of older people were sharing their room against their will. Among the older population who share their room with others, 93.3 percent mentioned that they felt comfortable to share their place with others (Table 3.3).

Table 3.3: Older people's living and sleeping arrangement

Living and sleeping arrangement	Number of respondents (%)
Satisfaction about the room where older people living	
Very dissatisfied	117 (1.8)
Dissatisfied	600 (9.5)
Moderate	2906 (45.9)
Satisfied	2420 (38.2)
Very satisfied	286 (4.5)
Reason for dissatisfaction (n=717) [a]	
Lack of air	267 (37.2)
Too hot	236 (32.9)
Too cold	401 (55.9)
Too dark	205 (28.6)
To muddy	214 (29.8)
Too noisy	84 (11.7)
Others	34 (4.7)
Missing	37 (5.2)
Place of sleeping	
Bedroom	6007 (94.9)
Others	322 (5.1)
Sleeps on	
Khat/chowki	6020 (95.1)
Floor	294 (4.6)
Others	15 (0.2)
Shares room (n=5938)[b]	
Yes	4674 (78.7)
No	1264 (21.3)
Reason for sharing room [a]	
Willingly due to necessity	2423 (51.9)
Not willingly, due to necessity	81 (1.7)
Willingly	2259 (48.3)
Not willingly	33 (0.7)
Feels comfortable to share room (n=4674)[c]	
Yes	4361 (93.3)
No	313 (6.7)
Total	**6329 (100.0)**

[a] Multiple responses; [b] Those who live alone are excluded; [c] Only those who shared a room with others

It was found that the majority of the older population were moderately satisfied with the room where they were living irrespective of their age, sex, place of residence, and division followed by satisfied and dissatisfied (Table 3.4). Men had a higher percentage of becoming satisfied than women, whereas women had a higher rate of reporting dissatisfaction than men about the room where they were living. Those who did not sleep in the bedroom had a lower percentage of becoming satisfied than those who slept in the bedroom (22.7% and 39.1%, respectively). The majority of those who feel comfortable to share room was moderately satisfied (46.9%) followed by satisfied (40.5%), and dissatisfied (6.0%) compared to those who did not feel comfortable to share a room. Besides, older people living in rural areas felt more satisfaction regarding their place where they were living than compared to urban areas. On the other hand, the level of satisfaction about their room where they were living was more in the Rangpur division (50.3%), followed by Sylhet (43.7%) and Rajshahi (43.6%).

Table 3.4: Satisfaction with the room where older people are living

Age	Very dissatisfied n (%)	Dissatisfied n (%)	Moderate n (%)	Satisfied n (%)	Very satisfied n (%)	Total n (%)
Young-old	56 (1.5)	339 (9.1)	1749 (46.9)	1422 (38.2)	160 (4.3)	3726 (58.9)
Middle-old	41 (2.2)	183 (10.0)	833 (45.6)	685 (37.5)	85 (4.7)	1827 (28.9)
Old-old	20 (2.6)	78 (10.1)	324 (41.8)	313 (40.3)	41 (5.3)	776 (12.3)
Sex						
Male	47 (1.7)	217 (7.7)	1232 (43.9)	1173 (41.8)	136 (4.8)	2805 (44.3)
Female	70 (2.0)	383 (10.9)	1674 (47.5)	1247 (35.4)	150 (4.3)	3525 (55.7)
Place of Residence						
Rural	92 (1.9)	407 (8.5)	2239 (46.6)	1881 (39.2)	185 (3.9)	4804 (75.9)
Urban	25 (1.6)	193 (12.7)	667 (43.7)	539 (35.3)	101 (6.6)	1525 (24.1)
Division						
Barishal	10 (2.8)	23 (6.4)	184 (50.8)	126 (34.8)	19 (5.2)	362 (5.7)
Chattogram	6 (0.5)	27 (2.4)	611 (53.4)	350 (30.6)	151 (13.2)	1145 (18.1)
Dhaka	20 (1.0)	195 (9.3)	1060 (50.4)	786 (37.4)	41 (2.0)	2122 (33.2)
Khulna	5 (0.7)	82 (10.9)	406 (53.9)	250 (33.2)	10 (1.3)	753 (11.9)
Rajshahi	41 (4.7)	136 (15.6)	262 (30.0)	380 (43.6)	53 (6.1)	872 (13.8)
Rangpur	26 (3.5)	100 (13.4)	237 (31.7)	376 (50.3)	8 (1.1)	747 (11.8)
Sylhet	9 (2.6)	37 (10.6)	146 (42.0)	152 (43.7)	4 (1.1)	348 (5.5)
Place of sleeping						
Bedroom	97 (1.6)	529 (8.8)	2752 (45.8)	2347 (39.1)	282 (4.7)	6007 (94.9)
Others	20 (6.2)	71 (22.0)	154 (47.8)	73 (22.7)	4 (1.2)	322 (5.1)
Sharing room						
Yes	78 (1.7)	398 (8.5)	2133 (45.6)	1830 (39.2)	235 (5.0)	4674 (78.7)
No	22 (1.7)	119 (9.4)	581 (46.0)	495 (39.2)	47 (3.7)	1264 (21.3)
Feels comfortable to share a room						
Yes	58 (1.3)	263 (6.0)	2046 (46.9)	1765 (40.5)	229 (5.3)	4361 (93.3)
No	20 (6.4)	135 (43.0)	88 (28.0)	65 (20.7)	6 (1.9)	314 (6.7)
Total	**117 (1.9)**	**600(9.5)**	**2906(45.9)**	**2420(38.2)**	**286(4.5)**	**6329 (100.0)**

3.3.4 Access to toilet facilities

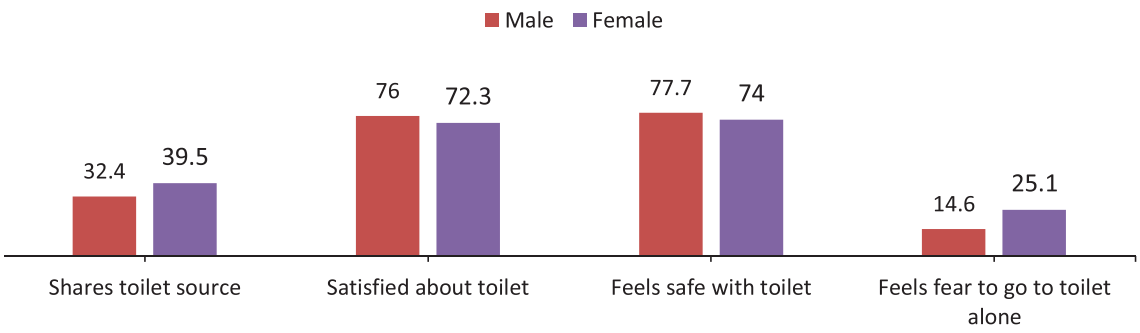
Respondents' access to and satisfaction with toilet facilities are presented in Table 3.5. It shows that 35.2 percent of older people were using water-sealed/slab toilets, and 33.9 percent were using sanitary (*pukka* toilet) toilet.Besides, 26.2 percent of the older population were using pit latrine, and 4.7 percent were using open spaces/canals/riversides for the toilet. More than one-third (36.3%) of the total respondents were sharing their toilet source with other households. Also, 26.0 percent of the total respondents were not satisfied with their toilet due to multiple reasons including dirty and unhealthy (51.2%), problem-related to sitting (38.7%), too far (28.8%), lack of water (24.6%), long waiting time due to jointly use with household members (23.1%). Other reasons for dissatisfaction with toilet sources included lack of light and air, joint use with other households, and open place/toilet. About one-fourth (24.3%) of the total respondents were not feeling safe with their toilets, and one-fifth of the total respondents were even feeling fear to go to the toilet alone at night. The gender-disaggregated data shows that older women had a higher rate of sharing toilet sources with other households, a lower rate of satisfaction about the toilet and feeling safe with toilets, and a higher rate of fear of going to the toilet alone (figure 3.3).

Table 3.5: Older population's access to and satisfaction with toilet facilities

Variables	Number of respondents (%)
Type of toilet facility	
Sanitary (*pukka toilet*)	2143 (33.9)
Water sealed/slab	2228 (35.2)
Pit latrine	1661 (26.2)
Open/*jhopjhar*	289 (4.6)
Khal/bil/nodi/nala	8 (0.1)
Shares toilet source with other HH	
Yes	2192 (36.3)
No	3840 (63.7)
Satisfied about toilet	
Yes	4681 (74.0)
No	1648 (26.0)
Reasons for dissatisfaction [a]	
Too far	474 (28.8)
Problem to sit	637 (38.7)
Long waiting-time due to jointly use with HH members	380 (23.1)
Lack of light and air	157 (9.5)
Joint use with other HHs	165 (10.0)
Lack of water	405 (24.6)
Dirty and unhealthy	843 (51.2)
Open place/ toilet	50 (3.1)
Others	42 (2.5)
Feel safe with toilet	
Yes	4788 (75.7)
No	1541 (24.3)
Feel fear to go to the toilet alone at night	
Yes	1294 (20.4)
No	5035 (79.6)
Total	**6329 (100.0)**

[a]Multiple responses

Figure 3.3: Perception of older persons about toilet facility by sex (%)



The qualitative findings showed an even higher level of dissatisfaction about the living room, toilet facilities, and water problem. It was found that older people had severe sanitation problems, poor home conditions, inadequate space, and even in some cases, no fixed space for living. The issues explored through qualitative data are discussed below:

Poor home condition

A case study of an older woman from Barishal division expressed her poor home condition in the following words:

> *"I do not have any specific room inside the house for my living…my family members somehow have constructed a separate room for me…this is basically like Veranda…there are many problems in this room…rain water falls inside the room…windows are broken…cold air flows thoroughly inside during winter."*

Do not have proper space

One older woman from Khulna division (FGD participant) described her problem of inadequate space in her words:

> *"We do not have proper space for living…usually we live four to five persons together in a one-room…we also use Veranda (corridor) for living…thus, seven people are living in one room, and the Veranda…we are suffering a lot."*

No fixed place for living

One older woman from Rangpur division (FGD participant) said,

> *"I do not have any fixed place to live…I have a son, but he is living separately with his wife and children…he does not look after me… I have been living in my daughter's place for about 25 years due to poverty."*

Have a water problem

A case study of an older woman from Khulna mentioned,

> *"We also have a problem with fetching water…we collect some water in the morning for cooking…we bring some water in the afternoon as well...water problem becomes acute during irrigation season…some people have access to Tubewell…but they also have problems due to going down of the water level….we even cannot setup a Tubewell at home."*

The water problem also persists in urban areas of Khulna division. One older man from Khulna division (FGD participant) reported,

> *"It takes a long time to collect water from our nearest place of municipality's (Pourashava) water supply…We have to wait for a long time in the queue after going about one Kilometre by van…we cannot collect water when the municipality carries out construction works."*

Severe sanitation problem

The older population in both rural and urban areas is extensively suffering from different types of sanitation problems. For example, one older woman from Chattogram division stated,

> *"We do not have any sanitary toilet at home…we usually use open space beside our house…hence we face severe trouble…A bad smell always comes to our house…there is no water source to use…we have to carry water for using after toilet."*

Chapter - 4

Care and Support for the Older Population

Chapter-Four : Care and Support for the Older Population

4.0 Introduction

In this chapter, the care and supports received by the older population from their family and society are presented. The care and supports have been measured through food, clothing, physical, mental, and financial supports. The sources of these supports were also collected and presented below. Besides, based on the data analysis, a scale has been constructed to assess the degree of social attention the older people received from their family and society.

4.1 Care, support and caregivers

4.1.1 Supports on food

Table 4.1 presents the types of support received by the older population from their families, such as support on food, clothing, physical health, mental health, and financial support. It was found that 89.4 percent of older people received food always, and 10.0 percent received food sometimes. The table shows that 64.5 percent of older people always received adequate food though 6.4 percent of respondents never received adequate food. On the other hand, 27.4 percent of older people always received favourite food, while 37.1 percent of respondents always received suitable food. It was reported by 47.0 percent older people that they always received adequate food when they were sick. The table shows the disaggregated information on different types of supports on food received by older persons by their age, sex, and place of residence.

Table 4.1: Supports of food received by the older population from their families

Variables	Age			Sex		Place of residence		Total n (%)
	Young-old n (%)	Middle-old n (%)	Old-old n (%)	Male n (%)	Female n (%)	Rural n (%)	Urban n (%)	
Received food regularly (n= 5623)								
Always	2953 (89.3)	1418 (89.2)	658 (90.4)	2013 (89.8)	3016 (89.2)	3802 (89.9)	1227 (87.9)	5029 (89.4)
Sometimes	335 (10.1)	160 (10.1)	68 (9.3)	214 (9.5)	349 (10.3)	401 (9.5)	11.6 (162)	563 (10.0)
Never	17 (0.5)	12 (0.8)	2 (0.3)	14 (0.6)	17 (0.5)	24 (0.6)	7 (0.5)	31 (0.6)
Received adequate food (n=5628)								
Always	2081 (63.0)	1064 (66.5)	485 (66.9)	1459 (65.0)	2171 (64.2)	2754 (65.1)	876 (62.8)	3630 (64.5)
Sometimes	985 (29.8)	441 (27.6)	214 (29.5)	634 (28.2)	1006 (29.7)	1296 (30.6)	344 (24.7)	1640 (29.1)
Never	238 (7.2)	94 (5.9)	26 (3.6)	153 (6.8)	205 (6.1)	183 (4.3)	175 (12.5)	358 (6.4)
Received favorite food (n=5732)								
Always	903 (26.8)	441 (27.1)	225 (30.5)	617 (26.6)	952 (27.9)	1161 (26.9)	408 (28.8)	1569 (27.4)
Sometimes	2107 (62.6)	989 (60.7)	427 (57.9)	1464 (63.2)	2059 (60.3)	2709 (62.8)	814 (57.5)	3523 (61.5)
Never	356 (10.6)	198 (12.2)	86 (11.7)	236 (10.2)	404 (11.8)	444(10.3)	196 (13.7)	640 (11.2)
Received suitable food (n=5687)								
Always	1217 (36.4)	613 (37.9)	280 (38.3)	856 (37.4)	1254 (36.9)	1573 (36.7)	537 (38.2)	2110 (37.1)
Sometimes	1764 (52.8)	796 (49.3)	356 (48.7)	1186 (51.9)	1730 (50.9)	2217 (51.8)	699 (49.7)	2916 (51.3)
Never	359 (10.7)	207 (12.8)	95 (13.0)	244 (10.7)	417 (12.3)	491 (11.5)	170 (12.1)	661 (11.7)
Received adequate foods when sick (n=6166)								
Always	1658 (45.8)	840 (47.1)	398 (52.2)	1385 (51.9)	1511 (43.2)	2215 (47.5)	681 (45.5)	2896 (47.0)
Sometimes	1720 (47.5)	803 (45.0)	301 (39.4)	1122 (42.0)	1702 (48.7)	2107 (45.1)	717 (47.9)	2824 (45.8)
Never	241 (6.7)	141 (7.9)	64 (8.4)	164 (6.1)	282 (8.1)	346 (7.4)	100 (6.7)	446 (7.2)

It was observed that almost in every case, sons were the primary caregivers to their old-aged parents followed by the spouse of the older people. About 54.0 percent of respondents received regular food from their son, and 16.9 percent received the same from their spouse. Moreover, more than half of the respondents reported that they received adequate, suitable, and favourite food from their son. However, 38.1 percent received food support from their son, followed by their spouse (26.6 percent) and daughter (14.6 percent) whenever they became sick (Annexure Table 4.1).

The quantitative findings show that older people received better supports on food by their families. However, the qualitative data gave us a mixed situation in terms of how they received support from their family members. In some cases, older people were less worried about their food. However, there were cases where older people were dependent on their family members for this support. These themes came though the qualitative data are discussed below:

Less worried about food

There was evidence of receiving food always and adequate in qualitative findings. For instance, one older woman from Chattogram mentioned,

> *"My family members take care of me…I have reared my children…..have given support to them for building houses and getting married…now I am very old….they take care of me and also assist in my daily activities whenever I need".*

Dependency on food

Some participants mentioned that they do not get adequate support for food, and even some cases do not get their favourite food occasionally. One older woman from Khulna reported,

> *"I have two daughters and one son…I have arranged their marriage...daughters are living with their husbands…son is also living separately with his child…he cannot even earn his daily livelihoods…how he will look after me…If I cannot manage food, I have to starve".*

A case study of another older woman in the Khulna division also showed some support for food received from neighbours. In her words,

> *"I sometimes eat …sometimes I starve…yesterday I ate only tea and biscuits in the morning….later one of my neighbours asked me whether I had eaten anything or not...she gave me some food (rice and curry). "*

4.1.2 Supports on clothing

Table 4.2 shows found that 55.3 percent of respondents received cloths in time regularly, while 42.0 percent received this support sometimes. In terms of receiving help on washing their clothes, 60.0 percent of the older population always received help from their family; however, 9.6 percent never received help for washing clothes. The age-specific analysis shows that the young-old received more support for both receiving cloths timely (58.6%) and receiving help in washing cloth (58.4%) compared to other age categories of respondents. However, in the case of receiving support for washing cloth, 74.8 percent men respondents always received help, 24.0 percent sometimes received help, and 1.2 percent never received help for washing cloth. On the other hand, 58.3 percent of older people living in urban areas always received support for cloths timely, while 61.7 percent always received help in washing cloth. The older people living in rural areas received less support than older people living in urban areas. The table also shows the Divisional variation in terms of receiving cloths timely and receiving help in washing clothes. In terms of receiving help on washing their clothes, 60.0 percent older population always received help from their family. It has been found that 61.0 percent of respondents always received clothes from their son, followed by the spouse (10.6%) and daughter (9.6%). On the other hand, 34.4 percent of the older population received help from their spouse for washing cloths followed by son/daughter-in-law (30.4%) and daughter (12.9%). (Annexure Table 4.1).

Table 4.2: Type of supports on clothing received by older population by background characteristics

Variables	Supports on Clothing						Total n (%)
	Received clothes timely			Received help in washing clothes			
	Always n (%)	Sometimes n (%)	Never n (%)	Always n (%)	Sometimes n (%)	Never n (%)	
Age							
Young-old	1860 (54.7)	1444 (42.4)	98 (2.9)	2040 (57.3)	1095 (30.7)	426 (12.0)	3561 (58.4)
Middle-old	916 (55.0)	703 (42.2)	47 (2.8)	1104 (62.5)	540 (30.6)	123 (7.0)	1767 (29.0)
Old-old	435 (58.7)	292 (39.4)	1.9 (14.0)	514 (66.9)	218 (28.4)	36 (4.7)	768 (12.6)
Sex							
Male	1314 (55.7)	987 (41.8)	60 (2.5)	2052 (74.8)	657 (24.0)	33 (1.2)	2742 (45.0)
Female	1897 (55.0)	1452 (42.1)	99 (2.9)	1606 (47.9)	1196 (35.7)	552 (16.5)	3354 (55.0)
Place of Residence							
Rural	1379 (54.3)	1872 (42.7)	131 (3.0)	1746 (59.5)	1294 (30.2)	477 (10.3)	4617 (75.7)
Urban	832 (58.3)	567 (39.7)	28 (2.0)	912 (61.7)	459 (31.0)	108 (7.3)	1479 (24.3)
Division							
Barishal	158 (59.6)	95 (35.8)	12 (4.5)	213 (63.8)	90 (26.9)	31 (9.3)	334 (5.5)
Chattogram	665 (58.4)	469 (41.2)	5 (0.4)	742 (64.9)	370 (32.3)	32 (2.8)	1144 (18.8)
Dhaka	1198 (59.9)	790 (39.5)	11 (0.6)	1376 (66.6)	592 (28.7)	97 (4.7)	2065 (33.9)
Khulna	304 (47.1)	338 (52.3)	4 (0.6)	213 (32.0)	421 (63.2)	32 (4.8)	666 (10.9)
Rajshahi	302 (45.4)	340 (51.1)	23 (3.5)	487 (61.3)	134 (16.9)	173 (21.8)	794 (13.0)
Rangpur	389 (52.1)	265 (35.5)	93 (12.4)	384 (51.4)	157 (21.0)	206 (27.6)	747 (12.3)
Sylhet	195 (56.0)	142 (40.8)	11 (3.2)	243 (70.2)	89 (25.7)	14 (4.0)	346 (5.7)
Total	**3211 (55.3)**	**2439 (42.0)**	**159 (2.7)**	**3658 (60.0)**	**1853 (30.4)**	**585 (9.6)**	**6096 (100.0)**

4.1.3 Supports on physical health

Table 4.3 also reflects that 54.3 percent older population always received medicine when it was required. Moreover, about 47.0 percent of the respondents always got help to walk while another 46.0 percent of respondents were always accompanied by their family members going to health centres. Nevertheless, 2.3 percent of the older population never received the medicine in time, 13.3 percent never got help for a walk, and 8.3 percent never got help for going to the health centre. A vast majority of the older population received support on physical health in terms of always getting medicine timely irrespective of their age, sex, place of residence, and division, which was followed by getting help to work and getting help to go to the health centre. It shows that 52.0 percent of the old-old older persons always got help to walk while 40.2 percent of people sometimes got help to walk. On the other hand, 7.8 percent of old-old respondents never got help for walking. Besides, female respondents received most supports on physical health than their male counterparts, irrespective of the cases of all types of supports. Moreover, rural respondents received a higher amount of supports on physical health than urban respondents. The majority (46.8%) of the older population living in the rural area received sometimes help to go to the health centre whereas 6.9 percent never got help to go to the health centre. In all divisions, the majority of respondents always received medicine timely, followed by always getting help to go to the health centre and always getting help to walk with few exceptions. Nevertheless, 34.5 percent older population never received support to walk with them in the Rangpur division (Table 4.3).

The supports on physical health received by the older population mainly came from their son. Annexure Table 4.1 shows that around 62.0 percent of older persons received help from their son to get medicine on time. On the other hand, 40.0 percent of older people received help to walk from

their son compared to the spouse (26.0%). The table also shows that it was the son of the older people who helped to get them to the health centres (54.0%) followed by their spouse (19%).

In quantitative analysis, it was found that although the majority of the older population were receiving physical support (e.g., getting medicine, support for going to health centre), however, some older populations were not getting these supports. It was also pronounced in the qualitative findings where some older population reported that they were not getting adequate medicine and other support for physical health. In connection with this one older woman in Barishal division said,

> *"when I become sick, my sons do not take me to the health centre…I have nothing to say because they can not have the capability to provide support for my treatment…I collect 100 to 200 Tk. from other people for going to Barishal medical…but this amount is not adequate for recovering well."*

Less support from family

There is evidence of less support from family. One older man from Chattogram mentioned that he did not receive any support from family during sickness. Besides, one key informant from the Khulna Division mentioned that the older population in their area were more vulnerable because they do not receive adequate support from their children to look after them. Even those who have three or more sons are not getting any support for them. Their mother is dying for not getting food besides the children, but the children do not come forward to help. There are many cases where older women are facing such a problem.

Less medicine supports

One older man from the Rangpur Division (FGD participant) mentioned that she was suffering from diarrhoea for a few days, and she also did not have adequate money to buy medicine. Later he went to the medical but had bitter experience instead of receiving quality treatment for sickness. In his words:

> *"I went to the doctor…but the doctor wrote only prescription…did not give any medicine from hospital…rather told me to buy medicine from pharmacy…they don't have time to see whether the patient is surviving or not."*

Table 4.3: Supports on physical health received by older population from their families

Characteristics	Supports on physical health								
	Received medicine in time			Received help to walk			Received help to go to the health centre		
	Always n (%)	Sometimes n (%)	Never n (%)	Always n (%)	Sometimes n (%)	Never n (%)	Always n (%)	Sometimes n (%)	Never n (%)
Age									
Young-old	1811 (53.4)	1496 (44.1)	83 (2.4)	1291 (45.5)	1127 (39.7)	418 (14.7)	1502 (44.7)	1555 (46.3)	304 (9.0)
Middle-old	904 (54.6)	710 (42.8)	43 (2.6)	670 (47.4)	561 (39.7)	183 (12.9)	757 (45.9)	759 (46.0)	133 (8.1)
Old-old	427 (57.6)	304 (41.0)	10 (1.3)	347 (52.0)	268 (40.2)	52 (7.8)	388 (52.0)	315 (42.2)	43 (5.8)
Sex									
Male	1356 (57.4)	957 (40.5)	48 (2.0)	1063 (50.9)	766 (36.7)	260 (12.4)	1146 (48.2)	1023 (43.0)	210 (8.8)
Female	1786 (52.1)	1553 (45.3)	880 (2.6)	1245 (44.0)	1190 (42.1)	393 (13.9)	1501 (44.4)	1606 (47.6)	270 (8.0)
Place of Residence									
Rural	2383 (54.5)	1887 (43.1)	106 (2.4)	1702 (46.4)	1463 (39.9)	502 (13.7)	2013 (46.4)	2031 (46.8)	299 (6.9)
Urban	759 (53.8)	623 (44.1)	30 (2.1)	606 (48.5)	493 (39.4)	151 (12.1)	634 (44.9)	598 (42.3)	81 (12.8)
Division									
Barishal	181 (62.6)	101 (34.9)	7 (2.4)	139 (61.2)	68 (30.0)	20 (8.8)	199 (70.3)	67 (23.7)	17 (6.0)
Chattogram	751 (65.9)	381 (33.4)	8 (0.7)	535 (47.4)	375 (33.2)	219 (19.4)	732 (64.3)	397 (34.9)	9 (0.8)
Dhaka	1030 (51.5)	953 (47.6)	18 (0.9)	1019 (52.1)	788 (40.3)	150 (7.7)	825 (41.0)	998 (49.6)	188 (9.3)
Khulna	286 (44.2)	358 (55.3)	3 (0.5)	230 (41.4)	323 (58.1)	3 (0.5)	269 (43.1)	353 (56.6)	2 (0.3)
Rajshahi	311 (50.2)	289 (46.6)	20 (3.2)	79 (27.9)	125 (44.2)	79 (27.9)	194 (30.7)	400 (63.3)	38 (6.0)
Rangpur	431 (57.9)	238 (32.0)	75 (10.1)	143 (33.6)	136 (31.9)	147 (34.5)	304 (41.2)	284 (38.5)	150 (20.3)
Sylhet	152 (43.8)	190 (54.8)	5 (1.4)	163 (48.1)	141 (41.6)	35 (10.3)	124 (37.6)	130 (39.4)	76 (23.0)
Total	**3142 (54.3)**	**2510 (43.4)**	**136 (2.3)**	**2308 (46.9)**	**1956 (39.8)**	**653 (13.3)**	**2647 (46.0)**	**2629 (45.7)**	**480 (8.3)**

4.1.4 Supports on mental health

Table 4.4 shows that 60.5 percent of the older population always received mental support from their family members while they lost something valuable to them. Along with this, 68.1 percent always received support when they felt frustrated. Moreover, 73.5 percent always got their family member by their side to support them mentally when they got sick. On the contrary, 18.9 percent of the older population were never accompanied by their family members giving support in terms of going outside of the home for refreshments. It was also found that the family members of 73.0 percent of respondents always supported them whenever they need companionship (Table 4.4).

Table 4.4 also contains information about support on the mental health of the older population. According to age-specific analysis, 62.3 percent old-old population always received mental supports when they lost valuable things. Nevertheless, 20 percent of old-old respondents never received any help to go outside for refreshments. Along with this, 73.4 percent of the young-old population always got companionship when they needed compared to other categories of respondents. On the contrary, there were significant differences between male and female respondents regarding all types of mental supports. For example, 74.8 percent of older men always received mental support when they felt frustrated compared to women respondents (62.7%). Also, rural older people received more mental supports than urban residing respondents. There were noteworthy differences in getting mental supports across Divisions. For example, in the Khulna division, majority respondents sometimes received support when they go outside for refreshment (51.3%) compared to other Divisions. Moreover, the percentage of the older population who never received any type of mental support was highest in the Rajshahi division compared to other Divisions. Interestingly, the majority of the respondents got always care when they become sick irrespective of their age, sex, place of residence, and division.

Table 4.4: Supports on mental health received by older population from their families

Variables	Age			Sex		Place of Residence		Total
	Young-old n (%)	Middle-old n (%)	Old-old n (%)	Male n (%)	Female n (%)	Rural n (%)	Urban n (%)	n (%)
Get sympathy if lost some valuable things (n=6216)								
Always	2199 (60.2)	1087 (60.5)	477 (62.3)	1802 (66.0)	1961 (56.3)	1866 (60.8)	897 (59.7)	3763 (60.5)
Sometimes	1296 (35.5)	624 (34.7)	249 (32.5)	839 (30.7)	1330 (38.2)	212 (34.7)	534 (35.5)	2169 (34.9)
Never	157 (4.3)	87 (4.8)	40 (5.2)	90 (3.3)	194 (5.6)	212 (4.5)	72 (4.8)	284 (4.6)
Get support in times of frustration (n=6242)								
Always	2519 (68.8)	1229 (67.9)	500 (64.9)	2054 (74.8)	2194 (62.7)	3163 (66.9)	1085 (71.8)	4248 (68.1)
Sometimes	1024 (28.0)	496 (27.4)	231 (30.0)	632 (23.0)	1119 (32.0)	1380 (29.2)	56 (24.5)	1751 (28.1)
Never	119 (3.2)	84 (4.6)	40 (5.2)	59 (2.1)	184 (5.3)	187 (4.0)	56 (3.7)	243 (3.9)
Get care when sick (n=6307)								
Always	2689 (72.48)	1361 (74.70)	588 (75.87)	2289 (81.98)	2349 (66.83)	3511 (73.4)	1127 (74.0)	4638 (73.5)
Sometimes	986 (26.5)	437 (23.9)	176 (22.7)	485 (17.37)	1114 (31.69)	1222 (25.5)	377 (24.8)	1599 (25.4)
Never	35 (0.94)	24 (1.32)	11 (1.42)	18 (0.64)	52 (1.4)	51 (1.1)	19 (1.2)	70 (1.1)
Get help to go outside for refreshment (n=5159)								
Always	1185 (38.5)	553 (38.2)	262 (41.3)	954 (43.3)	1046 (35.4)	1533 (39.3)	467 (37.1)	2000 (38.8)
Sometimes	1329 (43.2)	611 (42.2)	245 (38.6)	929 (42.2)	1256 (42.5)	1712 (43.9)	473 (37.6)	2185 (42.4)
Never	562 (18.3)	285 (19.7)	127 (20.0)	319 (14.5)	655 (22.2)	656 (16.8)	318 (25.3)	974 (18.9)
Get companionship if needed (n=6287)								
Always	2719 (73.4)	1319 (72.8)	549 (71.1)	2247 (80.7)	2340 (66.8)	3502 (73.4)	1085 (71.6)	4587 (73.0)
Sometimes	912 (24.6)	446 (24.6)	188 (24.4)	499 (17.9)	1047 (29.9)	1139 (23.9)	407 (26.8)	1546 (24.6)
Never	71 (1.9)	48 (2.6)	35 (4.5)	38 (1.4)	116 (3.3)	130 (2.7)	24 (1.6)	154 (2.4)

Overall, it was found that the supports in terms of mental health mainly came from the spouse of the older persons (Annexure Table 4.1). More than 44 percent of respondents got their spouse by their side whenever they lost something valuable to them. Moreover, 48.1 percent got mental support from their spouse during the time of frustration. When older persons got sick, 40.4 percent of cases got mental support from their spouses, followed by their in-laws (20%). However, 45 percent of older people got their son to accompany them to get outside of the home for refreshment, followed by their spouse (24%). Again, the spouse of the older people gave more support (54%) to them whenever they need companionship.

4.1.5 Financial supports

The support on financial issues for the older population was found to be functional on an irregular basis. For instance, 36.0 percent of the older population always received financial supports either to visit friends/relatives, and 39.9 percent always received pocket money if needed. About half of the respondents received financial support for visiting friends/relatives, pocket money and social needs while remaining older people never received financial support for visiting friends/relatives (14.2%), pocket money (12.3%), and social needs (18.8%) (Table 4.5).

There were substantial differences among the older population in terms of receiving financial supports. The young-old respondents received financial support more than other respondents. More than half of the young-old respondents received financial support for their social needs, while 24.5 percent of old-old respondents never received financial support for social needs. Also, the percentage of female respondents who never received any type of financial support was higher than male respondents. For example, 15.9 percent and 13.4 percent of older women never received money to visit their relative/friend's home and pocket money for their needs, respectively. For male respondents, these percentages were 11.7 and 10.8, respectively. However, 40.5 percent of older people living in rural areas received always pocket money for their need, compared to 38.1 percent urban respondents. Besides, the majority of the older population sometimes received financial support for their different purposes rather than always financial supports across their sex and place of residence. The older population living in the Barishal Division always received more financial support for all purposes compared to other Divisions. For example, the majority of the respondents in the Barishal Division received money to visit relative/friend's home (63.7%), followed by Chattogram, Khulna, Sylhet, Rangpur, Rajshahi, and Dhaka (Table 4.5).

It has also been found that sons were the primary source of financial supports. More than 54.0 percent of older people received money to spend to visit their relatives from their son, while 22.1 percent received the same from their spouse. Moreover, 61.3 percent and 63.3 percent of respondents received pocket money and money needed for social expenses, respectively, from their son. Besides, there was also some evidence of getting financial support for those purposes from their friends and relatives (Annexure Table 4.1).

Quantitative findings showed that around one-third of the older population always received financial support for visiting relatives/friends, pocket money, and social needs suggesting that two-thirds of the older population undergo various difficulties due to lack of money. Following this, qualitative findings showed that although some older people received financial support from family and neighbours/relatives, many older participants face difficulties in maintaining their daily needs, including buying nutritious food.

Received financial Support

One older woman from Khulna Division (FGD participant) stated,

> *"I do not have any child…husband also does not have any source of income…when I cannot work, I go to my father's home to get some financial support…I tell my nephews…help me, or I will die from starving…they give me Tk. 50 to Tk. 100."*

Financial dependency

Another older woman from Chattogram Division stated,

> *"Due to lack of money, I cannot buy meat or fish for eating when I wish…I have no one to support".*

Another older woman from Khulna Division said,

> *"I do not have any income…my son is the only earning member of our family…I am dependent on my son's income."*

Table 4.5: Financial supports received by the older population from their families

Characteristics	Financial Supports								
	Received money to visit relative/friend's home			Received pocket money if needed			Received money for social needs		
	Always n (%)	Sometimes n (%)	Never n (%)	Always n (%)	Sometimes n (%)	Never n (%)	Always n (%)	Sometimes n (%)	Never n (%)
Age									
Young-old	1202 (35.8)	1714 (51.0)	444 (13.2)	1310 (39.8)	1598 (48.5)	387 (11.7)	1018 (30.8)	1723 (52.1)	567 (17.1)
Middle-old	563 (34.8)	817 (50.4)	240 (14.8)	631 (39.6)	774 (48.6)	187 (11.7)	467 (29.4)	811 (51.0)	311 (19.6)
Old-old	283 (39.9)	304 (42.9)	122 (17.2)	294 (41.4)	300 (42.3)	116 (16.3)	229 (32.4)	304 (43.1)	173 (24.5)
Sex									
Male	985 (38.2)	1173 (50.1)	274 (11.7)	1055 (46.5)	969 (42.7)	244 (10.8)	785 (34.1)	1170 (50.9)	345 (15.0)
Female	1153 (34.4)	1662 (49.7)	532 (15.9)	1180 (35.4)	1703 (51.2)	446 (13.4)	929 (28.1)	1668 (50.5)	706 (21.4)
Place of Residence									
Rural	1545 (36.1)	2185 (51.1)	547 (12.8)	1707 (40.5)	1996 (47.4)	507 (12.0)	1283 (30.5)	2175 (51.8)	744 (17.7)
Urban	503 (35.6)	650 (46.0)	259 (18.3)	528 (38.1)	676 (48.7)	183 (13.2)	431 (30.8)	663 (47.3)	307 (21.9)
Division									
Barisal	174 (63.7)	92 (33.7)	7 (2.6)	165 (60.0)	91 (33.1)	19 (6.9)	154 (58.3)	82 (31.1)	28 (10.6)
Chattogram	628 (55.3)	477 (42.0)	30 (2.6)	601 (53.1)	510 (45.1)	21 (1.9)	575 (51.0)	520 (46.1)	28 (2.8)
Dhaka	460 (23.3)	1134 (57.4)	382 (19.3)	726 (36.4)	1092 (54.8)	175 (8.8)	423 (21.3)	1114 (56.1)	448 (22.6)
Khulna	240 (38.0)	340 (53.8)	52 (8.2)	214 (38.7)	314 (56.8)	25 (4.5)	222 (36.2)	355 (57.8)	37 (6.0)
Rajshahi	150 (25.6)	369 (63.0)	67 (11.4)	199 (35.9)	273 (49.2)	83 (15.0)	107 (20.4)	290 (55.2)	128 (24.4)
Rangpur	270 (36.3)	279 (37.5)	195 (26.2)	242 (32.6)	214 (28.8)	287 (38.6)	142 (19.2)	324 (43.7)	275 (37.1)
Sylhet	126 (36.7)	144 (42.0)	73 (21.3)	88 (25.4)	178 (51.4)	80 (23.1)	91 (26.2)	153 (44.1)	103 (29.7)
Total	**2048 (36.0)**	**2835 (49.8)**	**806 (14.2)**	**2235 (39.9)**	**2672 (47.7)**	**690 (12.3)**	**1714 (30.6)**	**2838 (50.6)**	**1051 (18.8)**

4.2 Older population's interactions with neighbours and community people

Table 4.6 presents the perception of the older population about their interaction with neighbours and community people. Overall it was found that the older people had very good interaction with their neighbours and community people. For instance, 97.8 percent of older people asserted that neighbours came to visit them. Moreover, 95.8 percent of respondents reported that they found companionship from their neighbours for gossiping. And 96.0 percent of respondents received an invitation from their neighbours to visit their home. Besides, 77.3 percent stated that they received an invitation to join community programmes, while 73.6 percent considered that they received due respects form their community people.

Table 4.6: Perception of the older population about their interaction with neighbours and community people

Interaction with neighbours and community people	Yes n (%)	No n (%)	Number of Respondents (%)
Neighbours come to visit	6191 (97.8)	138 (2.2)	6329 (100.0)
Neighbours come to gossip	6063 (95.8)	266 (4.2)	6329 (100.0)
Neighbours invite to visit them	6077 (96.0)	252 (4.0)	6329 (100.0)
Received invitation to join community programmes	4892 (77.3)	1437 (22.7)	6329 (100.0)
Received due respect from the community people	4656 (73.6)	1673 (26.4)	6329 (100.0)

A composite scale was developed with the items referred to in Table 4.6 to assess the differentials of the older population's interaction with neighbours and community,. The scale reflects the positive attitudes the older population received from their community. The value of this scale ranged from 1 to 5, where a higher score indicated a positive attitude. Reliability analysis was conducted for the items included in this scale, where Cronbach alpha was 0.77.

Table 4.7 shows that older people received a considerable amount of attention from society. Though the average score among the various age-groups is significantly different, the score still indicates a high degree of variation. Moreover, the male respondents received significantly higher attention (4.6; SD=0.89) than their female counterparts (4.2; SD=4.2). Interestingly, it was found that there was no significant difference in terms of the interaction with neighbours and community people in urban (4.4; SD=1.03) and rural (4.4; SD=1.06) residence. It was also found that there were significant variations across the Divisions in terms of the interaction of older population with neighbours and community people with the highest level prevailing in the Sylhet Division (4.9; SD=0.6) and the lowest level prevailing in Rajshahi Division (4.1; SD=1.3).

Quantitative findings showed that an overwhelming majority of older people interact with their neighbours and community people, such as coming to visit, gossip, and getting an invitation to join community programmes. Similarly, findings from the focus group discussions showed that older people received various support from their neighbours and community people. An older woman from Dhaka Division said,

> *"We received an invitation within the community for attending social programmes such as marriage…but do not invitation for such programmes from outside my community people."*

However, there were exceptions in the case of having good interaction with neighbours and community people. An older man from the Khulna Division reported,

> *"I had many friends earlier, but now I don't have any…now my friends even do not come to visit me because they think that they have to give me money during visiting…though I do not expect so…even I also do not get an invitation from community people."*

It was found that older people were overall happy about the level of respect they received from the neighbours and community people. One Key Informant from Chattogram Division said:

> *"When we walk in the street or go to the mosque for prayers, we get 'salam,' and proper respect from the young generation…they do not ignore us due to getting older."*

Besides, one older man who was physically challenged mentioned,

> *"the older generation used to respect their seniors during their younger ages…. for example, we used to respect seniors by getting down from bicycle and exchange greetings…this situation did not deteriorate over time…it has rather increased."*

On the other hand, there was also evidence of showing disrespect or ignorance to older people by the younger generation, such as insulting, punching during crossing streets. One older woman from the Dhaka Division mentioned,

> *"Now the day younger generation do not make any bad comment about us but do naughty behaviours with us in many contexts."*

Table 4.7: Older population's levels of interactions with neighbours and community people

Variables	Interactions with neighbours and community people	Number of respondents	p-value
	Average score (SD)		
Age group			0.000
Young-Old (60-69)	4.4 (1.0)	3726	
Middle-Old (70-79)	4.4 (1.1)	1827	
Old-Old (80+)	4.3 (1.0)	776	
Sex			0.000
Male	4.6 (0.9)	2805	
Female	4.2 (1.1)	3524	
Residence			0.162
Rural	4.4 (1.0)	4804	
Urban	4.4 (1.0)	1525	
Wealth index			0.000
Poorest	4.0 (1.2)	1265	
Second	4.3 (1.1)	1262	
Middle	4.4 (1.0)	1272	
Fourth	4.6 (1.0)	1260	
Richest	4.7 (0.7)	1270	
Division			0.000
Barishal	4.7 (0.9)	362	
Chattogram	4.7 (0.9)	1145	
Dhaka	4.2 (1.1)	2102	
Khulna	4.7 (0.9)	753	
Rajshahi	4.1 (1.3)	872	
Rangpur	4.6 (1.1)	747	
Sylhet	4.9 (0.6)	348	
Total	**4.4 (1.0)**	**6329**	
Cronbach alpha: 0.77; Items used: 5			

Chapter - 5

Health and Morbidity Pattern

Chapter-Five: Health and Morbidity Pattern

5.0 Introduction

This chapter presents various aspects of health and morbidity patterns of the older population,such as self-reported health status, self-reported eyesight, self-reported hearing status, general healthcare-seeking behaviour, eye and hearing-related care-seeking behaviour, levels of depression and anxiety, loneliness, and health-related quality of life.

5.1 Self-reported health status of the older population

Half of the older population mentioned that their health status was a little good, and only 12.0 percent of the older population considered their health status as good. More than one-third of the older population mentioned that their health status was poor (Figure 5.1). Disaggregate analysis of the self-reported health status showed that the percentages of reporting health status, either good or very good was the lowest among the old-old older population compared to the young-old older population. Older women had a higher rate of reporting poor health status (35.6%) than older men (32.2%). A similar pattern was found in the case of the older population living in urban areas compared to those living in rural areas. Substantial variations were also found in the case of Divisional variations regarding self-reported health status with the highest percentage of reporting poor health status (48.6%) in the Sylhet Division and the lowest rate in the Rajshahi Division (26.4%). In contrast to expectation, the richest older people had the highest percentage of reporting poor health status (38.3%), and older people who belonged to the second wealth quintile (poorer) have the lowest rate (31.5%).

Figure 5.1: Self-reported health status of the older population (%)

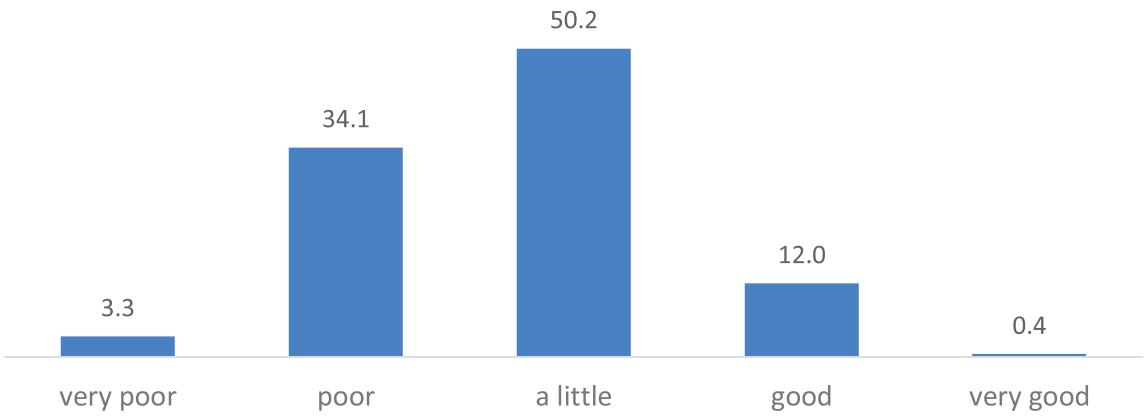


Table 5.1: Self-reported health status of the older population by background characteristics

Variables	Very Poor n (%)	Poor n (%)	A Little n (%)	Good n (%)	Very Good n (%)	Total n (%)
Age						
Young-old	75 (2.0)	1008 (27.1)	2081(55.9)	542 (14.5)	20 (0.5)	3726 (58.9)
Middle-old	68 (3.7)	732 (40.1)	854 (46.7)	168 (9.2)	5 (0.3)	1827 (28.9)
Old-old	67 (8.6)	417 (53.7)	242 (31.2)	47 (6.1)	3 (0.4)	776 (12.3)
Sex						
Male	101 (3.6)	904 (32.2)	1396 (49.8)	387 (13.8)	17 (0.6)	2805 (44.3)
Female	109 (3.1)	1253 (35.6)	1781 (50.5)	370 (10.5)	11 (0.3)	3524 (55.7)
Place of Residence						
Rural	169 (3.5)	1589 (33.1)	2418 (50.3)	606 (12.6)	22 (0.5)	4804 (75.9)
Urban	41 (2.7)	568 (37.2)	759 (49.8)	151 (9.9)	6 (0.4)	1525 (24.1)
Division						
Barishal	35 (9.7)	116 (32.0)	182 (50.3)	25 (6.9)	4 (1.1)	362 (5.7)
Chattogram	9 (0.8)	306 (26.7)	713 (62.3)	113 (9.9)	4 (0.3)	1145 (18.1)
Dhaka	52 (2.5)	767 (36.5)	1052 (50.0)	226 (10.8)	5 (0.2)	2102 (33.2)
Khulna	19 (2.5)	315 (41.8)	384 (51.0)	33 (4.4)	2 (0.3)	753 (11.9)
Rajshahi	42 (4.8)	230 (26.4)	365 (41.9)	226 (25.9)	9 (1.0)	872 (13.8)
Rangpur	40 (5.4)	254 (34.0)	341 (45.6)	110 (14.7)	2 (0.3)	747 (11.8)
Sylhet	13 (3.7)	169 (48.6)	140 (40.2)	24 (6.9)	2 (0.6	348 (5.5)
Wealth						
Poorest	50 (4.0)	437 (34.5)	630 (49.8)	143 (11.3)	5 (0.4)	1265 (20.0)
Second	61 (4.8)	397 (31.5)	638 (50.6)	161 (12.8)	5 (0.4)	1262 (19.9)
Middle	35 (2.8)	412 (32.4)	666 (52.4)	153 (12.0)	6 (0.5)	1272 (20.1)
Fourth	46 (3.7)	425 (33.7)	624 (49.5)	157 (12.5)	8 (0.6)	1260 (19.9)
Richest	18 (1.4)	486 (38.3)	619 (48.7)	143 (11.3)	4 (0.3)	1270 (20.1)
Total	**210 (3.3)**	**2157 (34.1)**	**3177 (50.2)**	**757 (12.0)**	**28 (0.4)**	**6329 (100.0)**

5.2 Morbidity patterns

5.2.1 Morbidity patterns by age

Table 5.2 presents the morbidity pattern of the older population. It was found that majority of the older population were suffering from general weakness (67.8%) followed by back pain (67.3%), ulcer/ gastric (64.7%), low vision/glaucoma (51.8%), blood pressure (47.7%), knee pain (44.9%), arthritis (42.5%), pain in joint (33.3%), sleeping problem (32.4%), giddiness (32.0%), migraine headaches (26.1%), allergies (21.3%), neck pain (17.3%), dental problem (17.3%), urinary incontinence (17.0%), prolonged cough (14.3%), heart disease (14.3%, breathing trouble (11.4%), diabetes (9.9%), cataracts (8.0%), asthma (7.8%), dysentery (5.6%), and skin diseases (5.0%) (Table 5.1). The study also showed that among the older population, the percentage of persons with paralysis was 5.6%. Besides, other diseases that prevail among older people to a lesser extent were no control over stools, gynaecological disorders, irritable bowel syndrome, rheumatic fever, kidney disease, Jaundice, tuberculosis, fever, cancer, stomach problem, piles, hearing problem, tumour, typhoid, hernia, cough, and stone.

Analysis of disease pattern by age group showed that the prevalence of weakness, back pain, ulcer/gastric, low vision, blood pressure, knee pain, and arthritis were higher among all three age groups of the older population. However, comparison of disease pattern by age group revealed that ulcer/gastric, migraine headaches, dental, heart diseases were more common to the young-old (60-69 years) people,but blood pressure, allergies and prolonged cough were to the middle-old (70-79 years) people (Table 5.2). For the old-old (80 and 80+ years) group, low vision, knee pain, arthritis, urinary incontinence, breathing trouble, cataracts, asthma, paralysis,and dysentery were more common compared to other age groups. However, back pain, fall, no control over the stool, and irritable bowel syndrome were proportionately higher in the old-old age group in comparison to the other two age groups. Paralysis was also more proportionately higher to the old-old age group (11.6%).

Table 5.2: Disease pattern among the older population by age group

Name of diseases	Age			Number of Respondents (%)
	Young-old n (%)	Middle-old n (%)	Old-old n (%)	
General weakness	2424 (65.1)	1323 (72.4)	546 (70.4)	4293 (67.8)
Back pain	2479 (66.5)	1231 (67.4)	552 (71.1)	4262 (67.3)
Ulcer/Gastric	2488 (66.8)	1144 (62.6)	465 (59.9)	4097 (64.7)
Low vision	1813 (48.7)	994 (54.4)	474 (61.1)	3281 (51.8)
Blood pressure	1802 (48.4)	899 (49.2)	321 (41.4)	3022 (47.7)
Knee pain	1588 (42.6)	843 (46.1)	409 (52.7)	2840 (44.9)
Arthritis	1580 (42.4)	768 (42.0)	340 (43.8)	2688 (42.5)
Joint pain	1145 (30.7)	673 (36.8)	288 (37.1)	2106 (33.3)
Sleeping problem	1183 (31.7)	601 (32.9)	264 (34.0)	2048 (32.4)
Giddiness	1206 (32.4)	557 (30.5)	264 (34.0)	2027 (32.0)
Migraine headaches	1060 (28.4)	431 (23.6)	158 (20.4)	1649 (26.1)
Allergies	800 (21.5)	394 (21.6)	157 (20.2)	1351 (21.3)
Neck pain	650 (17.4)	314 (17.2)	134 (17.3)	1098 (17.3)
Dental problem	669 (18.0)	306 (16.7)	123 (15.9)	1098 (17.3)
Urinary incontinence	448 (12.0)	371 (20.3)	255 (32.9)	1074 (17.0)
Prolonged cough	485 (13.0)	293 (16.0)	125 (16.1)	903 (14.3)
Heart disease	545 (14.6)	255 (14.0)	106 (13.7)	906 (14.3)
Breathing trouble	385 (10.3)	231 (12.6)	108 (13.9)	724 (11.4)
Diabetes	375 (10.1)	181 (9.9)	68 (8.8)	624 (9.9)
Cataracts	226 (6.1)	176 (9.6)	102 (13.1)	504 (8.0)
Asthma	223 (6.0)	179 (9.8)	89 (11.5)	491 (7.8)
Fall	241 (6.5)	140 (7.7)	75 (9.7)	456 (7.2)
Paralysis	132 (3.5)	133 (7.3)	90 (11.6)	355 (5.6)
Dysentery	202 (5.4)	104 (5.7)	47 (6.1)	353 (5.6)
Skin disease	187 (5.0)	92 (5.0)	39 (5.0)	318 (5.0)
No control over stools	109 (2.9)	90 (4.9)	80 (10.3)	279 (4.4)
Gynaecological disorders	104 (4.5)	29 (3.5)	10 (2.4)	143 (4.1)
Irritable Bowel Syndrome	106 (2.8)	58 (3.2)	40 (5.2)	204 (3.2)
Rheumatic fever	107 (2.9)	63 (3.4)	30 (3.9)	200 (3.2)
Kidney disease	99 (2.7)	48 (2.6)	15 (1.9)	162 (2.6)
Jaundice	72 (1.9)	32 (1.8)	15 (1.9)	119 (1.9)
Tuberculosis	45 (1.2)	41 (2.2)	14 (1.8)	100 (1.6)
Other pain	60 (1.6)	31 (1.7)	12 (1.5)	103 (1.6)
Fever	55 (1.5)	25 (1.4)	17 (2.2)	97 (1.5)
Cancer	42 (1.1)	17 (0.9)	12 (1.5)	71 (1.1)
Goitre	37 (1.0)	14 (0.8)	4 (0.5)	55 (0.9)
Stomach problem	31 (0.8)	17 (0.9)	6 (0.8)	54 (0.9)
Piles	24 (0.6)	18 (1.0)	9 (1.2)	51 (0.8)
Hearing problem	25 (0.7)	13 (0.7)	9 (1.2)	47 (0.7)
Tumour	20 (0.5)	11 (0.6)	7 (0.9)	38 (0.6)
Typhoid	19 (0.5)	8 (0.4)	3 (0.4)	30 (0.5)
Hernia	15 (1.0)	4 (0.6)	6 (1.6)	25 (0.4)
Cough	8 (0.2)	9 (0.5)	2 (0.3)	19 (0.3)
Sore	12 (0.3)	4 (0.2)	2 (0.3)	18 (0.3)
Stone in kidney	8 (0.2)	6 (0.3)	1 (0.1)	15 (0.2)
Swelling	8 (0.2)	6 (0.3)	1 (0.1)	15 0.2)
Others	74 (2.0)	41(2.2)	19 (2.4)	134 (2.1)
Total	**3726 (58.8)**	**1827 (28.9)**	**776 (12.3)**	**6329(100.0)**

5.2.2 Morbidity patterns by sex

The older women had a higher prevalence of diseases than that older men except for allergies, prolonged cough, heart disease, breathing trouble, diabetes, asthma, and paralysis (Table 5.3). The prevalence rates of chronic morbidity symptom were higher for older women than older men, as followed by back pain (73.6% and 59.5%, respectively), weakness (69.1% and 66.2%, respectively), ulcer/gastric (67.7% and 61.0%, respectively), glaucoma (53.2% and 50.1%, respectively), knee pain (48.9% and 39.8%, respectively), arthritis (44.1% and 40.0%, respectively), joint pain (36.7% and

29.0%, respectively), sleeping problem (34.1% and 30.2%, respectively), neck problem (18.7% and 15.7%, respectively), and dental problem (18.2% and 16.3%, respectively).

Table 5.3: Health and disease patterns by sex of the older population

Name of diseases	Sex of the respondents		Number of Respondents (%)
	Male n (%)	Female n (%)	
General weakness	1858 (66.2)	2435 (69.1)	4293 (67.8)
Back pain	1670 (59.5)	2592 (73.6)	4262 (67.3)
Ulcer/Gastric	1710 (61.0)	2387 (67.7)	4097 (64.7)
Glaucoma	1405 (50.1)	1876 (53.2)	3281 (51.8)
Blood pressure	1208 (43.1)	1814 (51.5)	3022 (47.7)
Knee pain	1116 (39.8)	1724 (48.9)	2840 (44.9)
Arthritis	1133 (40.4)	1555 (44.1)	2688 (42.5)
Joint pain	814 (29.0)	1292 (36.7)	2106 (33.3)
Sleeping problem	847 (30.2)	1201 (34.1)	2048 (32.4)
Giddiness	729 (26.0)	1298 (36.8)	2027 (32.0)
Migraine headaches	576 (20.5)	1073 (30.4)	1649 (26.1)
Allergies	605 (21.6)	746 (21.2)	1351 (21.3)
Neck pain	440 (15.7)	658 (18.7)	1098 (17.3)
Dental problem	458 (16.3)	640 (18.2)	1098 (17.3)
Urinary incontinence	476 (17.0)	598 (17.0)	1074 (17.0)
Prolonged cough	506 (18.0)	397 (11.3)	903 (14.3)
Heart disease	441 (15.7)	465 (13.2)	906 (14.3)
Breathing trouble	372 (13.3)	352 (10.0)	724 (11.4)
Diabetes	282 (10.1)	342 (9.7)	624 (9.9)
Cataracts	211 (7.5)	293 (8.3)	504 (8.0)
Asthma	280 (10.0)	211 (6.0)	491 (7.8)
Fall	202 (7.2)	254 (7.2)	456 (7.2)
Paralysis	189 (6.7)	166 (4.7)	355 (5.6)
Dysentery	188 (6.7)	165 (4.7)	353 (5.6)
Skin disease	143 (5.1)	175 (5.0)	318 (5.0)
No control over stools	140 (5.0)	139 (3.9)	279 (4.4)
Gynaecological disorders	na	143 (4.1)	143 (100.0)
Irritable Bowel Syndrome	82 (2.9)	122 (3.5)	204 (3.2)
Rheumatic fever	78 (2.8)	122 (3.5)	200 (3.2)
Kidney disease	62 (2.2)	100 (2.8)	162 (2.6)
Jaundice	62 (2.2)	57 (1.6)	119 (1.9)
Tuberculosis	57 (2.0)	43 (1.2)	100 (1.6)
Other pain	42 (1.5)	61 (1.7)	103 (1.6)
Fever	39 (1.4)	58 (1.6)	97 (1.5)
Cancer	28 (1.0)	43 (1.2)	71 (1.1)
Goitre	16 (0.6)	39 (1.1)	55 (0.9)
Stomach problem	23 (0.8)	31 (0.9)	54 (0.9)
Piles	37 (1.3)	14 (0.4)	51 (0.8)
Hearing problem	17 (0.6)	30 (0.9)	47 (0.7)
Tumour	13 (0.5)	25 (0.7)	38 (0.6)
Typhoid	15 (0.5)	15 (0.4)	30 (0.5)
Hernia	25 (0.9)	na	25 (0.9)
Cough	15 (0.5)	4 (0.1)	19 (0.3)
Sore	3 (0.1)	15 (0.4)	18 (0.3)
Stone	4 (0.1)	11 (0.3)	15 (0.2)
Swelling	8 (0.3)	7 (0.2)	15 (0.2)
Others	62 (2.2)	72 (2.0)	134 (2.1)
Total	**2805 (44.3)**	**3524 (55.7)**	**6329 (100.0)**

5.2.3 Morbidity patterns by place of residence

Health and morbidity pattern by residence is presented in Table 5.4.There were regional variations in disease patterns, for instance, the older population living in urban areas had a higher prevalence of ulcer/ gastric, blood pressure, glaucoma, arthritis, giddiness, migraine headache, heart disease, diabetes, cataract diseases as compared to those living in rural areas (Table 5.4). General weakness, back pain, dental, breathing trouble, and kidney disease were also proportionately higher in urban

areas. However, glaucoma, sleeping problem, urinary incontinence, prolonged cough, asthma, fall, dysentery, skin diseases was higher in rural areas.

Table 5.4: Health and morbidity patterns by place of residence of the older people

Name of diseases	Place of residence		Number of Respondents (%)
	Rural n (%)	Urban n (%)	
General weakness	3243 (67.5)	1050 (68.9)	4293 (67.8)
Back pain	3231 (67.3)	1031 (67.6)	4262 (67.3)
Ulcer/Gastric	3010 (62.7)	1087 (71.3)	4097 (64.7)
Glaucoma	2499 (52.0)	782 (51.3)	3281 (51.8)
Blood pressure	2125 (44.2)	897 (58.8)	3022 (47.7)
Knee pain	2099 (43.7)	741 (48.6)	2840 (44.9)
Arthritis	2026 (42.2)	662 (43.4)	2688 (42.5)
Joint pain	1593 (33.2)	513 (33.6)	2106 (33.3)
Sleeping problem	1563 (32.5)	485 (31.8)	2048 (32.4)
Giddiness	1460 (30.4)	567 (37.2)	2027 (32.0)
Migraine headaches	1174 (24.4)	475 (31.1)	1649 (26.1)
Allergies	1029 (21.4)	322 (21.1)	1351 (21.3)
Neck pain	784 (16.3)	314 (20.6)	1098 (17.3)
Dental problem	789 (16.4)	309 (20.3)	1098 (17.3)
Urinary incontinence	857 (17.8)	217 (14.2)	1074 (17.0)
Prolonged cough	688 (14.3)	215 (14.1)	903 (14.3)
Heart disease	655 (13.6)	251 (16.5)	906 (14.3)
Breathing trouble	534 (11.1)	190 (12.5)	724 (11.4)
Diabetes	381 (7.9)	243 (15.9)	624 (9.9)
Cataracts	379 (7.9)	125 (8.2)	504 (8.0)
Asthma	384 (8.0)	107 (7.0)	491 (7.8)
Fall	355 (7.4)	101 (6.6)	456 (7.2)
Paralysis	268 (5.6)	87 (5.7)	355 (5.6)
Dysentery	294 (6.1)	59 (3.9)	353 (5.6)
Skin disease	243 (5.1)	75 (4.9)	318 (5.0)
No control over stools	226 (4.7)	53 (3.5)	279 (4.4)
Gynaecological disorders	113 (4.3)	30 (3.4)	143 (4.1)
Irritable Bowel Syndrome	161 (3.4)	43 (2.8)	204 (3.2)
Rheumatic fever	159 (3.3)	41 (2.7)	200 (3.2)
Kidney disease	103 (2.1)	59 (3.9)	162 (2.6)
Jaundice	79 (1.6)	40 (2.6)	119 (1.9)
Tuberculosis	79 (1.6)	21 (1.4)	100 (1.6)
Other pain	90 (1.9)	13 (0.9)	103 (1.6)
Fever	77 (1.6)	20 (1.3)	97 (1.5)
Cancer	49 (1.0)	22 (1.4)	71 (1.1)
Goitre	43 (0.9)	12 (0.8)	55 (0.9)
Stomach problem	43 (0.9)	11 (0.7)	54 (0.9)
Piles	42 (0.9)	9 (0.6)	51 (0.8)
Hearing problem	33 (0.7)	14 (0.9)	47 (0.7)
Tumour	30 (0.6)	8 (0.5)	38 (0.6)
Typhoid	23 (0.5)	7 (0.5)	30 (0.5)
Hernia	21 (1.0)	4 (0.6)	25 (0.4)
Cough	14 (0.3)	5 (0.3)	19 (0.3)
Sore	12 (0.2)	6 (0.4)	18 (0.3)
Stone	9 (0.2)	6 (0.4)	15 (0.2)
Swelling	12 (0.2)	3 (0.2)	15 (0.2)
Others	96 (2.0)	38 (2.5)	134 (2.1)
Total	**4804 (75.9)**	**1525 (24.1)**	**6329 (100.0)**

5.2.4 Morbidity patterns by wealth quintile

The older population from the households with the highest wealth quintile were more likely to be suffered from ulcer/gastric (70.3%), glaucoma (54.7%), blood pressure (62.8%), giddiness (37.5%), migraine headaches (32.7%), allergies (24.1%), dental (21.8%), heart disease (21.0%), diabetes (19.7%), cataract (9.6%), and kidney diseases (4.3%) than older people in other wealth quintiles (Table 5.5). Similar findings were also found for knee pain (52.9%), joint pain (34.7%), neck pain

(22.5%), and breathing trouble (14.1%). On the contrary, older people from the households with the lowest quintile were more likely to be suffered from back pain (70.4%), paralysis (6.6%), no control over stools (4.80%) and jaundice (2.5%) than older people in the other quintiles.

Table 5.5: Disease patterns among the older population by wealth quintile of the household

Name of diseases	Wealth quintile					Number of Respondents (%)
	Poorest n (%)	Second n (%)	Middle n (%)	Fourth n (%)	Richest n (%)	
General weakness	849 (67.1)	896 (71.0)	865 (68.0)	832 (66.0)	851 (67.0)	4293 (67.8)
Back pain	891 (70.4)	853 (67.6)	834 (65.6)	830 (65.9)	854 (67.2)	4262 (67.3)
Ulcer/Gastric	734 (58.0)	795 (63.0)	842 (66.2)	833 (66.1)	893 (70.3)	4097 (64.7)
Glaucoma	590 (46.6)	654 (51.8)	687 (54.0)	655 (52.0)	695 (54.7)	3281 (51.8)
Blood pressure	443 (35.0)	537 (42.6)	602 (47.3)	642 (51.0)	798 (62.8)	3022 (47.7)
Knee pain	531 (42.0)	522 (41.4)	547 (43.0)	568 (45.1)	672 (52.9)	2840 (44.9)
Arthritis	483 (38.2)	520 (41.2)	575 (45.2)	585 (46.4)	525 (41.3)	2688 (42.5)
Joint pain	408 (32.3)	397 (31.5)	434 (34.1)	426 (33.8)	441 (34.7)	2106 (33.3)
Sleeping problem	385 (30.4)	428 (33.9)	435 (34.2)	403 (32.0)	397 (31.3)	2048 (32.4)
Giddiness	371 (29.3)	424 (33.6)	393 (30.9)	363 (28.8)	476 (37.5)	2027 (32.0)
Migraine headaches	260 (20.6)	333 (26.4)	330 (25.9)	311 (24.7)	415 (32.7)	1649 (26.1)
Allergies	222 (17.5)	271 (21.5)	284 (22.3)	268 (21.3)	306 (24.1)	1351 (21.3)
Neck pain	170 (13.4)	205 (16.2)	214 (16.8)	223 (17.7)	286 (22.5)	1098 (17.3)
Dental problem	165 (13.0)	201 (15.9)	225 (17.7)	230 (18.3)	277 (21.8)	1098 (17.3)
Urinary incontinence	217 (17.2)	237 (18.8)	223 (17.5)	208 (16.5)	189 (14.9)	1074 (17.0)
Prolonged cough	151 (11.9)	167 (13.2)	192 (15.1)	201(16.0)	192 (15.1)	903 (14.3)
Heart disease	104 (8.2)	150 (11.9)	182 (14.3)	203 (16.1)	267 (21.0)	906 (14.3)
Breathing trouble	102 (8.1)	146 (11.6)	156 (12.3)	141 (11.2)	179 (14.1)	724 (11.4)
Diabetes	63 (5.0)	76 (6.0)	95 (7.5)	140 (11.1)	250 (19.7)	624 (9.9)
Cataracts	80 (6.3)	98 (7.8)	108 (8.5)	96 (7.6)	122 (9.6)	504 (8.0)
Asthma	92 (7.3)	117 (9.3)	107 (8.4)	95 (7.5)	80 (6.3)	491 (7.8)
Fall	85 (6.7)	87 (6.9)	97 (7.6)	93 (7.4)	94 (7.4)	456 (7.2)
Paralysis	84 (6.6)	73 (5.8)	65 (5.1)	66 (5.2)	67 (5.3)	355 (5.6)
Dysentery	76 (6.0)	73 (5.8)	80 (6.3)	64 (5.1)	60 (4.7)	353 (5.6)
Skin disease	52 (4.1)	70 (5.5)	60 (4.7)	66 (5.2)	70 (5.5)	318 (5.0)
No control over stools	61 (4.8)	57 (4.5)	61 (4.8)	53 (4.2)	47 (3.7)	279 (4.4)
Gynaecological disorders	31 (4.0)	22 (3.2)	29 (4.3)	35 (5.2)	26 (3.6)	143 (4.1)
Irritable Bowel Syndrome	39 (3.1)	38 (3.0)	42 (3.3)	46 (3.7)	39 (3.1)	204 (3.2)
Rheumatic fever	33 (2.6)	44 (3.5)	38 (3.0)	44 (3.5)	41 (3.2)	200 (3.2)
Kidney disease	17 (1.3)	17 (1.3)	27 (2.1)	46 (3.7)	55 (4.3)	162 (2.6)
Jaundice	31 (2.5)	17 (1.3)	24 (1.9)	18 (1.4)	29 (2.3)	119 (1.9)
Tuberculosis	20 (1.6)	24 (1.9)	16 (1.3)	19 (1.5)	21 (1.7)	100 (1.6)
Other Pain	18 (1.4)	28 (2.2)	23 (1.8)	22 (1.7)	12 (0.9)	103 (1.6)
Fever	33 (2.6)	19 (1.5)	24 (1.9)	14 (1.1)	7 (0.6)	97 (1.5)
Cancer	12 (0.9)	17 (1.3)	13 (1.0)	11 (0.9)	18 (1.4)	71 (1.1)
Goitre	13 (1.0)	12 (1.0)	7 (0.6)	9 (0.7)	14 (1.1)	55 (0.9)
Stomach problem	16 (1.3)	12 (1.0)	9 (0.7)	9 (0.7)	8 (0.6)	54 (0.9)
Piles	9 (0.7)	9 (0.7)	11 (0.9)	16 (1.3)	6 (0.5)	51 (0.8)
Hearing problem	6 (0.5)	13 (1.0)	7 (0.6)	9 (0.7)	12 (0.9)	47 (0.7)
Tumour	13 (1.0)	10 (0.8)	4 (0.3)	5 (0.4)	6 (0.5)	38 (0.6)
Typhoid	9 (0.7)	4 (0.3)	5 (0.4)	6 (0.5)	6 (0.5)	30 (0.5)
Hernia	5 (1.0)	3 (0.5)	8 (1.3)	5 (0.8)	4 (0.7)	25 (0.9)
Cough	4 (0.3)	2 (0.2)	8 (0.6)	1 (0.1)	4 (0.3)	19 (0.3)
Sore	6 (0.5)	6 (0.5)	3 (0.2)	2 (0.2)	1 (0.1)	18 (0.3)
Stone	2 (0.2)	4 (0.3)	4 (0.3)	1 (0.1)	4 (0.3)	15 (0.2)
Swelling	1 (0.1)	2 (0.2)	4 (0.3)	4 (0.3)	4 (0.3)	15 (0.2)
Others	28 (2.2)	27 (2.1)	27 (2.1)	26 (2.1)	26 (2.0)	134 (2.1)
Total	**1265 (20.0)**	**1262 (19.9)**	**1272 (20.1)**	**1260 (19.9)**	**1270 (20.1)**	**6329 (100.0)**

5.2.5 Morbidity patterns by division

There were substantial differences in disease patterns by Division. For example, older adults living in Barishal had the highest percentage of general weakness (80.4%), and Rangpur had the lowest rates of general weakness (29.0%). Moreover, general weakness in Barishal, Khulna, and Rajshahi and

Dhaka, Ulcer/Gastric in Chattogram, back pain in Rangpur and Sylhet were the most common diseases across divisions. On the other hand, giddiness in Barishal and Dhaka, joint pain in Chattogram, Rajshahi, and Sylhet, the sleeping problem in Khulna and Rangpur were the least common diseases across divisions. Overall, older adults in Sylhet had the highest prevalence in all diseases except weakness, ulcer/gastric, and low vision (Table 5.6).

Table 5.6: Disease patterns among the older population by Division

Name of diseases	Division							Number of Respondents n (%)
	Barishal n (%)	Chattogram n (%)	Dhaka n (%)	Khulna n (%)	Rajshahi n (%)	Rangpur n (%)	Sylhet n (%)	
General weakness	291 (80.4)	781 (68.2)	1613 (76.7)	513 (68.1)	646 (74.1)	217 (29.0)	232 (66.7)	4293 (67.8)
Back pain	261 (72.1)	646 (56.4)	1543 (73.4)	462 (61.4)	598 (68.6)	460 (61.6)	292 (83.9)	4262 (67.3)
Ulcer/Gastric	252 (69.6)	926 (80.9)	1447 (68.8)	354 (47.0)	474 (54.4)	392 (52.5)	252 (72.4)	4097 (64.7)
Glaucoma	200 (55.2)	719 (62.8)	1119 (53.2)	367 (48.7)	502 (57.6)	160 (21.4)	214 (61.5)	3281 (51.8)
Blood pressure	175 (48.3)	681 (59.5)	1227 (58.4)	237 (31.5)	300 (34.4)	152 (20.3)	250 (71.8)	3022 (47.7)
Knee pain	165 (45.6)	509 (44.5)	1083 (51.5)	294 (39.0)	417 (47.8)	175 (23.4)	197 (56.6)	2840 (44.9)
Arthritis	132 (36.5)	595 (52.0)	915 (43.5)	224 (29.7)	354 (40.6)	270 (36.1)	198 (56.9)	2688 (42.5)
Joint pain	123 (34.0)	402 (35.1)	834 (39.7)	235 (31.2)	221 (25.3)	137 (18.3)	154 (44.3)	2106 (33.3)
Sleeping problem	129 (35.6)	521 (45.5)	762 (36.3)	81 (10.8)	313 (35.9)	44 (5.9)	198 (56.9)	2048 (32.4)
Giddiness	105 (29.0)	443 (38.7)	724 (34.4)	136 (18.1)	267 (30.6)	138 (18.5)	214 (61.5)	2027 (32.0)
Migraine headaches	65 (18.0)	421 (36.8)	572 (27.2)	131 (17.4)	226 (25.9)	87 (11.6)	147 (42.2)	1649 (26.1)
Allergies	129 (34.0)	229 (20.0)	402 (19.1)	212 (28.2)	210 (24.1)	90 (12.0)	85 (24.4)	1351 (21.3)
Neck pain	52 (14.4)	117 (10.2)	486 (23.1)	135 (17.9)	153 (17.5)	29 (3.9)	126 (36.2)	1098 (17.3)
Dental problem	95 (26.2)	204 (17.8)	392 (18.6)	82 (10.9)	136 (15.6)	54 (7.2)	135 (38.8)	1098 (17.3)
Urinary incontinence	76 (21.0)	169 (14.8)	361 (17.2)	97 (12.9)	257 (29.5)	73 (9.8)	41 (11.8)	1074 (17.0)
Prolonged cough	46 (12.7)	290 (25.3)	246 (11.7)	91 (12.1)	98 (11.2)	68 (9.1)	64 (18.4)	903 (14.3)
Heart disease	66 (18.2)	171 (14.9)	322 (15.3)	102 (13.5)	68 (7.8)	51 (6.8)	126 (36.2)	906 (14.3)
Breathing trouble	45 (12.4)	117 (10.2)	266 (12.7)	106 (14.1)	89 (10.2)	32 (4.3)	69 (19.8)	724 (11.4)
Diabetes	40 (11.0)	164 (14.3)	217 (10.3)	68 (9.0)	68 (7.8)	45 (6.0)	22 (6.3)	624 (9.9)
Cataracts	43 (11.9)	86 (7.5)	176 (8.4)	57 (7.6)	63 (7.2)	28 (3.7)	51 (14.7)	504 (8.0)
Asthma	33 (9.1)	93 (8.1)	143 (6.8)	61 (8.1)	74 (8.5)	67 (9.0)	20 (5.7)	491 (7.8)
Fall	46 (12.7)	105 (9.2)	130 (6.2)	26 (3.5)	83 (9.5)	26 (3.5)	40 (11.5)	456 (7.2)
Paralysis	1 (0.3)	2 (0.2)	13 (0.6)	7 (0.9)	9 (1.0)	25 (3.3)	1 (0.3)	58 (0.9)
Dysentery	13 (3.6)	119 (10.4)	89 (4.2)	31 (4.1)	50 (5.7)	42 (5.6)	9 (2.6)	353 (5.6)
Skin disease	11 (3.0)	40 (3.5)	110 (5.2)	38 (5.0)	51 (5.8)	19 (2.5)	49 (14.1)	318 (5.0)
No control over stools	15 (4.1)	44 (3.8)	87 (4.1)	8 (1.1)	74 (8.5)	29 (3.9)	22 (6.3)	279 (4.4)
Gynaecological	12 (6.3)	39 (5.9)	39 (3.3)	26 (6.2)	9 (1.9)	9 (2.1)	9 (4.6)	143 (4.1)
Irritable Bowel	13 (3.6)	20 (1.7)	94 (4.5)	10 (1.3)	30 (3.4)	18 (2.4)	19 (5.5)	204 (3.2)
Rheumatic fever	15 (4.1)	46 (4.0)	55 (2.6)	25 (3.3)	15 (1.7)	17 (2.3)	27 (7.8)	200 (3.2)
Kidney disease	4 (1.1)	29 (2.5)	55 (2.6)	18 (2.4)	22 (2.5)	9 (1.2)	25 (7.2)	162 (2.6)
Jaundice	12 (3.3)	13 (1.1)	42 (2.0)	18 (2.4)	17 (1.9)	8 (1.1)	9 (2.6)	119 (1.9)
Tuberculosis	5 (1.4)	13 (1.1)	28 (1.3)	8 (1.1)	24 (2.8)	5 (0.7)	17 (4.9)	100 (1.6)
Other Pain	4 (1.1)	9 (0.8)	13 (0.6)	37 (4.9)	18 (2.1)	17 (2.3)	5 (1.4)	103 (1.6)
Fever	9 (2.5)	7 (0.6)	38 (1.8)	11 (1.5)	13 (1.5)	17 (2.3)	2 (0.6)	97 (1.5)
Cancer	8 (2.2)	8 (0.7)	21 (1.0)	8 (1.1)	15 (1.7)	1 (0.1)	10 (2.9)	71 (1.1)
Goitre	4 (1.1)	8 (0.7)	21 (1.0)	3 (0.4)	6 (0.7)	6 (0.8)	7 (2.0)	55 (0.9)
Stomach problem	4 (1.1)	9 (0.8)	10 (0.5)	3 (0.4)	13 (1.5)	15 (2.0)	0 (0.0)	54 (0.9)
Piles	2 (0.6)	3 (0.3)	14 (0.7)	18 (2.4)	8 (0.9)	5 (0.7)	1 (0.3)	51 (0.8)
Hearing problem	2 (0.6)	15 (1.3)	10 (0.5)	9 (1.2)	5 (0.6)	6 (0.8)	0 (0.0)	47 (0.7)
Tumour	2 (0.6)	6 (0.5)	12 (0.6)	6 (0.8)	6 (0.7)	3 (0.4)	3 (0.9)	38 (0.6)
Typhoid	1 (0.3)	4 (0.3)	12 (0.6)	2 (0.2)	4 (0.5)	2 (0.2)	5 (1.4)	30 (0.5)
Hernia	1 (0.3)	1 (0.1)	2 (0.1)	5 (0.7)	4 (0.5)	12 (1.6)	0 (0.0)	25 (0.4)
Cough	0 (0.0)	1 (0.1)	10 (0.5)	2 (0.3)	4 (0.5)	2 (0.3)	0 (0.0)	19 (0.3)
Sore	0 (0.0)	2 (0.2)	4 (0.2)	2 (0.3)	5 (0.6)	3 (0.4)	2 (0.6)	18 (0.3)
Stone	2 (0.6)	3 (0.3)	5 (0.2)	1 (0.1)	2 (0.2)	2 (0.3)	0 (0.0)	15 (0.2)
Swelling	0 (0.0)	1 (0.1)	7 (0.3)	3 (0.4)	2 (0.2)	2 (0.3)	0 (0.0)	15 (0.2)
Others	9 (2.5)	22 (1.9)	37 (1.8)	22 (2.9)	22 (2.5)	18 (2.4)	4 (1.1)	134 (2.1)
Total	**362 (5.7)**	**1145 (18.1)**	**2102 (33.2)**	**753 (11.9)**	**872 (13.8)**	**747 (11.8)**	**348 (5.5)**	**6329 (100.0)**

5.3 Self-reported eyesight and hearing status

Table 5.7 presents the older population's perception of eyesight into five categories: very poor, poor, a little, good, very good. The table shows that 45.4 percent older population reported that their eyesight is a little poor, followed by 37.0 percent of respondents reported that they had poor eyesight. Among the young-old (60-69) older population, 49.8 percent of the respondents

mentioned that they had a little problem with eyesight followed by poor eyesight (30.6%). On the other hand, 17.5 percent of young-old respondents mentioned that they had good eyesight. Among middle-old (70-79), the percentage of reporting poor eyesight was higher than that of young-old (42.1%), and 55.8 percent of the old-old population mentioned that they had poor eyesight. The rate of mentioning good eyesight decreased with the increasing age of older people. This pattern is consistent across the sex of the older population. Table 5.7 shows that more older men had good or very good health status than older women. However, there was a mixed situation in terms of place of residence and the older population's division.

Table 5.7: Older Population's self-reported eyesight by selected background characteristics

Variables	Self-reported eyesight					Total n (%)
	Very poor (blind) n (%)	Poor n (%)	A little n (%)	Good n (%)	Very good n (%)	
Agegroup						
Young-Old (60-69)	26 (0.7)	1139 (30.6)	1854 (49.8)	653 (17.5)	54 (1.4)	3726 (100.0)
Middle-Old (70-79)	35 (1.9)	769 (42.1)	784 (42.9)	218 (11.9)	21 (1.1)	1827 (100.0)
Old-Old (80+)	13 (1.7)	433 (55.8)	236 (30.4)	86 (11.1)	8 (1.0)	776 (100.0)
Sex						
Male	35 (1.2)	970 (34.6)	1301 (46.4)	447 (15.9)	52 (1.9)	2805 (100.0)
Female	39 (1.1)	1371 (38.9)	1573 (44.6)	510 (14.5)	31 (0.9)	3524 (100.0)
Place of residence						
Rural	56 (1.2)	1769 (36.8)	2146 (44.7)	756 (15.7)	77 (1.6)	4804 (100.0)
Urban	18 (1.2)	572 (37.5)	728 (47.7)	201 (13.2)	6 (0.4)	1525 (100.0)
Division						
Barishal	14 (3.9)	122 (33.7)	162 (44.8)	53 (14.6)	11 (3.0)	362 (100.0)
Chattogram	3 (0.3)	349 (30.5)	694 (60.6)	98 (8.6)	1 (0.1)	1145 (100.0)
Dhaka	28 (1.3)	829 (39.4)	951 (45.2)	277 (13.2)	17 (0.8)	2102 (100.0)
Khulna	7 (0.9)	365 (48.5)	290 (38.5)	90 (12.0)	1 (0.1)	753 (100.0)
Rajshahi	16 (1.8)	356 (40.8)	192 (33.5)	185 (21.2)	23 (2.6)	872(100.0)
Rangpur	3 (0.4)	176 (23.6)	312 (41.8)	229 (30.7)	27 (3.6)	747 (100.0)
Sylhet	3 (0.9)	144 (41.4)	173 (49.7)	25 (7.2)	3 (0.9)	348 (100.0)
Total	**74 (1.2)**	**2341 (37.0)**	**2874 (45.4)**	**957 (15.1)**	**83 (1.3)**	**6329 (100.0)**

Table 5.8 shows that 57.4 percent older population reported that they had good hearing status while only 10.0 percent older population reported that they had very good hearing status. Regarding the older population's perception of their hearing status, the study found that with increasing age,older people reported a higher rate of poor hearing and a lower rate of good hearing. For instance, one-fourth of the young-old mentioned that they had a little problem with hearing, but one-third of the old-old respondents mentioned that they had a little hearing problem. Besides, among the young-old population, the percentage of the poor hearing was 2.9 percent, which was 12.5 percent in the case of the old-old respondents. It shows that more men have good hearing status than women (Table 5.8). In terms of place of residence, the study found that more urban older population had good hearing status than the rural older population. On the other hand, Barishal had the highest percentage ofolder people who considered their status of eyesight as blind (3.9%), and Chattogram had the lowest rate (0.3%). Furthermore, Rangpur had the highest percentage of older people (33.6%) who considered their hearing status as very good compared to other Divisions.

Table 5.8: Older population's self-reported hearing status

Variables	Perception about hearing				Total n (%)
	Poor n (%)	A little n (%)	Good n (%)	Very good n (%)	
Age group					
Young-Old (60-69)	108 (2.9)	914 (24.5)	2285 (61.3)	419 (11.2)	3726 (100.0)
Middle-Old (70-79)	105 (5.7)	569 (31.1)	997 (54.6)	156 (8.5)	1827 (100.0)
Old-Old (80+)	97 (12.5)	269 (34.7)	352 (45.4)	58 (7.5)	776 (100.0)
Sex					
Male	138 (4.9)	727 (25.9)	1624 (57.9)	316 (11.3)	2805 (100.0)
Female	172 (4.9)	1025 (29.1)	2010 (57.0)	317 (9.0)	3524 (100.0)
Place of residence					
Rural	235 (4.9)	1323 (27.5)	2718 (56.6)	528 (11.0)	4804 (100.0)
Urban	75 (4.9)	429 (28.1)	60.1 (916)	105 (6.9)	1525 (100.0)
Division					
Barishal	37 (10.2)	130 (35.9)	136 (37.6)	59 (16.3)	362 (100.0)
Chattogram	35 (3.1)	508 (44.4)	544 (47.5)	58 (5.1)	1145 (100.0)
Dhaka	108 (5.1)	575 (27.4)	1329 (63.2)	90 (4.3)	2102 (100.0)
Khulna	18 (2.4)	204 (27.1)	515 (68.4)	16 (2.1)	753 (100.0)
Rajshahi	73 (8.4)	90 (10.3)	562 (64.4)	147 (16.9)	872 (100.0)
Rangpur	14 (1.9)	96 (12.9)	386 (51.7)	251 (33.6)	747 (100.0)
Sylhet	25 (7.2)	149 (42.8)	162 (46.6)	12 (3.4)	348 (100.0)
Total	**310 (4.9)**	**1752 (27.7)**	**3634 (57.4)**	**633 (10.0)**	**6329 (100.0)**

5.4 Healthcare-seeking behaviour

5.4.1 General healthcare-seeking behaviour

Healthcare seeking behaviour of the older population is presented in Table 5.9.The study found that most of the older people who were sick consulted with physicians (97.5%). In most cases, they consulted with qualified allopaths (98.6%) and remaining consulted with homeopaths (3.9), *Kabiraj* (2.3), spiritual/*jhar-fuk* (1.6%), and ayurvedic (0.5%).

The older people received healthcare from Government health facilities such as Upazila health complex (19.5%), district hospital (12.7%), Government medical college hospital (10.9%), community clinic (4.9%), and health and family welfare centre (4.0%). Only one percent of the older people received healthcare from non-governmental facilities. However, pharmacy (79.9%), doctor's chamber (52.7%), and private hospital (13.6%) were the major three private facilities from where older people received treatment during illness (Table 5.9). Figure 5.2 shows the differentials of receiving treatment from government health facilities by age, sex, and place of residence.

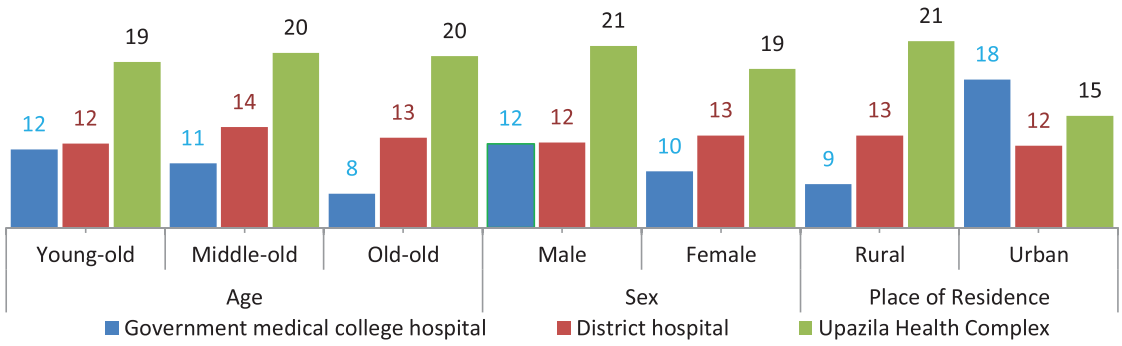
It was found that among all respondents, only 2.5 percent did not seek treatment or took medicine for illness. The reasons for not seeking treatment were money problem (54.1%), did not feel the need for treatment (40.1%), too costly (31.8%), did not understand the necessity of treatment (9.6%), not used to taking treatment (5.1%), cannot move (2.5%), and no one to go with (2.5%). Other reasons for not taking treatment were transport problems, poor treatment, did not know how to go, did not get enough time to go, and fear (Table 5.9).

Table 5.9: General healthcare-seeking behaviour of older people

Healthcare-seeking behaviour	Number of responses (%)
Sought treatment or took medicine fordiseases or illness	
Yes	6172 (97.5)
No	157 (2.5)
Type of Medicine [a]	
Allopathic	6086 (98.6)
Homeopathic	239 (3.9)
Ayurvedic	28 (0.5)
Kabiraj	139 (2.3)
Addhyatic/jhar-fuk	101 (1.6)
Number of respondents	6172
Type of facility[a]	
Government facilities	
Government medical college hospital	669 (10.9)
Specialised government hospital	233 (3.8)
District hospital	779 (12.7)
Upazila Health Complex	1197 (19.5)
Health and Family Welfare Centre	247 (4.0)
Community clinic	302 (4.9)
Others government facilities	11 (0.2)
Non-government facilities	
NGO clinic	55 (0.9)
Others NGO facilities	4 (0.1)
Private facilities	
Private hospital	838 (13.6)
Doctor's chamber	3236 (52.7)
Pharmacy	4909 (79.9)
The private medical college hospital	26 (0.4)
Village Doctor	278 (4.5)
Grocery shop	52 (0.8)
Others	46 (0.7)
Reasons for not seeking treatment (n=157) [a]	
Do not feel the need	63 (40.1)
Do not understand the necessity of treatment	15 (9.6)
Cannot move	4 (2.5)
Not used to taking treatment	8 (5.1)
Too costly	50 (31.8)
Money problem	85 (54.1)
Transport problem	3 (1.9)
No one to go with me	4 (2.5)
Poor treatment	1 (0.6)
Get better treatment at home	1 (0.6)
Do not know how to go	1 (0.6)
Do not get enough time to go	2 (1.3)
Fear	3 (1.9)
Others	6 (3.8)
Total	**6145 (100.0)**

[a] Multiple responses

Figure 5.2: Differentials of older population's receiving status of treatment from government health facilities (%)



5.4.2 Eye and hearing-related care-seeking behaviour

Table 5.10 presents the eye and hearing-related care-seeking behaviour of the older population. It was found that 38.1 percent of the respondents use eyeglasses. Among those who were not using eyeglasses, 65.7 percent mentioned that using eyeglasses was necessary. Among those who were not using eyeglass but considered using glass necessary mentioned several reasons for not using eyeglass such as money problem (83.6%), too costly (40.4%), did not understand its necessity (11.3%), too far (6.8%), transport problem (2.4%), and no one to go with them (1.9%).

Only 3.2 percent of respondents were using a hearing aid. Among those who were not using a hearing aid, 28.0 percent believed that using hearing aid would have been useful. The reasons for not using the hearing aid were money problem (66.7%), too costly (48.8%), did not understand its necessity (20.2%), the hearing problem was considered as a common problem at an older age (8.3%), too far (7.1%), fear (3.6%), and no one to go with them (1.2%)(Table 5.10).

Table 5.10: Eye and hearing-related care-seeking behaviour among older people

Variables	Number of respondents (%)
Use of eyeglass (n=2415)	
Yes	921 (38.1)
No	1494 (61.9)
Use of eyeglass is necessary (n=1494)	
Yes	981 (65.7)
No	414 (27.7)
No idea about eyeglass	99 (6.6)
Reasons for not using eyeglass (n=918)[a]	
Too costly	394(40.4)
Money problem	815 (83.6)
Do not understand its necessity	110 (11.3)
Too far	66 (6.8)
Transport problem	23 (2.4)
No one to go with me	19 (1.9)
Use of hearing aid (n=310)	
Yes	10 (3.2)
No	300 (96.8)
Use of hearing aid is necessary (n=300)	
Yes	84 (28.0)
No	90 (30.0)
No idea about hearing aid	126 (42.0)
Reasons for not using a hearing aid (n=84)[a]	
Do not understand its necessity	17 (20.2)
Too costly	41 (48.8)
Money problem	56 (66.7)
Too far	6 (7.1)
No one to go with me	1 (1.2)
It's a general problem at this age	7 (8.3)
Fear	3 (3.6)
Others	2 (2.4)

[a]Multiple responses

Quantitative findings showed that most of the older people were suffering from multiple diseases, and most of them sought treatment. It was found that financial hardship is the main reason for those who did not seek treatment. Nevertheless, in qualitative findings, the vulnerability of the older population regarding access to health care was even more pronounced. For instance, older people had to look for family support and social support for health care services.

Have to look for family support for health care services

The older people had to take family support for access to health care. One older man from Chattogram mentioned that when he became sick, his brother helped him in taking to the doctor. He also received help from his son during sickness for going to the doctor. The need for family support is even higher for disabled older adults. For instance, one disabled older man from the Dhaka Division reported,

> *"My family members help me to go to the doctor whenever I need….this is a big help for me…they also give me financial support…giving accompany for going to the Orthopaedic Hospital (Pongu hospital) is a big mental support for me…if I had no child, I would have to take help from other people."*

In contrast, there is also evidence of not getting family support during sickness despite their needs. For instance, one older woman from Chattogram Division (FGD participant) mentioned,

> *"I do not get any support from my family members during sickness…daughters are married…sons do not look after me…my husband has passed away…no one looks after me…I am passing a very miserable life."*

Seek social support for health care services

Qualitative findings also showed that older people need social support for health care services. They seek support from relatives, community people, doctors, and neighbours. One older woman from the Rangpur Division mentioned,

> *"My neighbours come to my house whenever I feel sick…I am truly speaking; they provide food (fruits) during my sickness whenever I need."*

Another older man from the Barisal Division who has no child stated,

> *"My relatives come to visit me during my illness…I do not have any child…usually my nephews take me to the doctors…sometimes I also receive help from the children of my brother-in-law."*

Financial issue matters first to get access to health care services

Qualitative findings showed that older people had financial hardship in getting access to health care services. In general, older people mentioned that they had less money for a check-up, seeking proper care, undergoing an operation, and buying medicine. The financial vulnerability of one female respondent from Chattogram Division was expressed as follows:

> *"When I become sick, I take medicines sometimes…sometimes I do not take medicine…I take medicine if I get it free of cost…I even cannot go to Kabiraj (traditional healer) because they also want money…I do not go to any doctor or Kabiraj for proper treatment since I do not have money."*

One older woman from the Dhaka Division (FGD participant) said,

> *"I have a cataract in my eyes…there are stones inside the cataract…I need a total of Tk. 30,000 for the surgery…but I cannot undergo eye surgery due to lack of money."*

No one to take care of and negligence of hospital authority

According to the findings of the qualitative study, some older people mentioned that they have no one to look after them, and sometimes they become neglected from the doctors as well as from the authority of the hospitals. For instance, one older woman from the Chattogram Division reported,

> *"I have many problems…I have no one to take care of me during sickness…I cannot buy medicine."*

One male key informant from the urban area of the Rangpur Division shared his experience of the negligence of hospital authority. He took an older patient to the Rangpur medical college hospital for bone-related treatment. But his patient did not get proper treatment. The key informant mentioned that this was the case for all other patients. Besides, the authority of the hospital did not behave well with the patients. He specified that ward boys, nurses, and even doctors do not behave well with patients. He was very concerned about this poor-quality service of the hospital.

Less information about the health care facility and availability

Qualitative findings also revealed that some older people do not know properly about the health care facility and the availability of this facility. For example, one male key informant from the Chattogram Division mentioned that there is no specialised hospital for older people in their locality. The district hospital is the only source of treatment for everyone in this area.On the other hand, the Government has established several community clinics throughout the country, but the availability of medicines is not adequate. For example, one older woman from the Rajshahi Division reported,

> *"The government has established the Community Clinics for providing health care services…we take the trouble of going there by walking…but they only give us few Paracetamol tablets…we are not getting quality medicine which is required for us."*

5.5 Mental health status

5.5.1 Levels of anxiety among older people

Several scales were used in this study to assess the state of psychosocial problems among older people. For instance, *geriatric anxiety scale* consists of six (6)'Yes/No' items designed to assess typical common anxiety symptoms such as whether worry a lot of time, whether little things bother a lot, think himself/herself a worrier, often feel nervous, own thoughts make anxious and satisfied about own life. It was found that 52.6 percent of the respondents were worried a lot of the time, 50.4 percent reported that little things bothered them a lot, 37.2 percent though themselves as worriers, 41.4 percent often felt nervous, 52.0 percent became anxious due to their thoughts, and 68.2 percent were satisfied with their lives (Table 5.11).

Table 5.11: Older population's opinion on statements used in the Geriatric Anxiety Scale

Statements	Yes n (%)	No n (%)	Total n (%)
I worry a lot of the time	3331 (52.6)	2998 (47.4)	6329 (100.0)
Little things bother me a lot	3191 (50.4)	3138 (49.6)	6329 (100.0)
I think of myself as a worrier	2352 (37.2)	3977 (62.8)	6329 (100.0)
I often feel nervous	2622 (41.4)	3707 (58.6)	6329 (100.0)
My own thoughts often make me anxious	3290 (52.0)	3039 (48.0)	6329 (100.0)
I am satisfied about my life	4319 (68.2)	2010 (31.8)	6329 (100.0)

Analysis of the geriatric anxiety scale (measured in terms of mean and standard deviation) across the respondent's background characteristics are presented in Table 5.12. It was revealed that with increasing age, older people's anxiety was increasing. Similarly, older people in the lower wealth quintiles were found to have higher levels of anxiety as compared to those in the higher wealth quintiles. The older women had higher anxiety than older men. The older people living in the Barishal Division had more anxiety than older people living in any other Division.

Table 5.12: Differential levels of Geriatric Anxiety Scale of the older people

Variables	GA Scale Average Score (SD)	Number of respondents	p-value
Age group			0.000
Young-Old (60-69)	2.6 (2.3)	3726	
Middle-Old (70-79)	2.7 (2.4)	1827	
Old-Old (80+)	2.9 (2.5)	776	
Sex			0.000
Male	2.4 (2.3)	2805	
Female	2.9 (2.3)	3525	
Residence			0.724
Rural	2.7 (2.4)	4804	
Urban	2.6 (2.2)	1525	
Wealth index			0.000
Poorest	3.4 (2.3)	1265	
Second	3.0 (2.4)	1262	
Middle	2.4 (2.4)	1272	
Fourth	2.1 (2.2)	1260	
Richest	2.3 (2.2)	1270	
Division			0.000
Barishal	3.8 (2.3)	362	
Chattogram	2.2(2.3)	1145	
Dhaka	2.8 (2.1)	2102	
Khulna	2.4 (2.6)	753	
Rajshahi	2.7 (2.6)	872	
Rangpur	2.4 (2.5)	747	
Sylhet	2.9 (1.9)	348	
Total	**2.7 (2.3)**	**6329**	
Cronbach's alpha: 0.88; Items: 6; higher number reflects more anxiety			

5.5.2 Level of depression among older People

The Geriatric Depression Scale (GDS) has been extensively used among the older population to measure their depression. The GDS used in this study was a 14-item questionnaire. The GDS questions were answered 'yes' or 'no' instead of a five-category response set. This simplicity enables the scale to be used with ill or moderately cognitive impaired individuals. The scale was commonly used as a comprehensive geriatric depression assessment.

Table 5.13 presents older people's opinions on statements used in the Geriatric Depression Scale. It was found that 73.0 percent of the older people had dropped many of their activities and interests, 60.9 percent preferred to stay at home, rather than going out and doing new things, 49.5 percent thought that most people were better off than them, 49.6 percent felt they had more problems with memory than others, 45.2 percent often felt helpless, 45.6 percent often got bored, 43.9 percent thought their situation was hopeless, 43.2 percent think they are pretty worthless the way they are now, 41.9 percent were afraid that something bad was going to happen to them, 40.3 percent felt that their lives were empty. Besides, 34.5 percent of the respondents mentioned that they were not in good spirits most of the time, 37.0 percent were not feeling happy most of the time, 33.5 percent thought it was not wonderful to be alive then, and 73.9 percent did not feel full of energy.

Table 5.13: Older people's opinion on statements used in the Geriatric Depression Scale

Statements used in GDS	Yes n (%)	No n (%)	Total n (%)
I have dropped many of my activities and interests	4619 (73.0)	1709 (27.0)	6328 (100.0)
I feel that my life is empty	2548 (40.3)	3781 (59.7)	6329 (100.0)
I often get bored	2886 (45.6)	3440 (54.4)	6326 (100.0)
I am in good spirits most of the time	4144 (65.5)	2185 (34.5)	6329 (100.0)
I am afraid that something bad is going to happen to me	2651 (41.9)	3678 (58.1)	6329 (100.0)
I feel happy most of the time	3988 (63.0)	2341 (37.0)	6329 (100.0)
I often feel helpless	2859 (45.2)	3467 (54.8)	6326 (100.0)
I prefer to stay at home, rather than going out and doing new things	3854 (60.9)	2473 (39.1)	6327 (100.0)
I feel I have more problems with memory than others	3135 (49.6)	3192 (50.5)	6327 (100.0)
I think it is wonderful to be alive now	4210 (66.5)	2118 (33.5)	6328 (100.0)
I feel pretty worthless the way I am now	2734 (43.2)	3594 (56.8)	6328 (100.0)
I feel full of energy	1651 (26.1)	4678 (73.9)	6329 (100.0)
I feel that my situation is hopeless	2775 (43.9)	3554 (56.2)	6329 (100.0)
I think that most people are better off than I am	3133 (49.5)	3196 (50.5)	6329 (100.0)

Analysis of the geriatric depression scale shows that among demographic factors, higher age (old-old) and being female was significantly associated with higher depression than younger age and being male, respectively (Table 5.14). The table also shows that the lower wealth index was significantly associated with higher depression among older people. Moreover, older people living in the Rajshahi were associated with a higher level of depression compared to other Divisions. On the other hand, the depression level of respondents was lower in the Chattogram Division (Table 5.14).

Table 5.14: Differential levels of Geriatric Depression Scale of the older people

Variables	GDS Scale Average score (SD)	Number of respondents	p-value
Age group			0.000
Young-Old (60-69)	6.2 (4.4)	3726	
Middle-Old (70-79)	7.2 (4.6)	1827	
Old-Old (80+)	8.0 (4.7)	776	
Sex			0.000
Male	5.9 (4.5)	2805	
Female	7.4 (4.5)	3525	
Residence			0.217
Rural	6.8 (4.6)	4804	
Urban	6.6 (4.4)	1525	
Wealth index			0.000
Poorest	8.5 (4.5)	1265	
Second	7.4 (4.6)	1262	
Middle	6.3 (4.5)	1272	
Fourth	5.7 (4.4)	1260	
Richest	5.7 (4.1)	1270	
Division			0.000
Barishal	6.6 (4.0)	362	
Chattogram	5.9(4.3)	1145	
Dhaka	6.9 (4.0)	2102	
Khulna	6.5 (5.9)	753	
Rajshahi	7.7 (5.1)	872	
Rangpur	6.5 (4.9)	747	
Sylhet	6.6 (3.2)	348	
Total	**6.7 (4.6)**	**6329**	
Cronbach's alpha: 0.91; Items: 14; higher number reflects more depression			

5.5.3 Level of loneliness among older people

The older people's loneliness was measured using the De Jong Gierveld (DJG) loneliness scale, which was comprised of 5-item questions with 'yes' and 'no' options for the respondents. It was found that 72.4 percent older people mentioned that there were plenty of people they could rely on when they have problems, 73.3 percent had many people they could trust completely, 78.0 percent had enough

people they felt close to, 18.7 percent missed people having around, and 21.3 percent felt rejected (Table 5.15).

Table 5.15: Older people's opinion on statements used in De Jong Gierveld (DJG) Loneliness Scale

Statements	Yes n (%)	No n (%)	Total n (%)
There are plenty of people I can rely on when I have problems	4578 (72.4)	1749 (27.6)	6327 (100.0)
There are many people I can trust completely	4640 (73.3)	1687 (26.7)	6327 (100.0)
There are enough people I feel close to	4934 (78.0)	1393 (22.0)	6327 (100.0)
I miss having people around	1165 (18.4)	5162 (81.6)	6327 (100.0)
I often feel rejected	1345 (21.3)	4982 (78.3)	6327 (100.0)

Analysis of the Gierveld Loneliness Scale among the respondents showed that the old-old older people (80+) had the highest level of loneliness than the young-old and the middle-old older people. The older women were found to be more lonely than older men.It was found that the lower wealth index was significantly associated with higher levels of loneliness among older people.However, the level of loneliness was almost the same in all Divisions,with few exceptions. For example, in the Rajshahi Division, older people had the highest level of loneliness compared to other Divisions (Table 5.16).

Table 5.16: Differential levels of DJG loneliness scale among the older population

Variables	DJG Scale Average score (SD)	Number of respondents	p-value
Age group			0.000
Young-Old (60-69)	1.1 (1.7)	3726	
Middle-Old (70-79)	1.2 (1.8)	1827	
Old-Old (80+)	1.4 (1.9)	776	
Sex			0.000
Male	1.0 (1.6)	2805	
Female	1.3 (1.8)	3525	
Residence			0.097
Rural	1.2 (1.8)	4804	
Urban	1.1 (1.6)	1525	
Wealth index			0.000
Poorest	2.0 (2.0)	1265	
Second	1.4 (1.9)	1262	
Middle	0.9 (1.6)	1272	
Fourth	0.8 (1.5)	1260	
Richest	0.7 (1.2)	1270	
Division			0.000
Barishal	1.2 (1.6)	362	
Chattogram	0.8 (1.4)	1145	
Dhaka	1.0 (1.4)	2102	
Khulna	1.1 (1.9)	753	
Rajshahi	1.9 (2.2)	872	
Rangpur	1.5 (2.0)	747	
Sylhet	0.8 (1.2)	348	
Total	**1.2 (1.7)**	**6329**	
Cronbach's alpha: 0.88; Items: 5; higher number reflects more loneliness			

5.6 Status of health-related quality-of-life

The health-related quality-of-life (HRQoL) was measured through a combination of 21-item questions with a five-point scale.The older people's opinion on the statements related to the HRQoL scale is presented in Table 5.17. It was found that about one-third of the respondents compared their health with other people of the same ages as poor or very poor, and only one-fourth compared the same as good or very good. Besides, one-third of the total respondents faced much/very much difficulty in performing daily activities and sleeping. Similarly, one-third of the total respondents faced

difficulties quite often or always in performing everyday work, was not able to remember things, felt generally tired, felt difficulty in bending, suffered from pain, generally felt worried, and was worried about money. Also, one-fifth of the older people were able to provide support to others. Regarding decision making roles in the family, 34.1 percent always had a decision-making role in the family, 20.6 percent had quite often. 28.8 percent sometimes had, 10.5 percent seldom had, and 6.1 percent never had a role in the decision-making process.

The average score of health-related quality-of-life scale is presented in Table 5.18. Overall, it was found that the young-old older (60-69) population had better health-related quality-of-life than the middle-old and old-old. The older men had better health-related quality-of-life than older women. Similarly, older people living in rural areas had better health-related quality-of-life than those who are living in urban areas. The older people who belong to the richest wealth quintile and have some education had more health-related quality-of-life than others. According to the Division specific analysis, older people living in the Dhaka and Chattogram were associated with a higher level of health-related quality-of-life than other Divisions.

Table 5.17: Older people's opinion on statements used in health-related quality-of-life (HRQoL) scale

Statements	Very poor n (%)	Poor n (%)	Same n (%)	Good n (%)	Very good n (%)	Total n (%)
I compare my own health with other people of my age as:	212 (3.4)	1964 (31.1)	2560 (40.5)	1534 (24.3)	59 (1.0)	6329 (100.0)
	Very much	**Much**	**A little**	**Very little**	**Not at all**	**Total**
I face problem associated with pain when performing daily activities	537 (8.5)	1594 (25.2)	3153 (49.3)	904 (14.3)	131 (2.1)	6319 (100.0)
I face difficulty in sleeping	237 (3.7)	1029 (16.3)	2887 (45.6)	1529 (24.2)	647 (10.2)	6329 (100.0)
I think that religious activities bring me peace	3777 (59.7)	1464 (23.1)	965 (15.3)	60 (1.0)	62 (1.0)	6328 (100.0)
	Always	**Quite often**	**Sometimes**	**Seldom**	**Never**	**Total**
I face difficulties in performing everyday work(both paid/unpaid work) for health reasons	634 (10.1)	1589 (25.1)	3022 (47.8)	904 (14.3)	175 (2.8)	6324 (100.0)
I am able to remember things	501 (7.9)	1807 (28.6)	2953 (46.7)	995 (15.7)	73 (1.2)	6329 (100.0)
I generally feel tired	718 (11.4)	1801 (28.5)	3090 (48.8)	674 (10.7)	45 (1.0)	6328 (100.0)
I feel difficulty in bending	575 (9.1)	1462 (23.1)	2900 (45.8)	1183 (18.7)	206 (3.3)	6326 (100.0)
I am able to provide support to others	293 (4.6)	959 (15.2)	2132 (33.7)	1693 (26.8)	1249 (19.7)	6326 (100.0)
I have decision-making role in the family	2147 (34.1)	1296 (20.6)	1813 (28.8)	660 (10.5)	387 (6.2)	6303 (100.0)
I feel I am a burden on my family members	435 (6.9)	637 (10.1)	1586 (25.1)	1611 (25.5)	2060 (32.6)	6329 (100.0)
I suffer from pain	661 (10.5)	1699 (26.9)	2909 (46.0)	945 (15.0)	113 (1.8)	6327 (100.0)
I generally feel worried	735 (11.6)	1476 (23.3)	2368 (37.4)	1322 (20.9)	425 (6.7)	6326 (100.0)
I feel sad	706 (11.2)	1213 (19.2)	2521 (39.9)	1397 (22.1)	490 (7.7)	6327 (100.0)
I do offer prayers	3733 (59.0)	1535 (24.3)	868 (13.7)	141 (2.2)	51 (1.0)	6328 (100.0)
I have worries about money	587 (9.3)	1372 (21.7)	2831 (44.8)	1050 (16.6)	487 (7.7)	6327 (100.0)
I have cash money in hand	538 (8.5)	852 (13.5)	3046 (48.2)	1493 (23.6)	398 (6.3)	6327 (100.0)
	Very dissatisfied	**Dissatisfied**	**A little**	**Satisfied**	**Very satisfied**	**Total**
I am satisfied regarding support from family members	128 (2.0)	452 (7.2)	2321 (36.9)	2859 (45.4)	538 (8.5)	6298 (100.0)
I am satisfied regarding my relationship with family members	132 (2.1)	363 (5.8)	1964 (31.2)	3242 (51.5)	596 (9.5)	6297 (100.0)
	Very unhappy	**Unhappy**	**A little**	**Happy**	**Very happy**	**Total**
I am satisfied regarding my ability to support others	462 (7.3)	1223 (19.4)	2777 (43.9)	1630 (25.8)	229 (3.6)	6321 (100.0)
	An extreme amount	**Very much**	**A little**	**Little**	**Not at all**	**Total**
I feel discomfort during the winter, summer and monsoon seasons	904 (14.3)	1872 (29.6)	2846 (45.0)	576 (9.1)	129 (2.1)	6327 (100.0)

Table 5.18: Differential levels of health-related quality-of-life of the older people

Variables	HRQoL Scale Average score (SD)	Number of respondents	p-value
Age group			0.000
Young-Old (60-69)	46.6 (10.0)	3726	
Middle-Old (70-79)	44.1 (11.1)	1827	
Old-Old (80+)	39.9 (12.4)	776	
Sex			0.000
Male	47.8 (11.0)	2805	
Female	42.9 (10.3)	3525	
Residence			0.000
Rural	44.7 (10.8)	4804	
Urban	46.1 (11.0)	1525	
Wealth index			0.000
Poorest	41.0 (10.7)	1265	
Second	43.9 (11.1)	1262	
Middle	45.6 (10.4)	1272	
Fourth	46.2 (10.5)	1260	
Richest	48.6 (10.4)	1270	
Education			0.000
No education	43.1 (10.4)	4386	
Have some education	49.4 (10.8)	1943	
Division			0.000
Barishal	49.3 (11.6)	362	
Chattogram	46.1 (9.3)	1145	
Dhaka	46.1 (10.4)	2102	
Khulna	43.3 (10.0)	753	
Rajshahi	44.9 (11.8)	872	
Rangpur	40.5 (12.2)	747	
Sylhet	44.9 (10.7)	348	
Total	**45.1 (10.9)**	**6329**	
Cronbach's alpha: 0.88; Items: 21			

This study also collected mental health-related issues through the qualitative approach to triangulate the findings. The findings of the qualitative data also show that older people have significant mental health issues. These findings are presented below:

Endure enormous mental pressure about current and future situation

The quantitative results reflected that majority of the older population, irrespective of gender, was suffering from mental depression such as feeling worried about their future, worried about their livelihood, and concerned about the future of their children. Interestingly, the qualitative findings depicted a similar picture as quantitative findings regarding the mental health status of the older population. For instance, one older woman from the Chattogram Division reported,

> *"I have unlimited worries about my life…my husband cannot do work …there is no single person to earn for my family…these intensive tensions and worries are the leading cause of my headache".*

The older persons who were living alone faced more vulnerability regarding mental health status. For example, in our qualitative analysis one older woman from the Rangpur Division who was living alone mentioned,

> *"I have no land to live…I have neither son nor home to live…I am living with my grandson…I think that he will not take care of me in the future… since I am living alone so I always feel worried that nobody will notice me after my death".*

Suffer from the self-inferiority complex at old-age

The older population suffered from the self-inferiority complex at old-age due to their lack of capability to work and earn, disability, and widowhood. They also suffered from inferiority due to

disrespect from family and not getting value for their opinion. For instance, in a case study of an older woman from the urban area of Dhaka, it was found that she did not get attention from her society due to being poor, and she believed that if she were rich, then she would have got much respect and attention from others. One older disabled man from the rural area in the Dhaka Division mentioned that he could not do anything due to disability and felt bad most of the time. His family members tried to give him support, but sometimes they became angry upon him. He understood this situation, but he had nothing to do to reduce the burden of his caregivers. The older man further added,

> *"Now I feel my life is meaningless…I have to live in inferiority than others because I cannot work and cannot earn…cannot earn my livelihood…".*

In some cases, the inferiority complex among older women was even higher than their male counterparts due to their wide range of vulnerability, including widowhood and lack of savings and property. One older woman from the Sylhet Division expressed her feelings in terms of inferiority complex as follows in her words:

> *"People do not show respect to those older women whose husbands are not alive…their opinions have no value to others…children think that parents have become aged…now they do not understand anything."*

Social exclusion/isolation/loneliness

The older people also suffered from social exclusion, isolation, and loneliness due to several reasons such as lack of relatives' visits due to fear of giving money, not getting invitation of marriage and other occasions, and lack of capability to visit relatives due to financial hardship and lack of accompanying. One older woman from the Barishal Division (FGD participant) mentioned,

> *"I cannot visit my brothers whenever I want due to lack of money…we also cannot go to watch a movie at the cinema hall due to lack of facilities for women in rural area…I also do not receive an invitation from anyone during marriage and other occasions."*

One older woman from the Barishal Division expressed her level of loneliness in her words:

> *"I wish I could go outside for visiting friends and families…but where will I go…I have no relatives…I am the only child of my parents…I do not have brothers and sisters…even I do not have an uncle or aunt…even my father has passed away."*

Chapter - 6

Control over Life and Resources

Chapter-Six: Control over Life and Resources

6.0 Introduction

This chapter presents findings related to control over life and resources by older people. More specifically, control over life was presented in the form of older people's mobility status and decision making; and control over resources was presented based on information related to savings/insurance, property including homestead animals and ornaments, and earnings from others household property.

6.1 Older people's mobility status and decision making

Table 6.1 presents the older population's mobility and decision-making ability by selected background characteristics. The majority of respondents reported that they could do all the listed activities if desired. For instance, *going outside for a walk* and *visiting others* were the two most common activities that older people can do if desired (95.8% and 94.7%, respectively). *Going outside for shopping, going to the hospital, and spending money* were the three least mentioned activities (75.5%, 79.6%, and 80.6%, respectively) by the respondents, indicating that about one-fourth of the respondents cannot do these activities despite their willingness to do so.

There exists a difference between the proportions of men and women in being able to do certain activities on their own will. There remains a wide difference between men's and women's responses in being able to do all other activities on their own will except for two activities, namely *going outside for a walk* and *visiting others*. The highest difference between older men and women was observed in being able to *go outside for shopping* (93.7 among male respondents and 54.9% among female respondents).*Being able to spend money* and *going to hospital* come next where a high level of difference was observed between older men and women. There was not much difference in being able to do the listed activities between the young-old and the middle-old. The old-old people are much less able to do most of these activities as desired in comparison to the young-old and the middle-old people. There exist substantial differences between the young-old, middle-old and old-old in *going outside for shopping* (76.7%, 77.1%, and 65.1%, respectively), *going outside for social gathering* (85.9%, 84.2%, and 75.8%, respectively), *going to the hospital* (82%, 79.2%, and 68.6%, respectively), *spending money* (83.1%, 79.6%, and 70.5%, respectively), *making a decision on food* (88.6%, 84.8%, and 75.1%, respectively), and *making a decision on where to live* (91.6%, 88.4%, and 81.1%, respectively). The relationship between being able to do these activities and age was found highly significant. There exist some differences in being able to do some activities among different wealth quintiles. The highest difference was observed between the *poorest and the richest* in being able to decide *on food* (83.8% and 91.9%, respectively), *where to live* (86.8% and 94.6%, respectively), and *watching television* (76.5% and 86.8%, respectively). There was not much difference between rural and urban residents in being able to do these activities.

Table 6.1: Older population's mobility and decision-making ability by selected background characteristics

Types of activities	n (%)	Sex		Age			Place of residence		Wealth quintile				
		Male	Female	Young-Old	Middle-Old	Old-Old	Rural	Urban	Poorest	Second	Middle	Fourth	Richest
		n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Can go outside for													
Walk	5998	2690	3308	3615	1716	667	4565	1433	1209	1199	1201	1199	1190
	(95.8)	(97.1)	(94.80)	(97.7)	(94.9)	(88.6)	(96.1)	(94.8)	(97.0)	(96.1)	(95.3)	(96.2)	(94.4)
Prayer	5000	2668	2332	2948	1492	560	3878	1122	998	995	1028	1040	939
	(86.1)	(96.6)	(76.60)	(85.9)	(88.1)	(82.1)	(86.8)	(83.9)	(84.4)	(85.0)	(85.9)	(88.8)	(86.4)
Shopping	3872	2553	1319	2330	1165	377	2865	1007	798	751	748	759	816
	(75.5)	(93.7)	(54.90)	(76.7)	(77.1)	(65.1)	(74.9)	(77.3)	(75.4)	(74.7)	(72.6)	(76.4)	(78.5)
Social gathering	5216	2598	26189	3148	1507	561	3965	1251	997	1023	1051	1074	1071
	(84.2)	(93.9)	(76.40)	(85.9)	(84.2)	(75.8)	(84.5)	(83.2)	(80.7)	(83.4)	(84.1)	(87.2)	(85.6)
Hospital	4985	2509	2476	3032	1431	522	3803	1182	1033	987	992	998	975
	(79.6)	(90.4)	(70.90)	(82.0)	(79.2)	(68.6)	(80.0)	(78.2)	(82.8)	(79.2)	(78.7)	(79.8)	(77.4)
Can make decision for													
Spending money	4996	2522	2474	3052	1414	530	3744	1252	958	959	997	1013	1069
	(80.6)	(91.1)	(72.00)	(83.1)	(79.6)	(70.5)	(79.6)	(83.5)	(77.3)	(77.9)	(79.6)	(82.5)	(85.5)
Buying food by your own choice	5391	2602	2789	3279	1536	576	4047	1344	1047	1037	1061	1083	1163
	(85.9)	(93.5)	(79.80)	(88.6)	(84.8)	(75.1)	(85.0)	(88.6)	(83.8)	(83.0)	(83.9)	(86.6)	(91.9)
Living where you want to live	5611	2641	2970	3389	1599	623	4216	1395	1081	1088	1111	1136	1195
	(89.4)	(94.9)	(85.10)	(91.6)	(88.4)	(81.1)	(88.6)	(92.1)	(86.8)	(86.8)	(88.0)	(90.8)	(94.6)
Visiting others outside if have ability	5957	2708	3249	3558	1707	6929	4512	1445	1189	1174	1178	1190	1226
	(94.7)	(97.2)	(92.70)	(96.0)	(94.1)	(89.9)	(94.5)	(95.4)	(94.9)	(93.6)	(93.0)	(95.0)	(97.0)
Wearing cloths by your own choice	5104	2462	2642	3042	1484	578	3886	1218	1016	994	1021	1013	1060
	(81.2)	(88.3)	(75.60)	(82.2)	(81.9)	(75.1)	(81.5)	(80.3)	(81.3)	(79.4)	(80.6)	(80.9)	(83.8)
Attending any religious programmes	5105	2603	2502	3079	1490	536	3901	1204	1005	1000	1029	1019	1052
	(84.6)	(94.7)	(76.2)	(86.2)	(85.3)	(75.0)	(85.4)	(82.2)	(83.8)	(83.5)	(84.3)	(85.2)	(86.3)
Watching television	4050	2023	2027	2536	1119	395	2905	1145	667	678	819	877	100
	(80.4)	(86.3)	(75.3)	(82.3)	(79.8)	(71.4)	(78.8)	(84.9)	(76.5)	(73.7)	(79.8)	(83.1)	(86.8)
Attending in cultural activities(song/fair/jatra))	2447	1532	915	1526	689	232	1859	588	402	467	518	524	536
	(58.0)	(75.0)	(42.0)	(59.3)	(57.5)	(51.4)	(57.0)	(61.3)	(49.3)	(53.7)	(58.2)	(62.7)	(66.1)

To get an overall assessment of the extent to which older people have the ability/freedom to do some activities (shown in Table 6.1) in their daily life we constructed a scale of their freedom in decision-making using all 13 items. The differentials of their freedom in the decision-making scale are presented in Table 6.2. In general, we found that older people had more freedom in decision-making. Overall, they score quite high in being able to do the activities on their own will on a scale ranging from 0 to 13. We noticed that the old-old people possessed the lowest freedom in decision-making (average 9.8), followed by the middle-old (average 10.8) and the young-old (average 11.1). This level of freedom in decision-making was found highly significant with the age group of older people. Men were found to have significantly higher freedom in decision making than women. Increasing wealth index was found to have greater freedom in decision making than lower wealth index. We found an almost similar level of freedom in decision making between rural and urban older people. Moreover, older people living in the Rajshahi Division had the highest level of freedom in decision making, whereas it was lowest in the Sylhet Division (Table 6.2).

Table 6.2: Levels of freedom in decision making by selected background characteristics

Variables	Decision-making scale Average score (SD)	Number of respondents	p-value
Age group			0.000
Young-Old (60-69)	11.1 (2.7)	3713	
Middle-Old (70-79)	10.8 (3.1)	1819	
Old-Old (80+)	9.8 (3.7)	772	
Sex			0.000
Male	12.0 (2.2)	2792	
Female	10.0 (2.4)	3512	
Residence			0.343
Rural	10.8 (3.0)	4785	
Urban	10.9 (2.9)	1519	
Wealth index			0.000
Poorest	10.7 (3.0)	1257	
Second	10.6 (3.2)	1257	
Middle	10.7 (3.2)	1268	
Fourth	11.0 (2.9)	1255	
Richest	11.2 (2.7)	1267	
Division			0.000
Barishal	10.9 (2.8)	358	
Chattogram	10.9 (2.9)	1140	
Dhaka	10.5 (3.2)	2095	
Khulna	11.3 (2.8)	750	
Rajshahi	11.4 (2.8)	866	
Rangpur	11.1 (2.7)	747	
Sylhet	10.0 (3.3)	348	
Total	**10.8 (3.0)**	**6304**	
Cronbach's alpha: 0.88; Range: 0-13			

Quantitative findings showed that the majority of older people had much higher control over their life measured in terms of mobility. We also found similar evidence from qualitative results. For example, one male key informant from the Chattogram Division mentioned that in their area,older people could go wherever they want to. In this case, they have to inform their children in advance so that their children can arrange their movement. However, in some cases, freedom of older people was largely determined by the extent to which they were socioeconomically dependent on others. If their socioeconomic condition is not good, then they cannot always move as they desire.

In quantitative findings, we noticed that older people had substantial participation in the decision-making process on various issues such as attending in cultural activities, watching television, spending money, buying food by their own choice, and living where they want to live. In contrast to the quantitative findings, qualitative findings showed that older people were ignored in most cases

in making various decisions at family levels. Thus, they had very limited to no participation in the decision-making process. One key informant (male) from the Sylhet division mentioned that daughters-in-law believe that their mothers-in-law are aged now, and hence their knowledge has declined now. For this reason, they think that there is no need to consult with older women for anything. Similarly, another key informant from the Sylhet Division said,

> *"Family members consider that the knowledge and intellectuality of older people are lower compared to others…for this reason, their opinion is valueless…besides, widowed are not given importance in any way by their daughters-in-law…even they do not ask anything to their mothers-in-law".*

6.2 Older people's control over their resources

Table 6.3 presents older people's control over their resources by selected background characteristics. Among all respondents, 52.9 percent had ownership of property. The percentage of having property was highest among the middle-old older people, followed by the young-old and the old-old older people. Most importantly, among older men, 82.8 percent had ownership of property, whereas, among older women, only 29.7 percent had ownership of property. Besides, the percentage of having property was higher in rural areas than urban areas among older people.

Concerning the control over savings, property, and earning, it was found that the majority of the older people have control over these three things. For instance, 53.1 percent of older people had control over their savings, and the old-old older people had the lowest control over their savings than two other age categories of the older people. Similarly, older women had lower control over their savings than older men. On the other hand, older people in rural areas have lower control over their savings than older people in urban areas. Among those who had control over their savings, overall, 92.8 percent had total control over their property. The degree of control over savings by age groups, sex, and residence was found to be similar to the pattern of control over their savings (Table 6.3).Concerning property ownership, 89.1 percent of older people had control over their property. Among them, the old-old older people had the lowest percentage regarding control over their property. Similarly, older women had a lower rate of control over their property than older men (Table 6.3).

The qualitative findings showed that the majority of older people did not have any assets, property, and savings. It should be mentioned that the reason for not having any assets/property and saving among some older women was that those were owned either by husbands or children. A case study of an older woman from the Barisal Division said,

> *"I do not have any land by my name…my children cultivate my husband's land…I do not get any benefits from those land."*

However, among those who had assets and savings, qualitative findings showed that most were having several problems/difficulties in control and maintaining those assets. For instance, one female FGD participant mentioned,

> *"I have property and savings, but I cannot control those….daughter-in-law always tries to dominate…sons control those assets…I do not have anything to say".*

There was also evidence of taking assets forcibly by family members and other relatives. For example, a case study of an older woman in the Khulna Division described that her husband had about four to five *Bighas* land in another area named *Jibon Nagar,* which was located in another village. *Debibar,* one of her distant relatives from her husband's side, had taken control of those land. Now they have made *pucca* houses and very influential as well. For these reasons, she cannot take control of her husband's land.

Table 6.3: Older people's control over their resources by selected background characteristics

Control over resources	All n (%)	Age			Sex		Place of residence	
		Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Male n (%)	Female n (%)	Rural n (%)	Urban n (%)
Ownership of property	3351 (52.9)	1834 (49.5)	1088 (59.9)	429 (55.4)	2311 (82.8)	1040 (29.7)	2621(54.8)	730 (48.3)
Control over the following (Yes)								
Savings/insurance	1082 (53.1)	649(55.5)	327 (54.1)	106 (39.7)	649(65.9)	433 (41.6)	781 (50.6)	301 (60.7)
Property including homestead/animals/ornaments	4294 (89.1)	2560 (91.0)	1268 (88.1)	466 (81.9)	2469(96.4)	1825 (80.8)	3329 (89.0)	965 (89.4)
Earning from others household property	2719 (81.0)	1620(83.5)	819 (80.8)	280 (69.0)	1699(92.2)	1020 (67.2)	2124 (81.1)	595 (80.4)
Degree of control over savings/insurance								
Totally	1005 (92.8)	604 (93.1)	309 (94.5)	92 (86.8)	615 (94.8)	390 (90.07)	727 (93.10)	278 (92.36)
Partially	61 (5.6)	36 (5.5)	13 (4.0)	12 (11.3)	27 (4.1)	34 (7.8)	43 (5.5)	18 (5.9)
Very Little	16 (1.5)	9 (1.4)	5 (1.5)	2 (1.9)	7 (1.08)	9 (2.1)	11 (1.40)	5 (1.7)
Total	**1082 (100.0)**	**649 (100.0)**	**327 (100.0)**	**106 (100.0)**	**649 (100.0)**	**433 (100.0)**	**781 (100.0)**	**301 (100.0)**
Degree of control over the property including homestead/animals/ornaments								
Totally	3696 (86.1)	2209(86.3)	1106 (87.2)	381 (81.8)	2272 (92.0)	1424 (78.0)	2903 (87.2)	793 (82.2)
Partially	510 (11.9)	315 (12.3)	134 (10.6)	61 (13.1)	175 (7.1)	335 (18.4)	359 (10.8)	151 (15.6)
Very Little	88 (2.0)	36 (1.4)	28 (2.2)	24 (5.2)	22 (0.9)	66 (3.6)	67 (2.0)	21 (2.2)
Total	**4294 (100.0)**	**2560 (100.0)**	**1268 (100.0)**	**466 (100.0)**	**2469 (100.0)**	**1825 (100.0)**	**3329 (100.0)**	**965 (100.0)**
Degree of control over earning from another household property								
Totally	2388 (87.7)	1426 (88.0)	739 (90.1)	223 (79.6)	1578 (92.9)	810 (79.3)	1890 (88.9)	498 (83.7)
Partially	286 (10.5)	177 (10.9)	66 (8.0)	43 (15.4)	104 (6.1)	182 (17.8)	196 (9.2)	90 (15.1)
Very Little	47 (1.7)	18 (1.1)	15 (1.8)	14 (5.0)	47 (1.7)	14 (1.0)	30 (2.9)	40 (1.9)
Total	**2721 (100.0)**	**1621 (100.0)**	**820 (100.0)**	**280 (100.0)**	**1699 (100.0)**	**1022 (100.0)**	**2126 (100.0)**	**595 (100.0)**
Having any bank account	1476 (23.5)	748(20.2)	476 (26.2)	252 (32.7)	831 (29.7)	645 (18.4)	1114 (23.3)	362 (23.9)
The person maintaining this bank account								
Self	1316 (94.0)	656 (93.3)	441 (97.1)	219 (90.1)	760 (96.0)	556 (91.4)	1002 (94.6)	314 (92.1)
Someone else	84 (6.0)	47 (6.7)	13 (2.9)	24 (9.9)	32 (4.0)	52 (8.6)	57 (5.4)	27 (7.9)
Operate bank account by others the way I want	31 (88.6)	11 (91.7)	6 (85.7)	14 (87.5)	10 (83.3)	21 (91.3)	18 (85.7)	13 (92.9)
Areas of family decision making								
Taking up job, decision on study, marriage etc. of children/grand children	4819 (80.7)	2950(84.0)	1365(79.3)	504 (68.5)	2425(90.1)	2394 (73.1)	3599(79.6)	1220 (84.4)
Selling/buying of household property	4571 (81.4)	2729 (83.6)	1325 (80.8)	517 (72.8)	2382(92.9)	2189 (71.8)	3553(81.1)	1018 (82.7)
Religious activities homestead/animals/ornaments	5233 (88.1)	3158 (91.0)	1503 (87.0)	572 (77.3)	2558(95.4)	2675 (82.1)	3980(87.3)	1253 (90.7)
Health care of household members	4975 (83.3)	3069 (87.4)	1411 (81.6)	495 (68.0)	2494(92.2)	2481 (76.0)	3719(82.2)	1256 (86.9)

Chapter - 7

Abuse and Exploitation

Chapter-Seven: Abuse and Exploitation

7.0 Introduction

This chapter presents findings related to abuse and exploitation faced by older people. Findings related to abuse include many aspects of neglect, including restricted leisure time, doing quarrels without any reason, giving the silent treatment, not respecting opinion, saying something bad making feel guilty every time, and blaming without any reason. Exploitation related findings include ignoring in decision-making, not recognizing their daily activities, forcing to do physical activities beyond capacity, not returning loan without trouble, and allowing family members to spend own money due to fear.

7.1 Experiences of abuse and exploitation

Table 7.1 shows the older people's experiences of abuse and exploitation. It shows that 31.4 percent of respondents said that anybody quarrelled with them, 4.4 percent of respondents had heard the insulting words like fat, old, ugly, poor, etc. Regarding respect for their opinion, 82.3 percent of older people said that their opinion is honoured. Around 9 percent of respondents felt guilty when someone helped them in their needs like food, clothes, medicine, etc. A small number of respondents (2.4%) said that they felt restricted from visiting and mixing their grandchildren, 4.3 percent felt restricted due to not meeting with friends and relatives, and 80.3 percent of respondents said they felt restricted regarding enjoying their leisure time. Only 2.2 percent got physical attack, and 10.1 percent responded that they felt too much trouble for family, society, or relatives. Another 5.2 percent respondent said that they were blamed for the things for that they were not responsible, and 3.7 percent got threatened to abandon home.

On the other hand, in decision-making activities, 15.6 percent of respondents said that they become ignored, and 15 percent of respondents never get recognition of their daily activities. Again, a minor number (2.9 %) of respondents said that someone forced them to do physical activities beyond their capacity. Though family ties in Bangladesh are still strong, the result indicates that our older populations are more vulnerable to experience abuse and exploitation. (Table 7.1)

Table 7.1: Older people's experiences of abuse and exploitations

Types of abuse and exploitations	Yes n (%)	No n (%)	Total[a] n (%)
Abuse			
Anyone quarrelled with you at any reason	1970 (31.4)	4298 (68.6)	6268 (100.0)
Say something (fat, old, ugly, poor, etc.) that make you feel insulted	900 (14.4)	5367 (85.6)	6267 (100.0)
Do not respect your opinion	1104 (17.7)	5134 (82.3)	6238 (100.0)
Make you feel guilty every time they serve you to get your needs (food, clothes, medicine, etc.)	552 (8.9)	5631 (91.1)	6183 (100.0)
Blame you for things that you did not do	323 (5.2)	5912 (94.8)	6235 (100.0)
Restricts you from visiting and mixing with grandchildren	149 (2.4)	6008 (97.6)	6157 (100.0)
Restricts meeting your friends and relatives	270 (4.3)	5952 (95.7)	6222 (100.0)
Restricts enjoying your leisure time	4989 (80.3)	1222 (19.7)	6211 (100.0)
Anyone threatened to abandon you in old home/alone	220 (3.7)	5800 (96.3)	6020 (100.0)
Damage the property that has an emotional attachment to you	115 (1.8)	6133 (98.2)	6248 (100.0)
Anyone ever hit/attacked you physically	137 (2.2)	6163 (97.8)	6300 (100.0)
Thrown object at you that could cause injury	99 (1.6)	6200 (98.4)	6299 (100.0)
Given overdose of medicine intentionally	22 (0.4)	6259 (99.6)	6281 (100.0)
Push you deliberately in public transport (bus, train, etc.)	44 (0.7)	6147 (99.3)	6191 (100.0)
Push you off the queue (bank account/relief /allowance) deliberately	52 (0.9)	5939 (99.1)	5991 (100.0)
Anyone tells you that you give them too much trouble(family/society/relatives)	638 (10.1)	5688 (89.9)	6326 (100.0)
Overall, you fear your family	254 (4.1)	5901 (95.9)	6155 (100.0)
Anyone(family/others) giving you the silent treatment	1154 (18.4)	5123 (81.6)	6277 (100.0)
Exploitations			
Do not recognize your daily activities	908 (15.0)	5165 (85.0)	6073 (100.0)
Ignore you in decision making	966 (15.6)	5225 (84.4)	6191 (100.0)
Forced to do any physical activities beyond your capacity	182 (2.9)	6055 (97.1)	6237 (100.0)
Taken your money/property as a loan and you face trouble in getting back	158 (2.6)	6003 (97.4)	6161 (100.0)
Pressured to pay for share of family expenses	115 (1.9)	5973 (98.1)	6088 (100.0)
Anyone lives with you, but refuses/denies/make trouble to pay a share of expenses	83 (1.4)	5785 (98.6)	5868 (100.0)
Deceive if you want to buy something	111 (1.8)	6065 (98.2)	6176 (100.0)
You let your family to spend your money because you are afraid of them	105 (2.1)	4797 (97.9)	4902 (100.0)

Quantitative findings regarding abuse and exploitation of older people were possibly underreported in most cases except in the case of restricting enjoying their leisure time. However, qualitative results showed that the types and severity of abuse and exploitation of older people were even much higher. Qualitative findings reflected some deeper insights about the nature of negative attitudes from the experiences of older people.

Negative attitude and bad behaviour from family

Experiences like throwing up things to hurt them and the use of different abusive words against older people were reflected from the responses. While asked about the experience of being scolded, an older woman from Dhaka urban area mentioned her experience,

> *"They use abusive words… If I reply with anything else, I have to hear more words from them… Then I go and sit somewhere else for things to become calm."*

Less importance in the decision-making process

Besides, some other experiences also became prominent from the responses. They had to face ignorance when they ask for any help or any other suggestions. It was found from the study that they were given less importance in the household decision-making process too. Occurrences of forced termination also have been derived from their responses. A woman participated in an FGD conducted in Barishal region shared her experience about this,

> *"I had two daughters...after arranging their marriage, they left me…I used to live with my only son...one day, his wife asked me to get out of their house... I requested her and said to her that I had no other place to stay…she replied, if you don't go, I will kick you out of my house...they didn't even let me eat…after starving for two days, I left their house."*

In the responses, some other dimensions came, such as women older people having less importance in the household decision-making process resulting in their ignored participation in all household activities.

Life forcibly separated from family

Qualitative findings revealed some aspects of older people's helplessness in cases where they were forced to live separately from their families. Responses revealed different situations regarding this, such as older people being forced to live alone by separating from their children. From the responses, different determining factors also became prominent such as older people being poor and unproductive was given less importance in the family. The unwillingness of children to live with their old parents also became prominent from the responses given in the qualitative study as a trigger in the separation. A woman from the FGD conducted in Rajshahi narrated her experience in this regard,

> *"It has been 14 years since my husband died…he left two children…I raised them with all my efforts…the elder one married and left…he doesn't live with me anymore…now I live with my younger child and no home of my own. I see no hope…that's going to be how I will die being in the same situation like this."*

Children keeping no communication with parents also became a prominent aspect in the exploration of a negative attitude. Another woman from Khulna in FGD narrated her experience,

> *"None of my sons communicate with me. They are living with their wives. It's been two or three years since I heard from them. They don't even want to know if I am dead or alive!"*

7.2 Levels of abuse and exploitation

An 'abuse and exploitation' scale was constructed by using 26 items reported in table 7.1 to measure the differentials of abuse and exploitation that the respondents experienced. The higher value of the scale indicates the higher level of abuse and exploitation experienced by older people in their day to day life. Table 7.2 shows that the Old-Old older people on an average facedmost abuse and exploitation among the three age groups, and older women experienced it more than older men. It

also indicates that not educatedand poor older people experienced it more than their educated and rich counterparts. Again, rural respondents experienced more abuse and exploitation than the urban one. Also, abuse and exploitation levels varied across divisions. For example, older people living in the Khulna Division faced the lowest abuse and exploitation. On the other hand, levels of abuse and exploitation were the highest in the Barishal Division.

Table 7.2: Levels of abuse and exploitation among older people by selected background characteristics

Variables	Abuse and Exploitation scale Average score (SD)	Number of respondents	p-value
Age group			0.017
Young-Old (60-69)	1.2 (1.9)	3723	
Middle-Old (70-79)	1.3 (2.0)	1827	
Old-Old (80+)	1.4 (2.3)	776	
Sex			0.000
Male	1.1 (1.7)	2805	
Female	1.4 (2.1)	3521	
Residence			0.002
Rural	1.3 (2.0)	4801	
Urban	1.1 (1.8)	1525	
Wealth index			0.000
Poorest	1.8 (2.4)	1262	
Second	1.6 (2.3)	1262	
Middle	1.2(1.7)	1272	
Fourth	0.9 (1.6)	1260	
Richest	0.8 (1.4)	1270	
Education			0.000
No education	1.4 (2.0)	4383	
Have some education	1.0 (1.7)	1943	
Division			0.000
Barihsal	1.9 (2.1)	362	
Chattogram	1.3 (1.7)	1143	
Dhaka	1.1 (1.5)	2101	
Khulna	0.8 (1.9)	753	
Rajshahi	1.6 (2.5)	872	
Rangpur	1.6 (2.4)	747	
Sylhet	1.1 (1.8)	348	
Total	**1.3(1.9)**	**6326**	
Cronbach's alpha: 0.84; Items: 26			

7.3 Persons by whom older people experienced abuse and exploitation

Among the selected respondents, it is clear that most of the older people were abused by their family members, neighbours and relatives (Table 7.3). Among those who were experienced abuse and exploitation, more than 90.0 percent of older people said that they have the experience that anyone quarrelled with them from the family members for any reason. Experience from neighbour (5.6 %) was also momentous. On the other hand, 82.6 percent had the experience of facing insulting words like fat, old, ugly poor from their family members, and 11.1 percent came from their neighbours. Though their family members abused the majority of the older people, the family still shows respect for the opinion of the older people (68.8%). Another 93.3 percent older people felt restricted by their family to visit and mix their grandchildren, 76.8 percent older people got the threat to be abandoned or alone by their family. The older people had the experience of physical attack by family members (71.5%) and by neighbours (13.9%). Older people also faced exploitation, which came from family, relatives, and neighbours. Among those who were experienced abuse and exploitation, 94.9 percent felt ignored by the family in decision-making. The older people felt forced to do physical activity by their family (89.5%). They got trouble in getting back the money/property

that they paid as a loan by family(39.9%) and neighbours (39.9%). Another 92.2 percent felt pressured to pay for a share of family expenses by family (Table 7.3).

Table 7.3: Persons by whom older people experienced abuse and exploitation

Types of abuse and exploitation	By Whom					Total n (%)
	Family [a] n (%)	Relatives n (%)	Neighbours n (%)	Others n (%)	No response n (%)	
Abuse						
Anyone quarreled with you at any reason	1821 (92.4)	19 (1.0)	111 (5.6)	17 (0.9)	2 (0.1)	1970 (100.0)
Say something (fat, old, ugly, poor etc.) that make you feel insulted	743 (82.6)	16 (1.8)	100 (11.1)	10 (1.1)	31 (3.4)	900 (100.0)
Respect your opinion	3533 (68.8)	13 (0.2)	19 (0.3)	8 (0.1)	1561 (30.4)	5134 (100.0)
Make you feel guilty every time they serve you to get your needs (food, clothes, medicine, etc.)	516 (93.5)	6 (1.1)	10 (1.8)	9 (1.6)	11 (2.0)	552 (100.0)
Blame you for things that you did not do	270 (83.6)	9 (2.7)	31 (9.6)	6 (1.8)	7 (2.1)	323 (100.0)
Restricts you from visiting and mixing with grandchildren	139 (93.3)	0 (0.0)	3 (2.0)	1 (0.7)	6 (4.0)	149 (100.0)
Restricts meeting your friends and relatives	194 (71.9)	2 (0.7)	0 (0.0)	0 (0.0)	74 (27.4)	270 (100.0)
Restricts enjoying your leisure time	3293 (66.0)	16 (0.3)	11 (0.2)	110 (2.2)	1559 (31.2)	4989 (100.0)
Anyone threatened to abandon you in old home/alone	169 (76.8)	1 (0.4)	2 (0.9)	3 (1.3)	45 (20.4)	220 (100.0)
Damage your property that has emotional attachment to you	98 (85.2)	3 (2.6)	4 (3.5)	1 (0.9)	9 (7.8)	115 (100.0)
Anyone ever hit/attacked you physically	98 (71.5)	9 (6.6)	19 (13.9)	6 (4.4)	5 (3.6)	137 (100.0)
Thrown object at you that could cause injury	73 (73.7)	8 (8.1)	13 (13.1)	4 (4.04	1 (1.0)	99 (100.0)
Given overdose of medicine intentionally	12 (54.6)	0 (0.0)	3 (13.6)	4 (18.2)	3 (13.6)	22 (100.0)
Push you deliberately in public transport (Bus, Train, etc.)	8 (18.2)	5 (11.4)	5(11.4)	29 (6.0)	2 (4.5)	44 (100.0)
Push you off the queue (Bank account/ relief/allowance) deliberately	9 (17.3)	3 (5.8)	23 (44.2)	38 (48.5)	3 (5.8)	52 (100.0)
Exploitation						
Recognize your daily activities	3502 (67.8)	12 (0.2)	12 (0.2)	9 (0.2)	1630 (31.6)	5165 (100.0)
Ignore you in decision making	917 (94.9)	9 (0.9)	15 (1.6)	9 (0.9)	16 (1.7)	966 (100.0)
Forced to do any physical activities beyond your capacity	163 (89.5)	7 (3.9)	5 (2.8)	4 (2.2)	3 (1.7)	182 (100.0)
Taken your money/property as a loan and you face trouble in getting back	63 (39.9)	27 (17.1)	63 (39.9)	1 (0.6)	4 (2.5)	158 (100.0)
Pressured to pay for share of family expenses	106 (92.2)	3 (2.6)	3 (2.6)	0 (0.0)	3 (2.6)	115 (100.0)
Anyone lives with you, but refuses/denies/make trouble to pay share of expenses	80 (96.4)	0 (0.0)	2 (2.4)	0 (0.0)	1 (1.2)	83 (100.0)
Deceive if you want to buy something	13 (11.7)	10 (9.0)	55 (49.6)	29 (26.5)	4 (3.6)	111 (100.0)

[a] Spouse, son, daughter, son-in-law, daughter-in-law, brother, sister

The nature of abuse and experience of the exploitation and the person who were behind such experience as family members, relatives, neighbours, and other person had been presented in the quantitative study. In the qualitative study, an in-depth reflection of experiences of abuse and exploitation has been focused on more prominence. Besides, negative attitudes received by older people also had been presented.

Beaten by family members

When considering negative experiences received from family members, responses about being beaten by family members came out. A response from a Key Informant Interview (Male) from the rural area of Barishal region put some highlights on such occurrences,

> *"Let's give you an example. Suppose a grandchild of an older person put his hands-on fire of the stove. There is no fault of that old grandmother. But the daughter-in-law will put the*

blame on her. It's usual that if the son is absent, his wife will use abusive words against his mother and even can beat her too! It's like a usual scenario of our area."

Another key informant from Rangpur (male) shared similar experiences of his area, in his words,

"There are different incidents. Sons are seen to beat their mothers having a little excuse. I know an incident- one old lady told her son not to sit idle in the house and to try to earn something for the family. Listening to such advice, the impatient son beat her mother brutally with brooms. That is very common!"

Unpleasant behaviour from bank officials

The older people were also abused and exploited by different officials. Receiving rude behaviour from bank officials was expressed from their responses. When asked about the experience and advantages they (older people) should have in the bank, their responses brought some aspects of abuse and exploitation received from Bank officials. A physically challenged older man from the Rangpur region stated his experiences in Bank. In his words,

"I don't get any advantages despite my disabled physiological situation. I have a specialised card. But even showing that doesn't give any chance to have an advantage. I have once shown my card to an official, and he threw my card away. I have to wait even longer than other people. Then I am supposed to receive my money."

Bad behaviour of neighbour and relatives

The neighbours and relatives were mentioned frequently as persons by whom older people experienced abuse. Mention of receiving abusive words for being poor has been reflected from some of the responses. There were reports of different direct threats from relatives, too, in the responses. One respondent from the rural area of Chattogram expressed her experiences regarding receiving abusive words,

"When I am dragged down to any quarrelling situation, it's me who has to listen to abusive words. They throw their words to me, pointing at my poor situation. They frequently say that- you are poor, you have no honour."

Such behaviour from relatives, neighbours, and even from officials using abusive words and negligence was profoundly reflected as the source of abuse and exploitation from the responses of the older people of the qualitative study.

Chapter - 8

Access to and Use of Social Safety Net Programmes

Chapter-Eight: Access to and Use of Social Safety Net Programmes

8.0 Introduction

This chapter presents findings related to knowledge and coverage of Social Safety Net Programmes (SSNPs) for older people, management of SSN allowances of older people, and their satisfaction level about the allowances by sex and residence.

8.1 Knowledge and coverage of SSNPs among older people

Among the selected respondents, Table 8.1 presents information about the knowledge of and access to SSNPs of the older people in Bangladesh. According to 87.2 percent of the total respondents, government or private organisations are working in their locality for the older people. This rate was varied by age (young-old 87.8%, middle-old 88.4%, and old-old 82.1%), sex (among male 88.7%, female 86.2%) and residence (among rural 86.7%, urban 89.2%). The respondents were also asked about the available SSNPs for older to know their knowledge about SSNPs. It shows that around 98.0 percent of the respondents, irrespective of their age, sex, and residence, knew about old age allowance followed by widow allowance (80.0%), VGD/VGF (31.2%) and freedom fighter allowance (23.7%). Among the study respondents, 89.5 percent of the older people considered themselves as eligible to receive old-age allowance while only about 24.3 percent of them received such allowance. The findings show that 40.7 percent of the old-old respondents received any allowance followed by the middle-old (31.3%) and the young-old (17.5%).

Table 8.1: Knowledge about and coverage of SSNPs among older people in Bangladesh by selected background characteristics

Attributes	All n (%)	Age			Sex		Place of residence	
		Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Male n (%)	Female n (%)	Rural n (%)	Urban n (%)
GO/NGOs working for older people in locality	5520 (87.2)	3270 (87.8)	1613 (88.4)	637 (82.1)	2487(88.7)	3033 (86.2)	4162 (86.7)	1358 (89.2)
Know about various SSNPs								
Old age allowance	6208 (98.1)	3051 (99.3)	1240 (99.8)	449 (98.7)	2774 (98.9)	3434 (97.4)	4710 (98.0)	1498 (98.2)
Pension	488 (7.7)	230 (7.5)	91 (7.3)	29 (6.4)	355 (12.7)	133 (3.8)	361 (7.5)	127 (8.3)
Medical allowance	462 (7.3)	260 (8.5)	92 (7.4)	23 (5.1)	276 (9.8)	186 (5.3)	282 (5.9)	180 (11.8)
Freedom fighter allowance	1497 (23.7)	765 (24.9)	335 (27.0)	79 (17.4)	1049 (37.4)	448 (12.7)	1131 (23.5)	366 (24.0)
Allowance for disabled persons	700 (11.1)	345 (11.2)	128 (10.3)	35 (7.7)	421 (15.0)	279 (7.9)	546 (11.4)	154 (10.1)
VGD/VGF	1977 (31.2)	1002 (32.6)	427 (34.4)	118 (25.9)	1000 (35.7)	977 (27.7)	1673 (34.8)	304 (19.9)
Widow allowance	5074 (80.2)	2519 (82.0)	1004 (80.8)	350 (76.9)	2202 (78.5)	2872 (81.5)	3807 (79.2)	1267 (83.1)
Others	39 (0.6)	7 (0.6)	1 (0.6)	25 (0.2)	26 (0.9)	13 (0.4)	33 (0.7)	6 (0.4)
Perceived eligibility of getting any allowance	5663 (89.5)	3329 (89.4)	1636 (89.7)	698 (89.9)	2457 (87.6)	3206 (91.2)	4297 (89.5)	1366 (89.7)
Respondents receiving any allowance	1535 (24.3)	651 (17.5)	559 (31.3)	315 (40.7)	708 (25.3)	827 (23.5)	1199 (25)	336 (22.1)
Average Taka received as SSN benefit (SD)	1469 (814.7)	612 (69.9)	548 (72.0)	309 (59.4)	678 (1165.6)	791 (512.8)	1145 (746.9)	324 (1051.5)

8.2 Use of SSNPs allowance by older people and their satisfaction

Management of the amount received from SSNPs by older people is an important issue for their benefits. Table 8.2 shows that out of total respondents, 87.7 percent were able to manage their SSNP money. The variation of managing SSNP benefits among the young-old (92.5%), the middle-old (86.9 %), and the old-old (79.7 %) were significant. This variation between males (90.6%) and females (85.2%) relating to managing SSNP benefits was also found significant. However, the observed variation between rural (87.1%) and urban (89.8%) older was not found significant. The second-largest proportion of older men (7.1%) informed that their SSNP benefit was managed by their spouse, while 11.6 percent of older women depended on their son/daughter to manage their SSNP allowances. Among all respondents, 26.9 percent informed that family members wanted to spend their SSNP allowance. In 28.2 percent cases, family members wanted to spend SSNP allowances of older women, which were around three percentage points higher than that of older men. There was almost no difference between rural and urban older people and had a slight difference among the young-old, the middle-old, and the old-old older people.

Table 8.2 also explored the satisfaction of older people with a social safety net allowance. It is observed that, overall, 62.4 percent of older people were satisfied with the number of allowances they received from SSN programmes. There was almost no variation in terms of satisfaction among older people by age, sex, and place of residence. However, older people in young-old and old-old and in rural areas were two percentage points more likely to be satisfied with their current SSNP benefits. The older people were satisfied with the current SSNP allowances for different reasons. The major causes of satisfaction included their capacity to spend money for daily necessities (80.4%), followed by the capacity to spend money for health care (61.9%), getting money without any work (32.5%), getting acceptability at family (9.2%), improving social value (7.8%) and feeling safe in future crisis (6.4%). The reasons for satisfaction with current SSNP allowances were found almost the same order by age, sex, and place of residence. It has emerged from the findings that 81.1 percent of older people used their SSNP allowance to meet their treatment cost or buying medicine followed by household needs (70.2%), buying foods (37%), and buying clothes (14%). These patterns of use of SSNP allowance do not vary by age, sex, and place of residence.

Table 8.2: Management of SSNP allowances of older people and their satisfaction by selected background characteristics

Variables	All n (%)	Age			Sex		Place of residence	
		Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Male n (%)	Female n (%)	Rural n (%)	Urban n (%)
Persons with whom older people keep their allowance								
Self	1290 (87.7)	566 (92.5)	477 (86.9)	247 (79.7)	615 (90.6)	675 (85.2)	1000 (87.1)	290 (89.78)
Spouse	61 (4.1)	19 (3.1)	25 (4.6)	17 (5.5)	48 (7.1)	13 (1.6)	50 (4.36)	11 (3.41)
Son/daughter	105 (7.1)	24 (3.9)	39 (7.1)	42 (13.5)	13 (1.9)	92 (11.6)	85 (7.4)	20 (6.19)
Grand children	3 (0.2)	0 (0.0)	1 (0.2)	2 (0.6)	0 (0.0)	3 (0.4)	2 (0.17)	1 (0.31)
Relatives	3 (0.2)	0 (0.0)	3 (0.5)	0 (0.0)	2 (0.3)	1 (0.1)	2 (0.17)	1 (0.31)
Neighbours	1 (0.1)	0 (0.0)	1 (0.2)	0 (0.0)	0 (0.0)	1 (0.1)	1 (0.09)	0 (0.0)
Others	8 (0.5)	3 (0.5)	3 (0.5)	2 (0.6)	1 (0.1)	7 (0.9)	8 (0.7)	0 (0.0)
Total	**1471 (100.0)**	**612 (100.0)**	**549(100.0)**	**310 (100.0)**	**679 (100.0)**	**792 (100.0)**	**1148 (100.0)**	**323 (100.0)**
Anyone of your family want to spend the allowance	396 (26.9)	157 (25.6)	159 (28.9)	80 (26.0)	172 (25.3)	224 (28.2)	310 (27.0)	86 (26.5)
Satisfaction about the amount of allowances receiving	906 (62.4)	381 (63.4)	331 (60.6)	194 (63.4)	421 (62.9)	485 (61.9)	714 (63.0)	192 (60.0)
Causes of satisfaction for allowances [a]								
Can spend for daily necessities	728 (80.4)	310 (81.4)	265 (80.1)	153 (78.9)	344 (81.7)	384 (79.2)	572 (80.1)	156 (81.3)
Can spend for health care	561 (61.9)	247 (64.8)	205 (61.9)	109 (56.2)	267 (63.4)	294 (60.6)	437 (61.2)	124 (64.6)
Getting money without doing any work	294 (32.5)	118 (31.0)	114 (34.4)	62 (32.0)	130 (30.9)	164 (33.8)	234 (32.8)	60 (31.3)
Increased social value	162(17.8)	80 (21.0)	58 (17.5)	24 (12.4)	89 (21.1)	73 (15.1)	132 (18.5)	30 (15.6)
Feel safe in future crisis	133 (14.6)	55 (14.4)	45 (13.6)	33 (17.0)	75 (17.8)	58 (12.0)	101 (14.1)	32 (16.7)
Increased acceptability in family	190 (21.0)	75 (19.7)	72 (21.8)	43 (22.0)	81 (19.2)	109 (22.5)	164 (23.0)	26 (13.5)
Others	6 (0.7)	3 (0.8)	2 (0.6)	1 (0.5)	0 (0.0)	6 (1.2)	5 (0.7)	1 (0.5)
Total	**906 (100.0)**	**381 (42.1)**	**331 (36.5)**	**194 (21.4)**	**421 (46.5)**	**485 (53.5)**	**714 (78.8)**	**192 (21.2)**
Areas of Spending Money								
Spend money for HH needs	1078 (70.2)	470 (72.2)	400 (70.3)	208 (66.0)	535 (75.6)	543 (65.7)	855 (71.3)	223 (66.4)
Pay off a debt	101 (6.6)	49 (7.5)	45 (7.9)	7 (2.2)	51 (7.2)	50 (6.0)	84 (7.0)	17 (5.1)
Spend money for buying foods	568 (37.0)	245 (37.6)	209 (36.7)	114 (36.2)	261 (36.9)	307 (37.1)	427 (35.6)	141 (42.0)
Spend money for buying cloths	215 (14.0)	110 (16.9)	75 (13.2)	30 (9.5)	104 (14.7)	111 (13.4)	163 (13.6)	52 (15.5)
Spend money for treatment/buying medicine	1245 (81.1)	525 (80.6)	456 (80.1)	264 (83.8)	564 (79.7)	681 (82.3)	958 (79.9)	287 (85.4)
Make savings	38 (2.5)	20 (3.1)	14 (2.5)	4 (1.3)	19 (2.7)	19 (2.3)	33 (2.8)	5 (1.5)
Others	48 (3.1)	15 (2.3)	15 (2.6)	18 (5.7)	18 (2.5)	30 (3.6)	40 (3.3)	8 (2.4)
Total	**1535 (100.0)**	**651 (42.4)**	**569 (37.1)**	**315 (20.5)**	**708 (46.1)**	**827 (53.8)**	**1199 (78.1)**	**336 (21.9)**

[a]Multiple Responses

8.3 Dissatisfaction for SSN programme and control over SSN allowance

Table 8.3 present the reasons for the we dissatisfaction of older people who received SSNP allowances. The major causes of dissatisfaction were insufficient money (95.8%), followed by not receiving money monthly basis (49.4%), long-distance (17.2%), money need to spend to receive SSNP allowance (14.3%), long waiting time (13.5%) and harassment (7.5%). This pattern was found almost identical to the pattern of causes of dissatisfaction by age and sex. Qualitative findings showed various limitations of allowances in greater detail.

Waiting tendency and unwillingness to pay

Different respondents mentioned that local leaders were often seen to be unwilling to pay the sanctioned amount of allowance to older people. An older woman from the urban area of Chattogram expressed her experience in this regard when she was asked if she could smoothly get her payment without any barriers. In her words,

> *"Oh no, they don't give it without making any complications. My card has been stolen from my house. I went to the Chairman of Pourosova (Municipality). He didn't do anything for me; they just kept me hanging with this issue. They keep saying that, oh aunty, you have become old. These are not any more important to you. What will you do with these allowances? These I have to hear when I go to them with my problems."*

Political influence in this regard was also acting as a barrier according to the responses of the older people. People are having political influences were getting more advantages in receiving such allowances. They added that those who have political affiliation were getting more favour in receiving the allowance. An older man from Khulna shared his experiences in this regard,

> *"People involved here with the payment procedure are the people of BNP. But I am a supporter of the Awami League. That's a barrier against my receipt of the old age allowance. If I decided to see those big leaders, things could have been different for me. But I don't have that access."*

The Influence of political orientation had also become prominent from the responses of other people. An older woman from the FGD conducted in Rajshahi shared her experiences in this regard,

> *"Everything is political. Today Awami League is in power. So, it's like an unwritten rule that people supporting the Awami League will get the allowance. I support BNP. That's why I won't get allowances. They even have the list of all the people eligible for the allowance. They can easily sort out people like me."*

Nepotism of local leaders

While mentioning about limitations, some other factors related to the nepotism of the local leader become highlighted from the responses of the older people. They mentioned that local leaders had their preferences. Sometimes wealthy older persons were given those allowances who did not require such services, and also the influence of political orientation worked as a determining factor.

An older woman from the urban area of Chattogram mentioned her experiences regarding the receipt of the token of allowance. She stated that rich females' who had their husbands working outside of the country and earning a lot had sympathy from the token giver, and they were given more than one tokens. In her words,

> *"Believe me. I don't have access to those allowances. They give those all to their known persons. Suppose someone's husband is residing in Malaysia or Saudi Arabia. They prefer them. They say that their husbands are absent, so they have more need of it. Saying these, they give away three or four tokens to them. You will have nothing left to be given if you give away token in such a way."*

Table 8.3: Causes of dissatisfaction for SSNP and control over SSN allowances of older people by selected background characteristics

Causes of dissatisfaction for SSNP	All n (%)	Age			Sex		Place of residence	
		Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Male n (%)	Female n (%)	Rural n (%)	Urban n (%)
Causes of dissatisfaction for allowance*								
Insufficient money	524 (95.8)	211 (95.9)	203 (94.4)	110 (98.2)	243 (98.0)	281 (94.0)	397 (94.7)	127 (99.2)
Have to spend more money to receive this allowance	78 (14.3)	32 (14.5)	32 (14.9)	14 (12.5)	34 (13.7)	44 (14.7)	70 (16.7)	8 (6.3)
Do not get money in every month	270 (49.4)	108 (49.1)	108 (50.2)	54 (48.2)	113 (45.6)	157 (52.5)	203 (48.4)	67 (52.3)
Have to face harassment to receive money	41 (7.5)	14 (6.4)	19 (8.8)	8 (7.1)	19 (7.7)	22 (7.4)	31 (7.4)	10 (7.8)
Have to wait long time to receive money	74 (13.5)	31 (14.1)	29 (13.5)	14 (12.5)	26 (10.5)	48 (16.1)	53 (12.6)	21 (16.4)
Have to pay bribe to receive money	34 (6.2)	9 (4.1)	16 (7.4)	9 (8.0)	18 (7.3)	16 (5.4)	26 (6.2)	8 (6.3)
Political affiliation	7 (1.3)	2 (0.9)	2 (0.9)	3 (2.7)	6 (2.4)	1 (0.3)	7 (1.7)	0 (0.0)
Do not feel comfort in the process of allowance distribution	15 (2.7)	6 (2.7)	7 (3.3)	2 (1.8)	8 (3.2)	7 (2.3)	12 (2.9)	3 (2.3)
Have to go so far to receive money	94 (17.2)	41 (18.6)	36 (16.7)	17 (15.2)	38 (15.3)	56 (18.7)	75 (17.9)	19 (14.8)
Have to pay bribe to be an allowance holder	35 (6.4)	11 (5.0)	12 (5.6)	12 (10.7)	13 (5.2)	22 (7.4)	31 (7.4)	4 (3.1)
Others	1 (0.2)	1 (0.5)	0 (0.0)	0 (0.0)	1 (0.4)	0 (0.0)	1 (0.2)	0 (0.0)
Total	**547(100.0)**	**220 (40.2)**	**215 (39.3)**	**112 (20.5)**	**248 (45.3)**	**299 (54.7)**	**419 (76.6)**	**128 (23.4)**
Can spend allowance as their wish	1354 (88.2)	581 (95.2)	503 (92.1)	270 (88.2)	641(95.2)	713 (90.4)	1045 (91.8)	309 (95.4)
Total	**1535 (100.0)**	**651 (42.4)**	**569 (37.1)**	**315 (20.5)**	**708 (46.1)**	**827 (53.8)**	**1199 (78.1)**	**336 (21.9)**

[a]Multiple Responses

The preference for known people by the authority who were involved in giving payment also comes as a source of dissatisfaction from the responses of the older people. The acquaintance factor greatly eases the way of receiving payments according to the responses of the older people, which work as a barrier to other older people who don't have any link or familiarity to those persons who are involved in giving payments. An older woman from the FGD conducted in the Dhaka region stated that,

> *"Known people get the allowance easily. They do not give people like us who are not linked with any of them and possessing unfamiliar faces."*

Less supply of SSNP allowance from the government

Dissatisfaction regarding the perceived less amount of allowance was also evident from the responses of the older people. There was a perceived lack in the number and quantity of the allowances older people received from SSN programmes. The insufficient amount of the allowance was expressed in many responses as a source of dissatisfaction in this regard. An older man of Rangpur who had no child shared his experience when he was asked about the sufficiency of the amount of the allowance he got from these programmes. In his words,

> *"I get money after every four months. I get 1200 taka. It is a very small amount. This amount is not even enough for the expense of my food within this period. I think it should have been increased than the existing amount."*

Objections about the smaller amount of allowances were also frequently mentioned by older people. Complaints usually include the issue of an insufficient number of beneficiaries that were selected by the Government. According to the responses, this insufficiency resulted in the unavailability of allowance to a large number of older people who needed this. An older man who was interviewed as a key informant from Khulna shared his thoughts in this regard,

> *"Suppose the government has an arrangement of 5 persons to give old-age allowance here in this society, but 50 older people live here. Those people who are not getting allowances are as helpless as ones who are receiving. They have some severe problems which cannot be solved because they are not getting the allowance."*

Another older woman who was interviewed as a key informant from Khulna shared similar experiences,

> *"A Union Member may have got two people's allowance. But 100 of the older people have already talked to him for the allowance. How can he manage it? It's not possible."*

Older people have less information about allowances

Lack of information about allowances, where to get them, and how to get them was also working here as one of the barriers against receiving allowances. Unfamiliarity and having a lack of help with the process of receiving allowance were also stated as barrier factors here by the older respondents. An older woman from Rangpur shared her experiences in this regard,

> *"I have not heard about any allowances. Union Parishad Members or Chairman may know that. But I don't know about such procedures."*

The unfair and corrupted distribution system

Another source of dissatisfaction was reflected through the mention of the unfair and corrupt distribution system of the allowance. There were limitations that reflected from the responses that authorities gave less in amount than that of the allocated amount. A female key informant from Khulna shared her experience in this regard,

> *"They are told to give 10 kg of rice. They say that they have given 7 kg. But after going home, if measured, it's usual to find that they have only given 5 kg of rice."*

Besides, other complaints had also been found from the responses such as bribery system, unfairness in age, unfair means, etc. A female respondent from an FGD conducted in the Chattogram shared her experience,

> *"I have asked the Union Parishad Member to give me a card. He had scolded me and told me to return without the card. I have heard from others that they have given him 2000-4000 taka. They don't directly demand money from me, but they keep behaving badly with me."*

Not having transparency in giving the allowance to people of proper age had also become prominent from the responses. Corruption in the payment process by not following the rules of beneficiary selection criteria (age) had been brought as a concern from different responses. A male key informant from the urban area of Barishal shared his experiences,

> *"In our area, the proper rule of providing old-age allowance is not followed. Authorities give it to the familiar faces even if they are of age 30 or 40."*

Such discrimination and corruption in the beneficiary selection and payment process were working as impediment according to the qualitative findings derived from the responses of the older people.

Chapter - 9

Familly and Social Engagement

Chapter Nine: Family and Social Engagement

9.0 Introduction

This chapter mainly focuses on how older population were engaged with different household activities such as household cleaning, cooking, taking care of grand-children, taking care of other sick household members, agriculture, shopping, washing clothes, animal husbandry at this age and how they felt to be engaged with these activities. This chapter also focuses on whether older people were getting extra value or respect in terms of the decision-making from their family members due to their engagement in different household activities.

9.1 Older people's engagement in family and societal activities

The older people in our society are still engaged with different household activities such as household cleaning, cooking, taking care of grandchildren, taking care of other sick household members, agriculture, shopping, washing clothes, animal husbandry, etc. Table 9.1 shows that 61.2 percent of older people were still engaged in household cleaning. Among them, the young-old people were highly involved in household cleaning (71.4%) compared to the middle-old and the old-old people who were 49.6 percent and 34.0 percent, respectively. Women were mostly involved in household cleaning (77.6%) compared to their male counterparts (34.3%). The place of residence of the older people showed no difference in terms of cleaning households. It shows that 61.2 percent of older people were engaged in rural areas, while 61.3 percent in urban areas.

It shows that 53.3 percent of older people were involved in cooking in their household. In terms of age, the young-old people were very much involved in cooking (64.2%) compared to other age-groups. A small amount (7.4%) of older men were engaged with cooking in their household compared to their older women (73.8%). The involvement in cooking between rural and urban people differed slightly, such as 53.4 percent in rural areas and 52.8 percent in urban areas.

The older people are still contributing in terms of taking care of their grandchildren. From this study, it has been found that 48.4 percent were engaged with taking care of their grandchildren. Here, older women were mostly involved (54.2%) compared to older men (40.5%). The young-old people were mostly involved (56.0%) in taking care of their grandchildren compared to the middle-old and the old-old older people, respectively. The place of residence also did not show a major difference in terms of taking care of their grandchildren.

It has been found that 58.8 percent of older people were still taking care of sick family members of their household.The young-old people were mostly engaged (68.0%) with this activity compared to the middle-old (51.0%) and the old-old (31.6%) older people. The older women were highly involved (62.0%) than older men (54.7%) as a caregiver of the sick household members. The place of residence did not show a major difference in terms of caregivers of sick household members among the older people.

Around 35.7 percent of the older people were involved in helping agricultural works irrespective of age, sex, and place of residence. The old-old (18.0%) people were less engaged in helping with agricultural work compared to the middle-old (36.8%) and the young-old (38.9 %) population. The findings show that about 54.2 percent of older men were engaged in helping with agricultural work, while this figure was only 14.8 percent for the older women. It shows that 39.1 percent of rural older people were involved in helping agricultural work, while 19.2 percent of older people in urban areas were doing agricultural work.

It has been found that older people were also doing shopping for their family. According to the findings of this study, about 59.4 percent were going shopping. Among the male, 83.5 percent were involved in shopping, which was 28.0 percent among the female respondents. The middle-old group was mostly involved (62.3%) in shopping for households compared to other age groups. The place of residence did not show a significant difference in terms of older people doing shopping for their households.

Table 9. 1: Older people's engagement in family and societal activities by selected background characteristics

Types of activities	All n (%)	Age			Sex		Place of Residence	
		Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Male n (%)	Female n (%)	Urban n (%)	Rural n (%)
Family level								
Household Cleaning	3382 (61.2)	2418 (71.4)	755 (49.6)	209 (34.0)	716 (34.3)	2666 (77.6)	847 (61.3)	2535 (61.2)
Cooking	2617 (53.3)	1957 (64.2)	507 (38.4)	153 (28.3)	113 (7.4)	2504 (73.8)	642 (52.8)	1975 (53.4)
Taking care of grand children	2645 (48.4)	1777 (56.0)	673 (42.0)	195 (28.5)	936 (40.5)	1709 (54.2)	634 (50.6)	2011 (47.8)
Take care of other sick family members	3431 (58.8)	2353 (68.0)	859 (51.0)	219 (31.6)	1397 (54.7)	2034 (62.0)	862 (61.4)	2569 (58.0)
Helping in agriculture	1412 (35.7)	888 (38.9)	437 (36.8)	87 (18.0)	1138 (54.2)	274 (14.8)	129 (19.2)	1283 (39.1)
Shopping	2841 (59.4)	1723 (61.4)	899 (62.3)	219 (40.9)	2257 (83.5)	584 (28.0)	716 (59.6)	2125 (59.3)
Washing clothes/Laundry	3870 (67.0)	2654 (76.2)	935 (58.0)	281 (41.4)	1212 (51.2)	2658 (78.1)	924 (64.9)	2946 (67.8)
Animal husbandry	2449 (52.8)	1665 (60.6)	643 (48.2)	141 (25.4)	1138 (53.7)	1311 (52.1)	232 (31.9)	2217 (56.7)
Others	13 (16.3)	9 (23.1)	2 (8.7)	2 (11.1)	6 (16.2)	7 (16.3)	2 (9.5)	11 (18.6)
Societal level								
Engaged with any other social activities/works	533 (8.5)	304 (8.2)	168 (9.2)	61 (7.9)	496 (17.8)	37 (1.1)	110 (7.3)	423 (8.9)

The older people were involved in washing/cleaning their clothes. It has been found that 67.0 percent of the older people were involved in washing/cleaning their clothes. The involvement with this work was higher among the young-old persons (76.2%) compared to other age groups, i.e., the middle-old (58.0%) and the old-old (41.4%). A higher percentage of older women (78.1%) were involved in washing/cleaning their clothes than older men (51.2%). The place of residence did not make any major difference in washing clothes among older people.

It has also been found that older people were involved in animal husbandry. According to this study, 52.8 percent of older people reported that they were doing animal husbandry in their household. More older people from rural areas (56.7%) were involved in animal husbandry that older people in urban areas (31.9%). In terms of age group, the result shows that the young-old group was highly involved in animal husbandry (60.6%) compared to the middle-old (48.2%) and the old-old group (25.4%).The sex of the older people did not vary that much in terms of their involvement in animal husbandry. Table 9.1 also shows that older people's engagement in societal activities. Overall, 8.5 percent of older people were engaged in societal activities. The older people's involvement in societal activities did not vary that much by age and place of residence. However, it varied markedly by the sex of older people.

The greater engagement of the older women in household maintenance was further illuminated in qualitative findings, particularly in areas of household cleaning, cooking, taking care of children and sick members of the family, and washing clothes.

Have to work for own livelihood

In qualitative findings, the urgency of completing specific household chores had been reflected through the mention of different personal and financial factors. The presence or absence of personal will to complete those household tasks was also reflected in the responses through the sharing of different experiences of older people. An older man living in an urban area of the Barishal region who had no child shared his helpless position as the justification of his tasks. In his word,

> *"I need different household things daily. I have to go to find and buy those whatever I need. Though I am physically less capable, I have to do all these. If I had any children, things could have been different. But the situation is not like this. So, I have to do these struggles."*

Similar experiences were also shared from different household contexts. An older woman from the Rangpur (an FGD participant) shared her experience. She had her own family and sons, and they are living with her, but things were kind of similar for her too. In her words,

> *"My sons and their wives live with me. But they work for their family. They do their respective tasks there. I earn for myself, and I have to do my works. Though they are my family, we live separately."*

Compelled to work for their living due to lack of support from children

In some cases,older people had to work for their life despite having children. In this case, they mentioned that their children were not taking care of their parents. Hence, despite old ages, older people were in a dire situation to work for themselves. For instance, a male key informant from Sylhet shared his insights about such necessity,

> *"There are old people who have to work for themselves. Their sons and daughters are not taking care of them. They don't provide any financial help either. So, these people have to earn for themselves with their work".*

Have to do work for the family

The older persons, in some circumstances, had to take the responsibility of being a working member of the family to continue the earning. An older woman from the Rangpur shared her experience in this regard. She said,

"I have to work, if I don't, how can I manage food for these children…..Yes, I am old, but what can I do? My daughter-in-law is young. I have the fear that if I don't do my works properly, she will go to her parental house. What will I do then?"

Working for the fulfilment of own desire/wishes

Acquiring freedom of choice or gaining self-sufficiency in the family level are reflected as another triggering factor behind the engagement in household works by older persons. They mentioned the consideration of the fulfilment of their wishes to eat or buy anything with their earnings which make them do their works which can generate earning for them too. An older woman from the urban area of Dhaka region stated such circumstances in her case,

"They don't force me to do work. They ask me to be in rest. But I can't afford to sit idle. I have a daughter. I have my wish to eat something good occasionally. I am attracted to these. Sometimes I feel tired. I want to drink milk at those times. Sometimes I wish to eat fruits. These things, I can afford with my own money. My sister, what will she do? Will she manage everyday necessities, or will she fulfil these little wishes of mine? That's why I try to work and earn on my own."

Forced to do works by family members

Responses about being forced to do certain household works are also reflected in the findings. Scarcity of family members who are capable of doing household works, humiliation from family members, disadvantaged position due to the incapability of contributing financially in the family- these contexts were influencing the creation of the force. A male key informant from the Barishal region stated,

"These helpless older people have to participate in household works. They have to do some little things of the household they live in. Without doing this, they cannot pass their old age with honour and dignity."

Another older man shared his insights in this regard,

"Without doing work, you cannot get anything from your family members even if you are old. Some older people are working in the field. Some are sowing crops. Works have to be done. Without these, they will not be returned with things they want and deserve, although they are old."

No way to escape household works for older women

Some other contexts also came from the responses of older people. Certain circumstances created especially for older women in a particular context as a triggering factor behind their mandatory involvement in household works. An older woman from the Dhaka (as an FGD participant) shared her experience about such circumstances. In her words,

"I have to take care of my husband. I have to endure so much pain for such works, but I have nothing to do about it. He cannot move. I have to help him do all his works."

Under such circumstances, the engagement in households works by the older family member become mandatory which is triggered by individual factors such as inability to earn or contribute, physical inability, wish to possess personal freedom and also by different socio-cultural factors such as the dominance of children and their spouses, the poor economic condition of the family, etc.

Impose no pressure for doing household chores

There was also evidence of imposing pressure on doing household chores among older people. For example, an older woman living in the Dhaka Division mentioned that she never being forced to do any household works despite her physical inability. She also reported that she never heard any negative words from her family members for not doing any household chores. Besides, no one in her family members restricted from buying necessary items she liked. She can buy any item which she likes most without any concern for her family members. Considering this aspect, she mentioned,

"I never got force to do any household chores…all the family members always realize my physical condition…so they never asked me to do household activities".

Chapter - 10

Cross-Cutting Issues of Older People: Gender and Disaster

Chapter-Ten: Cross-Cutting Issues of Older People: Gender and Disaster

10.0 Introduction

This chapter presents key findings related to older people's main source of strength, security, and care; taking care of the spouse and providing support in everyday life; taking care of the spouse and providing support during sickness; vulnerability of older people in general; vulnerability of divorced/separated/widowed older women; types of problems faced by older people during a disaster; and reasons of facing problems during a disaster.

10.1 Older people's views on their spouses

Table 10.1 provides information on older people's views about their spouses' role in their life. It shows that 91.4 percent of older people viewed their spouse as the main source of taking care, followed by the spouse as the main source of social value/strength (81.0%) and social security (70.7%). However, differences were found between older men and women in considering spouses as the main source of strength, social security, and taking careof their life. For example, while the majority of the older men considered their spouses as the source of taking care, whereas all the older women considered their spouses as a source of social value and strength (97% and 95%, respectively). Besides, 88.2 percent of the older people mentioned their spouses as the main source of necessary services with significant variations by gender. For example, 95.5 percent of older men considered their spouses as the main source of service compared to 95.3 percent of the older women (Table 10.1)

Table 10. 1: Respondents (%) views on their spouse as the main source of social strength, security and care; and necessary services by sex

Variables	All n (%)	Sex	
		Male n (%)	Female n (%)
Spouse as the main source of (n=3823) *			
Social value/strength	3095 (81.0)	1907 (74.0)	1188 (95.3)
Social security	2703 (70.7)	1540 (59.8)	1163 (93.3)
Taking care	3494 (91.4)	2500 (97.0)	994 (79.8)
Others	123 (3.2)	81 (3.1)	42 (3.4)
Total	**3823**	**2577**	**1246**
The main source of necessary services (n=3823)			
Spouse	3372 (88.2)	2462 (95.5)	910 (73.0)
Daughter	86 (2.2)	22 (0.9)	64 (5.1)
Son	62 (1.6)	17 (0.7)	45 (3.6)
Daughter in law	146 (3.8)	26 (1.0)	120 (9.6)
Self	109 (2.9)	29 (1.1)	80 (6.4)
Others	13 (0.3)	5 (0.2)	8 (0.7)
Total	**3823 (100.0)**	**2577 (100.0)**	**1246 (100.0)**

*** Multiple Responses**

10.2 Taking care of the spouse and providing support in everyday life and during sickness

Table 10.2 summarises the information on how older people are taking care of their spouses and providing support during sickness and their own needs. Supports, those are reported as always given, to spouse companionship was mentioned most amongst others. More than half of the respondents (51.3%) have mentioned about always giving this support to their spouse. Other important supports always given to spouses as mentioned by respondents were: food preparation and serving (46.7%), bringing medicine and other necessaries from the market (30.6%), going outside in leisure time (16.9%), making the bed (17.7%), washing clothes (16.6%), bathing (14.6%) and taking medicine (9.9%).

Regarding, supports that were reported as sometimes given to spouses, going outside in leisure time was mentioned by 59.2 percent of respondents. Other important supports sometimes given to spouse as mentioned by respondents were: taking medicine (50.6%), bringing medicine and other necessaries from the market (48.7%), giving companionship (45.8%), making the bed (43.8%), food preparation, serving (42.3%), taking a bath (42.2%), washing clothes (39.8%). Supports that were reported as never given to spouses included helping in wearing clothes (71.0%), helping for going to the toilet (68.6%), washing clothes (43.1%), taking a bath (42.7%), taking medicine (38.9%), arranging or making the bed (37.9%), going outside in leisure time (23.3%), bringing medicine and other necessary items from the market (20.1%).

A higher percentage of older men than older women (38% and 16%, respectively) mentioned that they always helped their spouse by bringing medicine or other necessary items from the market. On the other hand, a higher percentage of older women than older men reported that they always helped their spouses by giving other supports such as assisting in taking a bath, taking to the toilet, washing clothing, making or arranging the bed, wearing dresses, taking medicine, giving companionship. A similar trend was observed in supports that were reported as given sometimes and never by men and women (Table 10.2).

On the other hand, regarding supports given to spouses during sickness, more than half of the respondents always gave support to spouses staying beside spouses followed by full supervision of spouse's care, ensuring necessary care for spouses, managing money for food and medicine. However, 12.0 percent of the respondents never could provide support to manage money for food and medicine, and a smaller portion of the respondents was not able to give other supports mentioned above. However, there was substantial variation in giving support to spouses during sickness. It shows that older men provided higher supports to spouses in all cases except full supervision and staying beside sickness. For instance, 48.8 percent of older men always provided support for managing money for food and medicine, compared to 40.6 percent of older women. Nevertheless, 65.4 percent of the older women always gave support to spouses by staying beside sickness compared to 47.6 percent of the older men (Table 10.2).

Table 10. 2: Taking care of the spouse and providing support during sickness and own needs

Variables	All			Male			Female		
	Never n (%)	Sometimes n (%)	Always n (%)	Never n (%)	Sometimes n (%)	Always n (%)	Never n (%)	Sometimes n (%)	Always n (%)
The support provided to the spouse in everyday life									
Food related(cooking/serving)	398 (10.4)	1618 (42.3)	1787 (46.7)	325 (12.6)	1162 (45.1)	1084 (42.1)	73 (5.9)	456 (36.6)	703 (56.4)
Taking bath	1632 (42.7)	1612 (42.2)	559 (14.6)	1457 (56.5)	935 (36.3)	179 (6.9)	175 (14.0)	677 (54.3)	380 (30.5)
Help for going toilet	2623 (68.6)	1014 (26.5)	166 (4.3)	1938 (75.2)	578 (22.4)	55 (2.1)	685 (55.0)	436 (35.0)	111 (8.9)
Washing cloths	1646 (43.1)	1521 (39.8)	636 (16.6)	1441 (55.9)	938 (36.4)	192 (7.5)	205 (16.5)	583 (46.8)	444 (35.6)
Bed arrangement	1450 (37.9)	1675 (43.8)	678 (17.7)	1286 (49.9)	1145 (44.4)	140 (5.4)	164 (13.2)	530 (42.5)	538 (43.2)
Wearing cloths	2716 (71.0)	924 (24.2)	162 (4.2)	2014 (78.2)	512 (19.9)	44 (1.7)	702 (56.3)	412 (33.1)	118 (9.5)
Taking medicine	1486 (38.9)	1936 (50.6)	380 (9.9)	1182 (45.9)	1212 (47.0)	177 (6.9)	304 (24.4)	724 (58.1)	203 (16.3)
Bring medicine/	770 (20.1)	1862 (48.7)	1171 (30.6)	277 (10.7)	1320 (51.2)	974 (37.8)	493 (20.1)	542 (43.5)	197 (15.8)
Help to go outside to spend leisure period	892 (23.3)	2265 (59.2)	645 (16.9)	596 (23.1)	1540 (59.8)	435 (16.9)	296 (23.8)	725 (58.2)	210 (16.9)
Give companionship	76 (2.0)	1750 (45.8)	1690 (51.3)	46 (1.8)	1240 (48.1)	1272 (49.4)	30 (2.4)	510 (40.9)	688 (55.2)
The support provided to a spouse during sickness									
Manage money for food/medicine	458 (12.0)	1793 (46.9)	1551 (40.6)	185 (7.2)	1129 (43.8)	1258 (48.8)	273 (21.9)	1793 (46.9)	1551 (40.6)
Admit him/her in hospital for proper treatment	277 (7.2)	2222 (58.1)	1304 (34.1)	162 (6.3)	1450 (56.3)	960 (37.3)	115 (9.2)	772 (62.0)	344 (27.6)
Giving proper care in all possible sectors	332 (8.7)	2212 (57.9)	1259 (32.9)	270 (10.5)	1567 (60.8)	735 (28.5)	62 (5.0)	645 (51.8)	524 (42.1)
Ensure necessary cares he/she need	159 (4.2)	2054 (53.7)	1590 (41.6)	110 (4.3)	1476 (57.3)	986 (38.3)	49 (3.9)	578 (46.4)	604 (48.5)
Stay besides him/her always	80 (2.1)	1676 (43.8)	2041 (53.4)	51 (2.0)	1292 (50.1)	1226 (47.6)	29 (2.3)	384 (30.8)	815 (65.4)
Full supervision of his/her cares	78 (2.0)	1667 (43.6)	2035 (53.2)	50 (1.9)	1217 (47.2)	1288 (50.0)	28 (2.2)	450 (36.1)	747 (60.0)
Perception about the spouse on your needs									
Give proper attention on your needs	494 (12.9)	951 (24.9)	2337 (61.1)	332 (12.9)	487 (18.9)	1742 (67.6)	162 (13.0)	464 (37.2)	595 (47.8)
Give less attention on your needs	2084 (54.5)	1472 (38.5)	224 (5.9)	1533 (59.5)	890 (34.5)	137 (5.3)	551 (4.2)	582 (46.7)	87 (7.0)
Give more attention on his/her own needs compared	1470 (38.5)	1657 (43.3)	651 (17.0)	1103 (42.8)	1041 (40.4)	416 (16.1)	367 (29.5)	616 (49.4)	235 (18.9)
Feel necessity of more care for himself/herself	1192 (31.2)	1852 (48.4)	736 (19.3)	916 (35.5)	1179 (45.8)	465 (18.0)	276 (22.2)	673 (54.0)	271 (21.7)
That you also need proper care as an older people	472 (12.3)	1486 (38.9)	1808 (47.3)	325 (12.6)	878 (34.1)	1349 (52.3)	147 (11.8)	608 (48.8)	459 (36.8)

10.3 Older people's perception of their spouse's role in times of their need

Concerning perception about the spouse on their needs, it was found that the majority of the older population mentioned that their spouses either sometimes or always gave proper attention on their needs, felt the necessity of more care for the spouses but a substantial number of older people also mentioned that their spouses were never concerned about these caring. Considerable differences between sex were found in perception about spouses on their needs. More specifically, older women considered that their spouses need more care and support than older men. For example, 67.6 percent of older men mentioned that their spouses gave proper attention to their needs, compared to 47.8 percent of older women. A higher percentage of older men also considered that they needed more care compared to their spouses than older women (52.3% and 36.8%, respectively) (Table 10.2).

10.4 Older people's vulnerability

Analysis of old-age problems compared to their spouses showed that 59.5 percent of the older people mentioned that they still had to do household works which were followed by still had to earn for the family, higher expectation of spouse/family, had to take care of a spouse, had to do more works despite physical inability (Table 10.3). Substantial differences were found across gender in the old-age problems compared to the spouse. For instance, older men mentioned their higher involvement in earning for family and household works. On the other hand, older women had higher percentages of taking care of their spouses than older men (53.9% and 33.8%, respectively). It also shows that the young-old older people were found to bear more burden of earning for family, doing household works, taking care of spouses, doing more works despite physical inability, and fulfiling spouses' higher expectations than other older people. For example, 66.4 percent of the young-old people were still doing household works compared to 34.6 percent of the old-old older people. This pattern of bearing a higher burden of household and spousal responsibilities was also identical in rural areas compared to urban areas with slight variation in earning for family (Table 10.3).

Older people also undergo various types of vulnerability in our society. It was found that top five vulnerabilities of the older people were they had to depend on their spouse during sickness (49.7%), physically more disabled (38.3%), had less property (25.7%), had to depend on their spouse emotionally (24.9%), and had less knowledge and education (22.9%). Besides, significant differences were found between older men and women in terms of their comparative vulnerability. For example, older men had higher vulnerability compared to their spouses in areas of the higher level of physical disability and had to depend on spouses during sickness. On the other hand, older women had higher vulnerability compared to their spouses in areas of having less property, higher levels of financial and emotional dependency, and a higher risk of widowhood. Furthermore, older women also had a higher vulnerability in terms of less control on household members, less communication with society, getting less attention compared to their spouses, not giving proper attention to their health, and getting less care compared to the spouse (Table 10.3). It was also found that old-old older people had higher percentages of physical disability and dependency during sickness than other older people. For example, 55.2 percent of the old-old older people had a dependency on spouses during sickness compared to 48.1 percent of the young-old older people (Table 10.3). On the other hand, young-old older people had higher percentages of having less property compared to the spouse, less knowledge compared to the spouse, less control on household members, less communication with society, getting less attention from family and getting less care compared to spouse and not giving proper attention compared to old-old older people. It should be mentioned that this pattern of vulnerability was also similar among older people living in rural areas as compared to their counterparts living in urban areas.

More than half of the older people mentioned that even at this age, they had to do various household works and to take their care. These were followed by taking care of household members

and doing physical work outside of the home. There were significant differences in the works older people had to do at this age by their sex. For example, a higher percentage of older men were doing works outside of the home than older women. On the other hand, older women had a higher percentage of doing works and taking care of family members at home (Table 10.3). It was also found that a higher percentage of the young-old older people were doing physical works outside the home, taking care of household members, doing various household works than the old-old older people. On the other hand, a higher percentage of the old-old older people were taking their care (65.4%) than the young-old older people (57.9%). It is worthwhile to mention that these burdens of doing works were higher in urban areas than in rural areas, with one exception in doing various household works (Table 10.3).

Quantitative findings revealed that older women were more dependent on their spouses for their social security and social strength. Besides, older women were given more support to their spouses during sickness, whereas they were giving less priority to their health compared to their spouses. Furthermore, particularly divorced/separated/widowed older women were more vulnerable to physical insecurity, financial insecurity, less communication with children and household members, not getting care when needed, and exploitation by others. Qualitative findings revealed in-depth insights about gender-based vulnerabilities of the older women.

Vulnerability regarding health care facility and accessibility

Older people mentioned that they received less support from family during sickness. The helpless position due to the lack of support in such conditions had been focused on the responses. A male key informant from the Khulna region provided his insights regarding such situation of the older people,

> *"Sons don't help their parents. A mother may have three or four sons of her own. But she is starving. They are not giving medicine to her, even any food. There is a lot of wretched mother like this who are waiting for death in such situations. Their sons are working here and there, earning for their own family. For these poor old people, there is no one without Allah."*

The mention of less medicine support during the time of sickness was also reflected in the responses. The dependency and financial inability of the older people made them seek medicine support from their children. Having less money to arrange treatment for themselves was working as an impediment towards accessing proper health care. For such reasons, they were going to alternative sources where the effectiveness of the treatment was not satisfactory enough. An older woman from Khulna had a cataract in her eyes for a long time. She felt the urgency of the surgery in her eyes, but she was helpless as she had no money, and she had no source of support from where she could have the money required for proper treatment. In her words,

> *"It's a long time since I have a cataract in my eyes. I know it needs to be treated immediately. But what can I do? I don't have enough money to go for surgery."*

The insufficiency of medical facilities and challenges remaining in the institutions was mentioned in different responses as barriers towards receiving proper health care. An older man from the Rangpur (as an FGD participant) shared his experience in this regard,

> *"I suffer from diarrhoea frequently. If I go to the hospital, seeing me as a poor older person, they deny giving any medicines. They advise buying medicines from outside stores. They just give a prescription and ask to buy written medicines from outside. Here is the end of their duty. They don't even want to know whether the patient will live or die."*

Less accessibility due to lack of transportation facility was also mentioned as a barrier which was influencing the enhancement of the vulnerabilities of the older people regarding the access to proper healthcare services. Lack of communication and transportation facilities sometimes made older people so vulnerable that they decided not to seek care even if it was a case of emergency. Such orientation provided room for health complications getting deteriorated.

Table 10. 3: Older people's old age problems and vulnerabilities by selected background characteristics

Variables	All n (%)	Age			Sex		Place of residence	
		Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Male n (%)	Female n (%)	Rural n (%)	Urban n (%)
Old age problems in comparison to the spouse (n=3823)								
Still have to earn for family	1702 (44.5)	1115 (45.8)	498 (46.8)	95 (30.2)	1588 (61.6)	114 (9.1)	1322 (44.6)	386 (45.4)
Still have to do household works	2276 (59.5)	1615 (66.4)	562 (52.8)	109 (34.6)	1554 (60.3)	722 (57.9)	1821 (61.5)	465 (54.6)
Have to take care of your spouse which are also required for you	1543 (40.4)	1070 (44.0)	385 (36.2)	96 (30.5)	871 (33.8)	672 (53.9)	1293 (43.7)	258 (30.3)
Have to do more works despite of your inability	1532 (40.1)	1065 (43.8)	402 (37.8)	75 (23.8)	1049 (40.7)	483 (38.8)	1266 (42.8)	276 (32.4)
Spouse/family expects more from you which are difficult for you to do	1582 (41.4)	1062 (43.8)	430 (40.5)	98 (31.2)	1142 (44.3)	440 (35.3)	1271 (43.1)	319 (37.5)
Others	6 (0.2)	4 (57.1)	2 (28.6)	0 (0.0)	6 (0.2)	0 (0.0)	6 (60.0)	0 (40.0)
Types of vulnerabilities (n=3823)								
Physically more disabled because you are elder compared to your spouse	1465 (38.3)	744 (38.7)	523 (53.6)	202 (67.8)	1394 (54.1)	71 (5.7)	1185 (47.7)	284 (40.0)
There is high possibility to become widow because you are too young compared	728 (19.0)	34.5 (604)	105 (17.4)	22 (12.1)	81 (3.1)	647 (51.9)	611 (30.6)	120 (22.2)
Have to depend on your spouse in times of sickness	1899 (49.7)	1169 (48.1)	560 (52.6)	174 (55.2)	1381 (53.6)	518 (41.6)	1489 (50.3)	414 (48.7)
Have less property compared to your spouse	981 (25.7)	790 (32.6)	152 (14.3)	43 (13.8)	154 (6.0)	827 (66.4)	786 (26.6)	199 (23.5)
Have to depend on your spouse economically	953 (24.9)	781 (32.1)	143 (13.5)	33 (10.6)	143 (5.5)	810 (65.0)	755 (25.6)	202 (23.7)
Have less knowledge/education compared to your spouse	874 (22.9)	696 (28.6)	145 (13.6)	36 (11.5)	126 (4.9)	748 (60.0)	685 (23.1)	192 (22.5)
Have less control on HH members compared to your spouse	593 (15.5)	444 (18.3)	109 (10.3)	43 (13.7)	128 (5.0)	465 (37.3)	467 (15.8)	129 (15.2)
Have less communication with society compared to your spouse	762 (19.9)	576 (23.7)	149 (14.0)	42 (13.3)	225 (8.7)	537 (43.1)	19.8 (587)	180 (21.1)
Get less attention from family compared to your spouse	359 (9.4)	258 (10.6)	75 (7.1)	28 (9.0)	108 (4.2)	251 (20.1)	295 (10.0)	66 (7.8)
Your spouse provides less care compared to you provide to your spouse	432 (11.3)	342 (14.1)	69 (6.5)	24 (7.7)	88 (3.4)	344 (27.6)	359 (12.2)	76 (9.0)
Do not give proper attention to your own health	713 (18.7)	510 (21.0)	165 (15.5)	44 (14.1)	315 (12.2)	398 (31.9)	577 (19.5)	142 (16.7)
Less involvement with children/family members compared to spouse	289 (7.6)	204 (8.5)	58 (5.5)	29 (9.3)	106 (4.1)	183 (14.7)	237 (8.1)	54 (6.4)
Works have to do at this age which is troublesome for you (n=3823)								
Physical work outside of home	1792 (46.9)	1204 (49.5)	473 (44.5)	120 (38.1)	1367 (53.0)	425 (34.1)	1394 (47.1)	403 (47.3)
Taking care of household members	1973 (51.6)	1320 (54.2)	516 (48.5)	146 (46.3)	1253 (48.6)	720 (57.8)	1523 (51.5)	459 (53.9)
Doing varieties of household work	2217 (58.0)	1497 (61.6)	581 (54.7)	148 (47.0)	1480 (57.4)	737 (59.1)	1756 (59.4)	470 (55.2)
Own care	2217 (58.0)	1408 (57.9)	613 (57.7)	206 (65.4)	1465 (56.8)	752 (60.4)	1725 (58.3)	502 (59.1)

Vulnerability regarding financial support and ability

Another triggering factor behind the vulnerability of older people was having less earning capability and financial support. This notion was reflected in different interviews of the respondents. A male key informant from the Barishal shared his insights about such a situation where older people suffering from different diseases and having less financial capability or source of support are thought to be most vulnerable. In his words,

> *"Diabetes is now seen to be inevitable after the age of 40. You have to suffer from different symptoms if you have diabetes. These things affect your daily activities. Older people have complications in walking, moving, eating, and doing other works. In such circumstances, they face an urgent need for a caretaker. But without money, who will provide them care?"*

Affording health care services was directly influenced by the financial condition of old-age people. Besides, poor financial conditions put the urgency of earning livelihood through the engagement of different hard-working occupations even at this stage of life. Responses reflect the vulnerabilities of the older people, which was created by their urgency of earning a livelihood. At the same time, they are less capable of doing hard physical works. The notion of not having freedom in different contexts could also be considered as the vulnerability of older people whowere facing due to financial lacking. An older woman fromthe Chattogram shared her experience in this regard,

> *"The main problem is a lack of money. If I wish to do something, I cannot because I have no money in my hands. Sometimes I wish to eat something good. That also cannot be done because of financial inability."*

The financial constraint in such ways was becoming the triggering factor behind the origin of vulnerabilities of the older people based on their particular socio-economic contexts.

Vulnerability due to disrespect and declined support from family

The notion of losing the support of family and receiving disrespectful attitude from them had been reflected through the responses of the older people. Such a situation made them vulnerable in their family settings and also in social settings. Receiving a disrespectful attitude from the family settings had been frequently mentioned in the interviews. The male key informant from the Barishal rural area shared his insights regarding this,

> *"It is seen that daughters-in-law are putting pressure on her husband to involve his old mother in different household works. Threats about leaving the house are thrown to husbands if they deny doing such things. Facing such threats, the husband sees no way other than being aggressive to her mother. And that creates more complications in the family."*

Another older man from the Rangpur (as an FGD participant) stated his experience in this regard,

> *"Discriminations have to be faced both in their own house and daughters-in-law's house. If your son wants to give you something, his wife will not let him do this. If his wife asks to provide something as help, your son won't permit. And often old people are victims of bad behaviour."*

Social settings also provided a similar orientation to older people. The notion of less support received from the society had also been reflected in the responses. The people living in the society were seen to be unwilling to provide support to the old-age people on different grounds. Society could not be motivated to provide support and help to the older people where the family support is absent. A male key informant from the Khulna shared his thoughts about this,

> *"The people of society will deny to help you where your family members have already denied. You have two or three sons of your own. Still, you are struggling to manage your foods, clothes. If your sons deny to provide you those supports, how can society provide you that? If someone exceptional in the social group wants to help personally, they do it on their own."*

Less respect towards older people from society was also considered as the source of the vulnerability of the older people because the absence of respect declined the acceptability of the older people as a member of the society and even as a member of his own family. Such decline puts an impact on the less accessibility of them to health care or any other facilities.

Vulnerability due to the hard livelihood of the older population

Older people were often brought under mandatory circumstances where they had to earn their livelihood by working hard. Sometimes due to the absence of working opportunities, they had to search for alternatives for fulfilling their daily needs. The persistent poverty and lack of ability to earn provided the contextual settings where low livelihood is inevitable for the older people. An older man from the Khulna shared his experience in this regard,

> *"I have no lands of my own. I have no resources left too. This is the way I am passing my days. My wife earns a little by selling mosquito nets. With her earning, we have to manage these things. The rent of this little house also adds something to the earning. With this little amount of money, even buying the daily needed medicines becomes tough for us."*

In many responses, it was found that older people having less income had to live from hand to mouth. Absence of a day's work or income made them suffer for the day and even for the whole week. An older man shared his experience from the Khulna as an FGD conducted,

> *"I live in a rented house. I have different physical problems. Despite having physical inability, I have to struggle for finding and doing works. I have no land of my own. Being absent from work for a day or two will be the reason for suffering for us. My family will be helpless."*

These hardships in earning livelihood have an impact on other aspects of the older people, too, such as affording nutritious foods for themselves with their little earning. They, in their responses, provided the insight that economic hardship and fewer income opportunities worked as impediments whenever they wish to eat something nutritious or any desired foods. An older woman from Khulna as an FGD participant shared her experience of not getting foods she desired to have. In her words,

> *"I like beef. But the price of one kg of it is 350 Taka. I wish to eat, but how can I? I cannot afford those because I don't have that much money."*

The same thing happened for some older people,even in the time of their needs for medication. They could not afford to buy medicines from the pharmacies due to their less income. An older woman from the Khulna (as an FGD participant) in shared her experiences,

> *"I cannot buy my medicines. I cannot afford to buy nutritious foods, even when I am sick."*

Such a disadvantageous position regarding the financial hardship and low livelihood level enhanced the vulnerability of the older people in their particular context.

10.6 Vulnerability of divorced/separated/widowed older people

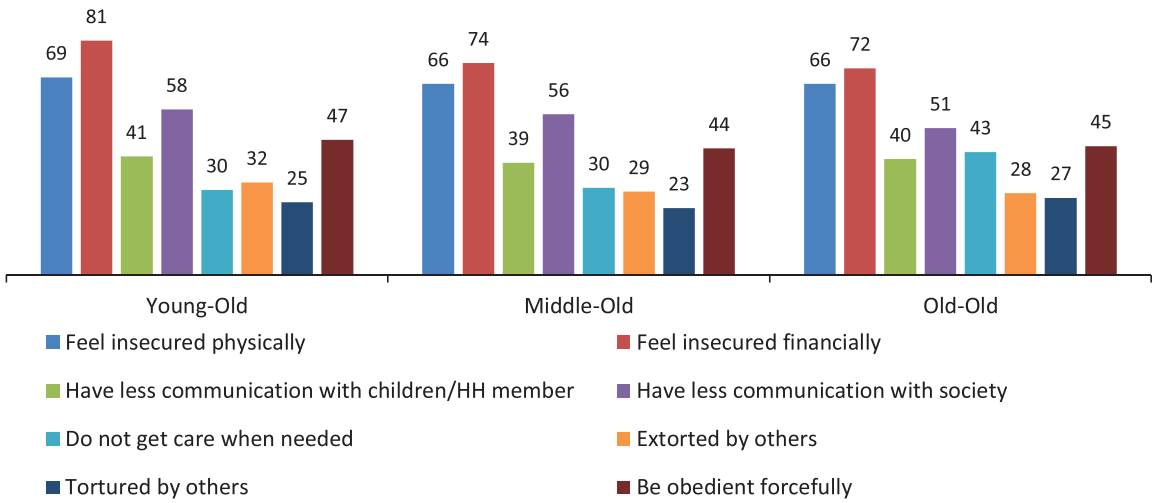
Table 10.4 presents two perspectives on the vulnerability of divorced/separated/widowed older people: to what extent their life is different and to what level they are vulnerable compared to their counterparts who were not divorced/separated/widowed. It was found that 81.4 percent of older people felt lonelier, 62.1 percent had to live alone most of the time, 39.1 percent were neglected by others most of the time, and 32.5 percent had to manage everything by themselves compared to those older people who were not widowed/widower. It should be mentioned that only 18.3 percent of older people had the closest one to share everything. However, this study did not find major differences in these vulnerabilities among older people by gender(Table 10.4). On the other hand, 76.5 percent of older people were more vulnerable compared to those who were not

widowed/widower because they felt financially unsecured, followed by physically unsecured (67%), and had less communication with society (55.2%). Figure 10.1 shows the vulnerability of divorced/separated/widowed/widower older people by age. It shows that about two-thirds of the young-old respondents had to live alone most of the time, followed by the middle-old (60.8%) and the old-old (58.6%) population.

Table 10.4: Vulnerability of divorced/separated/widowed/widower older people

Variables	All n (%)	Sex	
		Male n (%)	Female n (%)
Do you think your life is different compared to those who are not widowed/widower (N=2498)			
Feel lonelier	2033 (81.4)	179 (80.3)	1854 (81.5)
You have the closest one to share everything	456 (18.3)	38 (17.0)	418 (18.4)
You can express your emotion	502 (20.1)	47 (21.1)	455 (20.0)
Have to live alone most of the time	1552 (62.1)	141 (63.2)	1411 (62.0)
Have to manage everything yourself	811 (32.5)	71 (31.8)	740 (32.5)
You are neglected by others most of the time	977 (39.1)	70 (31.4)	907 (39.9)
Do you think you are more vulnerable compared to those who are not widowed/widower (N=2498)			
Feel unsecured physically	1674 (67.0)	140 (62.8)	1534 (67.4)
Feel unsecured financially	1912 (76.5)	92 (41.3)	1820 (80.0)
Have less communication with children/HH members	987 (39.5)	71 (31.8)	916 (40.3)
Have less communication with society	1378 (55.2)	72 (32.3)	1306 (57.4)
Do not get care when needed	797 (31.9)	69 (30.9)	728 (32.0)
Extorted by others	754 (30.2)	47 (21.1)	707 (31.1)
Tortured by others	615 (24.6)	45 (20.2)	570 (25.1)
Be obedient forcefully	1113 (44.6)	79 (35.4)	1034 (45.5)

Figure 10.1: Divorced, separated, and widowed older women's perception of their vulnerabilities by age (%)



10.7 Problems during disasters

Older people undergo multiple problems during the disaster. It was found that about three-fourths of the older people felt sick during winter, and more than half of the older people were suffering from problems in receiving relief, facing trouble in collecting relief, cannot repair damaged homes, and accommodation problems. Besides, about one-third of older people suffered from problems of going too far for receiving relief and getting less relief as a woman (Table 10.5).

Table 10. 2: Taking care of the spouse and providing support during sickness and own needs

Variables	All			Male			Female		
	Never n (%)	Sometimes n (%)	Always n (%)	Never n (%)	Sometimes n (%)	Always n (%)	Never n (%)	Sometimes n (%)	Always n (%)
The support provided to the spouse in everyday life									
Food related(cooking/serving)	398 (10.4)	1618 (42.3)	1787 (46.7)	325 (12.6)	1162 (45.1)	1084 (42.1)	73 (5.9)	456 (36.6)	703 (56.4)
Taking bath	1632 (42.7)	1612 (42.2)	559 (14.6)	1457 (56.5)	935 (36.3)	179 (6.9)	175 (14.0)	677 (54.3)	380 (30.5)
Help for going toilet	2623 (68.6)	1014 (26.5)	166 (4.3)	1938 (75.2)	578 (22.4)	55 (2.1)	685 (55.0)	436 (35.0)	111 (8.9)
Washing cloths	1646 (43.1)	1521 (39.8)	636 (16.6)	1441 (55.9)	938 (36.4)	192 (7.5)	205 (16.5)	583 (46.8)	444 (35.6)
Bed arrangement	1450 (37.9)	1675 (43.8)	678 (17.7)	1286 (49.9)	1145 (44.4)	140 (5.4)	164 (13.2)	530 (42.5)	538 (43.2)
Wearing cloths	2716 (71.0)	924 (24.2)	162 (4.2)	2014 (78.2)	512 (19.9)	44 (1.7)	702 (56.3)	412 (33.1)	118 (9.5)
Taking medicine	1486 (38.9)	1936 (50.6)	380 (9.9)	1182 (45.9)	1212 (47.0)	177 (6.9)	304 (24.4)	724 (58.1)	203 (16.3)
Bring medicine/	770 (20.1)	1862 (48.7)	1171 (30.6)	277 (10.7)	1320 (51.2)	974 (37.8)	493 (20.1)	542 (43.5)	197 (15.8)
Help to go outside to spend leisure period	892 (23.3)	2265 (59.2)	645 (16.9)	596 (23.1)	1540 (59.8)	435 (16.9)	296 (23.8)	725 (58.2)	210 (16.9)
Give companionship	76 (2.0)	1750 (45.8)	1690 (51.3)	46 (1.8)	1240 (48.1)	1272 (49.4)	30 (2.4)	510 (40.9)	688 (55.2)
The support provided to a spouse during sickness									
Manage money for food/medicine	458 (12.0)	1793 (46.9)	1551 (40.6)	185 (7.2)	1129 (43.8)	1258 (48.8)	273 (21.9)	1793 (46.9)	1551 (40.6)
Admit him/her in hospital for proper treatment	277 (7.2)	2222 (58.1)	1304 (34.1)	162 (6.3)	1450 (56.3)	960 (37.3)	115 (9.2)	772 (62.0)	344 (27.6)
Giving proper care in all possible sectors	332 (8.7)	2212 (57.9)	1259 (32.9)	270 (10.5)	1567 (60.8)	735 (28.5)	62 (5.0)	645 (51.8)	524 (42.1)
Ensure necessary cares he/she need	159 (4.2)	2054 (53.7)	1590 (41.6)	110 (4.3)	1476 (57.3)	986 (38.3)	49 (3.9)	578 (46.4)	604 (48.5)
Stay besides him/her always	80 (2.1)	1676 (43.8)	2041 (53.4)	51 (2.0)	1292 (50.1)	1226 (47.6)	29 (2.3)	384 (30.8)	815 (65.4)
Full supervision of his/her cares	78 (2.0)	1667 (43.6)	2035 (53.2)	50 (1.9)	1217 (47.2)	1288 (50.0)	28 (2.2)	450 (36.1)	747 (60.0)
Perception about the spouse on your needs									
Give proper attention on your needs	494 (12.9)	951 (24.9)	2337 (61.1)	332 (12.9)	487 (18.9)	1742 (67.6)	162 (13.0)	464 (37.2)	595 (47.8)
Give less attention on your needs	2084 (54.5)	1472 (38.5)	224 (5.9)	1533 (59.5)	890 (34.5)	137 (5.3)	551 (4.2)	582 (46.7)	87 (7.0)
Give more attention on his/her own needs compared	1470 (38.5)	1657 (43.3)	651 (17.0)	1103 (42.8)	1041 (40.4)	416 (16.1)	367 (29.5)	616 (49.4)	235 (18.9)
Feel necessity of more care for himself/herself	1192 (31.2)	1852 (48.4)	736 (19.3)	916 (35.5)	1179 (45.8)	465 (18.0)	276 (22.2)	673 (54.0)	271 (21.7)
That you also need proper care as an older people	472 (12.3)	1486 (38.9)	1808 (47.3)	325 (12.6)	878 (34.1)	1349 (52.3)	147 (11.8)	608 (48.8)	459 (36.8)

10.3 Older people's perception of their spouse's role in times of their need

Concerning perception about the spouse on their needs, it was found that the majority of the older population mentioned that their spouses either sometimes or always gave proper attention on their needs, felt the necessity of more care for the spouses but a substantial number of older people also mentioned that their spouses were never concerned about these caring. Considerable differences between sex were found in perception about spouses on their needs. More specifically, older women considered that their spouses need more care and support than older men. For example, 67.6 percent of older men mentioned that their spouses gave proper attention to their needs, compared to 47.8 percent of older women. A higher percentage of older men also considered that they needed more care compared to their spouses than older women (52.3% and 36.8%, respectively) (Table 10.2).

10.4 Older people's vulnerability

Analysis of old-age problems compared to their spouses showed that 59.5 percent of the older people mentioned that they still had to do household works which were followed by still had to earn for the family, higher expectation of spouse/family, had to take care of a spouse, had to do more works despite physical inability (Table 10.3). Substantial differences were found across gender in the old-age problems compared to the spouse. For instance, older men mentioned their higher involvement in earning for family and household works. On the other hand, older women had higher percentages of taking care of their spouses than older men (53.9% and 33.8%, respectively). It also shows that the young-old older people were found to bear more burden of earning for family, doing household works, taking care of spouses, doing more works despite physical inability, and fulfiling spouses' higher expectations than other older people. For example, 66.4 percent of the young-old people were still doing household works compared to 34.6 percent of the old-old older people. This pattern of bearing a higher burden of household and spousal responsibilities was also identical in rural areas compared to urban areas with slight variation in earning for family (Table 10.3).

Older people also undergo various types of vulnerability in our society. It was found that top five vulnerabilities of the older people were they had to depend on their spouse during sickness (49.7%), physically more disabled (38.3%), had less property (25.7%), had to depend on their spouse emotionally (24.9%), and had less knowledge and education (22.9%). Besides, significant differences were found between older men and women in terms of their comparative vulnerability. For example, older men had higher vulnerability compared to their spouses in areas of the higher level of physical disability and had to depend on spouses during sickness. On the other hand, older women had higher vulnerability compared to their spouses in areas of having less property, higher levels of financial and emotional dependency, and a higher risk of widowhood. Furthermore, older women also had a higher vulnerability in terms of less control on household members, less communication with society, getting less attention compared to their spouses, not giving proper attention to their health, and getting less care compared to the spouse (Table 10.3). It was also found that old-old older people had higher percentages of physical disability and dependency during sickness than other older people. For example, 55.2 percent of the old-old older people had a dependency on spouses during sickness compared to 48.1 percent of the young-old older people (Table 10.3). On the other hand, young-old older people had higher percentages of having less property compared to the spouse, less knowledge compared to the spouse, less control on household members, less communication with society, getting less attention from family and getting less care compared to spouse and not giving proper attention compared to old-old older people. It should be mentioned that this pattern of vulnerability was also similar among older people living in rural areas as compared to their counterparts living in urban areas.

More than half of the older people mentioned that even at this age, they had to do various household works and to take their care. These were followed by taking care of household members

and doing physical work outside of the home. There were significant differences in the works older people had to do at this age by their sex. For example, a higher percentage of older men were doing works outside of the home than older women. On the other hand, older women had a higher percentage of doing works and taking care of family members at home (Table 10.3). It was also found that a higher percentage of the young-old older people were doing physical works outside the home, taking care of household members, doing various household works than the old-old older people. On the other hand, a higher percentage of the old-old older people were taking their care (65.4%) than the young-old older people (57.9%). It is worthwhile to mention that these burdens of doing works were higher in urban areas than in rural areas, with one exception in doing various household works (Table 10.3).

Quantitative findings revealed that older women were more dependent on their spouses for their social security and social strength. Besides, older women were given more support to their spouses during sickness, whereas they were giving less priority to their health compared to their spouses. Furthermore, particularly divorced/separated/widowed older women were more vulnerable to physical insecurity, financial insecurity, less communication with children and household members, not getting care when needed, and exploitation by others. Qualitative findings revealed in-depth insights about gender-based vulnerabilities of the older women.

Vulnerability regarding health care facility and accessibility

Older people mentioned that they received less support from family during sickness. The helpless position due to the lack of support in such conditions had been focused on the responses. A male key informant from the Khulna region provided his insights regarding such situation of the older people,

> *"Sons don't help their parents. A mother may have three or four sons of her own. But she is starving. They are not giving medicine to her, even any food. There is a lot of wretched mother like this who are waiting for death in such situations. Their sons are working here and there, earning for their own family. For these poor old people, there is no one without Allah."*

The mention of less medicine support during the time of sickness was also reflected in the responses. The dependency and financial inability of the older people made them seek medicine support from their children. Having less money to arrange treatment for themselves was working as an impediment towards accessing proper health care. For such reasons, they were going to alternative sources where the effectiveness of the treatment was not satisfactory enough. An older woman from Khulna had a cataract in her eyes for a long time. She felt the urgency of the surgery in her eyes, but she was helpless as she had no money, and she had no source of support from where she could have the money required for proper treatment. In her words,

> *"It's a long time since I have a cataract in my eyes. I know it needs to be treated immediately. But what can I do? I don't have enough money to go for surgery."*

The insufficiency of medical facilities and challenges remaining in the institutions was mentioned in different responses as barriers towards receiving proper health care. An older man from the Rangpur (as an FGD participant) shared his experience in this regard,

> *"I suffer from diarrhoea frequently. If I go to the hospital, seeing me as a poor older person, they deny giving any medicines. They advise buying medicines from outside stores. They just give a prescription and ask to buy written medicines from outside. Here is the end of their duty. They don't even want to know whether the patient will live or die."*

Less accessibility due to lack of transportation facility was also mentioned as a barrier which was influencing the enhancement of the vulnerabilities of the older people regarding the access to proper healthcare services. Lack of communication and transportation facilities sometimes made older people so vulnerable that they decided not to seek care even if it was a case of emergency. Such orientation provided room for health complications getting deteriorated.

Table 10. 3: Older people's old age problems and vulnerabilities by selected background characteristics

Variables	All n (%)	Age			Sex		Place of residence	
		Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Male n (%)	Female n (%)	Rural n (%)	Urban n (%)
Old age problems in comparison to the spouse (n=3823)								
Still have to earn for family	1702 (44.5)	1115 (45.8)	498 (46.8)	95 (30.2)	1588 (61.6)	114 (9.1)	1322 (44.6)	386 (45.4)
Still have to do household works	2276 (59.5)	1615 (66.4)	562 (52.8)	109 (34.6)	1554 (60.3)	722 (57.9)	1821 (61.5)	465 (54.6)
Have to take care of your spouse which are also required for you	1543 (40.4)	1070 (44.0)	385 (36.2)	96 (30.5)	871 (33.8)	672 (53.9)	1293 (43.7)	258 (30.3)
Have to do more works despite of your inability	1532 (40.1)	1065 (43.8)	402 (37.8)	75 (23.8)	1049 (40.7)	483 (38.8)	1266 (42.8)	276 (32.4)
Spouse/family expects more from you which are difficult for you to do	1582 (41.4)	1062 (43.8)	430 (40.5)	98 (31.2)	1142 (44.3)	440 (35.3)	1271 (43.1)	319 (37.5)
Others	6 (0.2)	4 (57.1)	2 (28.6)	0 (0.0)	6 (0.2)	0 (0.0)	6 (60.0)	0 (40.0)
Types of vulnerabilities (n=3823)								
Physically more disabled because you are elder compared to your spouse	1465 (38.3)	744 (38.7)	523 (53.6)	202 (67.8)	1394 (54.1)	71 (5.7)	1185 (47.7)	284 (40.0)
There is high possibility to become widow because you are too young compared	728 (19.0)	34.5 (604)	105 (17.4)	22 (12.1)	81 (3.1)	647 (51.9)	611 (30.6)	120 (22.2)
Have to depend on your spouse in times of sickness	1899 (49.7)	1169 (48.1)	560 (52.6)	174 (55.2)	1381 (53.6)	518 (41.6)	1489 (50.3)	414 (48.7)
Have less property compared to your spouse	981 (25.7)	790 (32.6)	152 (14.3)	43 (13.8)	154 (6.0)	827 (66.4)	786 (26.6)	199 (23.5)
Have to depend on your spouse economically	953 (24.9)	781 (32.1)	143 (13.5)	33 (10.6)	143 (5.5)	810 (65.0)	755 (25.6)	202 (23.7)
Have less knowledge/education compared to your spouse	874 (22.9)	696 (28.6)	145 (13.6)	36 (11.5)	126 (4.9)	748 (60.0)	685 (23.1)	192 (22.5)
Have less control on HH members compared to your spouse	593 (15.5)	444 (18.3)	109 (10.3)	43 (13.7)	128 (5.0)	465 (37.3)	467 (15.8)	129 (15.2)
Have less communication with society compared to your spouse	762 (19.9)	576 (23.7)	149 (14.0)	42 (13.3)	225 (8.7)	537 (43.1)	19.8 (587)	180 (21.1)
Get less attention from family compared to your spouse	359 (9.4)	258 (10.6)	75 (7.1)	28 (9.0)	108 (4.2)	251 (20.1)	295 (10.0)	66 (7.8)
Your spouse provides less care compared to you provide to your spouse	432 (11.3)	342 (14.1)	69 (6.5)	24 (7.7)	88 (3.4)	344 (27.6)	359 (12.2)	76 (9.0)
Do not give proper attention to your own health	713 (18.7)	510 (21.0)	165 (15.5)	44 (14.1)	315 (12.2)	398 (31.9)	577 (19.5)	142 (16.7)
Less involvement with children/family members compared to spouse	289 (7.6)	204 (8.5)	58 (5.5)	29 (9.3)	106 (4.1)	183 (14.7)	237 (8.1)	54 (6.4)
Works have to do at this age which is troublesome for you (n=3823)								
Physical work outside of home	1792 (46.9)	1204 (49.5)	473 (44.5)	120 (38.1)	1367 (53.0)	425 (34.1)	1394 (47.1)	403 (47.3)
Taking care of household members	1973 (51.6)	1320 (54.2)	516 (48.5)	146 (46.3)	1253 (48.6)	720 (57.8)	1523 (51.5)	459 (53.9)
Doing varieties of household work	2217 (58.0)	1497 (61.6)	581 (54.7)	148 (47.0)	1480 (57.4)	737 (59.1)	1756 (59.4)	470 (55.2)
Own care	2217 (58.0)	1408 (57.9)	613 (57.7)	206 (65.4)	1465 (56.8)	752 (60.4)	1725 (58.3)	502 (59.1)

Vulnerability regarding financial support and ability

Another triggering factor behind the vulnerability of older people was having less earning capability and financial support. This notion was reflected in different interviews of the respondents. A male key informant from the Barishal shared his insights about such a situation where older people suffering from different diseases and having less financial capability or source of support are thought to be most vulnerable. In his words,

> *"Diabetes is now seen to be inevitable after the age of 40. You have to suffer from different symptoms if you have diabetes. These things affect your daily activities. Older people have complications in walking, moving, eating, and doing other works. In such circumstances, they face an urgent need for a caretaker. But without money, who will provide them care?"*

Affording health care services was directly influenced by the financial condition of old-age people. Besides, poor financial conditions put the urgency of earning livelihood through the engagement of different hard-working occupations even at this stage of life. Responses reflect the vulnerabilities of the older people, which was created by their urgency of earning a livelihood. At the same time, they are less capable of doing hard physical works. The notion of not having freedom in different contexts could also be considered as the vulnerability of older people whowere facing due to financial lacking. An older woman fromthe Chattogram shared her experience in this regard,

> *"The main problem is a lack of money. If I wish to do something, I cannot because I have no money in my hands. Sometimes I wish to eat something good. That also cannot be done because of financial inability."*

The financial constraint in such ways was becoming the triggering factor behind the origin of vulnerabilities of the older people based on their particular socio-economic contexts.

Vulnerability due to disrespect and declined support from family

The notion of losing the support of family and receiving disrespectful attitude from them had been reflected through the responses of the older people. Such a situation made them vulnerable in their family settings and also in social settings. Receiving a disrespectful attitude from the family settings had been frequently mentioned in the interviews. The male key informant from the Barishal rural area shared his insights regarding this,

> *"It is seen that daughters-in-law are putting pressure on her husband to involve his old mother in different household works. Threats about leaving the house are thrown to husbands if they deny doing such things. Facing such threats, the husband sees no way other than being aggressive to her mother. And that creates more complications in the family."*

Another older man from the Rangpur (as an FGD participant) stated his experience in this regard,

> *"Discriminations have to be faced both in their own house and daughters-in-law's house. If your son wants to give you something, his wife will not let him do this. If his wife asks to provide something as help, your son won't permit. And often old people are victims of bad behaviour."*

Social settings also provided a similar orientation to older people. The notion of less support received from the society had also been reflected in the responses. The people living in the society were seen to be unwilling to provide support to the old-age people on different grounds. Society could not be motivated to provide support and help to the older people where the family support is absent. A male key informant from the Khulna shared his thoughts about this,

> *"The people of society will deny to help you where your family members have already denied. You have two or three sons of your own. Still, you are struggling to manage your foods, clothes. If your sons deny to provide you those supports, how can society provide you that? If someone exceptional in the social group wants to help personally, they do it on their own."*

Less respect towards older people from society was also considered as the source of the vulnerability of the older people because the absence of respect declined the acceptability of the older people as a member of the society and even as a member of his own family. Such decline puts an impact on the less accessibility of them to health care or any other facilities.

Vulnerability due to the hard livelihood of the older population

Older people were often brought under mandatory circumstances where they had to earn their livelihood by working hard. Sometimes due to the absence of working opportunities, they had to search for alternatives for fulfilling their daily needs. The persistent poverty and lack of ability to earn provided the contextual settings where low livelihood is inevitable for the older people. An older man from the Khulna shared his experience in this regard,

> *"I have no lands of my own. I have no resources left too. This is the way I am passing my days. My wife earns a little by selling mosquito nets. With her earning, we have to manage these things. The rent of this little house also adds something to the earning. With this little amount of money, even buying the daily needed medicines becomes tough for us."*

In many responses, it was found that older people having less income had to live from hand to mouth. Absence of a day's work or income made them suffer for the day and even for the whole week. An older man shared his experience from the Khulna as an FGD conducted,

> *"I live in a rented house. I have different physical problems. Despite having physical inability, I have to struggle for finding and doing works. I have no land of my own. Being absent from work for a day or two will be the reason for suffering for us. My family will be helpless."*

These hardships in earning livelihood have an impact on other aspects of the older people, too, such as affording nutritious foods for themselves with their little earning. They, in their responses, provided the insight that economic hardship and fewer income opportunities worked as impediments whenever they wish to eat something nutritious or any desired foods. An older woman from Khulna as an FGD participant shared her experience of not getting foods she desired to have. In her words,

> *"I like beef. But the price of one kg of it is 350 Taka. I wish to eat, but how can I? I cannot afford those because I don't have that much money."*

The same thing happened for some older people,even in the time of their needs for medication. They could not afford to buy medicines from the pharmacies due to their less income. An older woman from the Khulna (as an FGD participant) in shared her experiences,

> *"I cannot buy my medicines. I cannot afford to buy nutritious foods, even when I am sick."*

Such a disadvantageous position regarding the financial hardship and low livelihood level enhanced the vulnerability of the older people in their particular context.

10.6 Vulnerability of divorced/separated/widowed older people

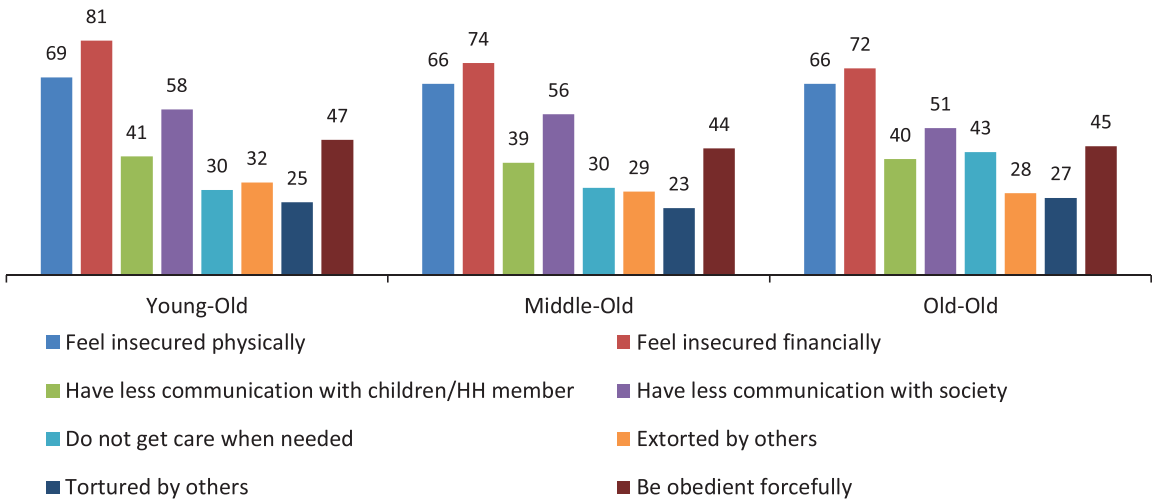
Table 10.4 presents two perspectives on the vulnerability of divorced/separated/widowed older people: to what extent their life is different and to what level they are vulnerable compared to their counterparts who were not divorced/separated/widowed. It was found that 81.4 percent of older people felt lonelier, 62.1 percent had to live alone most of the time, 39.1 percent were neglected by others most of the time, and 32.5 percent had to manage everything by themselves compared to those older people who were not widowed/widower. It should be mentioned that only 18.3 percent of older people had the closest one to share everything. However, this study did not find major differences in these vulnerabilities among older people by gender(Table 10.4). On the other hand, 76.5 percent of older people were more vulnerable compared to those who were not

widowed/widower because they felt financially unsecured, followed by physically unsecured (67%), and had less communication with society (55.2%). Figure 10.1 shows the vulnerability of divorced/separated/widowed/widower older people by age. It shows that about two-thirds of the young-old respondents had to live alone most of the time, followed by the middle-old (60.8%) and the old-old (58.6%) population.

Table 10.4: Vulnerability of divorced/separated/widowed/widower older people

Variables	All n (%)	Sex	
		Male n (%)	Female n (%)
Do you think your life is different compared to those who are not widowed/widower (N=2498)			
Feel lonelier	2033 (81.4)	179 (80.3)	1854 (81.5)
You have the closest one to share everything	456 (18.3)	38 (17.0)	418 (18.4)
You can express your emotion	502 (20.1)	47 (21.1)	455 (20.0)
Have to live alone most of the time	1552 (62.1)	141 (63.2)	1411 (62.0)
Have to manage everything yourself	811 (32.5)	71 (31.8)	740 (32.5)
You are neglected by others most of the time	977 (39.1)	70 (31.4)	907 (39.9)
Do you think you are more vulnerable compared to those who are not widowed/widower (N=2498)			
Feel unsecured physically	1674 (67.0)	140 (62.8)	1534 (67.4)
Feel unsecured financially	1912 (76.5)	92 (41.3)	1820 (80.0)
Have less communication with children/HH members	987 (39.5)	71 (31.8)	916 (40.3)
Have less communication with society	1378 (55.2)	72 (32.3)	1306 (57.4)
Do not get care when needed	797 (31.9)	69 (30.9)	728 (32.0)
Extorted by others	754 (30.2)	47 (21.1)	707 (31.1)
Tortured by others	615 (24.6)	45 (20.2)	570 (25.1)
Be obedient forcefully	1113 (44.6)	79 (35.4)	1034 (45.5)

Figure 10.1: Divorced, separated, and widowed older women's perception of their vulnerabilities by age (%)



10.7 Problems during disasters

Older people undergo multiple problems during the disaster. It was found that about three-fourths of the older people felt sick during winter, and more than half of the older people were suffering from problems in receiving relief, facing trouble in collecting relief, cannot repair damaged homes, and accommodation problems. Besides, about one-third of older people suffered from problems of going too far for receiving relief and getting less relief as a woman (Table 10.5).

Table 10.5: Types of problems during disaster

Types of problem during a disaster	Yes n (%)	No n (%)	Total n (%)
Problem during receiving relief	380 (58.8)	266 (41.2)	646 (100.0)
Getting less relief as a woman	94 (28.3)	238 (71.7)	332 (100.0)
Left me behind	138 (21.0)	518 (79.0)	656 (100.0)
Accommodation problem	759 (51.4)	719 (48.7)	1478 (100.0)
Problem to carry relief	250 (42.2)	343 (57.8)	593 (100.0)
Have to go too far to receive relief	187 (31.0)	416 (69.0)	603 (100.0)
Have to face trouble to receive relief	355 (55.1)	289 (44.9)	644 (100.0)
Cannot collect drinking water during summer	1319 (53.8)	1132 (46.2)	2451 (100.0)
Cannot repair our damaged home	889 (33.4)	1773 (66.6)	2662 (100.0)
Feel sick during winter	2436 (72.7)	916 (27.3)	3352 (100.0)
Others	3 (3.9)	75 (96.2)	78 (100.0)

Older people mentioned various reasons for their suffering during disasters. More specifically, more than half of the respondents reported their sufferings during disasters as facing problems to receive relief due to physical disability, had to wait a long time, felt fear to face so much crowd, and had to say again and again. Also, one-third of older people mentioned their sufferings during disasters as facing problems to receive relief due to wearing the *Hijab*. Other reasons behind the older people's sufferings during disasters were not always taking care ofthe Union Parishad and not knowing how to control the disasters (Table 10.6).

Table 10.6: Reasons for problems during disaster

Reasons for problems during a disaster	Yes n (%)	No n (%)	Total n (%)
Face problem to receive relief due to physical disability	338 (55.6)	270 (44.4)	608 (100.0)
Have to wait long time	393 (59.9)	263 (40.1)	656 (100.0)
Feel fear to face so much crowd	394 (58.0)	285 (42.0)	679 (100.0)
Face problem to receive relief due to wearing *Hijab*	130 (35.3)	238 (64.7)	368 (100.0)
Cannot reach immediately to the shelter	394 (44.1	500 (55.9)	894 (100.0)
Have to say again and again	534 (63.0)	314 (37.0)	848 (100.0)
Union Parishad always taking care of us	810 (38.7)	1286 (61.4)	2096 (100.0)
Know about how to control the disasters	793 (27.4)	2104 (72.6)	2897 (100.0)
We are members of community committee	230 (7.9)	2701 (92.2)	2931 (100.0)
Others	1 (0.7)	150 (99.3)	151 (100.0)

Quantitative findings showed that the majority of older people had a higher prevalence of sickness during winter, and they also faced various problems in collecting relief during disasters. Qualitative findings revealed more dimension of vulnerabilities of older people during disasters such as a higher prevalence of diseases, and the effect of extreme wealth on health.

No matter whether summer or winter: suffering is inevitable

An older man from the Barishal shared his perception about the health problem caused by extreme weather such as too much heat or too much cold. In his words,

> *"In the summer season, you can suffer from fever if you take a quick shower after coming house from outside. Many people don't know that. That's why they have to suffer. And in winter days, it's common to suffer in cold fever. I always do it!"*

Another older woman who was a participant in the FGD conducted in the Barisal stated about her experience of vulnerability in these extreme climatic events,

> *"In winter, I cannot fight against cold. It's unbearable. And similarly, in summer, I have to suffer from other symptoms. Pain in back, sleeplessness, shoulder pain, and many more things. These are pathetic."*

Aggravated suffering due to poverty

The vulnerability during a disaster gets worsted enhanced due to the lack of necessary protective gear to cope with the climatic events. Poverty causing financial inability to buy necessary protective gears worked as a triggering factor for the vulnerability. An older woman who participated in the FGD conducted in the Barishal shared her helplessness during such a situation,

> *"I have to bear pain in winter. I don't have any blanket or any other protection against cold. I am not lying, I swear! I don't even have a single blanket. Nobody gives me one. Where can I get? My sons are even incapable of bringing me a blanket."*

Troubles throughout the year

This round the year, trouble related to weather has often created barriers to transportation, communication, and different health-related impacts. An older woman from the Sylhet shared her experiences in this regard,

> *"It's tough to have a good sleep in the summer season both in day and night. In the rainy season, the roads get slippery, moving from one place to another becomes difficult at that time. And in winter, different physical pains cause a lot of trouble."*

A male key informant in the Sylhet shared his insights in this regard,

> *"In rainy season and in the time of the flood, your movement gets limited. You cannot go outside in heavy rain. In summer, the room gets heated. So, it's tough to stay inside. In the winter season, if you don't have enough protection, you will face trouble. It's tough in the winter season to work outside of the house."*

Chapter - 11

Overall Problems of Older People

Chapter-Eleven: Overall Problems of Older People

11.0 Introduction

This chapter presents the perceived main problems of older people in areas of health, three main sources of earning and expenditure, and three main sources of services they need in the future. This would help to better understand the severity of the major problems of older people on the one hand and will also shed some light on the emerging needs of older people for policymakers.

11.1 Perceived old-age problems

First prioritised problems

The findings show that physical sickness was reported as the number one old-age problem. Table 11.1 shows that 69.2 percent of the older people mentioned physical sickness as their first problem, and 14.8 percent of older people mentioned physical weakness as their first problem. It was found that there was no considerable difference in reporting first prioritised old age problems among the older people by gender, suggesting that mostly the problems of physical sickness and physical weakness, and to a small extent, other problems were equally prevalent among the older men and women. Although the old-old older people had a slightly higher percentage in reporting physical sickness as their first problem than the young-old older people, the extent of these problems was almost identical across all age groups.

Second prioritised problems

Table 11.2 shows the perceived prioritised second major old age problems. It shows that 42.9 percent of older people mentioned physical weakness, which was followed by tension (16.8%) and no treatment due to money problems (13.2%). Besides, a small percentage of older people mentioned the lack of family support, physical support, cannot eat willingly, and dependency as their perceived second health problem. Similar to the first prioritised old-age problem, there was no considerable difference in reporting the second prioritised old-age problem by gender. However, the old-old older people had higher percentages of reporting physical weakness and dependency than the young-old older people. In contrast, the young-old older people had a higher rate of reporting tension as their second problem than the old-old older people. The variations across the place of residence showed that a higher number of older people living in rural areas were reported physical weakness as a second prioritised old age problem than older people living in urban areas.

Third prioritised problems

Table 11.3 shows the perceived prioritised third major old age problems. It shows that 23.0 percent of older people mentioned that they could not receive treatment due to money problems which followed by dependency. The other problems reported by older people are tension, lack of family support, not satisfied regarding parenting, and physical sickness and physical weakness. Though the percentage of older people reported that they could not receive treatment due to money problem and their dependency varied by age, sex, and place of residence but the ranking did not change.

Table 11.1: Older people's perceived first prioritised old-age problems by age, sex, and place of residence

Types of problem	Total n (%)	Sex		Age			Place of residence	
		Male n (%)	Female n (%)	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)
Physical sickness	4378 (69.2)	1949 (69.5)	2429 (68.9)	1567 (68.9)	1264 (69.2)	647 (70.5)	3303 (68.8)	1075 (70.5)
Physical weakness	938 (14.8)	419 (14.9)	519 (14.7)	14.5 (539)	285 (15.6)	114 (14.7)	699 (14.6)	239 (15.7)
Lack of family support	121 (1.9)	47 (1.7)	74 (2.1)	1.9 (70)	38 (2.1)	13 (1.7)	96 (2.0)	25 (1.6)
Tension	255 (4.0)	111 (4.0)	144 (4.1)	4.4 (165)	67 (3.7)	23 (3.0)	187 (3.9)	68 (4.5)
Cannot eat willingly	74 (1.2)	31 (1.1)	43 (1.2)	1.5 (55)	11 (0.6)	8 (1.0)	55 (1.1)	19 (1.2)
No treatment due to money problem	126 (2.0)	56 (2.1)	70 (2.0)	2.0 (75)	36 (2.0)	15 (1.9)	100 (2.1)	26 (1.7)
Cannot buy cloths due to money problem	17 (0.3)	4 (0.1)	13 (0.4)	0.3 (11)	3 (0.6)	0 (0.0)	17 (0.4)	0 (0.0)
Not satisfied regarding parenting	117 (1.8)	65 (2.3)	52 (1.5)	74 (2.0)	34 (1.9)	9 (1.2)	90 (1.9)	27 (1.8)
Family crisis	39 (0.6)	14 (0.5)	25 (0.7)	25 (0.7)	8 (0.4)	6 (0.8)	34 (0.7)	5 (0.3)
Dependency	258 (4.1)	106 (3.8)	152 (4.3)	141 (3.8)	77 (4.2)	40 (5.2)	217 (4.5)	41 (2.7)

Table 11.2: Older people's perceived second prioritised old-age problems by age, sex, and place of residence

Types of problem	Total n (%)	Sex		Age			Place of residence	
		Male n (%)	Female n (%)	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)
Physical sickness	380 (6.0)	171 (6.1)	209 (6.0)	217 (5.9)	112 (6.2)	51 (6.6)	304 (6.4)	76 (5.0)
Physical weakness	2696 (42.9)	1186 (42.6)	1510 (43.1)	1557 (42.1)	792 (43.6)	347 (45.0)	2164 (45.4)	532 (35.1)
Lack of family support	385 (6.1)	169 (6.1)	216 (6.2)	215 (5.8)	119 (6.5)	51 (6.6)	302 (6.3)	83 (5.5)
Tension	1055 (16.8)	486 (17.4)	569 (16.2)	641 (17.3)	195 (16.2)	119 (15.4)	734 (15.4)	321 (21.2)
Cannot eat willingly	350 (5.6)	138 (5.0)	212 (6.1)	216 (5.8)	100 (5.5)	34 (4.4)	251 (5.3)	99 (6.5)
No treatment due to money problem	832 (13.2)	360 (12.9)	472 (13.5)	507 (13.7)	23 (12.7)	94 (12.2)	557 (11.7)	275 (18.1)
Cannot buy cloths due to money problem	53 (0.8)	30 (1.1)	23 (0.7)	30 (0.8)	17 (0.9)	6 (0.8)	46 (1.0)	7 (0.5)
Not satisfied regarding parenting	165 (2.6)	87 (3.1)	78 (2.2)	113 (3.1)	47 (2.6)	5 (0.6)	136 (2.9)	29 (1.9)
Family crisis	97 (1.5)	32 (1.1)	65 (1.9)	54 (1.5)	31 (1.7)	12 (1.6)	71 (1.5)	26 (1.7)
Dependency	275 (4.4)	127 (4.6)	148 (4.2)	149 (4.0)	74 (4.1)	52 (6.7)	206 (4.3)	26 (4.5)

Table 11.3: Older people's perceived third prioritised old-age problems by age, sex, and place of residence

Types of problem	Total n (%)	Sex		Age			Place of residence	
		Male n (%)	Female n (%)	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)
Physical sickness	279 (4.9)	129 (5.2)	150 (4.8)	166 (5.0)	84 (5.1)	29 (4.3)	215 (5.1)	64 (4.6)
Physical weakness	250 (4.4)	109 (4.4)	141 (4.5)	143 (4.3)	77 (4.7)	30 (4.5)	201 (4.7)	49 (3.5)
Lack of family support	420 (7.4)	173 (6.9)	247 (7.8)	239 (7.2)	121 (7.3)	60 (9.0)	328 (7.7)	92 (6.6)
Tension	737 (13.0)	326 (13.0)	411 (13.0)	409 (12.3)	224 (13.6)	104 (15.5)	600 (14.1)	137 (9.8)
Cannot eat willingly	490 (8.7)	218 (8.7)	272 (8.6)	304 (9.1)	122 (7.4)	64 (9.6)	355 (8.4)	135 (9.6)
No treatment due to money problem	1300 (23.0)	586 (23.4)	714 (22.7)	768 (23.0)	382 (23.2)	150 (22.4)	962 (22.6)	338 (24.1)
Cannot buy cloths due to money problem	318 (5.6)	139 (5.6)	179 (5.7)	211 (6.3)	90 (5.5)	17 (2.5)	213 (5.0)	105 (7.5)
Not satisfied regarding parenting	410 (7.3)	221 (8.8)	189 (6.0)	261 (7.8)	113 (6.9)	36 (5.4)	308 (7.2)	102 (7.3)
Family crisis	152 (2.7)	70 (2.8)	82 (2.6)	94 (2.8)	44 (2.7)	14 (2.1)	116 (2.7)	36 (2.6)
Dependency	1290 (22.8)	526 (21.0)	764 (24.2)	735 (22.0)	389 (23.6)	166 (24.8)	947 (22.3)	343 (24.5)

Table 11.4: Older people's first prioritised source of expenditures by age, sex, and place of residence

Types of problem	Total n (%)	Sex		Age			Place of residence	
		Male n (%)	Female n (%)	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)
Food	5254 (83.1)	2355 (84.0)	2899 (82.3)	1529 (83.7)	1529 (83.7)	630 (81.2)	2983 (82.9)	1271 (83.5)
Housing	39 (0.6)	19 (0.7)	20 (0.6)	10 (0.5)	10 (0.5)	1 (0.1)	22 (0.5)	17 (1.1)
Cloths	55 (0.9)	21 (0.7)	34 (1.0)	14 (0.8)	14 (0.8)	9 (1.2)	46 (1.0)	9 (0.6)
Treatment	953 (15.1)	396 (14.1)	557 (15.8)	267 (14.6)	267 (14.6)	136 (17.5)	732 (15.2)	14.5 (221)
Children's Education	23 (0.4)	13 (0.5)	10 (0.3)	6 (0.3)	6 (0.3)	0 (0.0)	19 (0.4)	0.3 (4)

11.2 Older people's top three sources of expenditures

First prioritised source of expenditures

Table 11.4 presents older people's first prioritised sources of expenditure by sex, age, and place of residence. About 83.1 percent of the older people mentioned food as their first source of expenditure, and 15.1 percent of older people mentioned treatment as their first source of expenditure. It was found that there was no considerable difference in reporting the first prioritised source of expenditure among the older people by gender suggesting that most older people irrespective of their sex had food and treatment as the first prioritised source, and to a small extent, other sources were equally applicable among older men and women. There were no substantial variations in reporting the first source of expenditure by place of residence. Again, although the old-old older people had a slightly higher percentage in reporting treatment as their first source of expenditure than the young-old older people, the extent of these sources was almost identical across all age groups.

Second prioritised source of expenditures

Table 11.5 shows the older people's second prioritised source of expenditure. It shows that 38.6 percent of older people reported cloths as a second prioritised source of expenditure followed by treatment (30.9%), housing (16.6%), and food (12.2%). Similar to the first source of expenditure, there was no considerable difference in reporting the second source of expenditure by gender and place of residence of the older people. However, relatively a higher percentage of the old-old older people had reported treatment and food as second priority areas of expenditure than the young-old and the middle old people.

Third prioritised source of expenditures

Table 11.6 shows the older people's third prioritised source of expenditure. It shows that 61.2 percent of older people mentioned treatment as their third source of expenditure followed by clothes, children's education, food, and housing. It was found that older women had higher percentages of reporting clothes and housing as the third source of expenditures than older women. On the other hand, older men had a higher rate of mentioning treatment and children's education as their third source of expenditure than older women. Besides, there were variations in reporting the third source of expenditure by the age group of older people. For example, the young-old older people had the highest percentage of reporting children's education (8.9%) as the third source of expenditure than the old-old older people (3.1%). The urban older people had higher percentages of reporting treatment as the third source of expenditure than the rural older people, whereas rural older people had higher percentages of reporting clothes as the third source of expenditure than urban older people.

Table 11.5: Older people's second priority source of expenditures by age, sex, and place of residence

Types of problem	Total n (%)	Sex		Age			Place of residence	
		Male n (%)	Female n (%)	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)
Food	770 (12.2)	324 (11.6)	446 (12.8)	431 (11.6)	225 (12.4)	114 (14.8)	591 (12.4)	179 (11.8)
Housing	1047 (16.6)	509 (18.2)	538 (15.4)	661 (17.8)	185 (15.7)	101 (13.1)	619 (13.0)	428 (28.2)
Cloths	2428 (38.6)	1092 (39.0)	1336 (38.2)	1404 (37.9)	737 (40.6)	37.2 (37.2)	1884 (39.4)	544 (35.9)
Treatment	1944 (30.9)	806 (28.8)	1138 (32.6)	1130 (30.5)	551 (30.3)	263 (34.1)	78 (33.6)	341 (22.5)
Children's Education	102 (1.6)	64 (2.3)	38 (1.1)	78 (2.1)	18 (1.0)	6 (0.8)	1.6 (1.6)	24 (1.6)

Table 11.6: Older people's third priority source of expenditures by age, sex, and place of residence

Types of problem	Total n (%)	Sex		Age			Place of residence	
		Male n (%)	Female n (%)	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)
Food	230 (4.6)	92 (4.0)	138 (5.0)	148 (4.9)	59 (4.1)	23 (3.9)	175 (4.7)	55 (4.3)
Housing	212 (4.2)	72 (3.1)	140 (5.1)	149 (5.0)	42 (2.9)	21 (3.6)	149 (4.0)	63 (4.9)
Cloths	1142 (22.6)	455 (19.9)	687 (25.0)	621 (20.7)	350 (24.1)	171 (29.3)	904 (24.1)	238 (18.4)
Treatment	3087 (61.2)	1426 (62.2)	1661 (60.4)	1815 (60.4)	923 (63.5)	349 (59.9)	2227 (59.4)	860 (66.6)
Children's Education	362 (7.2)	244 (10.6)	118 (4.3)	269 (8.9)	75 (5.2)	18 (3.1)	289 (7.7)	73 (5.7)

11.3 Older people's three main earning sources

The first source of earning

Table 11.7 presents older people's first source of earning to meet up their daily expenditures by sex, age, and place of residence. About 53.5 percent of the older people mentioned son/daughter as their first source of earning, and 25.1 percent older people mentioned land as their first source of earning. It was found that there was a considerable difference in reporting the first source of earning among older people by gender. For example, older women had higher percentages of reporting son/daughter as their first source of earning than older men. On the other hand, older men had a higher rate of mentioning land as their first source of earning than older women. The table also shows differences in terms of reporting the first source of earning among rural and urban older people. For instance, urban older people had higher percentages of reporting son/daughter as their first source of earning than rural older people, whereas rural older people had a higher rate of mentioning land as their first source of earning than urban older people. While the young-old older people had a higher percentage of reporting land as their first source of earning, the old-old older people had the highest percentage in mentioning son/daughter as the first source of earning.

The second source of earning

Table 11.8 shows older people's second source of earning. It shows that 36.7 percent of older people mentioned son/daughter as their second source of earning, which was followed by relatives, old-age allowance, land, loan, and neighbours. It was found that there was considerable variation in reporting the second source of earning among older people by gender. For example, older women had higher percentages of reporting relatives as their second source of earning than older men. On the other hand, older men had a higher rate of mentioning son/daughter as their second source of earning than older women. It also shows that there is variation in terms of older people's second source of earning by their place of residence. For instance, older people from rural areas had higher percentages of reporting son/daughter as their second source of earning than older people from the urban area. In contrast, older people from the urban area had a higher rate of mentioning relatives as their second source of earning than older people from the rural area. While the old-old older people had a higher percentage of reporting old-age allowance as their second source of earning, the young-old older people had the highest percentage in mentioning loans as the second source of earning.

The third source of earning

Older people's third source earning has been presented in Table 11.9. It shows that 14.8 percent of older people mentioned loans as their third source of earning, which was followed by neighbours, old-age allowance, relatives, son/daughters, and loan. Besides, there were considerable differences in reporting the third source of earning among older people by gender. For instance, older women had higher percentages of reporting neighbours as their third source of earning than older men. On the other hand, older women had a higher rate of mentioning old-age allowance as their third source of earning than older women. Considerable differences were found in terms of reporting the third source of earning among rural and urban older people. For instance, older people from rural areas had higher percentages of reporting old-age allowance, savings, and son/daughter as their third source of earning than older people from the urban area. The age-specific analysis showed that the old-old older people had the highest percentages of reporting old-age allowance and grandson/daughter as their third source of income than other older people. In contrast, the young-old older people had higher rates of mentioning loans as the third source of income than other older people.

Table 11.7: Older people's first source of earning by sex, age, and place of residence

Sources of earning	Total n (%)	Sex		Age			Place of residence	
		Male n (%)	Female n (%)	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)
Land	1573 (25.1)	1007 (36.4)	566 (16.2)	910 (24.8)	493 (27.1)	170 (22.0)	1377 (28.9)	196 (13.0)
Service	117 (1.9)	81 (2.9)	36 (1.0)	85 (2.3)	26 (1.4)	170 (0.8)	50 (1.1)	67 (4.5)
Son/daughter	3351 (53.5)	1158 (41.8)	2193 (62.8)	1907 (52.0)	979 (53.7)	465 (60.1)	2406 (50.6)	945 (62.9)
Relatives	83 (1.3)	35 (1.3)	48 (1.4)	58 (1.6)	14 (0.8)	11 (1.4)	51 (1.1)	32 (2.1)
Grandson/daughter	57 (0.9)	7 (0.3)	48 (1.4)	12 (0.3)	17 (0.9)	28 (3.6)	44 (0.9)	13 (0.9)
Neighbours	41(0.7)	13 (0.5)	50 (0.8)	26 (0.7)	10 (0.5)	5 (0.6)	30 (0.6)	11 (0.7)
Loan	22 (0.4)	12 (0.4)	28 (0.3)	16 (0.4)	5 (0.3)	1 (0.1)	15 (0.3)	7 (0.5)
Savings	43 (0.7)	20 (0.7)	10 (0.7)	27 (0.7)	14 (0.8)	2 (0.3)	32 (0.7)	11 (0.7)
Pension	49 (0.8)	20 (1.1)	23 (0.5)	39 (1.1)	8 (0.4)	2 (0.3)	30 (0.6)	19 (1.3)
Old age allowance	288 (4.6)	104 (3.8)	184 (5.3)	124 (3.4)	110 (6.0)	54 (7.0)	245 (5.2)	43 (2.9)
Others	636 (10.2)	302 (10.9)	334 (9.6)	460 (12.6)	146 (8.0)	30 (3.9)	477 (10.0)	159 (10.6)

Table 11.8: Older people's second source of earning by sex, age, and place of residence

Sources of earning	Total n (%)	Sex		Age			Place of residence	
		Male n (%)	Female n (%)	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)
Land	321 (6.9)	153 (6.9)	168 (6.9)	180 (6.6)	82 (6.1)	59 (10.0)	180 (8.0)	41 (3.6)
Service	71 (1.5)	48 (2.2)	23 (0.9)	49 (1.8)	17 (1.3)	5 (0.9)	51 (1.5)	20 (1.8)
Son/daughter	1710 (36.7)	956 (42.9)	754 (31.0)	1009 (37.1)	518 (38.3)	183 (31.1)	1418 (40.3)	292 (25.6)
Relatives	616 (13.2)	197 (8.8)	419 (17.2)	393 (14.5)	157 (11.6)	66 (11.2)	335 (9.5)	281 (24.6)
Grandson/daughter	85 (1.8)	10 (0.4)	75 (3.1)	22 (0.8)	31 (2.3)	32 (5.4)	62 (1.8)	23 (2.0)
Neighbours	182 (3.9)	56 (2.5)	126 (5.2)	117 (4.3)	47 (3.5)	18 (3.1)	3.3 (115)	67 (5.9)
Loan	237 (5.1)	5.6 (125)	112 (4.6)	162 (6.0)	4.2 (57)	18 (3.1)	157 (4.5)	7.0 (80)
Savings	136 (2.9)	70 (3.1)	66 (2.7)	91 (3.3)	37 (2.7)	8 (1.4)	93 (2.6)	43 (3.8)
Pension	62 (1.3)	42 (1.9)	20 (0.8)	33 (1.2)	1.6 (21)	8 (1.4)	28 (0.8)	34 (3.0)
Old age allowance	609 (13.1)	266 (11.9)	343 (14.1)	224 (8.2)	226 (16.7)	159 (27.0)	486 (13.8)	123 (10.8)
Others	629 (13.5)	304 (13.7)	325 (13.4)	439 (16.1)	158 (11.7)	32 (5.4)	491 (14.0)	138 (12.1)

Table 11.9: Older people's third major source of earning by sex, age, and place of residence

Sources of earning	Total n (%)	Sex		Age			Place of residence	
		Male n (%)	Female n (%)	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)
Land	63 (2.9)	25 (2.4)	38 (3.3)	38 (2.7)	20 (3.3)	5 (2.4)	55 (3.7)	8 (1.1)
Service	9 (0.4)	5 (0.5)	4 (0.3)	7 (0.5)	2 (0.3)	0 (0.0)	5 (0.3)	4 (0.6)
Son/daughter	158 (7.2)	77 (7.3)	81 (7.0)	103 (7.4)	41 (6.8)	14 (6.6)	116 (7.8)	42 (5.8)
Relatives	200 (9.1)	87 (8.3)	113 (9.8)	124 (9.0)	59 (9.7)	17 (8.1)	130 (8.8)	70 (9.7)
Grandson/daughter	69 (3.1)	16 (1.5)	53 (4.6)	26 (1.9)	22 (3.6)	21 (10.0)	41 (2.8)	28 (3.9)
Neighbours	269 (12.2)	98 (9.3)	171 (14.9)	168 (12.1)	72 (11.9)	29 (13.7)	181 (12.2)	88 (12.2)
Loan	319 (14.5)	145 (13.8)	174 (15.1)	215 (15.5)	80 (13.2)	24 (11.4)	216 (14.6)	103 (14.3)
Savings	115 (5.2)	73 (7.0)	42 (3.6)	76 (5.5)	32 (5.3)	7 (3.3)	90 (6.1)	25 (3.5)
Pension	41 (1.9)	30 (2.9)	11 (1.0)	22 (1.6)	12 (2.1)	6 (2.8)	1.4 (21)	20 (2.8)
Old age allowance	236 (10.7)	130 (12.4)	106 (9.2)	87 (6.3)	102 (16.8)	47 (22.3)	169 (11.4)	67 (9.3)
Others	722 (32.8)	364 (34.7)	358 (31.1)	518 (37.4)	163 (26.9)	41 (19.4)	456 (30.8)	266 (36.9)

Table 11.10: Older people's first main felt needs for services by sex, age, and place of residence

Services	Total n (%)	Sex		Age			Place of residence	
		Male n (%)	Female n (%)	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)
Regional old home	240 (3.8)	151 (5.4)	89 (2.5)	141 (3.8)	70 (3.8)	29 (3.7)	185 (3.9)	55 (3.6)
Free treatment	4651 (73.6)	2052 (73.2)	2599 (73.9)	2736 (73.5)	1344 (73.6)	571 (73.7)	3456 (72.0)	1195 (78.4)
Rationing on food	430 (6.8)	180 (6.4)	250 (7.1)	270 (7.3)	118 (6.5)	42 (5.4)	338 (7.0)	92 (6.0)
Making discount on several services	33 (0.5)	21(0.7)	12 (0.3)	24 (0.6)	8 (0.4)	1 (0.1)	25 (0.5)	8 (0.5)
Old allowance	918 (14.5)	373 (13.3)	545 (15.5)	526 (14.1)	269 (14.7)	123 (15.9)	754 (15.7)	164 (10.8)
Ensuring facilities for older people in different organisations	44 (0.7)	24 (0.9)	20 (0.6)	10 (0.5)	16 (0.9)	8 (1.0)	36 (0.8)	8 (0.5)
Others	6 (0.1)	3 (0.1)	3 (0.1)	4 (0.1)	1 (0.1)	1 (0.1)	4 (0.1)	2 (0.1)

11.4 Older people's main three felt needs for services

First main felt needs of services

Table 11.10 presents older people's first prioritised services they felt in need of by sex, age, and place of residence. About 73.6 percent of the older people mentioned free treatment as their first prioritised services, which were followed by old-age allowance (14.5%), rationing on food (6.8%), and old regional home (3.8%). It was found that there were considerable differences in reporting the first prioritised services felt in need by older people by gender. For example, older women had higher percentages of reporting old allowance as their first prioritised services than older men. On the other hand, older men had a higher rate of mentioning old regional home as their first prioritised services than older women. Considerable differences were found in terms of reporting the first prioritised services they felt in need of between rural and urban older people. For instance, urban older people had higher percentages of reporting free treatment as their first prioritised services than rural older people. In contrast, rural older people had a higher rate of mentioning old-age allowance as their first prioritised services than urban older people. While the young-old older people had a higher percentage of reporting rationing on food as their first prioritised of services they felt in need of, the old-old older people had the highest percentage in mentioning old-age allowance as the first prioritised needs of services.

Second main felt needs of services

Table 11.11 shows that 58.6 percent of the older people mentioned rationing on food as the second priority services felt in need of followed by the old-age allowance and free treatment. It was found that there was a considerable difference in reporting second prioritised services the older people felt in need by gender. For example, older women had higher percentages of reporting old-age allowance as their second prioritised services than older men. On the other hand, older men had a higher rate of mentioning of rationing on food as their second prioritised services than older women. There were differences in terms of reporting second prioritised services felt in need of by the older people by place of residence. For instance, rural older people had higher percentages of reporting old-age allowance as their second prioritised services than urban older people, whereas urban older people had a higher rate of mentioning rationing on food as their second prioritised service in need of than rural older people. The young-old older people had the highest percentage of reporting rationing on food as the second prioritised services in need than other older people, whereas the old-old older people had the highest rate of mentioning ensuring facility for older people in different organisations as their second prioritised needs of services.

Third main felt needs of services

Table 11.12 shows that 57.3 percent of older people reported old-age allowance as the thïrd prioritised services they felt in need of followed by ensuring facilities for older people in different organisations, rationing on food, and free treatment. Although there were substantial differences in mentioning prioritised services, more than half of the older men and women said they need for old-age allowance, indicating that getting financial services was the pressing need for older people for their daily livelihood. There were differences in reporting third prioritised services among the older people by place of residence. For example, urban older people had higher percentages of reporting old allowance as their third prioritised services than rural older people. On the other hand, rural older people had a higher rate of reporting of rationing on food and free treatment as third prioritised services than urban older people.

Table 11.11: Older people's second main felt needs for services by sex, age, and place of residence

Services	Total n (%)	Sex		Age			Place of residence	
		Male n (%)	Female n (%)	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)
Regional old home	48 (0.8)	23 (0.8)	25 (0.7)	31 (0.8)	12 (0.7)	5 (0.7)	36 (0.8)	12 (0.8)
Free treatment	830 (13.3)	361 (13.0)	469 (13.5)	501 (13.6)	225 (12.4)	104 (13.6)	677 (14.2)	153 (10.2)
Rationing on food	3667 (58.6)	1642 (59.0)	2025 (58.3)	2153 (58.4)	1085 (60.0)	429 (56.3)	2696 (56.7)	971 (64.4)
Making discount on several services	208 (3.3)	103 (3.7)	105 (3.0)	111 (3.0)	69 (3.8)	28 (3.7)	162 (3.4)	46 (3.1)
Old allowance	1349 (21.6)	573 (20.6)	776 (22.3)	821 (22.3)	369 (20.4)	159 (20.9)	1049 (22.1)	300 (19.9)
Ensuring facilities for older people in different organisations	153 (2.4)	80 (2.9)	73 (2.1)	69 (1.9)	48 (2.7)	36 (4.7)	128 (2.7)	25 (1.7)
Others	4 (0.1)	2 (0.1)	2 (0.1)	3 (0.1)	0 (0.0)	1 (0.1)	4 (0.1)	0 (0.0)

Table 11.12: Older people's third main felt needs for services by sex, age, and place of residence

Services	Total n (%)	Sex		Age			Place of Residence	
		Male n (%)	Female n (%)	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)
Regional old home	33 (0.6)	21 (0.9)	12 (0.4)	20 (0.7)	8 (0.5)	5 (0.8)	24 (0.6)	9 (0.7)
Free treatment	447 (8.7)	191 (8.3)	256 (9.1)	246 (8.2)	141 (9.4)	60 (9.7)	361 (9.5)	86 (6.5)
Rationing on food	708 (13.8)	309 (13.4)	399 (14.2)	417 (13.9)	211 (14.0)	80 (13.0)	539 (14.2)	169 (12.9)
Making discount on several services	224 (4.4)	113 (4.9)	111 (4.0)	132 (4.4)	73 (4.9)	19 (3.1)	163 (4.3)	61 (4.6)
Old allowance	2936 (57.3)	1281 (55.4)	1655 (58.9)	1769 (59.0)	836 (55.5)	331 (53.7)	2140 (56.2)	796 (60.6)
Ensuring facilities for older people in different organisations	718 (14.0)	369 (16.0)	349 (12.4)	382 (12.7)	223 (14.8)	113 (18.3)	543 (14.3)	175 (13.3)
Others	54 (1.1)	27 (1.2)	27 (1.0)	33 (1.1)	13 (0.9)	8 (1.3)	37 (1.0)	17 (1.3)

According to the quantitative survey, free treatment, rationing on food, and old-age allowance were the three main services which were felt in need by the older people. Older people's needs were also explored through the generation of qualitative data. The findings are somewhat similar though qualitative data has provided more in-depth information on these issues. For example, qualitative exploration of older people's need for free treatment showed that older people need support for free health care, proper health care, ensuring sufficient doctors, sufficient hospitals, quality, and free medicine, and separated and specialised medical centre system for old people. Major qualitative findings related to support for proper health care are presented below.

Need sufficient hospitals and separated and specialised medical centre system for old people
One male key informant from Chattogram Division said,

> *"There is no clinic in our community…hence the Government should build a clinic particularly for older in this locality…the older people face lots of troubles in getting treatment from far away…establishing a clinic in this locality will facilitate quality treatment for them."*

Need quality and free medicine
One older woman (an FGD participant) from Barishal said,

> *"We need free access to doctor and Kabiraj (traditional healer) during sickness…but only access to the doctor or Kabiraj are not sufficient for us.We also need free medicine".*

Another older man (an FGD participant) from Rangpur Division reported,

> *"…in the government hospital, they do not give quality medicine…but we need quality medicine free of cost."*

Similarly, a male key informant from the Rangpur Division mentioned,

> *"I think the quality of service is good…but poor people will be benefitted if the government increases both the quality and quantity of medicine."*

Need to implement the Medical Card system for older people
Qualitative findings showed that older people could not get treatment due to the lack of money. For this reason, they requested for introducing Medical Card for older people so that they can get free treatment by showing the card. Regarding the need for Medical Card, one older man from Rangpur said,

> *"Older people need Medical Card for getting treatment…when they show the card, doctors will not be able to charge any fee for treatment…we will get free treatment."*

Only one-fourth of the older people were found to receiving an old-age allowance in quantitative findings. Qualitative findings showed that there were several concerns among older people regarding the allowance, such as the inadequate amount of old-age allowance, complexities in old-age allowance implementation system, malpractice in the distribution system, and lack of effectiveness due to problems in allowance system.

Increase of old-age allowance
One male key informant from the rural area of Chattogram said,

> *"The first thing that older people's need is to increase their old-age allowance…they get only Tk. 300 per month, which is not sufficient for doing anything…taking tea and biscuits in a tea stall costs Tk. 20…in this context, what can be done with Tk. Three hundred only…thus need to increase the amount of old-age allowance and also need to increase the coverage of the allowance so that more people can have access to the allowance."*

Need proper distribution of allowance

It has emerged from the older people's narratives that introducing old-age allowance is not sufficient condition to improve the vulnerability of the older people, but also it is important to ensure the proper management and distribution of old-age allowance. Regarding this issue, one male key informant from the Barishal Division reported,

> *"The Government should assess properly to find out the proper distribution of older people, physically challenged people and the older people who are sick in this locality…then the Government should ensure assistance proportionately through Upazila Chairman/Union Chairman/City Corporation Councillor….the Government should also make a genuine list of poor and older people so that the allowance can be given to those who need…this will make the allowance system more effective."*

Need to rearrange the allowance system and make it better

Qualitative findings also showed that there were several problems in the old-age allowance system, such as allocating to those who are not eligible (e.g., below 60 years old), giving allocation to rich people, and giving allocation to those who are closer to locally elected people. One male key informant from the Barishal Division said,

> *"The Government should monitor the allocation of old-age allowances properly to ensure that those who are not eligible do not get the old-age allowances…to do this Government can check all proper documents such as national photo ID and voter list."*

In qualitative findings, the need for financial assistance was also pronounced among older people to fulfil their daily needs.

Need monetary support and loan for livelihood

A case study of an older man from the urban area of Chattogram stated,

> *"I am alone….for this reason; if I get some support for introducing business, then it will be better for me…if I die, then there is no problem…but as long as I am alive, I need to do something for my livelihood…if the government provides me it will be better for me."*

Need money for future livelihood

A case study of an older woman from the Rangpur division reported,

> *"I want the Government to give me some money….this will help to maintain my future livelihood…I don't have any cow…I also don't have tins for making a house…If the government gives me some money, I can make my house for living with my child…this will make me happy."*

Need a proper system for providing financial support

One male key informant from the Barishal mentioned,

> *"Older people indeed need financial assistance, but they also need some cooperation so that they can utilise the fund properly…to do this, they need some sort of guideline….the funding should be given directly to older people…but sometimes they have to collect the money from long-distance…in this case older people need support for collecting the money."*

Chapter - 12

Discussion and Policy Recommendations

Chapter-Twelve: Discussion and Policy Recommendations

12.0 Introduction

The proportion of the ageing population in Bangladesh is increasing gradually due to the declining trend in fertility and the increasing trend of life expectancy. The population projections by the UNFPA (Hayes & Jones, 2015) and Bangladesh Bureau of Statistics (BBS, 2015a) showed that more than one-fifth of the total population would be aged 60 and over by 2061. In this context, the current study aimed to examine the socioeconomic, demographic, and health consequences of the ageing population in Bangladesh. The study adopted a mixed-methods approach to collect data. In the quantitative part, a structured questionnaire was used to collect data, and on the other hand, in the qualitative part, focus group discussions, key informant interviews, and case studies were conducted for collecting data.

12.1 Discussion

A discussion of the findings is presented below in line with the research questions.

What is the living arrangement of older people?

Concerning the living arrangement of the older population, it was found that almost two-thirds of the older people were living in their own homes. Home ownership was found to be highly concentrated among older men, young-old older people, and older people living in rural areas. The percentage of homeownership by sons was substantially higher than that of daughters. The higher ownership of home among older men and sons was higher because of the nature of the patriarchal society of Bangladesh. In most cases, land and property are owned and controlled by males, which essentially produced higher levels of vulnerability among women in general and during their older ages in particular.

More than half of the older people were living together with all household members, which was followed by sons, spouses, and daughters. Besides, about seven percent of the older people were living alone, and the rate of living alone was much higher among older women and the poorest older people. Those who are living alone, have limited access to various support services, and are more vulnerable to natural disasters and in other emergencies. These findings are consistent with previous research conducted by Abedin (2003) and Kabir (1994). In connection with the living status of the older people, the authors argue that due to urbanisation, modernisation and industrialisation society is changing rapidly, and one of the many consequences of these processes is the breakdown of joint families and the increase in nuclear families. Due to this consequence, the number of older people living alone is projected to increase over time, indicating that more significant efforts will be needed by the Government and NGOs to address various problems of the older people in our society.

What kinds of support do older people receive from family and society?

Overall older people received considerable supports on food, clothing, healthcare, and financial aid from their families and relatives. Although the majority of the respondents got food always about one-tenth of the older people got food sometimes, and a smaller portion of the older never got adequate food. This finding suggests that although food is the first and foremost basic needs of older people, some of the older people are deprived of getting adequate food. Besides, the proportions of older people who never got favourite food and adequate food during sickness were even higher, and older women were found to be more vulnerable in this case. Providing adequate and favourite food to older people is not only important to meet their daily calorie needs but also pivotal to keep them healthy.

More than half of the older people always got support on clothing, physical, health, and mental health. Also, more than one-third of the older people received these supports sometimes. Nevertheless, some

older people never got cloths timely, and about one-tenth never got help in washing their clothes. More importantly, only one-third older people always received financial supports and about half of the older people sometimes received financial supports suggesting that about one in every six older people never got financial support to visit relative's/friend's home, pocket money if need, and money for social support. The portions of older people who never got support for going to walk, going to the health centre, and going outside for refreshment were even higher suggesting that greater attention should be given in addressing needs of the older people in areas of food, clothing, physical health, mental health, and financial support. Despite these shortcomings, the majority of the supports came from sons except supports for mental health, which came from the spouse. Similar findings were also reported by previous research conducted by Abedin (2003) and Mostafa and Streatfield (2003).

What are the major social and economic problems faced by older people?

The findings of this study showed that older people suffer from various social problems such as problems in living arrangement, lack of adequate support for food, clothing, and medicine, restricted mobility in most cases, limited role in the family decision-making process, the experience of abuse and exploitation, and lack of respect for opinion. Older people also suffer from financial hardship due to poverty. In some cases, they cannot fulfil their basic needs due to a lack of money. Besides, those who have properties they had concerns about the maintenance of that wealth. In some cases, older people experience financial exploitation, as well. Qualitative findings of the above mentioned social and economic problems of the older people showed the severity to a large extent. In qualitative findings, it was found that there was pronounced dissatisfaction among older people about their living conditions, including living room, toilet facilities, and water problem. The living room was characterised by crowded, inadequate space, poor home conditions; sanitation issues were a lack of sanitary latrine, latrine far from the living room, and lack of water supply. There were also issues of less financial support and the ability of older people, which were manifested by having less money and consequently restricted freedom, less health care support, and compelled to work for money. Also, qualitative findings showed increasing disrespect and declined support from family and society for older people in some cases. Still, there is evidence of going to spiritual healers/quack doctors because of believing that they would recover earlier from diseases compared to going to physicians.

What types of morbid conditions older people suffer from?

It was found that the majority of the older people had been suffering from multiple diseases with the highest prevalence in back pain, ulcer/gastric, low vision/glaucoma, blood pressure, knee pain, arthritis, pain in joints, and sleeping problem. The old-old older people had a higher prevalence of diseases than young-old older people meaning that with increasing age, the burden of diseases among older people also increases. Besides, older women had a higher prevalence of diseases than older men,which again aggravates women's vulnerability. It should be mentioned that these are the self-reported prevalence of diseases among older people suggesting that in many cases,older people had other health complications for which they were not aware (Hossain, 2002; Kalam & Khan, 2006; Mostafa & Streatfield, 2003). The higher prevalence of multiple diseases among older people in general and women, in particular, raises the question of the extent to which they received support for medicine and health care services. The findings of this study showed that about half of the older people do not always get medicine in time. Besides, a small portion of the older people never got the medicine in time. These related findings illuminate the sufferings of older people during their sickness. These findings were also consistent with earlier research conducted by BAAIGM (1998) and Chaklader and Kabir (2003).

What types of health care do older people have access to?

Concerning the healthcare-seeking behaviour, it was found that most of the older people who were sick consulted with physicians, and the majority of them got treatment from government health facilities. Only a small portion of the older people received treatment from private health facilities. It was also found that some older people did not seek treatment for illness mostly due to money problems, too costly, did not understand the necessity of treatment, no one to go with, transport problem, poor treatment, and fear. Overall, the findings related to access to health care suggest that most people rely on Government health facilities despite the poor quality of services in most cases. Besides, many older people did not go to private-sector health care because it was very expensive for them.

Moreover, qualitative findings added better insight into access to health care among older people. For example, older people were dependent on family support in most cases for health care services, which range from taking care during sickness, taking to doctor, buying medicine to providing accompany during sickness. To overcome problems of access to health care, older people seek support from relatives, neighbours, community people, and doctors. This is particularly relevant for those who had no children though there was some evidence despite having children. It should be mentioned that not getting support among older people despite having children persists due to a lack of money. Similar to the quantitative findings, it was revealed that among older people, money matters first for getting access to health services. For example, findings from case studies and FGDs showed that in some cases, older people could not get a medical check-up for treatment, do not avail proper care, cannot undergo surgery/operation, and do not afford to buy medicine.

What kinds of psychosocial problems do older people suffer from?

Based on the geriatric anxiety scale used in this study, it was revealed that older people who were old-old, poorest, female, and had no education had the highest levels of anxiety than their counterparts. These findings suggest that with increasing age, levels of anxiety among older people increase because they need more care and support during older ages. This is evident by the fact that lower educated older and the poorest older people had a higher level of anxiety, which essentially points to their limited access to alternative sources of support and care. On the other hand, the respondents who had their own home and living with their family members had the lowest levels of anxiety. In terms of the geriatric depression scale used in this study to measure depression among older people, it was revealed that among demographic factors, higher age (old-old) and being female was highly depressed. This finding was consistent with earlier studies that explicitly examined the mental health situation of the older population (e.g., BAAIGM, 1988; Begum, 2007; Islam & Shamsul, 2000; Levkoff et al., 1995). Among socioeconomic indicators, lower wealth index, no education, not working, having no income, not having own house, and not having any property in the ownership of older people were also highly associated with depression among the older people. Concerning living arrangements, living alone, living in the dining room, sleeping on the floor, not feeling comfortable sharing room with others, feeling fear to live alone, and dissatisfaction about latrine was found to be associated with higher levels of depression. According to the Gierveld loneliness scale which was used in this study to measure loneliness among older people, it was found that a higher level of loneliness existed among the following types of older people: old-old, poorest, female, not educated, not working, and living in the Rajshahi Division. Moreover, concerning living arrangements, the findings revealed that living without a spouse, living alone, sleeping in the dining room, not sharing the room with others, and feeling fear to live alone were related to higher levels of loneliness among the older people.

Do older people have control over their lives and resources?

In general, the study found that older people had good control over their life. For example, the majority of older people could go outside for a walk, visiting others, going outside for shopping, going to the hospital, and spending money. However, it should be mentioned that about one-fourth of the older people cannot do these activities despite their willingness suggesting that a large number of older people do not have control over their lives and resources. In this case, old-old older people, older women, and lower educated older people were most vulnerable regarding their daily living. Furthermore, consistent with the literature on decision making power in a patriarchal society, it was found that men were found to have significantly higher decision making than women. Increasing wealth index was found to have greater access to decision making than lower wealth index. Other categories that we found to have a significantly lower level of decision making include no education, living without a spouse, not working, have no income, being Muslims, no ownership/rent household, living with daughter, sleeping in corridors, not sharing a room with others and living in Sylhet division. Besides, not having any property in the name of older people, and not having any bank account was also found to have associated with a lower level of decision making as compared to their counterparts of having property and having a bank account, respectively. More than half of the respondents had ownership of property. However, older persons who were middle-old and living in a rural area had a higher percentage of ownership of property than their counterparts. In terms of saving and control over their property, older women were less privileged than older men.

However, qualitative findings showed that older people with lower socioeconomic status had a lower level of freedom in the case of mobility and lower participation in decision making both in family and societal levels. It was reported that some people think that with increasing age, the level of knowledge of older people decreases, for which they do not feel necessary to consult anything with older people. The gender-based vulnerability was even more pronounced in the case of control over life and resources. It was revealed that older women were more vulnerable in deciding on going outside for a walk, go outside for shopping, making a decision for food by own choice, making a decision on where they want to live, attending religious and cultural activities, visiting others outside, and buying clothes by own choice. Also, problems of controlling property by older people were found in most cases. The qualitative findings also revealed that most older people in general and older women, in particular, did not have savings or property in their name. However, those who have savings or property in their name were in a troublesome situation due to interference by their family members, neighbours and relatives.

How and to what extent are older people engaged in supporting at the family and societal level?

There is a perception among many people in our society that older people do not have any contribution to the family and society, and that they are the consumers only. However, it was found that the majority of the older people were engaged in supporting family members in washing clothes/laundry, followed by household cleaning, shopping, taking care of other sick family members, cooking and animal husbandry. Also, older people contribute at the societal level by doing other works (paid/unpaid). Thus, it is evident that older people can contribute both to family and society, either directly or indirectly. What we need to do is to create an environment where they live a happy and prosperous life, which will essentially motivate them to work for their society. More specifically, older people had a wide range of long experience on various social issues in which we can be benefitted by taking their views and opinions. The active contribution of many older people in society was also reported by Sultana (2013a). The author noticed that older women were playing a great role both in their parent's and husband's home by doing lots of household chores such as cooking for the family, tidying and cleaning household things, washing clothes, nursing the sick members of the family, and supervision and caretaking.

What kinds of abuse and exploitation do older people experience in our society?

Family ties in Bangladesh are very strong, and the majority of the older people live with their family members, but the position of the older people within the family boundary is becoming vulnerable due to the changing social norms, values, family and social structure and also due to different socio-economic, demographic and political dynamics. The reality of abuse, exploitation, neglect, and violence has led to a series of physical, mental, and financial problems and challenges that face our older people. It was found that most of the older people faced the problem of restriction in enjoying leisure time, doing quarrel without any reason, getting the silent treatment, and not getting respect for their opinion. The abuse and exploitation were even higher among old-old older people, older women, and the poorest older people. It should be mentioned that older abuse is a violation of human rights and a significant cause of illness, injury, loss of productivity, isolation, and despair.

What kinds of social safety net programmes do older people have access to?

Over the last few decades, Bangladesh has made progress in reducing poverty. Yet, about one-fourth of its population is poor and live under the national poverty line. Poverty is a critical determinant that makes people more vulnerable, especially older people, as they have a very limited capacity of earning. The government of Bangladesh has taken different measures, including Social Safety Net Programmes (SSNPs) to eradicate widespread poverty. Since 1974, a range of sixty-six (Rahman et al., 2012) to eighty-four (Pradhan, Mohd & Sulaiman, 2013) SSNPs are being operated in Bangladesh of which only thirty SSNPs are being implemented nationwide (BBS, 2011; Pradhan, Mohd, & Sulaiman, 2013; Rahman, Chowdhury, & Ali, 2011) to address basic needs such as food, shelter, education, and health of the poor and vulnerable people. Though the overall allocation of social safety net programmes has considerably increased over the period, the coverage of the SSNPs is not yet universal. A few of them are aimed at the older population of which only 'old age allowance programme' or '*Boisko Bhata*' introduced in 1998 directly tries to give protection to the older persons. On the other hand, the pension scheme for the public servants covers only a small portion of the older population. The findings of this study showed that a vast majority of the older people know about social safety net programmes such as old-age allowance, pension, medical allowance, widow allowance. However, only one-fourth of the older people had access to safety net programmes with a higher percentage prevailing among older men and older people living in rural areas.

What are the perceptions of older people regarding the current social safety net programmes in terms of reaching and supporting them?

A substantial number of older people were found dissatisfied with current safety net programmes in terms of reaching and supporting them partly due to an inadequate amount of money and not getting allowance despite being eligible. Besides, there were other issues, such as not getting money regularly and long waiting time and harassment. It was reported in the media that many people were getting old age allowance who were not even aged 60 years and above. Also, there were irregularities in the distribution of old age allowance among more affluent people due to either political affiliation on relatives of the locally elected representatives. These mismanagement and irregularities need to address properly to ensure maximum benefits from old age allowance for older people in Bangladesh. These findings are consistent with earlier research conducted by HelpAge International (2000) and Begum et al. (2013). In their study, Begum et al. (2013) found that beneficiaries of social safety net programmes for older people were not better than their non-beneficiary counterparts in terms of physical wellbeing, psychological wellbeing, and monetary criteria; since no significant changes have occurred. These indicate that the money given as old age allowance is not sufficient enough to pull the older people's condition much and generate a significant difference between the beneficiary and their non-beneficiary counterparts. Their findings revealed that the current amount of allowance is not sufficient for

supporting older people. This conclusion is consistent with earlier studies by Rahman, Chowdhury, and Ali (2011). This study also depicted the necessity of introducing a bank account system to deliver the old age allowance.

What are the future needs of the older people in our country in terms of health care, social support, financial support, safety net, etc.?

It was evident from the findings of this study that older people suffer from multiple diseases, have limited income opportunities, and are not in a position to buy quality services for their treatment. For this reason, about three-fourth older people mentioned the need for free treatment. Concerning social support, they need support for rationing food. Moreover, they also need old age allowance as financial support.

Besides, qualitative findings also showed a wide range of future needs of older people in areas of health care, social care, and safety need. Older people mentioned that they need various types of health care support such as free health care, sufficient doctor, sufficient hospitals, proper health care, allowance for health care, the specialised hospital for older people, quality and free medicine, and medical card so that they can avail free treatment. They also reported several needs for proper allowance facility which includes an increase of old age allowance, implementing effective alternative allowance systems such as widow allowance and introducing pension system in the non-governmental and informal sector, ensuring proper distribution system, complexity in implementation system and eliminating corruption and irregularities in allowance system. Moreover, providing financial support was mentioned by most older people for their future livelihood, buying adequate food, clothes, accessing quality health care, and surviving in an emergency.

12.2 Policy Recommendations

- Provide suitable living arrangements for older people in general, and the old-old older people in particular. Some older people, specifically widowed older people were living alone without adequate support services. The initiative should be taken by the government to provide accommodation for them. Ensure better access to toilet facilities for older people.
- Older people suffer from multiple health problems. Access to adequate information about health care facilities and treatment should be ensured for older people. Most importantly, ensure quality health care services for older people at free of cost. Besides, support services should be given to ensure transport services in emergencies for older people living in remote areas in particular.
- Older people contribute to family and society despite their several problems, including health concerns. They deserve to receive better support and care from family and society. Motivational and awareness programmes should be taken to ensure that older people are getting adequate care and support from family and society.
- Food and clothing are basic human rights. Ensure an adequate supply of food for older people based on their needs. As suggested by the majority of older people, rationing food should be given to older people. Also, providing clothing in time is crucial for older people, irrespective of their gender and identity.
- Financial hardship is another major problem for older people. Addressing their financial crisis will have a wider impact on health and longevity. Therefore, initiatives should be taken to ensure adequate financial support for older people in Bangladesh. The coverage of old-age allowance should be expanded, and the amount of the allowance should be increased as well to ensure that older people can meet their basic needs with the allowance.

- Take stringent measures in preventing irregularities and mismanagement of budgets allocated for older people. Strengthen monitoring and evaluation systems to ensure that those who are not eligible for the old-age allowance, widow allowance, and other safety-net programmes do not get benefits from these programmes.
- Prevent abuse and exploitation against older people through creating awareness programmes on the one hand and taking stern action against those who abuse and exploit older people. To achieve this, develop a communication system with older people so that they can report complaints faster to the legal authority.
- It was evident that gender-based discrimination persists in many areas, including access to health care, access to food, clothing, medicine, control over resources, and safety net programmes. Take necessary initiatives to reduce the vulnerabilities of older women as compared to older men.
- Older women are more vulnerable than older men in general, and widowed, separated and divorced are in particular. Special initiatives should be taken in areas of housing, food, clothing, security, social support, financial support, and mental support to address vulnerabilities of the widowed, separated and divorced older people.
- The main reason for dissatisfaction with the social safety net programme among older people is insufficient money. Government or private organisations should provide more focus to increase the amount of money in social safety net programmes. At the same time, overall management regarding the distribution of social safety net programmes should be more efficient.
- Introduce alternative allowance system such as providing pension in non-governmental and informal sectors for older people.
- At the societal level, initiatives should be taken to ensure greater participation of older people in social programmes. Moreover, the ageing club can be established in every community to refresh the older by involving them in different kinds of societal as well as recreational activities.
- The prevalence of loneliness, depression, and anxiety was pronounced among older people with a higher level among older women and older people with lower socioeconomic status. Besides, the overall improvement of the socio-economic condition of older people, take awareness programmes among community people to strengthen kin relations and allocating time and providing support for older people.
- Natural disasters are a very common phenomenon in our country. During disasters, older people are subject to more risk, especially older women and old-old older people. During a disaster, older people have different needs compared to other people, such as medication and suitable food. To address these problems of older people, include particular provisions for older people in disaster risk reduction manuals and training activities.

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Appendices

Study on Older Population in Bangladesh

Questionnaire

DIVISION.....	☐
METROPOLITAN AREA.....	☐
ZILLA	☐☐
THANA.....	☐☐☐
UNION/WARD.....	☐☐☐
MAHALLA/BLOCK.....	☐☐
HOUSEHOLD NO.	☐☐☐
NAME OF THE HOUSEHOLD HEAD	
NAME AND LINE NUMBER OF RESPONDENT.....	☐☐
QUESTIONNAIRE NUMBER OF OTHER OLDER PEOPLE INTERVIEWED IN THE SAMEHOUSEHOLD.....	
MOBILE NUMBER.....	☐☐☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE_____	_____	_____	_____	DATE ☐☐☐☐☐☐
INTERVIEWER'S NAME_____	_____	_____	_____	INTERVIEWERS CODE ☐☐
RESULT*				RESULT* ☐☐

*RESULT CODES:
- 01 COMPLETED
- 02 REFUSED
- 03 INCOMPLETED
- 88 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD ☐☐

TOTAL # OF ELEGIBALE RESPONDANTS ☐

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME DATE ☐☐☐☐☐☐	NAME DATE ☐☐☐☐☐☐	☐☐	☐☐

INFORMED CONSENT

Hello. My name is .....I am working with Department of Population Sciences, University of Dhaka. The Department of Population Sciences is going to conduct a research project across the whole country on the socio-economic conditions of the older people who are aged 60 years and above. Our goal is to collect information regarding the socio-economic, familial, physical health, mental health, living arrangement, social safety net programme etc. of the older people in your locality. You know that in Bangladesh there are 8 older people in every 100 population and this number is increasing rapidly. Under this research project, we will collect information on the above-mentioned issues from you as well as we will collect some information about your household. All information will be used for research purpose only and will be kept confidential.

You have every right to skip any question or to quit at any time if you wish. I hope you will give your valuable time in this regard and based on your opinion the Government of Bangladesh will take necessary steps to improve the overall conditions of the older people in Bangladesh.

Do you want to know anything about this research? Can I start to take interview now?

Respondent agrees to be interviewed ..... 1 ↓

Respondent does not agree to be interviewed .... 2 → END

Signature of the interviewer.....

Time to start the interview..... .....
(Hours) (Minutes)

HOUSEHOLD SCHEDULE

Line No.	Name of the Persons Living in the Household or Outside	Relationship to Head of Household	Sex	Age	(12 years and above)			
					Marital Status	Highest class attended	Currently working for income generation	Where do you live?
	Q01	Q02	Q03	Q04	Q05	Q06	Q07	Q08
01		☐☐	Male.....1 Female ....2 Transgender....3	☐☐ Years	Currently married ..... 1 Ever married ..... 2 Unmarried 3	☐☐	Yes...1 No....2	☐☐
02		☐☐	Male.....1 Female ....2 Transgender....3	☐☐ Years	Currently married ..... 1 Ever married ..... 2 Unmarried 3	☐☐	Yes...1 No....2	☐☐
03		☐☐	Male.....1 Female ....2 Transgender....3	☐☐ Years	Currently married ..... 1 Ever married ..... 2 Unmarried 3	☐☐	Yes...1 No....2	☐☐
04		☐☐	Male.....1 Female ....2 Transgender....3	☐☐ Years	Currently married ..... 1 Ever married ..... 2 Unmarried 3	☐☐	Yes...1 No....2	☐☐
05		☐☐	Male.....1 Female ....2 Transgender....3	☐☐ Years	Currently married ..... 1 Ever married ..... 2 Unmarried 3	☐☐	Yes...1 No....2	☐☐
06		☐☐	Male.....1 Female ....2 Transgender....3	☐☐ Years	Currently married ..... 1 Ever married ..... 2 Unmarried 3	☐☐	Yes...1 No....2	☐☐
07		☐☐	Male.....1 Female ....2 Transgender....3	☐☐ Years	Currently married ..... 1 Ever married ..... 2 Unmarried 3	☐☐	Yes...1 No....2	☐☐
08		☐☐	Male.....1 Female ....2 Transgender....3	☐☐ Years	Currently married ..... 1 Ever married ..... 2 Unmarried 3	☐☐	Yes...1 No....2	☐☐
09		☐☐	Male.....1 Female ....2 Transgender....3	☐☐ Years	Currently married ..... 1 Ever married ..... 2 Unmarried 3	☐☐	Yes...1 No....2	☐☐
10		☐☐	Male.....1 Female ....2 Transgender....3	☐☐ Years	Currently married ..... 1 Ever married ..... 2 Unmarried 3	☐☐	Yes...1 No....2	☐☐

*Q 02 RELATIONSHIP TO HEAD OF HOUSEHOLD			
01=Older people	04= Son/Daughter	07= Father/Mother/Guardian	10= Stepchild
02= Wife	05= Son/Daughter-in-law	08= Father/Mother-in-law	11= Others
03= Husband	06= Grandson/Daughter	09= Brother/Sister	

**Q08 WHERE DO YOU LIVE	
01=Household	02=Same pace rather than household
03=Less than 1 km	04=1-2 km
05=3-5 km	06=6-10 km
07=More than 10 km	88=Others (specify

SECTION 1: BASIC HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	RESPONSE	SKIP
101.	What is the main source of drinking water for members of your household?	Piped into dwelling ..... 1 Piped outside dwelling ..... 2 Tube Well ..... 3 Surface water (river/dam/ Lake/pond/stream/canal ..... 4 Others (Specify) _____ 88	|___|___|	
102.	What is the main source of cooking and housing water for members of your household?	Piped into dwelling ..... 1 Piped outside dwelling ..... 2 Tube Well ..... 3 Surface water (river/dam/ Lake/pond/stream/canal ..... 4 Others (Specify) _____ 88	|___|___|	
103.	Does your family share the source of water with others? **1=YES, 2=NO, 99=NOT APPLICABLE**	Drinking water	|___|___|	
		Cooking and housing water	|___|___|	
104.	What kind of toilet facility do members of your household usually use?	Flush toilet ..... 1 Water sealed/slab ..... 2 Pit latrine ..... 3 Open pit ..... 4 River/canal/field ..... 5 Others (Specify) _____ 88	|___|___|	→ **106**
105.	Does your family share the toilet with others?	1=YES, 2=NO	|___|	
106.	Does your household have the following items?			

	1=Yes	2=No	
Electricity	1	2	|___|
An almirah/wardrobe	1	2	|___|
A table	1	2	|___|
A chair/bench	1	2	|___|
A radio	1	2	|___|
A television (white and black)	1	2	|___|
A television(colour)	1	2	|___|
A Wall clock	1	2	|___|
A watch	1	2	|___|
A cycle	1	2	|___|
A motorcycle	1	2	|___|
A rickshaw/van	1	2	|___|
A CNG scooter	1	2	|___|
A motor car	1	2	|___|
A sewing machine	1	2	|___|
A mobile phone	1	2	|___|
Land phone	1	2	|___|
Computer	1	2	|___|
Refrigerator	1	2	|___|
DVD player	1	2	|___|
Electric fan	1	2	|___|
AC	1	2	|___|
Water pump	1	2	|___|
Livestock (cow, buffalo, goat)	1	2	|___|
Livestock (hen, duck, Koyel)	1	2	|___|

107.	What is the main material of the exterior walls?	Cement/concrete ..... 1 Tin ..... 2 Wood/bamboo ..... 3 Polyethylene/board ..... 4 Soil ..... 5 Others (specify) _____ 88	|___|___|	
108.	What is the main material of the roof?	Cement/concrete ..... 1 Tin ..... 2 Wood/bamboo ..... 3 Polyethylene/board ..... 4 Soil ..... 5 Others (specify) _____ 88	|___|___|	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	RESPONSE	SKIP
109.	What is the main material of the floor?	Cement/concrete ..... 1 Soil ..... 2 Wood/bamboo..... 3 Others (specify) _____ 88	|___|___|	
110.	Does your household own any homestead land?	Yes..... 1 No..... 2	|___|	→112
111.	If yes, specify the amount		|___|___|___| Decimal	
112.	Does your household own any land (without homestead)?	Yes..... 1 No..... 2	|___|	→201a
113.	If yes, specify the amount		|___|___|___| Decimal	

SECTION 2: BASIC INDIVIDUAL CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	RESPONSE	SKIP
201a	What is your current age? (Check Q04 household roster and correct if necessary)	-------years, 999= Do not know, 888=cannot say	|___|___|___|	
201b	Are you household head? 1= Yes, 2= No		|___|	
202.	What is the Sex of the respondent?	Male ..... 1 Female..... 2 Transgender 3	|___|	
203.	What is the marital status of the respondent? (Check Q05 household roster and correct if necessary)	Married..... 1 Divorced ..... 2 Separated ..... 3 Widowed/Widower..... 4 Never married 5	|___|	
204.	Have you ever gone to school?	Yes ..... 1 No..... 2	|___|	→ 207
205.	What types of educational institution you have studied?	Institutional..... 1 Non institutional ..... 2 Upo-anusthanic..... 3 Do not know..... 4	|___|	→ 207
206.	What is your total year of schooling?		|___|___| Year	
207.	What is your main occupation?	Service holder..... 1 Farmer..... 2 Handicraftsman..... 3 Business..... 4 Rickshaw puller/ van driver/ auto driver ... 5 Day labourer..... 6 Servant ..... 7 Housewife ..... 8 Others (fisherman, waver, kamar) ..... 9 Do not work..... 10 Others (specify) _____ 88	|___|___|	
208.	How much do you earn in a month?	.....Taka		
209.	Is your monthly income sufficient for livelihood?	No income ..... 1 Not sufficient..... 2 Sufficient 3	|___|	
210.	What are the sources of your monthly income? (Probe the respondent) (Multiple response)	Service ..... 1 Pension..... 2 Government fund..... 3 Savings/bima ..... 4 House rent..... 5 Business..... 6 Working in own land/ farming ..... 7 Help ..... 8 Others (specify) _____ ..... 88 Not applicable 99	|___|___| |___|___| |___|___| |___|___| |___|___|	
211.	What is the religious affiliation of the respondent?	Muslim..... 1 Hindu ..... 2 Buddhist ..... 3 Christian 4	|___|___|	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	RESPONSE	SKIP
		Others (specify) _____ 88		
212.	Are you belonging to indigenous group?	Yes ..... 1 No 2	|___|	
213.	Number of children of the respondent: (Check Q02 household roster and correct if necessary)	98=No response 99=Not applicable	|___|___| Sons |___|___| Daughters	

SECTION 3: LIVING ARRANGEMENTS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	RESPONSE	SKIP
301	Who is the owner of the household where you live?	Own home ..... 1 Rented home ..... 2 Son's home ..... 3 Daughter's home ..... 4 Brother's home ..... 5 Sister's home ..... 6 Relative's home ..... 7 Spouse's home ..... 8 Guchho gram/ khasjomi ..... 9 Others (specify) _____ 88	|___|___|	
302	Whom do you normally live with?	Son ..... 1 Daughter ..... 2 Spouse ..... 3 Grandson/daughter ..... 4 Together with all household members .... 5 Relatives ..... 6 Brother/Sister ..... 7 Alone ..... 8 Others (specify) _____ 88	|___|___|	
303	Where do you normally sleep?	Living room ..... 1 Corridor ..... 2 Drawing room ..... 3 Kitchen ..... 4 Dinning room ..... 5 Others (specify) _____ 88	|___|___|	
304	What is your sleeping instrument?	Cot/bedstead ..... 1 Floor ..... 2 Others (specify) _____ 88	|___|___|	
305	(If the answer of Q302 is '8', then skip to Q308) Do you share your room/bedstead with others?	Yes ..... 1 No 2	|___| →	 → 308
306	Why do you share your room/bedstead with others? (Probe the respondent) (Multiple response)	Willingly due to necessity ..... 1 Not willingly due to necessity ..... 2 Willingly ..... 3 Not willingly ..... 4 Others (specify) _____ 88	|___| |___| |___|	
307	Do you feel comfort to share your room with others?	Yes ..... 1 No 2	|___|	
308	Do you feel fear to live alone?	Yes ..... 1 No 2	|___|	
309	Are you satisfied about your room where you are living?	Very dissatisfied ..... 1 Dissatisfied ..... 2 A little ..... 3 Satisfied ..... 4 Very Dissatisfied 5	|___| →	 → 311
310	(If the answer of Q309 is '1 or 2' then Q310 is applicable. Probe the respondent) If you are not satisfied, why? (Multiple response)	Lack of air ..... 1 Too hot ..... 2 Too cold ..... 3 Too darkness ..... 4 Too muddy ..... 5 Too noisy ..... 6 Others (specify) _____ 88	|___|___| |___|___| |___|___| |___|___| |___|___| |___|___|	

311	Are you satisfied about the toilet facilities of your living pace?	Yes ..... 1 No 2	→ 313 |___|	
312	If you are not satisfied, why? (Probe the respondent) (Multiple response)	Too far ..... 1 Problem to sit ..... 2 Have to wait long time due to using jointly with household members ..... 3 Lack of light and air ..... 4 Jointly using with others household ..... 5 Lack of water ..... 6 Dirty and unhealthy ..... 7 Others (specify) _____ 88	|___|___| |___|___| |___|___| |___|___| |___|___| |___|___|	
313	Do you feel your toilet is safe for you?	Yes ..... 1 No 2	|___|	
314	Do you feel fear at night to go to toilet alone?	Yes ..... 1 No 2	|___|	
315	(Check the responses of household roster if any son/daughter live outside. If answer of Q08 is '3 to 8', then Q315 is applicable) Of the sons and daughters who do not live with you, how often do they communicate with you?	Never ..... 1 Daily ..... 2 Once a week ..... 3 More than once a week ..... 4 Once a month ..... 5 More than once a month ..... 6 Once a year ..... 7 More than once a year ..... 8 Not applicable 99	|___|___|	

SECTION 4: CARE AND SUPPORT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES/SCALE	RESPONSE		SKIP
401	Do you think your family has the ability to support you financially? 1= Yes, 2= No, 99=Not applicable		|___|___|		
402	Do you get the following support? If you get, who are providing these supports? (If the answer is '1=always or 2= sometimes, then ask the source of support) [Code regarding the main source of support:] 1= Spouse 2=Daughter 3=Son 4=Daughter in law 5=son in law 6=Brother/sister 7=Grandson/daughter 8=Relatives 9=Friends 10=Neighbours 11=Do not want to tell 88=Others (specify) _____	Types	1=Always 2=Sometimes 3=Never 99=Not applicable	Source of support	
		Getting food regularly	|___|___|	|___|___|	
		Getting adequate food	|___|___|	|___|___|	
		Getting my favourite food	|___|___|	|___|___|	
		Getting suitable food	|___|___|	|___|___|	
		Getting necessary cloths timely	|___|___|	|___|___|	
		Getting help in washing cloths	|___|___|	|___|___|	
		Getting medicine in time	|___|___|	|___|___|	
		Getting help to walk	|___|___|	|___|___|	
		Getting help to go to health centre	|___|___|	|___|___|	
		Getting pocket money if needed	|___|___|	|___|___|	
		Getting money for social needs (gift, buying fruits for sick relatives, donation, etc.)	|___|___|	|___|___|	
		Getting support in times of frustration	|___|___|	|___|___|	
		Getting care due to sickness	|___|___|	|___|___|	
		Getting adequate foods due to sickness	|___|___|	|___|___|	
		Getting sympathy if lost something or valuable one	|___|___|	|___|___|	
		Getting money to visit friend's house/relative's house (marriage, birthday, etc)	|___|___|	|___|___|	
		Getting help to go outside for refreshment (park, cinema, religious festival, etc.)	|___|___|	|___|___|	
		Getting companionship if needed	|___|___|	|___|___|	

403	What are the main sources of financial support provided by your family/society/relatives? (Mention three main sources sequentially)	1=Spouse 2=Daughter 3=Son 4=Daughter in law 5=Son in law 6=Brother/sister 7=Grandson/daughter 8=Relatives 9=Friends 10=Neighbours 11=Money lender 12=pension 13=Savings 14=Government/NGO fund 88=Others.....(specify)	 |___|___| |___|___| |___|___|	
404	What are the main sources of mental support provided by your family/society/relatives? (Mention three main sources sequentially)	1=Spouse 2=Daughter 3=Son 4=Daughter in law 5=son in law 6=Brother/sister 7=Grandson/daughter 8=Relatives 9=Friends 10=Neighbours 11=No one 88=Others.....(specify) 99=Not applicable	 |___|___| |___|___| |___|___|	
405	Does your neighbours come to visit you?	Yes ..... 1 No 2	|___| |___|	
406	Does your neighbours come to you for gossiping/passing time?	Yes ..... 1 No 2	|___| |___|	
407	Does your neighbours invite you to go to their home?	Yes ..... 1 No 2	|___| |___|	
408	Does your society invite you to join in any cultural program?	Yes ..... 1 No 2	|___| |___|	
409	Do you think you are getting enough respects from the people around you?	Yes ..... 1 No 2	|___| |___|	
410	[Q410 is applicable only for the childless respondent or whose child lives other countries] Do you think your experiences at this age are different compared to those older people who have children? 1=Yes 2=No 99=not applicable	Types	Code	
		Feel less tension having no children	|___|___|	
		Feel less expectation having no children	|___|___|	
		Feel more hopeless having no children	|___|___|	
		Your spouse is your only support	|___|___|	
		Feel fear about losing your spouse	|___|___|	
		Cannot demand something from others as your right	|___|___|	
		Satisfied to get support from others	|___|___|	
		You are more self-dependent compared to others who have children	|___|___|	
		You always have to live alone	|___|___|	
		There is no one to take care of you	|___|___|	
		You cannot fulfil your maximum demand	|___|___|	
		You are affecting with social violence having no children	|___|___|	
411	How do you feel about sending the old parents to old home?	1= Do not know about old home 2=Positively 3=Negatively 4= Both positive and negative	 |___|	→ 501 → 412 → 413
If the answer of Q411 is '4= Both positive and negative', then both Q 412 and Q413 is applicable				
412	What are the reasons for your positive thinking about sending the old parents to old home?	1= No one to take care at home 2=No tension for doing household work 3=For safety 4=For companionship 88=Others..... (specify)	|___|___| |___|___| |___|___|	
413	What are the reasons for your negative thinking sending the old parents to old home?	1=Social value may be violated 2=Family bonding may be violated 3=Cannot live alone 4=No one to take care in times of sickness 5=Cannot live without grand children 6=Cannot go by leaving homestead 88= Other (specify)	|___|___| |___|___| |___|___| |___|___| |___|___| |___|___|	

SECTION 5: PHYSICAL HEALTH CONDITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				RESPONSE	SKIP
501	How would you describe your health status?	1=Very poor 2=Poor 3=Fair 4=Good 5=Very good				|___| |___| |___| |___| |___|	
502	How would you describe your taste on food?	1=Not at all 2=Poor 3=A little 4=Good 5=Very good 6=Changing frequently				|___|	
503	Do you inform your family instantly about your sickness?	1=Yes 2=No 99=Not applicable				|___|___|	
504	[If respondent say "No" in question 503, then question 504 is applicable only. Probe the responses] If no, why? (Multiple response)	Try to solve myself ..... 1 They do not response about my sickness ..... 2 They have no ability to help me ..... 3 Do not want to disturb others..... 4 No one to say..... 5 Others (specify) _____ 88				|___|___|	
505	Specify whether you have any of the following health problems, if yes then mention it's duration: [If duration is less than one month, then mention '00'] (Multiple response)	**Diseases**	1= Yes	2= No	Duration (months)		
		Allergies				|___|___|	
		Arthritis				|___|___|	
		Asthma				|___|___|	
		Back pain				|___|___|	
		Knee pain				|___|___|	
		Joint pain				|___|___|	
		Neck pain				|___|___|	
		Blood pressure				|___|___|	
		Cancer				|___|___|	
		Cataracts				|___|___|	
		Prolonged cough				|___|___|	
		Glaucoma				|___|___|	
		Dental				|___|___|	
		Diabetes				|___|___|	
		Dysentery				|___|___|	
		No control over stools				|___|___|	
		Goitre				|___|___|	
		Fall				|___|___|	
		Sleeping problem				|___|___|	
		Heart Disease				|___|___|	
		Ulcer/Gastric				|___|___|	
		Irritable Bowel Syndrome				|___|___|	
		Kidney disease				|___|___|	
		Migraine headaches				|___|___|	
		Giddiness				|___|___|	
		Rheumatic fever				|___|___|	
		Breathing trouble				|___|___|	
		Skin disease				|___|___|	
		Tuberculosis				|___|___|	
		Urinary incontinence				|___|___|	
		Weakness				|___|___|	
		Jaundice				|___|___|	
		Typhoid				|___|___|	
		Woman diseases /Gynecological diseases				|___|___|	
		Others..... (specify)				|___|___|	
506	Did you seek treatment for the above diseases(mentioned in Q505) you have been suffering?	Yes ..... 1 No 2				|___| →	509

507	What medicine did you seek treatment for these illness(question 505)? (Probe the respondent) (Multiple response)	Allopathic ..... 1 Homeopathic ..... 2 Ayurvedic ..... 3 Kabiraj ..... 4 Spiritual/Addhyatic/jhar-fuk 5	|___| |___| |___|	→ 510
508	Where did you seek treatment for these illnesses? (Probe the respondent) (Multiple response)	**Government sector:** Medical college hospital ..... 11 Specialized government hospital ..... 12 District hospital ..... 13 Upazila health complex ..... 14 Health and family welfare centre ..... 15 Community clinic ..... 16 Others (specify) ..... 17 **NGO sector:** NGO clinic ..... 21 Others (specify) ..... 22 **Private sector:** Private hospital/clinic ..... 31 Doctor's chamber ..... 32 Pharmacy ..... 33 Private medical college hospital ..... 34 Grocery shop ..... 35 Others (specify) 88	|___|___| |___|___| |___|___| |___|___| |___|___|	
509	What are the reasons for not seeking treatment? (Probe the respondent) (Multiple response)	Do not feel need ..... 1 Do not understand the necessity of treatment .. 2 Cannot move ..... 3 Not used to taking treatment ..... 4 Too costly ..... 5 Money problem ..... 6 Too far ..... 7 Transport problem ..... 8 No one to go with me ..... 9 Poor treatment ..... 10 Pressure from family members ..... 11 Getting better treatment at home ..... 12 Do not know how to go ..... 13 Do not get enough time to go ..... 14 Do not know where to go ..... 15 Avoid male/female treatment ..... 16 Fear ..... 17 Others (specify) 88	|___|___| |___|___| |___|___| |___|___| |___|___|	
510	For which disease did you seek treatment last? (mention the serial number of the diseases discussed in question 505)		|___|___|	
511	Who did bear the cost of your last illness? [Mention four main sources sequentially]	Self ..... 1 Spouse ..... 2 Daughter ..... 3 Son ..... 4 Daughter in law ..... 5 Son in law ..... 6 Brother/sister ..... 7 Grandson/daughter ..... 8 Relatives ..... 9 Friends ..... 10 Neighbours ..... 11 Government ..... 12 Insurance ..... 13 No one ..... 14 Others (specify) ..... 88 Not applicable 99	|___|___| |___|___| |___|___| |___|___|	
512	In general, would you say that eyesight is: 1=Very bad(Blind) 2=Bad 3=Average 4=Good 5=Very good		|___|	
513	[If the answer is '1=very bad or 2=bad' in Q512, then Q 513 is applicable] Do you use eye glass?	Yes ..... 1 No 2	|___|	
514	[If the answer is '1=very bad or 2=bad' in Q512 and '2=No' in Q513, then Q 514 is applicable] Do you feel the necessity of using eye glass?	Yes ..... 1 No ..... 2 No idea about eye glass 3	|___|	→ 516

515	What are the reasons of not using eye glass even though you feel its necessity? (Probe the respondent) (Multiple response)	Do not understand its necessity..... 1 Too costly ..... 2 Money problem..... 3 Too far ..... 4 Transport problem ..... 5 No one to go with me..... 6 It's a general problem at this age..... 7 Fear..... 8 Others…. (specify) 88	|___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___|	
516	In general, would you say that hearing is: 1=Bad 2=Average 3=Good 4=Very good		|___| |___|	
517	[If respondent says "bad" in question 516, then question 517 is applicable] Do you use hearing machine?	Yes ..... 1 No 2	|___| |___|	
518	[If respondent says "bad" in question 516 and "No" in question 517 then question 518 is applicable] Do you feel the necessity of using hearing machine?	Yes ..... 1 No ..... 2 No idea about eye glass 3	|___| |___| |___| →	520
519	What are the reasons of not using hearing machine even though you feel its necessity? (Probe the respondent) (Multiple response)	Do not understand its necessity..... 1 Too costly ..... 2 Money problem..... 3 Too far ..... 4 Transport problem ..... 5 No one to go with me..... 6 It's a general problem at this age..... 7 Fear..... 8 Others…. (specify) 88	|___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___|	
520	Do you have any physical problems/disabilities?	Yes ..... 1 No 2	|___| |___|	
521	Can you carry out the following activities easily? 1=Yes(Always) 2=Yes(Need help sometimes) 3=Always need help 99=Not applicable	**Types** **ADL** Getting bath Taking medicine Walking/working outside Using toilet alone Walking inside at home Leaving bed alone Wearing cloths alone Taking food **IADL** Cooking Shopping Washing cloths Cleaning home **Active Ageing** Can bending willingly Carrying 5 kg weight Walking 1 km Climbing 2-3 stairs	 |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___|	
522	Did you have any physical exercise/walking in last six months? 1=Yes 2=No		|___|	
523	What are your suggestions regarding the treatment facilities of older people? (Probe the respondent) (Multiple response)	Free treatment ..... 1 Call doctor at home..... 2 Free medicine..... 3 Money from the government ..... 4 Better treatment ..... 5 Establish health centre near home ..... 6 Own savings..... 7 Others (specify) 88	|___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___|	

SECTION 6: MENTAL HEALTH

NO.	QUESTIONS AND FILTERS	CODING/SCALE	RESPONSES	SKIP
601	What is your mental strength about doing something? 1=Not at all 2=Little 3=Average 4=Much		|___|	
	GAI			
602	I worry a lot of the time	1=No, 2=Yes	|___|	
603	Little things bother me a lot	1=No, 2=Yes	|___|	
604	I think of myself as a worrier	1=No, 2=Yes	|___|	
605	I often feel nervous	1=No, 2=Yes	|___|	
606	My own thoughts often make me anxious	1=No, 2=Yes	|___|	
607	I am satisfied about my life	1=No, 2=Yes	|___|	
	GDS			
608	I have dropped many of my activities and interests	1=No, 2=Yes	|___|	
609	I feel that my life is empty	1=No, 2=Yes	|___|	
610	I often get bored	1=No, 2=Yes	|___|	
611	I am in good spirits most of the time	1=No, 2=Yes	|___|	
612	I am afraid that something bad is going to happen to me	1=No, 2=Yes	|___|	
613	I feel happy most of the time	1=No, 2=Yes	|___|	
614	I often feel helpless	1=No, 2=Yes	|___|	
615	I prefer to stay at home, rather than going out and doing new things	1=No, 2=Yes	|___|	
616	I feel I have more problems with memory than most	1=No, 2=Yes	|___|	
617	I think it is wonderful to be alive now	1=No, 2=Yes	|___|	
618	I feel pretty worthless the way I am now	1=No, 2=Yes	|___|	
619	I feel full of energy	1=No, 2=Yes	|___|	
620	I feel that my situation is hopeless	1=No, 2=Yes	|___|	
621	I think that most people are better off than I am	1=No, 2=Yes	|___|	
	DJG Loneliness Scale			
622	There are plenty of people I can rely on when I have problems	1=No, 2=Yes	|___|	
623	There are many people I can trust completely	1=No, 2=Yes	|___|	
624	There are enough people I feel close to	1=No, 2=Yes	|___|	
625	I miss having people around	1=No, 2=Yes	|___|	
626	I often feel rejected	1=No, 2=Yes	|___|	
	HRQoL Scale			
627	I compare my own health with other people of my age as:1=Very poor, 2=Poor, 3=Same, 4=Good, 5=very good		|___|	
628	I feel difficulty in bending	1=Always, 2=Quite often, 3=Sometimes, 4=Seldom 5=Never	|___|	
629	I suffer from pain	1=Always, 2=Quite often, 3=Sometimes, 4=Seldom 5=Never	|___|	
630	I face problem associated with pain when performing daily activities	1=Always, 2=Quite often, 3=Sometimes, 4=Seldom 5=Never	|___|	
631	I face difficulties in performing everyday work (both paid/unpaid work) for health reasons	1=Always, 2=Quite often, 3=Sometimes, 4=Seldom 5=Never	|___|	
632	I am able to remember things	1=Always, 2=Quite often, 3=Sometimes, 4=Seldom 5=Never	|___|	
633	I generally feel tired	1=Always, 2=Quite often, 3=Sometimes, 4=Seldom 5=Never	|___|	
634	I face difficulty in sleeping	1=Very much, 2=Much, 3=A little, 4=Very little, 5=Not at all	|___|	
635	I generally feel worried	1=Always, 2=Quite often, 3=Sometimes, 4=Seldom 5=Never	|___|	
636	I feel sad	1=Always, 2=Quite often, 3=Sometimes, 4=Seldom 5=Never	|___|	
637	I am satisfied regarding support from family members	1=Very dissatisfied, 2=Dissatisfied, 3=A little, 4=Satisfied, 5=Very satisfied	|___|	
638	I am satisfied regarding my ability to support others	1=Very unhappy 2=Unhappy, 3=A little, 4=Happy, 5=Very happy	|___|	
639	I am satisfied regarding my relationship with family members	1=Very dissatisfied, 2=Dissatisfied, 3=A little, 4=Satisfied, 5=Very satisfied	|___|	
640	I am able to provide support to others	1=Never, 2=Seldom, 3=Sometimes, 4=Quite often, 5=Always	|___|	
641	I have decision-making role in the family	1=Never, 2=Seldom, 3=Sometimes, 4=Quite often, 5=Always	|___|	
642	I feel I am a burden on my family members	1=Always, 2=Quite often, 3=Sometimes, 4=Seldom 5=Never	|___|	
643	I think that religious activities bring me peace	1=Not at all 2=Very little 3=A little 4=Much 5=Very much	|___|	

644	I do offer prayers	1=Never, 2=Seldom, 3=Sometimes, 4=Quite often, 5=Always	|___|	
645	I have worries about money	1=Always, 2=Quite often, 3=Sometimes, 4=Seldom 5=Never	|___|	
646	I have cash money in hand	1=Never, 2=Seldom, 3=Sometimes, 4=Quite often, 5=Always	|___|	
647	I feel discomfort during the winter, summer and monsoon seasons	1=An extreme amount, 2=Very much, 3=A little, 4=Little 5=Not at all	|___|	

SECTION 7: FAMILY AND SOCIAL ENGAGEMENT

NO.	QUESTIONS AND FILTERS	CODING/SCALE	RESPONSE		SKIP
701	What types of household chores do you perform in your living place and how often do you perform these activities? (CODE FOR FREQUEANCY OF ACTIVITY PERFOREMED) 1=Daily 2=More than once a week 3=Once a week 4=More than once a month 5=Once a month 6=Not doing from the last month 7=Never 99=Not applicable				
		Items	1=Yes 2=No 99=Not applicable	Frequency	
		Household Cleaning	|___|___|	|___|___|	
		Cooking	|___|___|	|___|___|	
		Taking care grandchildren (bathing, taking to school, tutoring)	|___|___|	|___|___|	
		Take care of other sick family members (Child, Grandchild etc.)	|___|___|	|___|___|	
		Helping in agriculture	|___|___|	|___|___|	
		Shopping	|___|___|	|___|___|	
		Washing cloths/Laundry	|___|___|	|___|___|	
		Animal husbandry	|___|___|	|___|___|	
		Others (Specify)----------	|___|___|	|___|___|	
702	Are you doing any other works (paid/unpaid) besides household works? 1=Yes 2=No			|___|	
703	Are you engaged with any other social activities/works (club, school, college, religious institution, etc.)? 1=Yes 2=No			|___|	

SECTION 8: ABUSE AND EXPLOITATION

NO.	QUESTIONS AND FILTERS	CODING/ SCALE	RESPONSE		SKIP
801	Are you experiencing the following issues in your elderly life now a day in your family/society? (CODE FOR FROM WHOM YOU ARE EXPERIENCING THESE ISSUES) 1=Spouse 2=Daughter 3=Son 4=Daughter in law 5=Son in law 6=Brother/sister 7=Grandson/daughter 8=Relatives 9=Friends 10=Neighbours 11=Do not want to tell 88=Others.....(specify)	**Items**	1=Yes 2=No 99=Not applicable	From whom	
		Anyone quarrelled with you at any reason	|___|___|	|___|___|	
		Recognize your daily activities	|___|___|	|___|___|	
		Ignore you in decision making	|___|___|	|___|___|	
		Say something (fat, old, ugly, poor etc.) that make you feel insulted	|___|___|	|___|___|	
		Respect your opinion	|___|___|	|___|___|	
		Make you feel guilty every time they serve you in order to get your needs (food, cloths, medicine etc.)	|___|___|	|___|___|	
		Blame you for things that you did not do	|___|___|	|___|___|	
		Restricts you from visiting and mixing with grandchildren	|___|___|	|___|___|	
		Restricts meeting your friends and relatives	|___|___|	|___|___|	
		Restricts enjoying your leisure time	|___|___|	|___|___|	
		Anyone threatened to abandon you in old home/alone	|___|___|	|___|___|	
		Damage your property that has emotional attachment to you	|___|___|	|___|___|	
		Anyone ever hit/attacked you physically	|___|___|	|___|___|	
		Thrown object at you that could cause injury	|___|___|	|___|___|	
		Given overdose of medicine intentionally	|___|___|	|___|___|	
		Push you deliberately in public transport (Bus, Train, etc.)	|___|___|	|___|___|	
		Push you off the queue (Bank account/ relief / allowance) deliberately	|___|___|	|___|___|	
		Forced to do any physical activities beyond your capacity	|___|___|	|___|___|	
		Taken your money/property as a loan and you face trouble in getting back	|___|___|	|___|___|	
		Pressured to pay for share of family expenses	|___|___|	|___|___|	
		Anyone lives with you, but refuses/denies/make trouble to pay share of expenses	|___|___|	|___|___|	
		Denies if you want to buy something	|___|___|	|___|___|	
802	Does anyone tell you that you give them too much trouble? 1=Yes 2=No			|___|	
803	Overall, are you fearful of your family? 1=Yes 2=No 99=Not applicable			|___|___|	
804	Were you forced to let your family members spend your money out of fear? 1=Yes 2=No 99=Not applicable			|___|___|	
805	Is anyone giving you the silent treatment? 1=Yes 2=No 99=Not applicable			|___|___|	

SECTION 9: CONTROL OVER LIFE AND RESOURCES

NO.	QUESTIONS AND FILTERS	CODING/SCALE	RESPONSE	SKIP
901	Can you do the following activities willingly? 1=Yes 2=No 99=Not applicable	**Items**		
		Go outside for walk	|___|___|	
		Go outside for prayer	|___|___|	
		Go outside for shopping	|___|___|	
		Go outside for social gatherings	|___|___|	
		Go outside for hospitals	|___|___|	
		Can spend money	|___|___|	
		Make decision on food by your own choice	|___|___|	
		Make decision on where you want to live	|___|___|	
		Can visit others outside if you have ability	|___|___|	
		Can wear cloths by your own choice	|___|___|	
		Can attend in any religious program	|___|___|	
		Can watch television	|___|___|	
		Can attend in cultural activities (song, fair, etc)	|___|___|	
902	Does anyone give pressure you to stay in a room forcefully? 1=Yes 2=No 99=Not applicable		|___|___|	
903	Do you have any property by your name?	Yes	|___|	
		No	→	905
904	Have you distributed your property among your children? 1=Fully distributed 2=Partially distributed 3=Not distributed		|___|	
905	Can you make decisions about the following household activities? 1=Yes 2=No 99=Not applicable	**Items**		
		About study/job/marriage of your children/grand children	|___|___|	
		About selling/buying property of the household	|___|___|	
		About religious activities of the household	|___|___|	
		About health care of household members	|___|___|	
906	Do you have any bank account?	Yes 1	|___|	
		No 2	→	909
907	Who maintain this bank account?	Self 1	→	909
		Someone else..... 2	|___|	
908	If anyone else maintain it, does he/she maintain it according to your own willing? 1=Yes 2=No		|___|	
909	Do you have control over the following properties? 1=Yes 2=No → 911 99=Not applicable → 1001	**Items**		
		Savings/Bima	|___|___|	
		Property including homestead land, animals and ornaments	|___|___|	
		Earning from others household properties	|___|___|	
910	How much control do you have over the following properties? 1=Totally 2=Partially 3=Very little	**Items**		
		Savings/Insurance	|___|	
		Property including homestead land, animals and ornaments	|___|	
		Earning from others household properties	|___|	
911	If you have no control over these properties, then who maintain it? 1=Spouse 2=Daughter 3=Son 4=Daughter in law 5=Son ın law 6=Brother/sıster 7=Grandson/daughter 8=Relatives 9=Friends 10=Neighbours 88=Others.....(specify) 99=Not applicable	**Items**		
		Savings/Insurance	|___|	
		Property including homestead land, animals and ornaments	|___|	
		Earning from others household properties	|___|	
912	If someone else control these properties, then how does he/she maintain it? (Probe the respondent) (Multiple response)	Spend money without my permission..... 1 Give pressure to spend for them..... 2 Give pressure to spend according to their wish.. 3 Sell property without my permission ..... 4 Give threat for not supporting..... 5 I have given them the right to control due to my physical disability 6	|___|	

SECTION 10: SOCIAL SAFETY NET

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	RESPONSE	SKIP
1001	Are any government/private organizations working for older people in your locality? 1=Yes 2=No		|___|	
1002	Are you eligible to receive any allowance? 1=Yes 2=No		|___|	
1003	Are you receiving any allowance recently?	Yes ..... 1 No 2	|___|	Answer 'Know' in Q1004, then skip to Q1101
1004	[If the respondent says "No" in question 1003, then the section "Types of allowances familiar with" in 1004 applicable only] What types of allowances you are familiar with and what typesof allowances you are receiving? (Probe the respondent) (Multiple response)	**List of the allowances** Old allowance ..... 1 Pension ..... 2 Medical allowance ..... 3 Honorarium for freedom fighters ..... 4 Allowance for disabled persons ..... 5 VGD/VGF ..... 6 Widow allowance ..... 7 Others (specify) 88	**Know** |___| |___| |___| |___| |___| |___| |__|_|	**Receive allowance** |___| |___| |___| |___| |___| |___| |__|_|	
1005	[If the respondent receives money from multiple sources, then write the total amount] What amount are you receiving monthly?		Tk	
1006	Where do you store this money which you are receiving?	Self ..... 1 Spouse ..... 2 Son/daughter ..... 3 Grandchildren ..... 4 Relatives ..... 5 Neighbours ..... 6 Bank ..... 7 Others (specify) 88	|___|___|	
1007	Does anyone of your family want to spend this money which you are receiving?	Yes ..... 1 No 2	|___|	
1008	Are you satisfied about the amount of allowances which you are receiving?	Yes ..... 1 No 2	|___|	1010
1009	If you are satisfied, why? (Probe the respondent) (Multiple response)	Can spend for daily necessities ..... 1 Can spend for health care ..... 2 Getting money without doing any work ..... 3 Increased social value ..... 4 Feel safe in future crisis ..... 5 Increased acceptability in the family ..... 6 Others (specify) 88	|___|___|	
1010	If you are not satisfied, why? (Probe the respondent) (Multiple response)	Insufficient money ..... 1 Have to spend more money to receive this money ..... 2 Do not get money in every month ..... 3 Have to face harassment to receive money ..... 4 Have to wait long time to receive money ..... 5 Have to pay bribe to receive money ..... 6 Political affiliation ..... 7 Do not feel comfort in the process of allowance distribution ..... 8 Have to go so far to receive money ..... 9 Have to pay bribe to be a allowance holder ..... 10 Others (specify) 88	|___|___|	
1011	Can you spend this money as your own wish?	Yes ..... 1 No 2	|___|	
1012	What are the spending sources of this money which you are receiving? (Probe the respondent) (Multiple response)	Spend money for household needs ..... 1 Pay off a debt ..... 2 Spend money for buying foods ..... 3 Spend money for buying cloths ..... 4 Spend money for treatment/buying medicine ... 5 Make savings ..... 6 Others (specify) ..... 88 Not applicable 99	|___|___|	

SECTION 11: GENDER PERSPECTIVE

NO.	QUESTIONS AND FILTERS	CODING /SCALE	RESPONSE	SKIP
1101	Do you consider that for you, your spouse is a major source of the following perspectives? 1=Yes 2=No 99=Not applicable	**Items**	|___|___|	
		Social strength/value	|___|___|	
		Social security	|___|___|	
		Care giving	|___|___|	
		Others…. (specify)	|___|___|	
1102	Who is your primary care giver when you are in need of care? (Mention only one)	Spouse ..... 1 Daughter..... 2 Son..... 3 Daughter in law ..... 4 Son in law ..... 5 Self..... 6 Servant ..... 7 Others (specify) 88	|___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___| |___|___|	
1103	Do you help your spouse in everyday life in the following ways? 1=Never 2=Sometimes 3=Always/Most of the time	**Items**		
		Taking care of meals (preparing meals, supervises dietary requirements and meal preparation, buying food, ensuring if food has been served, feeding etc.)	|___| |___|	
		Helping in bathing/arranging necessary things for bathing	|___|	
		Taking to toilet	|___|	
		Cleaning or ensuring cleaning of clothes	|___|	
		Arranging bed	|___|	
		Putting on dress	|___|	
		Giving medicines	|___|	
		Bringing medicine and other necessaries from market	|___|	
		Taking out for entertainment	|___|	
		Giving company	|___|	
		Others…. (specify)	|___|	
1104	Do you help your spouse at the time of his/her illness in the following ways? 1=Never 2=Sometimes 3=Always/Most of the time	**Items**		
		Providing or arranging money for his/her treatment/medicine/appropriate food etc.	|___|	
		Taking his/her necessary care (taking to hospital or doctor, buying medicine, preparing suitable food etc.)	|___|	
		Taking care in all possible ways (feeding, bathing, giving medicine etc.)	|___|	
		Making necessary arrangements so that he/she gets necessary care	|___|	
		You most of the time remain with him/her during illness	|___|	
		Supervising his/her care giving arrangements	|___|	
		Others…….(specify)	|___|	
1105	Do you think that your burdens of old age are different from your spouses' in the following ways? 1=Yes 2=No	**Items**		
		You still have to earn for your family	|___|	
		You still have to do many household works	|___|	
		You have to provide most of the care giving services to your spouse when you yourself need such care	|___|	
		You have to do much more than what is reasonable for your age	|___|	
		You are expected (by spouse, family, society) to do more than what is reasonable for your age	|___|	
		Others……(specify)	|___|	

NO.	QUESTIONS AND FILTERS	CODING /SCALE	RESPONSE	SKIP
1106	Do you think that you are more vulnerable than your spouse in the following ways? 1=Yes 2=No 99=Not applicable	**Items**		
		You are much older than your spouse and have less physical ability	|___|___|	
		You are younger than your spouse and may have to live longer without spouse	|___|___|	
		You have to depend on your spouse for your care and support	|___|___|	
		You have less resources in your possession than your spouse	|___|___|	
		You have to depend financially on your spouse	|___|___|	
		You have less knowledge than your spouse	|___|___|	
		You have less control over family affairs/decision making	|___|___|	
		You have weaker social connection	|___|___|	
		You are not as much valued as your spouse is valued by the family members	|___|___|	
		Your spouse does not take care of you as much as you do for your spouse	|___|___|	
		You often ignore your own health needs	|___|___|	
		You are not as connected to your children and family members as your spouse	|___|___|	
		Others……..(specify)	|___|___|	
1107	Do you have to do any work which is stressful for you at this age? 1=Yes 2=No	**Items**		
		Physical works (non-household)	|___|	
		Care giving Multiple works/roles	|___|	
		Taking own care	|___|	
		Others……(specify)	|___|	
1108	Your opinion about your spouses' attitude towards your needs (financial, health, dietary, emotional, social etc.) 1=Never 2=Sometimes 3=Always/Most of the time	**Items**		
		Your spouse takes adequate notice and care of most of your needs	|___|	
		Your spouse always give less attention about your needs	|___|	
		Your spouse most of the time priorities his/her needs over yours	|___|	
		Your spouse thinks he/she deserves more attention and care than you	|___|	
		Your spouse acknowledges that you require attention and care as an elderly	|___|	
		Others…. (Specify)	|___|	
1109	**[If the respondent says "widowed/widower' or "divorced" or "separated" in question 203, then question 1109 and 1110 are applicable only]** Do you think that your burdens of old age are different from other older people who are not widows or widower in the following ways? 1=Yes 2=No 99=Not applicable	**Items**		
		You are much more lonely than non-widows and non-widowers	|___|___|	
		You have the most important person to communicate	|___|___|	
		You can express all of your emotions	|___|___|	
		You have to live alone	|___|___|	
		You alone have to arrange what you need	|___|___|	
		You are often neglected and ignored by others because they think that there is nothing to get anything in return	|___|___|	
		Others…. (specify)	|___|___|	
1110	Do you think that you are more vulnerable than the others older people who are not widows or widower in the following ways? 1=Yes 2=No 99=Not applicable	**Items**		
		Absence of your spouse makes you physically insecure	|___|___|	
		Absence of your spouse makes you financially insecure	|___|___|	
		Absence of your spouse makes you less connected to your children and other family members	|___|___|	
		Absence of your spouse makes you less connected socially	|___|___|	
		You are getting the necessary cares what you need	|___|___|	
		You often get extorted/exploited by others	|___|___|	
		You often get tortured by others	|___|___|	
		You often have to be submissive to others	|___|___|	
		Others…. (specify)	|___|___|	

SECTION 12: PROBLEMS DURING DISASTERS

NO.	QUESTIONS AND FILTERS	CODING /SCALE	RESPONSE	SKIP
1201	Do you face difficulties during disasters (flood, cyclone etc.) in the following cases? 1=Yes 2=No	**Problems**		
		Facing problem during receiving relief 1	|___|___|	
		Getting less relief as a woman 2	|___|___|	
		Everyone left me behind during disaster..... 3	|___|___|	
		Facing accommodation problem 4	|___|___|	
		Facing problem to carry relief..... 5	|___|___|	
		Have to go too far to receive relief 6	|___|___|	
		Have to face trouble to receive relief 7	|___|___|	
		Can collect drinking water during summer..... 8	|___|___|	
		Can repair our damaged home 9	|___|___|	
		Feel too much sick during winter..... 10	|___|___|	
		Others.... (specify) 88	|___|___|	
1202	What are the reasons about the difficulties which you are facing during disasters? 1=Yes 2=No	**Reasons**		
		Facing problem to receive relief due to physical disability 1	|___|___|	
		Have to wait long time 2	|___|___|	
		Feel fear to face so much crowd..... 3	|___|___|	
		Facing problem to receive relief due to wearing hijab . 4	|___|___|	
		Cannot reach immediately to the shelter 5	|___|___|	
		Have to request again and again to receive relief 6	|___|___|	
		Union parishad always taking care of us..... 7	|___|___|	
		Know about how to control the disasters..... 8	|___|___|	
		We are members of community committee 9	|___|___|	
		Others (specify) 88	|___|___|	

SECTION 13: OVERALL PERCEPTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	RESPONSE
1301	According to your own experiences, mention sequentially the main three problems of older people:	Physical sickness..... 1 Physical weakness..... 2 Lack of family support..... 3 Tension..... 4 Cannot eat willingly..... 5 Not getting treatment due to crisis of money.... 6 Cannot buy clothes due to crisis of money..... 7 Not satisfied regarding parenting ..... 8 Family crisis ..... 9 Dependency ..... 10 Others (specify) 88	Problem one..... Problem two..... Problem three.....
1302	Mention your main three sources of expenditure sequentially:	Food ..... 1 Housing ..... 2 Clothes ..... 3 Treatment ..... 4 Children's education ..... 5 Others (specify) 88	Source one..... Source two..... Source three.....
1303	Mention the main three sources sequentially to meet up your daily expenditures:	Land..... 1 Service..... 2 Son/Daughter..... 3 Relatives..... 4 Grandson/daughter ..... 5 Neighbours..... 6 Loan..... 7 Savings..... 8 Pension..... 9 Old allowance..... 10 Others..... (specify) 88	Source one..... Source two..... Source three.....
1304	Mention the main three services sequentially which you feel need at the old age:	Regional old home ..... 1 Free treatment..... 2 Rationing on food..... 3 Making discount on several services ..... 4 Old allowance..... 5 Ensuring facilities for older people in different organizations..... 6 Others (specify) 88	Service one..... Service two..... Service three.....
1305	What types of diseases are you suffering more recently? (Mention the main three diseases sequentially)	**[See disease code mentioned in question 505]**	Disease one..... Disease two..... Disease three.....

Time to end the interview ....
(Hours) (Minutes)

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14. Representative from the HelpAge International, Bangladesh Country Office
15. Representative from the Resource Integration Centre
16. Representative from the Bangladesh Women Health Coalition
17. Representative from the Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM)
18. Representative from the Retired Public Employees Association

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26. Monowara Akter
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28. Ms. Shaila Alam Nipa

Appendix D: Additional Tables

Annexure Table 3.1: Respondent's background characteristics by age

Variables	Total n (%)	Age			p-value
		Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	
Sex					0.000
Male	2805 (44.3)	1439 (51.3)	1000 (35.7)	366 (13.0)	
Female	3524 (55.7)	2287 (64.9)	827 (23.5)	410 (11.6)	
Place of residence					0.000
Rural	4804 (75.9)	2762 (57.5)	1412 (29.4)	630 (13.1)	
Urban	1525 (24.1)	964 (63.2)	415 (27.2)	146 (9.6)	
Division					0.006
Barishal	362 (5.7)	213 (58.8)	101 (27.9)	48 (13.3)	
Chattogram	1145 (18.1)	707 (61.7)	307 (26.8)	131 (11.4)	
Dhaka	2102 (33.2)	1271 (60.5)	599 (28.5)	232 (11.0)	
Khulna	753 (11.9)	421 (55.9)	231 (30.7)	101(13.4)	
Rajshahi	872 (13.8)	477 (54.7)	287 (32.9)	108 (12.4)	
Rangpur	747 (11.8)	419 (56.1)	212 (28.4)	116 (15.5)	
Sylhet	348 (5.5)	218 (62.6)	90 (25.9)	40 (11.5)	
Employment					0.000
Service holder	132 (2.1)	92 (69.7)	33 (25.0)	7 (5.3)	
Farmer	815 (12.9)	485 (59.5)	280 (34.4)	50 (6.1)	
Business	357 (5.6)	243 (68.1)	100 (28.0)	14 (3.9)	
Day labourer	337 (5.3)	244 (72.4)	79 (23.4)	14 (4.2)	
Housewife	1290 (20.4)	1028 (79.7)	204 (15.8)	58 (4.5)	
Do not work	2865 (45.3)	1274 (44.5)	992 (34.6)	599 (20.9)	
Other occupation	533 (8.4)	360 (67.5)	139 (26.1)	34 (6.4)	
Total	**6329 (100.0)**	**3726 (58.8)**	**1827 (28.9)**	**776 (12.3)**	

Annexure Table 3.2: Respondent's background characteristics by education

Variables	Total n (%)	Education				p-value
		No education n (%)	Primary n (%)	Secondary n (%)	Higher n (%)	
Age						0.000
Young-old	3726 (58.9)	2512 (67.4)	629 (16.9)	452 (12.1)	133 (3.6)	
Middle-old	1827 (28.9)	1280 (70.1)	320 (17.5)	184 (10.1)	43 (2.4)	
Old-old	776 (12.3)	594 (76.5)	100 (12.9)	68 (8.8)	14 (1.8)	
Sex						0.000
Male	2805 (44.3)	1492 (53.2)	582 (20.7)	554 (19.8)	177 (6.3)	
Female	3525 (55.7)	2894 (82.1)	467 (13.3)	150 (4.3)	13 (0.4)	
Place of residence						0.000
Rural	4804 (75.9)	3366 (70.1)	807 (16.8)	515 (10.7)	116 (2.4)	
Urban	1525 (24.1)	1020 (66.9)	242 (15.9)	189 (12.4)	74 (4.9)	
Division						0.000
Barishal	362 (5.7)	190 (52.5)	103 (28.5)	53 (14.6)	16 (4.4)	
Chattogram	1145 (18.1)	791 (69.1)	176 (15.4)	146 (12.8)	32 (2.8)	
Dhaka	2102 (33.2)	1521 (72.4)	306 (14.6)	205 (9.8)	70 (3.3)	
Khulna	753 (11.9)	433 (57.5)	190 (25.2)	108 (14.3)	22 (2.9)	
Rajshahi	872 (13.8)	635 (72.8)	108 (12.4)	98 (11.2)	31 (3.6)	
Rangpur	747 (11.8)	535 (74.0)	107 (14.3)	70 (9.4)	17 (2.3)	
Sylhet	348 (5.5)	263 (75.6)	59 (17.0)	24 (6.9)	2 (0.6)	
Employment						0.000
Service holder	132 (2.1)	54 (40.9)	33 (25.0)	29 (22.0)	16 (12.1)	
Farmer	815 (12.9)	409 (50.2)	173 (21.2)	179 (22.0)	54 (6.6)	
Business	357 (5.6)	200 (56.0)	69 (19.3)	70 (19.6)	18 (5.0)	
Day labourer	337 (5.3)	268 (79.5)	53 (15.7)	16 (4.7)	0 (0.0)	
Housewife	1290 (20.4)	980 (76.0)	225 (17.4)	79 (6.1)	6 (0.5)	
Do not work	2865 (45.3)	2079 (72.6)	429 (15.0)	277 (9.7)	80 (2.8)	
Other occupation	533 (8.4)	396 (74.3)	67 (12.6)	54 (10.1)	16 (3.0)	
Total	**6329 (100.0)**	**4386 (69.3)**	**1049 (16.6)**	**704 (11.1)**	**190 (3.0)**	

Annexure Table 3.3: Respondent's background characteristics by occupation

Variables	Total n (%)	Occupation							Employment status	
		Serviceholder n (%)	Farmer n (%)	Business n (%)	Day laborer n (%)	Housewife n (%)	Do not work n (%)	Others n (%)	Employed n (%)	Not employed n (%)
Age										
Young-old	3726 (58.9)	92 (2.5)	485 (13.0)	243 (6.5)	244 (6.5)	1028 (27.6)	1274 (34.2)	360 (9.7)	2452 (65.8)	1274 (34.2)
Middle-old	1827 (28.9)	33 (1.8)	280 (15.3)	100 (5.5)	79 (4.3)	204 (11.2)	992 (54.3)	139 (7.6)	835 (45.7)	992 (54.3)
Old-old	776 (12.3)	7 (0.9)	50 (6.4)	14 (1.8)	14 (1.8)	58 (7.5)	599 (77.2)	34 (4.4)	177 (22.8)	599 (77.2)
Sex										
Male	2805 (44.3)	116 (4.1)	786 (28.0)	326 (11.6)	258 (9.2)	0 (0.0)	1067 (38.0)	252 (9.0)	1738 (62.0)	1067 (38.0)
Female	3524 (55.7)	16 (0.5)	29 (0.8)	31 (0.9)	79 (2.2)	1290 (36.6)	1798 (51.0)	8.0 (281)	1726 (49.0)	1798 (51.0)
Place of residence										
Rural	4804 (75.9)	61 (1.3)	751 (15.6)	203 (4.2)	277 (5.8)	998 (20.8)	2137 (44.5)	377 (7.8)	2667 (55.5)	2137 (44.5)
Urban	1525 (24.1)	71 (4.7)	64 (4.2)	154 (10.1)	60 (3.9)	292 (19.1)	728 (47.7)	156 (10.2)	797 (52.3)	728 (47.7)
Division										
Barishal	362 (5.7)	1 (0.3)	72 (19.9)	17 (4.7)	18 (5.0)	122 (33.7)	113 (31.2)	19 (5.2)	249 (68.8)	113 (31.2)
Chattogram	1145 (18.1)	26 (2.3)	6.8 (78)	45 (3.9)	75 (6.6)	217 (19.0)	632 (55.2)	72 (6.3)	513 (44.8)	632 (55.2)
Dhaka	2102 (33.2)	71 (3.4)	266 (12.7)	166 (7.9)	109 (5.2)	462 (22.0)	842 (40.1)	186 (8.8)	1260 (59.9)	842 (40.1)
Khulna	753 (11.9)	13 (1.7)	91 (12.1)	34 (4.5)	22 (2.9)	152 (20.2)	383 (50.9)	58 (7.7)	370 (49.1)	383 (50.9)
Rajshahi	872 (13.8)	10 (1.1)	177 (20.3)	44 (5.0)	30 (3.4)	211 (24.2)	296 (33.9)	104 (11.9)	576 (66.1)	296 (33.9)
Rangpur	747 (11.8)	4 (0.5)	90 (12.0)	34 (4.6)	59 (7.9)	42 (5.6)	440 (58.9)	78 (10.4)	307 (41.1)	440 (58.9)
Sylhet	348 (5.5)	7 (2.0)	41 (11.8)	17 (4.9)	24 (6.9)	84 (24.1)	159 (45.7)	16 (4.6)	189 (54.3)	159 (45.7)
Total	**6329 (100.0)**	**132 (2.1)**	**815 (12.9)**	**357 (5.6)**	**337 (5.3)**	**1290 (20.4)**	**2865 (45.3)**	**533 (8.4)**	**3464 (54.7)**	**2865 (45.3)**

Annexure Table 3.4: Respondents' background characteristics by number of children alive

Variables	Total n (%)	Number of children alive				p-value
		0 n (%)	1-2 n (%)	3-4 n (%)	5+ n (%)	
Age						0.000
Young-old	3726 (58.9)	81 (2.2)	553 (14.8)	1424 (38.2)	1668 (44.8)	
Middle-old	1827 (28.9)	31 (1.7)	238 (13.0)	531 (29.1)	1027 (56.2)	
Old-old	776 (12.3)	18 (2.3)	75 (9.7)	192 (24.7)	491 (63.3)	
Sex						0.000
Male	2805 (44.3)	37 (1.3)	336 (12.0)	1005 (35.8)	1427 (50.9)	
Female	3524 (55.7)	93 (2.6)	530 (15.0)	1142 (32.4)	1759 (49.9)	
Place of residence						0.000
Rural	4804 (75.9)	102 (2.1)	612 (12.7)	1593 (33.2)	2497 (52.0)	
Urban	1525 (24.1)	28 (1.8)	254 (16.7)	554 (36.3)	689 (45.2)	
Division						0.000
Barishal	362 (5.7)	8 (2.2)	43 (11.9)	156 (43.1)	155 (42.8)	
Chattogram	1145 (18.1)	17 (1.5)	142 (12.4)	368 (32.1)	618 (54.0)	
Dhaka	2102 (33.2)	42 (2.0)	346 (16.5)	704 (33.5)	1010 (48.0)	
Khulna	753 (11.9)	11 (1.5)	87 (11.6)	239 (31.7)	416 (55.2)	
Rajshahi	872 (13.8)	24 (2.8)	117 (13.4)	309 (35.4)	422 (48.4)	
Rangpur	747 (11.8)	13 (2.0)	90 (12.0)	258 (34.5)	384 (51.4)	
Sylhet	348 (5.5)	130 (3.7)	41 (11.8)	113 (32.5)	181 (52.0)	
Employment						0.000
Service holder	132 (2.1)	4 (3.0)	22 (16.7)	60 (45.5)	46 (34.8)	
Farmer	815 (12.9)	10 (1.2)	87 (10.7)	265 (32.5)	453 (55.6)	
Business	357 (5.6)	5 (1.4)	53 (14.8)	161 (45.1)	138 (38.7)	
Day labourer	337 (5.3)	11 (3.3)	60 (17.8)	135 (40.1)	131 (38.9)	
Housewife	1290 (20.4)	25 (1.9)	176 (13.6)	438 (34.0)	651 (50.5)	
Do not work	2865 (45.3)	44 (1.5)	361 (12.6)	893 (31.2)	1567 (54.7)	
Other occupation	533 (8.4)	31 (5.8)	107 (20.1)	95 (36.6)	200 (37.5)	
Total	**6329 (100.0)**	**130 (2.1)**	**866 (13.7)**	**2147 (33.9)**	**3186 (50.3)**	

Annexure Table 3.5: Respondents' background characteristics by wealth

Variables	Total n (%)	Wealth				
		Poorest n (%)	Second n (%)	Middle n (%)	Fourth n (%)	Richest n (%)
Age						
Young-old	3726 (58.9)	720 (19.3)	754 (20.2)	746 (20.0)	721 (19.4)	785 (21.1)
Middle-old	1827 (28.9)	385 (21.1)	19.7 (367)	367 (20.1)	368 (20.1)	347 (19.0)
Old-old	776 (12.3)	160 (20.6)	19.1 (148)	159 (20.5)	171 (22.0)	138 (17.8)
Sex						
Male	2805 (44.3)	494 (17.6)	20.7 (582)	589 (21.4)	589 (21.0)	541 (19.3)
Female	3524 (55.7)	771 (21.9)	19.3 (680)	671 (19.1)	671 (19.0)	729 (20.7)
Place of residence						
Rural	4804 (75.9)	1194 (24.9)	24.2 (1162)	1108 (23.1)	915 (19.0)	425 (8.8)
Urban	1525 (24.1)	71 (4.7)	6.6 (100)	164 (10.8)	345 (22.6)	845 (55.4)
Division						
Barishal	362 (5.7)	91 (25.1)	33.7 (122)	76 (21.0)	42 (11.6)	31 (8.6)
Chattogram	1145 (18.1)	78 (6.8)	13.6 (156)	313 (27.3)	332 (29.0)	266 (23.2)
Dhaka	2102 (33.2)	409 (19.5)	18.1 (380)	361 (17.2)	349 (16.6)	603 (28.7)
Khulna	753 (11.9)	108 (14.3)	23.5 (177)	145 (19.3)	180 (23.9)	143 (19.0)
Rajshahi	872 (13.8)	211 (24.2)	20.6 (180)	186 (21.3)	186 (21.3)	109 (12.5)
Rangpur	747 (11.8)	307 (41.1)	20.5 (153)	128 (17.1)	107 (14.3)	52 (7.0)
Sylhet	348 (5.5)	61 (17.5)	27.0 (94)	63 (18.1)	64 (18.4)	66 (19.0)
Education						
No education	4386 (69.3)	1102 (25.1)	21.2 (928)	885 (20.2)	781 (17.8)	690 (15.7)
Primary	1049 (16.6)	109 (10.4)	22.5 (236)	225 (21.4)	245 (23.4)	234 (22.3)
Secondary	704 (11.1)	51 (7.2)	13.4 (94)	139 (19.7)	187 (26.6)	233 (33.1)
Higher	190 (3.0)	3 (1.6)	2.1 (4)	23 (12.1)	47 (24.7)	113 (59.5)
Total	**6329 (100.0)**	**1265 (20.0)**	**1262 (19.9)**	**1272 (20.1)**	**1260 (19.9)**	**1270 (20.1)**

Annexure Table 3.6: Homeownership by selected background characteristics of the older people

Background Characteristics	Respondent's home ownership										
	Own home	Rented home	Son's home	Daughter's home	Brother's home	Sister's home	Relative's home	Spouse's home	*Guchho gram*/khas land	Others	Total n (%)
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
Age group											
Young-Old (60-69)	2206 (59.2)	398 (10.7)	261 (7.0)	59 (1.6)	36 (1.0)	7 (0.2)	58 (1.6)	506 (13.6)	117 (3.1)	78 (2.1)	3726 (100.0)
Middle-Old (70-79)	1206 (66.0)	135 (7.4)	194 (10.6)	37 (2.0)	14 (0.8)	3 (0.2)	32 (1.8)	122 (6.7)	46 (2.5)	38 (2.1)	1827 (100.0)
Old-Old (80+)	472 (60.8)	29 (3.7)	142 (18.3)	33 (4.3)	3 (0.4)	0 (0.0)	9 (1.2)	52 (6.7)	13 (1.7)	23 (3.0)	776 (100.0)
Sex											
Male	2248 (80.1)	243 (8.7)	69 (2.5)	15 (0.5)	7 (0.2)	1 (0.0)	37 (1.3)	50 (1.8)	77 (2.7)	58 (2.1)	2805 (100.0)
Female	1636 (46.4)	319 (9.1)	528 (1.0)	114 (3.2)	46 (1.3)	9 (0.3)	62 (1.8)	630 (17.9)	99 (2.8)	81 (2.3)	3524 (100.0)
Place of Residence											
Rural	3183 (66.3)	80 (1.7)	514 (10.7)	105 (2.2)	45 (0.9)	8 (0.2)	79 (1.6)	583 (12.1)	105 (2.2)	102 (2.1)	4804 (100.0)
Urban	701 (46.0)	482 (31.6)	83 (5.4)	24 (1.6)	8 (0.5)	2 (0.1)	20 (1.3)	97 (6.4)	71 (4.7)	37 (2.4)	1525 (100.0)
Division											
Barishal	234 (64.6)	15 (4.1)	27 (7.5)	3 (0.8)	1 (0.3)	0 (0.0)	3(0.8)	65 (18.0)	12 (3.3)	2 (0.6)	362 (100.0)
Chattogram	843 (73.6)	86 (7.5)	96 (8.4)	15 (1.3)	5 (0.4)	1 (0.1)	15 (1.3)	18 (1.6)	57 (5.0)	9 (0.8)	1145 (100.0)
Dhaka	1387 (66.0)	429(20.4)	55 (2.6)	34 (1.6)	17 (0.8)	2 (0.1)	42 (2.0)	82 (3.9)	17 (0.8)	38 (1.8)	2102 (100.0)
Khulna	377 (50.1)	15 (2.0)	90 (12.0)	27 (3.6)	4 (0.5)	2 (0.3)	5 (0.7)	189 (25.1)	18 (2.4)	26 (3.5)	753 (100.0)
Rajshahi	390 (44.7)	8 (0.9)	127(14.6)	22 (2.5)	17 (1.9)	1 (0.1)	17 (1.9)	193(22.1)	65 (7.5)	32 (3.7)	872 (100.0)
Rangpur	371 (49.7)	6 (0.8)	192(25.7)	20 (2.7)	6 (0.8)	1 (0.1)	9 (1.2)	106 (14.2)	7 (0.9)	19 (3.9)	747 (100.0)
Sylhet	281 (80.7)	4 (1.1)	11 (3.2)	9 (2.6)	4 (1.1)	2 (0.6)	7 (2.0)	26 (7.5)	0 (0.0)	4 (1.1)	348(100.0)
Total	**3884 (61.4)**	**562 (8.9)**	**597 (9.4)**	**129 (2.0)**	**53 (0.8)**	**10 (0.2)**	**99 (1.6)**	**680 (10.7)**	**176 (2.8)**	**139 (2.2)**	**6329 (100.0)**

Annexure Table 3.7: Persons with whom older people are living with by selected background characteristics

Background Characteristics	Persons with whom older people are living with									
	Son	Daughter	Spouse	Grandson /daughter	Together with all HH members	Relatives	Brother /sister	Alone	Others	Total n (%)
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
Age group										
Young-Old (60-69)	640 (17.2)	128 (3.4)	468 (12.6)	28 (0.8)	2193 (58.9)	6 (0.2)	19 (0.5)	237 (6.4)	7 (0.2)	3726 (100.0)
Middle-Old (70-79)	430 (23.5)	79 (4.3)	282 (15.4)	24 (1.3)	881 (48.2)	2 (0.1)	8 (0.4)	117 (6.4)	4 (0.2)	1827 (100.0)
Old-Old (80+)	277 (35.7)	53 (6.8)	96 (12.4)	18 (2.3)	288 (37.1)	4 (0.5)	1 (0.1)	37 (4.8)	2 (0.3)	776 (100.0)
Sex										
Male	297 (10.6)	33 (1.2)	508 (18.1)	4 (0.1)	1921 (68.5)	5 (0.2)	4 (0.1)	31 (1.1)	2 (0.1)	2805 (100.0)
Female	1050 (29.8)	227 (6.4)	338 (9.6)	66 (1.9)	1441 (40.9)	7 (0.2)	24 (0.7)	360 (10.2)	11 (0.3)	3524 (100.0)
Place of residence										
Rural	1021 (21.3)	155 (3.2)	736 (15.3)	54 (1.1)	2470 (51.4)	7 (0.1)	21 (0.4)	329 (6.8)	11 (0.2)	4804 (100.0)
Urban	326 (21.4)	105 (6.9)	110 (7.2)	16 (1.0)	892 (58.5)	5 (0.3)	7 (0.5)	62 (4.1)	2 (0.1)	1525 (100.0)
Wealth quintile										
Poorest	217 (17.2)	46 (3.6)	313 (24.7)	18 (1.4)	415 (32.8)	3 (0.2)	5 (0.4)	246 (19.4)	2 (0.2)	1265 (100.0)
Second	261 (20.7)	46 (3.6)	196 (15.5)	17 (1.3)	657 (52.1)	1 (0.1)	8 (0.6)	72 (5.7)	4 (0.3)	1262 (100.0)
Middle	313 (24.6)	37 (2.9)	150 (11.8)	9 (0.7)	723 (56.8)	1 (0.1)	7 (0.6)	28 (2.2)	4 (0.3)	1272 (100.0)
Fourth	290 (23.0)	49 (3.9)	118 (9.4)	11 (0.9)	761 (60.4)	3 (0.2)	4 (0.3)	24 (1.9)	0 (0.0)	1260 (100.0)
Richest	266 (20.9)	82 (6.5)	69 (5.4)	15 (1.2)	806 (63.5)	4 (0.3)	4 (0.3)	21 (1.7)	3 (0.2)	1270 (100.0)
Division										
Barishal	54 (14.9)	(3.6)	49 (13.5)	2 (0.6)	227 (62.7)	0 (0.0)	2 (0.6)	14 (3.9)	1(0.3)	362 (100.0)
Chattogram	346 (30.2)	52 (4.5)	55 (4.8)	13 (1.1)	643 (56.2)	3 (0.3)	5 (0.4)	27 (2.4)	0 (0.0)	1145 (100.0)
Dhaka	294 (14.0)	86 (4.1)	238 (11.3)	21 (1.0)	1301 (61.9)	2 (0.1)	6 (0.3)	143 (6.8)	6 (0.3)	2102 (100.0)
Khulna	234 (31.1)	32 (4.2)	160 (21.2)	8 (1.1)	270 (35.9)	2 (0.3)	2 (0.3)	44 (5.8)	1 (0.1)	753 (100.0)
Rajshahi	177 (20.3)	35 (4.0)	204 (23.4)	8 (0.9)	355 (40.7)	1 (0.1)	7 (0.8)	83 (9.5)	2 (0.2)	872 (100.0)
Rangpur	218 (29.2)	33 (4.4)	125 (16.7)	13 (1.7)	278 (37.2)	3 (0.4)	3 (0.4)	72 (9.6)	2 (0.3)	747 (100.0)
Sylhet	23 (6.6)	8 (2.3)	15 (4.3)	5 (1.4)	287 (82.5)	1 (0.3)	2 (0.6)	7 (2.0)	0 (0.0)	348(100.0)
Total	**1347 (21.3)**	**260 (4.1)**	**846 (13.4)**	**70 (1.1)**	**3362 (53.1)**	**12 (0.2)**	**28 (0.4)**	**391 (6.2)**	**13 (0.2)**	**6329 (100.0)**

Annexure Table 3.8: Respondent's satisfaction level about their toilet facilities by background characteristics

Variables	Shares toilet source		Satisfied about toilet		Feels safe with toilet		Feels fear to go to the toilet alone		Total n (%)
	Yes n (%)	No n (%)	Yes n (%)	No n (%)	Yes n (%)	No n (%)	Yes n (%)	No n (%)	
Age									
Young-old	1296 (36.5)	2256 (63.5)	2773 (74.4)	953 (25.6)	2848 (76.4)	878 (23.6)	16.7 (624)	3102 (83.3)	58.9
Middle-old	662 (38.1)	1075 (61.9)	1347 (73.7)	480 (26.3)	1379 (75.5)	448 (24.5)	21.5 (393)	1434 (78.5)	28.8
Old-old	234 (31.5)	509 (68.5)	561 (72.3)	215 (27.7)	561 (72.3)	215 (27.7)	35.7 (277)	499 (64.3)	12.3
Sex									
Male	867 (32.4)	1807 (67.6)	2132 (76.0)	673 (24.0)	2179 (77.7)	626 (22.3)	14.6 (409)	2396 (85.4)	44.3
Female	1325 (39.5)	3358 (60.5)	2549 (72.3)	975 (27.7)	2609 (74.0)	915 (26.0)	25.1 (885)	2639 (74.9)	55.7
Place of Residence									
Rural	1533 (33.9)	2983 (66.1)	3437 (71.5)	1367 (28.5)	3490 (72.6)	1314 (27.4)	23.2 (1113)	3691 (76.8)	74.9
Urban	659 (43.5)	857 (56.5)	1244 (81.6)	281 (18.4)	85.1 (1298)	227 (14.9)	11.9 (181)	1344 (88.1)	25.1
Division									
Barishal	55 (16.4)	280 (83.6)	297 (82.0)	65 (18.0)	277 (76.5)	85 (23.5)	27.9 (101)	261 (72.1)	5.6
Chattogram	389 (34.3)	744 (65.7)	1022 (89.3)	123 (10.7)	1032 (90.1)	113 (9.9)	15.9 (182)	963 (84.1)	18.8
Dhaka	862 (41.9)	1195 (58.1)	1613 (76.7)	489 (23.3)	1694 (80.6)	408 (19.4)	8.7 (183)	1919 (91.3)	34.1
Khulna	169 (23.2)	558 (76.8)	500 (66.4)	253 (33.6)	541 (71.8)	212 (28.2)	29.1 (219)	534 (70.9)	12.1
Rajshahi	374 (45.6)	446 (54.4)	545 (62.5)	327 (37.5)	568 (65.1)	304 (34.9)	25.5 (222)	650 (74.5)	13.6
Rangpur	290 (44.3)	365 (55.7)	511 (68.4)	236 (31.6)	481 (64.4)	266 (35.6)	34.5 (258)	489 (65.5)	10.9
Sylhet	53 (17.4)	252 (82.6)	193 (55.5)	155 (44.5)	195 (56.0)	153 (44.0)	37.1 (129)	219 (62.9)	5.1
Total	**2192 (36.3)**	**3840 (63.7)**	**4681 (74.0)**	**1648 (26.0)**	**4788 (75.7)**	**1541 (24.3)**	**20.4 (1294)**	**5035 (79.6)**	**6329 (100.0)**

Annexure Table 4.1: Type of supports older people received from their family by the caregiver

Type of Supports	Caregiver								Total n (%)
	Spouse n (%)	Daughter n (%)	Son n (%)	Son/ Daughter-in-law n (%)	Relatives [a] n (%)	Friends /Neighbours n (%)	Others n (%)	Missing n (%)	
Supports on food									
Get food regularly	945 (16.9)	251 (4.5)	3002 (53.7)	234 (4.2)	115 (2.1)	13 (0.2)	1023 (18.3)	9 (0.2)	5592 (100.0)
Get adequate food	848 (16.1)	264 (5.0)	2909 (55.2)	235 (4.5)	106 (2.0)	16 (0.3)	878 (16.7)	14 (0.3)	5270 (100.0)
Get favourite food	754 (14.8)	346 (6.8)	2995 (58.8)	217 (4.3)	117 (2.3)	21 (0.4)	619 (12.2)	23 (0.5)	5092 (100.0)
Get suitable food	835 (16.6)	336 (6.7)	2833 (56.4)	278 (5.5)	115 (2.3)	15 (0.3)	593 (11.8)	21 (0.4)	5026 (100.0)
Get adequate foods when sick	1521 (26.6)	835 (14.6)	2179 (38.1)	824 (14.4)	163 (2.8)	52 (0.9)	121 (2.1)	25 (0.4)	5720 (100.0)
Supports on Clothing									
Get cloths timely	599 (10.6)	544 (9.6)	3447 (61.0)	157 (2.8)	184 (3.3)	162 (2.9)	544 (9.6)	13 (0.2)	5650 (100.0)
Get help in washing cloths	1896 (34.4)	712 (12.9)	652 (11.8)	1675 (30.4)	173 (3.1)	20 (0.4)	362 (6.6)	20 (0.4)	5511 (100.0)
Supports on physical health									
Get medicine in time	776 (13.7)	428 (7.6)	3499 (61.9)	169 (3.0)	147 (2.6)	42 (0.7)	566 (10.0)	23 (0.4)	5652 (100.0)
Get help to walk	1113 (26.1)	413 (9.7)	1688 (39.6)	399 (9.4)	326 (7.6)	44 (1.0)	260 (6.1)	21 (0.5)	4264 (100.0)
Get help to go to health centre	1024 (19.4)	494 (9.4)	2843 (53.9)	284 (5.4)	332 (6.3)	77 (1.5)	209 (4.0)	13 (0.)	5276 (100.0)
Supports on mental health									
Get sympathy if lost some valuable things	2631 (44.4)	946 (15.9)	1409 (23.8)	407 (6.9)	228 (3.8)	243 (4.1)	39 (0.7)	28 (0.5)	5932 (100.0)
Get support in times of frustration	2888 (48.1)	948 (15.8)	1374 (22.9)	414 (6.9)	202 (3.4)	116 (1.9)	39 (0.7)	18 (0.3)	5999 (100.0)
Get care when sick	2517 (40.4)	1041 (16.7)	1097 (17.6)	1246 (20.0)	214 (3.4)	65 (1.0)	44 (0.7)	13 (0.2)	6237 (100.0)
Get help to go outside for refreshment	1001 (23.9)	403 (9.6)	1884 (45.0)	113 (2.7)	268 (6.4)	170 (4.1)	318 (7.6)	28 (0.7)	4185 (100.0)
Get companionship if needed	3292 (53.7)	611 (10.0)	635 (10.4)	375 (6.1)	624 (10.2)	549 (9.0)	23 (0.4)	24 (0.4)	6133 (100.0)
Financial Supports									
Get money to visit relative/friend's home	1077 (22.1)	466 (9.5)	2640 (54.1)	158 (3.2)	188 (3.9)	42 (0.9)	295 (6.0)	17 (0.3)	4883(100.0)
Get pocket money if needed	595 (12.1)	407 (8.3)	3010 (61.3)	95 (1.9)	152 (3.1)	34 (0.7)	589 (12.0)	24 (0.5)	4907 (100.0)
Get money for social needs	626 (13.8)	352 (7.7)	2880 (63.3)	109 (2.4)	106 (2.3)	22 (0.5)	424 (9.3)	329(0.7)	4552 (100.0)

[a]Includes brothers, sisters, grandsons, granddaughters, other relatives

Annexure Table 4.2: Differential levels of interactions with neighbours and community

Variables	Interactions with neighboursand community people Average score (SD)	Number of respondents	p-value
Education			
No education	4.3 (1.1)	4386	0.000
Have some education	4.7 (0.8)	1943	
Household head			
Yes	4.5 (1.0)	2482	0.000
No	4.3 (1.1)	3847	
Living with			
Living with spouse	4.5 (0.9)	3823	0.000
Living without a spouse	4.2 (1.2)	2506	
Have you ever gone to school			
Yes	4.7 (0.8)	1943	0.000
No	4.3 (1.1)	4386	
Occupation			
Farmer	4.7 (0.7)	815	0.000
Housewife	4.4 (0.9)	1296	
Do not work	4.3 91.1)	2863	
Others	4.3 (1.1)	1355	
Have any income			
Have income	4.5 (1.0)	3595	0.000
No income	4.3 (1.0)	2734	
Religion			
Muslim	4.4 (1.0)	5473	0.201
Others	4.4 (1.0)	856	
Ethnic group			
Yes	4.5 (1.1)	77	0.231
No	4.4 (1.0)	6252	
Ownership of the household			
Own/rented/spouse home	4.5 (0.9)	5126	0.000
Others	4.1 (1.3)	1203	
In which household older people are living			
Son/spouse/all household members together	4.5 (1.0)	5555	
Daughter	4.1 (1.3)	260	0.000
Alone	3.7 (1.3)	391	
Others	4.0 (1.5)	113	
Place of sleeping for older people			
Living room	4.4 (1.0)	6007	0.177
Corridor	4.5 (1.1)	267	
Drawing room	4.1 (1.7)	20	
Kitchen	3.8 (2.0)	6	
Dining room	4.5 (0.7)	16	
Others	4.1 (1.8)	13	
How older people are sleeping			
Khat/chowki	4.4 (1.0)	6020	0.000
Floor	4.1 (1.4)	294	
Others	3.7 (2.1)	15	
Sharing living room			
Sharing	4.4 (1.0)	4674	0.000
Not sharing	4.3 (1.2)	1655	
Feel comfortable to share rooms with others			
Yes	4.4 (1.0)	4357	0.876
No	4.5 (1.1)	314	
Feel fare to live alone			
Yes	4.4 (1.2)	802	0.409
No	4.4 (1.0)	527	
Satisfied about the latrine			
Yes	4.5 (0.9)	4681	0.000
No	4.1 (1.2)	1648	
Have any property by your name			
Yes	4.6 (0.8)	3351	0.000
No	4.2 (1.2)	2947	
Have any bank account			
Yes	4.4 (1.1)	1475	0.185
No	4.4 (1.0)	4817	
Receiving any allowance			
Yes	4.3 (1.1)	1535	0.000
No	4.4 (1.0)	4774	
Total	**4.4 (1.0)**	**6329**	
Cronbach's alpha: 0.70; Items: 5			

Annexure Table 5.1: Percentages of respondents receiving treatment from government health facilities by age, sex, place of residence and division

Variables	Total n (%)	Government Facilities						
		Government medical college hospital n (%)	Specialized government hospital n (%)	District hospital n (%)	Upazila Health Complex n (%)	Health and Family Welfare Centre n (%)	Community clinic n (%)	Others government facilities n (%)
Age								
Young-old	3609 (58.7)	422 (11.7)	141 (3.9)	441 (12.2)	692 (19.2)	138 (3.8)	181 (5.0)	6 (0.2)
Middle-old	1780 (29.0)	187 (10.5)	64 (3.6)	242 (13.6)	356 (20.0)	81 (4.6)	81 (4.6)	2 (0.1)
Old-old	757 (12.3)	60 (7.9)	28 (3.7)	96 (12.7)	149 (19.7)	29 (3.8)	2 (5.3)	3 (0.4)
Sex								
Male	2714 (44.2)	332 (12.2)	110 (4.1)	335 (12.3)	558 (20.6)	71 (2.6)	116 (4.3)	4 (0.1)
Female	3432 (55.8)	337 (9.8)	123 (3.6)	444 (12.9)	639 (18.6)	177 (5.2)	186 (5.4)	7 (0.2)
Place of Residence								
Rural	4657 (75.8)	405 (8.7)	131 (2.8)	601 (12.9)	980 (21.0)	227 (4.9)	290 (6.2)	2 (0.2)
Urban	1489 (24.2)	264 (17.7)	102 (6.9)	178 (12.0)	217 (14.6)	21 (1.4)	12 (0.8)	1 (0.1)
Division								
Barishal	358 (5.8)	112 (31.3)	20 (5.6)	98 (27.4)	106 (29.6)	25 (7.0)	10 (2.8)	2 (0.6)
Chattogram	1142 (18.6)	1.6 (18)	77 (6.7)	148 (13.0)	158 (13.8)	88 (7.7)	42 (3.7)	5 (0.1)
Dhaka	2054 (33.4)	380 (18.5)	73 (3.6)	290 (14.1)	402 (19.6)	105 (5.1)	157 (7.6)	1 (0.1)
Khulna	712 (11.6)	31 (4.4)	53 (7.4)	75 (10.5)	60 (8.4)	13 (1.8)	15 (2.1)	0 (0.7)
Rajshahi	826 (13.4)	36 (4.4)	7 (0.8)	87 (10.5)	188 (22.8)	2 (0.2)	42 (5.1)	0 (0.1)
Rangpur	718 (11.7)	38 (5.3)	2 (0.3)	54 (7.5)	172 (24.0)	1 (0.1)	32 (4.5)	1 (0.0)
Sylhet	336 (5.5)	54 (16.1)	1 (0.3)	27 (8.0)	111 (33.0)	14 (4.2)	4 (1.2)	11 (0.0)

Annexure Table 5.2: Percentages of respondents receiving treatment from private health facilities by age, sex, place of residence and division

Variables	Total n (%)	Private hospital n (%)	Doctor's chamber n (%)	Pharmacy n (%)	Private medical college hospitals n (%)	Village Doctor n (%)	Grocery shop n (%)
Age							
Young-old	3609 (58.7)	475 (13.2)	1864 (51.6)	2893 (80.2)	16 (0.4)	157 (4.4)	25 (0.7)
Middle-old	1780 (29.0)	231 (13)	966 (54.3)	1436 (80.7)	6 (0.3)	83 (4.7)	17 (1.0)
Old-old	757 (12.3)	132 (17.4)	407 (53.8)	581 (76.8)	4 (0.5)	38 (5.0)	10 (1.3)
Sex							
Male	2714 (44.2)	377 (13.9)	1487 (54.8)	2159 (79.6)	7 (0.3)	111 (4.1)	20 (0.7)
Female	3432 (55.8)	461 (13.4)	1750 (51.0)	2751 (80.2)	32 (0.6)	167 (4.9)	32 (0.9)
Wealth							
Poorest	1214 (19.8)	53 (4.4)	400 (32.9)	1000 (80.4)	5 (0.4)	96 (7.9)	18 (1.5)
Second	1218 (19.8)	86 (7.1)	562 (46.1)	959 (78.7)	3 (0.2)	75 (6.2)	9 (0.7)
Middle	1236 (20.1)	133 (10.8)	716 (57.9)	989 (80)	1 (0.1)	54 (4.4)	13 (1.1)
Fourth	1237 (20.1)	220 (17.8)	747 (60.4)	1009 (81.6)	7 (0.6)	41 (3.3)	10 (0.8)
Richest	1241 (20.2)	346 (27.9)	812 (65.4)	953 (76.8)	10 (0.8)	12 (1.0)	2 (0.2)
Division							
Barishal	358 (5.8)	46 (12.8)	262 (73.2)	145 (40.5)	2 (0.6)	0 (0.0)	0 (0.0)
Chattogram	1142 (18.6)	248 (21.7)	894 (78.3)	959 (84.0)	9 (0.8)	0 (0.0)	16 (1.4)
Dhaka	2054 (33.4)	257 (12.5)	1054 (51.3)	1831 (89.1)	8 (0.4)	0 (0.0)	7 (0.3)
Khulna	713 (11.6)	104 (14.6)	378 (53.1)	511 (71.8)	4 (0.6)	1 (0.1)	5 (0.7)
Rajshahi	824 (13.4)	72 (8.7)	272 (32.9)	735 (89.0)	1 (0.1)	148 (17.9)	5 (0.6)
Rangpur	720 (11.7)	33 (4.6)	152 (21.2)	493 (68.7)	0 (0.0)	129 (18.0)	18 (2.5)
Sylhet	338 (5.5)	78 (23.2)	225 (67.0)	236 (70.2)	2 (0.6)	0 (0.0)	1 (0.3)

Annexure Table 5.3: Reasons for not taking treatment by facilities by age, sex, place of residence and division

Variables	Total n (%)	Reasons for not taking treatment					
		Money problem	Do not feel the need	Too costly	Do not understand the necessity of treatment	Not used to taking treatment	Cannot move
		n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Age							
Young-old	101 (64.3)	61 (60.4)	38 (37.6)	35 (34.7)	8 (7.9)	2 (2.0)	1 (1.0)
Middle-old	41 (26.1)	19 (46.3)	18 (43.9)	13 (31.7)	5 (12.2)	4 (9.8)	2 (4.9)
Old-old	15 (9.6)	55 (33.3)	7 (46.7)	2 (13.3)	2 (13.3)	2 (13.3)	1 (6.7)
Sex							
Male	74 (47.1)	29 (39.2)	43 (58.1)	18 (24.3)	12 (16.2)	2 (2.7)	2 (2.7)
Female	83 (52.9)	56 (67.5)	20 (24.1)	32 (38.6)	3 (3.6)	6 (7.2)	2 (2.4)
Wealth							
Poorest	40 (25.5)	33 (82.5)	7 (17.5)	2 (42.5)	0 (0.0)	1 (2.5)	1 (2.5)
Second	34 (21.7)	16 (47.1)	15 (44.1)	6 (38.2)	4 (11.8)	3 (8.8)	1 (2.9)
Middle	32 (20.4)	16 (50)	14 (43.8)	5 (21.9)	6 (18.8)	2 (6.3)	2 (6.3)
Fourth	22 (14.0)	10 (45.5)	10 (45.5)	2 (13.6)	4 (18.2)	1 (4.5)	0 (0.0)
Richest	29 (18.5)	10 (34.5)	17 (58.6)	2 (34.5)	1 (3.4)	1 (3.4)	0 (0.0)
Division							
Barishal	2 (1.3)	1 (50.0)	1 (50.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Chattogram	2 (1.3)	1 (50.0)	1 (50.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Dhaka	47 (29.9)	25 (53.2)	22 (46.8)	19 (40.4)	3 (6.4)	3 (6.4)	3 (2.1)
Khulna	32 (20.4)	20 (62.5)	7 (21.9)	2 (6.3)	4 (12.5)	1 (3.1)	4 (0.0)
Rajshahi	42 (26.8)	21 (50.0)	16 (38.1)	21 (50.0)	5 (11.9)	3 (7.1)	5 (2.4)
Rangpur	20 (12.7)	8 (40.0)	13 (65.0)	1 (5.1)	2 (10.0)	0 (0.0)	2 (5.0)
Sylhet	12 (7.6)	9 (75.0)	3 (25.0)	7 (58.3)	1 (8.3)	1 (8.3)	1 (8.3)

Annexure Table 5.4: Percentages of took medicine during illness, using eyeglass and using hearing aids by Age, Sex, Place of Residence and Division

Variables	Sought treatment or took medicine for disease or illness			Use of eyeglass			Use of hearing aid		
	Yes n (%)	No n (%)	Total n (%)	Yes n (%)	No n (%)	Total n (%)	Yes n (%)	No n (%)	Total n (%)
Age									
Young-old	3625 (97.3)	101 (2.7)	3726 (58.9)	488 (41.9)	677 (58.1)	1165 (48.2)	3 (2.8)	105 (97.2)	108 (34.8)
Middle-old	1786 (97.8)	41 (2.2)	1827 (28.9)	290 (36.1)	514 (63.9)	804 (33.3)	3 (2.9)	102 (97.1)	105 (33.9)
Old-old	761 (98.1)	15 (1.9)	776 (12.3)	143 (32.1)	303 (67.9)	446 (18.5)	4 (4.1)	93 (95.9)	97 (31.3)
Sex									
Male	2731 (97.4)	74 (2.6)	2805 (44.3)	461 (45.9)	544 (54.1)	1005 (41.6)	7 (5.1)	131 (94.9)	138 (44.5)
Female	3441 (97.6)	83 (2.4)	3524 (55.7)	460 (32.6)	674 (67.4)	1410 (58.4)	3 (1.7)	169 (98.3)	172 (55.5)
Place of residence									
Rural	4682 (97.5)	122 (2.5)	4804 (75.9)	626 (34.3)	1199 (65.7)	1825 (75.6)	4 (1.7)	231 (98.3)	235 (75.8)
Urban	1490 (97.7)	35 (2.3)	1525 (24.1)	295 (50.0)	295 (50.0)	590 (24.4)	6 (8.0)	69 (92.0)	75 (24.2)
Wealth									
Poorest	1225 (96.8)	40 (3.2)	1265 (20.0)	87 (19.4)	362 (80.6)	449 (18.6)	1 (1.7)	58 (98.3)	59 (19.0)
Second	1228 (97.3)	34 (2.7)	1262 (19.9)	115 (24.0)	364 (76.0)	479 (19.8)	1 (1.3)	79 (98.8)	80 (25.8)
Middle	1240 (97.5)	32 (2.5)	1272 (20.1)	145 (31.5)	315 (68.5)	460 (19.0)	1 (1.4)	72 (98.6)	73 (23.5)
Fourth	1238 (98.3)	22 (1.7)	1260 (19.9)	233 (48.4)	248 (51.6)	481 (19.9)	1 (2.0)	48 (98.0)	49 (15.8)
Richest	1241 (97.7)	29 (2.3)	1270 (20.1)	341 (62.5)	205 (37.5)	546 (22.6)	6 (12.2)	43 (87.8)	49 (15.8)
Division									
Barishal	360 (99.4)	2 (0.6)	362 (5.7)	50 (36.8)	86 (63.2)	136 (5.6)	0 (0.0)	37 (100.0)	37 (11.9)
Chattogram	1143 (99.8)	2 (0.2)	145 (18.1)	142 (40.3)	210 (59.7)	352(14.6)	2 (5.7)	33 (94.3)	35 (11.3)
Dhaka	2055 (97.8)	47 (2.2)	2102 (33.2)	324 (37.8)	533 (62.2)	857 (35.5)	2 (1.9)	106 (98.1)	108 (34.8)
Khulna	721 (95.8)	32 (4.2)	753 (11.9)	147 (39.5)	225 (60.5)	372 (15.4)	0 (0.0)	18 (100.0)	18 (5.8)
Rajshahi	830 (95.2)	42 (4.8)	872 (13.8)	149 (40.1)	223 (59.9)	372 (15.4)	6 (8.2)	73 (91.8)	73 (23.5)
Rangpur	727 (97.3)	20 (2.7)	747 (11.8)	65 (36.3)	114 (63.7)	179 (7.4)	0 (0.0)	14 (100.0)	14 (4.5)
Sylhet	336 (96.6)	12 (3.4)	348 (5.5)	44 (29.9)	103 (70.1)	147 (6.1)	0 (0.0)	25 (100.0)	25 (8.1)

Annexure Table 5.5: Differential levels of Geriatric Anxiety Scale among the older people

Variables	GAI Scale Average score(SD)	Number ofrespondents	p-value
Education			
No education	2.9 (2.3)	4386	0.000
Have some education	2.1 (2.3)	1943	
Household head			
Yes	2.5 (2.3)	2482	0.003
No	2.7 (2.4)	3847	
Living with			
Living with spouse	2.3 (2.3)	3823	0.000
Living without a spouse	3.1 (2.3)	2506	
Have you ever gone to school			
Yes	2.1 (2.3)	1943	0.000
No	2.9 (2.3)	4386	
Occupation			
Farmer	1.9 (2.1)	815	0.000
Housewife	2.6 (2.3)	1296	
Do not work	2.8 (2.4)	2863	
Others	2.8 (2.3)	1355	
Have any income			
Have income	2.5 (2.3)	3595	0.000
No income	2.9 (2.3)	2734	
Religion			
Muslim	2.6 (2.3)	5473	0.611
Others	2.7 (2.5)	856	
Ethnic group			
Yes	2.4 (2.4)	77	0.318
No	2.7 (2.3)	6252	
Ownership of the household			
Own/rented/spouse home	2.5 (2.3)	5126	0.000
Others	3.1 (2.5)	1203	
In which household older people are living			
Son/spouse/all household members together	2.5 (2.3)	5555	0.000
Daughter	3.5 (2.4)	260	
Alone	3.9 (2.2)	391	
Others	3.6 (2.2)	123	
Where older people are sleeping			
Living room	2.6 (2.3)	6007	0.000
Corridor	3.6 (2.4)	267	
Drawing room	3.3 (2.2)	20	
Kitchen	2.3 (2.9)	6	
Dining room	4.6 (1.9)	16	
Others	4.1 (2.4)	13	
How older people are sleeping			
Khat/chowki	2.6 (2.3)	6020	0.000
Floor	3.6 (2.5)	294	
Others	3.2 (2.8)	15	
Sharing living room			
Sharing	2.5 (2.3)	4674	0.000
Not sharing	3.0 (2.5)	1655	
Feel comfortable to share rooms with others			
Yes	2.5 (2.3)	4357	0.000
No	3.6 (2.3)	314	
Feel fare to live alone			
Yes	3.2 (2.5)	802	0.000
No	2.6 (2.3)	5527	
Satisfied about the latrine			
Yes	2.4 (2.3)	4681	0.000
No	3.5 (2.4)	1648	
Have any property by your name			
Yes	2.4 (2.3)	3351	0.000
No	3.0 (2.3)	2947	
Have any bank account			
Yes	2.6 (2.4)	1475	0.864
No	2.7 (2.3)	4817	
Receiving any allowance			
Yes	3.1 (2.4)	1535	0.000
No	2.5 (2.3)	4774	
Total	**2.7 (2.3)**	**6329**	
Cronbach's alpha: 0.88; Items: 6			

Annexure Table 5.6: Differential levels of Geriatric Depression Scale of the older people

Variables	GDS Scale Average score (SD)	Number of respondents	p-value
Education			
No education	7.4 (4.5)	4386	0.000
Have some education	5.3 (4.3)	1943	
Household head			
Yes	6.1 (4.5)	2482	0.000
No	7.1 (4.5)	3847	
Living with			
Living with spouse	5.9 (4.4)	3823	0.000
Living without a spouse	8.0 (4.5)	2506	
Have you ever gone to school			
Yes	5.3 (4.3)	1943	0.000
No	7.4 (4.5)	4386	
Occupation			
Farmer	4.7 (4.1)	815	0.000
Housewife	6.1 (4.3)	1296	
Do not work	7.7 (4.5)	2863	
Others	6.5 (4.6)	1355	
Have any income			
Have income	6.2 (4.6)	3595	0.000
No income	7.4 (4.4)	2734	
Religion			
Muslim	6.7 (4.5)	5473	0.254
Others	6.9 (4.8)	856	
Ethnic group			
Yes	6.7 (4.9)	77	0.954
No	6.7 (4.5)	6252	
Ownership of the household			
Own/rented/spouse home	6.4 (4.4)	5126	0.000
Others	8.2(4.9)	1203	
In which household older people are living			
Son/spouse/all household members together	6.4 (4.5)	5555	0.000
Daughter	8.9 (4.5)	260	
Alone	9.7 (4.2)	391	
Others	9.0 (4.5)	123	
Where older people are sleeping			
Living room	6.6 (4.5)	6007	0.000
Corridor	8.5 (4.7)	267	
Drawing room	6.3 (4.5)	20	
Kitchen	6.8 (5.9)	6	
Dining room	10.2 (4.0)	16	
Others	9.1 (5.7)	13	
How older people are sleeping			
Khat/chowki	6.6 (4.5)	6020	0.000
Floor	8.8 (4.9)	294	
Others	9.5 (5.2)	15	
Sharing living room			
Sharing	6.4 (4.4)	4674	0.000
Not sharing	7.6 (4.9)	1655	
Feel comfortable to share rooms with others			
Yes	6.3 (4.4)	4357	0.000
No	7.8 (4.3)	314	
Feel fare to live alone			
Yes	8.1 (4.7)	802	0.000
No	6.5 (4.5)	5527	
Satisfied about the latrine			
Yes	6.1 (4.4)	4681	0.000
No	8.3 (4.6)	1648	
Have any property by your name			
Yes	6.0 (4.5)	3351	0.000
No	7.6 (4.5)	2947	
Have any bank account			
Yes	6.7 (4.8)	1475	0.533
No	6.7 (4.8)	4817	
Receiving any allowance			
Yes	7.7 (4.7)	1535	0.000
No	6.4 (4.5)	4774	
Total	**6.7 (4.6)**	**6329**	
Cronbach's alpha: 0.91; Items: 14			

Annexure Table 5.7: Differential levels of DJG loneliness Scale of the older people

Variables	DJG Scale Average score (SD)	Number of respondents	p-value
Education			
No education	1.4 (1.8)	4386	0.000
Have some education	0.7 (1.4)	1943	
Household head			
Yes	1.2 (1.8)	2482	0.002
No	1.1 (1.7)	3847	
Living with			
Living with spouse	0.9 (1.6)	3823	0.000
Living without a spouse	1.5 (1.9)	2506	
Have you ever gone to school			
Yes	0.7 (1.4)	1943	0.000
No	1.4 (1.8)	4386	
Occupation			
Farmer	0.7 (1.4)	815	0.000
Housewife	1.1 (1.7)	1296	
Do not work	1.1 (1.7)	2863	
Others	1.6 (1.9)	1355	
Have any income			
Have income	1.2 (1.8)	3595	0.000
No income	1.1 (1.6)	2734	
Religion			
Muslim	1.2 (1.7)	5473	0.323
Others	1.2 (1.8)	856	
Ethnic group			
Yes	1.4 (2.0)	77	0.267
No	1.2 (1.7)	6252	
Ownership of the household			
Own/rented/spouse home	1.0 (1.6)	5126	0.000
Others	1.9 (2.1)	1203	
In which household older people are living			
Son/spouse/all household members together	1.0 (1.6)	5555	0.000
Daughter	1.8 (1.9)	260	
Alone	2.8 (2.1)	391	
Others	1.9 (2.0)	123	
Where older people are sleeping			
Living room	1.1 (1.7)	6007	0.000
Corridor	1.6 (1.9)	267	
Drawing room	1.6 (1.7)	20	
Kitchen	2.0 (2.4)	6	
Dining room	2.5 (2.4)	16	
Others	2.8 (2.2)	13	
How older people are sleeping			
Khat/chowki	1.1 (1.7)	6020	0.000
Floor	2.1 (2.1)	294	
Others	3.1 (2.4)	15	
Sharing living room			
Sharing	1.0 (1.6)	4674	0.000
Not sharing	1.5 (2.0)	1655	
Feel comfortable to share rooms with others			
Yes	1.0 (1.6)	4357	0.000
No	1.5 (1.8)	314	
Feel fare to live alone			
Yes	1.5 (2.0)	802	0.000
No	1.1 (1.7)	5527	
Satisfied about the latrine			
Yes	0.9 (1.5)	4681	0.000
No	1.9 (2.0)	1648	
Have any property by your name			
Yes	0.9 (1.6)	3351	0.000
No	1.4 (1.8)	2947	
Have any bank account			
Yes	1.2 (1.8)	1475	0.080
No	1.1 (1.7)	4817	
Receiving any allowance			
Yes	1.5 (1.9)	1535	0.000
No	1.1 (1.7)	4774	
Total	**1.2 (1.7)**	**6329**	

Cronbach's alpha: 0.88; Items: 5

Annexure Table 5.8: Differential levels of health-related quality-of-life scale of the older people

Variables	HRQoL Scale Average score (SD)	Number of respondents	p-value
Education			
No education	43.1 (10.4)	4386	0.000
Have some education	49.4 (10.8)	1943	
Household head			
Yes	47.9 (10.7)	2482	0.000
No	43.3 (10.6)	3847	
Living with			
Living with spouse	47.4 (10.4)	3823	0.000
Living without a spouse	41.5 (10.6)	2506	
Have you ever gone to school			
Yes	49.4 (10.8)	1943	0.000
No	43.1 (10.4)	4386	
Occupation			
Farmer	51.7 (9.6)	815	0.000
Housewife	46.6 (9.2)	1296	
Do not work	41.5 (10.9)	2863	
Others	47.1 (10.4)	1355	
Have any income			
Have income	46.5 (11.0)	3595	0.000
No income	43.2 (10.5)	2734	
Religion			
Muslim	45.3 (10.8)	5473	0.000
Others	43.8 (11.2)	856	
Ethnic group			
Yes	44.5 (12.7)	77	0.648
No	45.1 (10.9)	6252	
Ownership of the household			
Own/rented/spouse home	46.2 (10.6)	5126	0.000
Others	40.1 (10.8)	1203	
In which household older people are living			
Son/spouse/all household members together	45.9 (10.7)	5555	0.000
Daughter	38.7 (10.2)	260	
Alone	39.3 (10.7)	391	
Others	39.5 (11.4)	123	
Where older people are sleeping			
Living room	45.3 (10.8)	6007	0.000
Corridor	40.7 (11.6)	267	
Drawing room	45.3 (13.5)	20	
Kitchen	39.2 (13.2)	6	
Dining room	38.6 (7.1)	16	
Others	30.9 (13.6)	13	
How older people are sleeping			
Khat/chowki	45.4 (10.7)	6020	0.000
Floor	38.4 (11.5)	294	
Others	34.8 (12.3)	15	
Sharing living room			
Sharing	46.1 (10.7)	4674	0.000
Not sharing	42.2 (11.0)	1655	
Feel comfortable to share rooms with others			
Yes	46.2 (10.6)	4357	0.003
No	44.3 (11.8)	314	
Feel fare to live alone			
Yes	39.6 (11.5)	802	0.000
No	45.9 (10.6)	5527	
Satisfied about the latrine			
Yes	46.4 (10.2)	4681	0.000
No	41.3 (11.9)	1648	
Have any property by your name			
Yes	47.5 (10.8)	3351	0.000
No	42.4 (10.4)	2947	
Have any bank account			
Yes	46.2 (12.5)	1475	0.000
No	44.7 (10.3)	4817	
Receiving any allowance			
Yes	42.6 (11.7)	1535	0.000
No	45.9 (10.5)	4774	
Total	45.1 (10.9)	6329	
Cronbach's alpha: 0.88; Items: 21			

Annexure Table 6.1: Older people's mobility and decision-making ability by selected background characteristics

Types of activities	All n (%)	Sex		Age			Place of residence		Wealth quintile				
		Male	Female	Young-Old	Middle-Old	Old-Old	Rural	Urban	Poorest	Second	Middle	Fourth	Richest
		n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Going outside for													
Walk	5998 (95.8)	2690	3308	3615	1716	667	4565	1433	1209	1199	1201	1199	1190
		(97.1)	(94.80)	(97.7)	(94.9)	(88.6)	(96.1)	(94.8)	(97.0)	(96.1)	(95.3)	(96.2)	(94.4)
Prayer	5000 (86.1)	2668	2332	2948	1492	560	3878	1122	998	995	1028	1040	939
		(96.6)	(76.60)	(85.9)	(88.1)	(82.1)	(86.8)	(83.9)	(84.4)	(85.0)	(85.9)	(88.8)	(86.4)
Shopping	3872 (75.5)	2553	1319	2330	1165	377	2865	1007	798	751	748	759	816
		(93.7)	(54.90)	(76.7)	(77.1)	(65.1)	(74.9)	(77.3)	(75.4)	(74.7)	(72.6)	(76.4)	(78.5)
Social gathering	5216 (84.2)	2598	26189	3148	1507	561	3965	1251	997	1023	1051	1074	1071
		(93.9)	(76.40)	(85.9)	(84.2)	(75.8)	(84.5)	(83.2)	(80.7)	(83.4)	(84.1)	(87.2)	(85.6)
Hospital	4985 (79.6)	2509	2476	3032	1431	522	3803	1182	1033	987	992	998	975
		(90.4)	(70.90)	(82.0)	(79.2)	(68.6)	(80.0)	(78.2)	(82.8)	(79.2)	(78.7)	(79.8)	(77.4)
Making decision for													
Spending money	4996 (80.6)	2522	2474	3052	1414	530	3744	1252	958	959	997	1013	1069
		(91.1)	(72.00)	(83.1)	(79.6)	(70.5)	(79.6)	(83.5)	(77.3)	(77.9)	(79.6)	(82.5)	(85.5)
Buying food by your own choice	5391 (85.9)	2602	2789	3279	1536	576	4047	1344	1047	1037	1061	1083	1163
		(93.5)	(79.80)	(88.6)	(84.8)	(75.1)	(85.0)	(88.6)	(83.8)	(83.0)	(83.9)	(86.6)	(91.9)
Living where you want to live	5611 (89.4)	2641	2970	3389	1599	623	4216	1395	1081	1088	1111	1136	1195
		(94.9)	(85.10)	(91.6)	(88.4)	(81.1)	(88.6)	(92.1)	(86.8)	(86.8)	(88.0)	(90.8)	(94.6)
Visiting others outside if have ability	5957 (94.7)	2708	3249	3558	1707	6929	4512	1445	1189	1174	1178	1190	1226
		(97.2)	(92.70)	(96.0)	(94.1)	(89.9)	(94.5)	(95.4)	(94.9)	(93.6)	(93.0)	(95.0)	(97.0)
Wearing cloths by your own choice	5104 (81.2)	2462	2642	3042	1484	578	3886	1218	1016	994	1021	1013	1060
		(88.3)	(75.60)	(82.2)	(81.9)	(75.1)	(81.5)	(80.3)	(81.3)	(79.4)	(80.6)	(80.9)	(83.8)
Attending any religious programmes	5105 (84.6)	2603	2502	3079	1490	536	3901	1204	1005	1000	1029	1019	1052
		(94.7)	(76.2)	(86.2)	(85.3)	(75.0)	(85.4)	(82.2)	(83.8)	(83.5)	(84.3)	(85.2)	(86.3)
Watching television	4050 (80.4)	2023	2027	2536	1119	395	2905	1145	667	678	819	877	100
		(86.3)	(75.3)	(82.3)	(79.8)	(71.4)	(78.8)	(84.9)	(76.5)	(73.7)	(79.8)	(83.1)	(86.8)
Attending in culturalactivities(song/fair/jatra))	2447 (58.0)	1532	915	1526	689	232	1859	588	402	467	518	524	536
		(75.0)	(42.0)	(59.3)	(57.5)	(51.4)	(57.0)	(61.3)	(49.3)	(53.7)	(58.2)	(62.7)	(66.1)

Annexure Table 6.2: Differential levels of decision-making by selected background characteristics

Variables	Decision-making scale Average score (SD)	Number of respondents	p-value
Education			
No education	10.5 (3.2)	4364	0.000
Have some education	11.7 (2.4)	1940	
Household head			
Yes	12.2 (1.6)	2469	0.000
No	9.9 (3.3)	3835	
Living with			
Living with spouse	11.4 (2.6)	3806	0.000
Living without a spouse	10.0 (3.3)	2498	
Have you ever gone to school			
Yes	11.7 (2.4)	1940	0.000
No	10.5 (3.2)	4364	
Occupation			
Farmer	12.6 (1.1)	815	0.000
Housewife	10.4 (2.8)	1288	
Do not work	9.9 (3.5)	2854	
Others	12.2 (1.6)	1347	
Have any income			
Have income	11.8 (2.2)	3581	0.000
No income	9.6 (3.4)	2723	
Religion			
Muslim	10.8 (3.0)	5451	0.006
Others	11.1 (2.7)	853	
Ethnic group			
Yes	11.5 (2.8)	76	0.075
No	10.8 (3.0)	6228	
Ownership of the household			
Own/rented/spouse home	10.9 (2.9)	5107	0.000
Others	10.4 (3.3)	1197	
In which household older people are living			
Son/spouse/all household members together	10.9 (3.0)	5538	0.000
Daughter	9.8 (3.6)	259	
Alone	11.5 (2.3)	384	
Others	10.2 (3.7)	123	
Where older people are sleeping			
Living room	10.9 (3.0)	5987	0.000
Corridor	9.8 (3.8)	264	
Drawing room	10.3 (4.0)	19	
Kitchen	9.7 (3.5)	6	
Dining room	11.9 (1.2)	16	
Others	9.8 (3.5)	12	
How older people are sleeping			
Khat/chowki	10.9 (3.0)	5998	0.012
Floor	10.3 (3.6)	292	
Others	11.0 (2.6)	14	
Sharing living room			
Sharing	11.0 (2.9)	4660	0.000
Not sharing	10.5 (3.2)	1644	
Feel comfortable to share rooms with others			
Yes	11.0 (2.9)	4344	0.645
No	10.9 (3.0)	313	
Feel fare to live alone			
Yes	10.1 (3.7)	798	0.000
No	10.9 (2.9)	5506	
Satisfied about the latrine			
Yes	10.9 (2.9)	4664	0.000
No	10.6 (3.2)	1640	
Have any property by your name			
Yes	11.5 (2.6)	3341	0.000
No	10.1 (3.2)	2934	
Have any bank account			
Yes	11.5 (2.6)	1469	0.000
No	10.6 (3.1)	4799	
Receiving any allowance			
Yes	10.9 (3.0)	1524	0.155
No	10.8 (3.0)	4760	
Total	**10.8 (3.0)**	**6304**	
Cronbach's alpha: 0.88; Range:13			

Annexure Table 7.1: Differential levels of abuse and exploitation among older people

Variables	Level of abuse and exploitation scale Average score (SD)	Number of respondents	p-value
Education			
No education	1.4 (2.0)	4383	0.000
Have some education	1.0 (1.7)	1943	
Household head			
Yes	1.3 (2.0)	2479	0.247
No	1.3 (1.9)	3847	
Living with			
Living with spouse	1.1 (1.7)	3823	0.000
Living without a spouse	1.6 (2.3)	2503	
Have you ever gone to school			
Yes	1.0 (1.7)	1943	0.000
No	1.4 (2.0)	4383	
Occupation			
Farmer	1.1 (1.6)	815	0.000
Housewife	1.4 (2.0)	1296	
Do not work	1.2 (1.9)	2862	
Others	1.4 (2.2)	1353	
Have any income			
Have income	1.3 (2.0)	3592	0.111
No income	1.2 (1.9)	2734	
Religion			
Muslim	1.3 (1.9)	5470	0.354
Others	1.2 (2.0)	856	
Ethnic group			
Yes	1.3 (1.7)	77	0.992
No	1.3 (1.9)	6249	
Ownership of the household			
Own/rented/spouse home	1.2 (1.8)	5124	0.000
Others	1.6 (2.5)	1202	
Household where older people are living			
Daughter/ Son/spouse/all household members together	1.2 (1.8)	5555	0.000
	1.3 (2.0)	260	
Alone	2.7 (3.1)	388	
Others	1.5 (2.4)	123	
Where older people are sleeping			
Living room	1.3 (1.9)	6004	0.000
Corridor	1.4(2.0)	267	
Drawing room	3.1 (2.4)	20	
Kitchen	1.7 (3.1)	6	
Dining room	2.0 (2.1)	16	
Others	3.5 (4.3)	13	
How older people are sleeping			
Khat/chowki	1.2 (1.9)	6018	0.000
Floor	2.1 (2.7)	293	
Others	2.5 (3.2)	15	
Sharing living room			
Sharing	1.2 (1.8)	4674	0.000
Not sharing	1.6 (2.4)	1652	
Feel comfortable to share rooms with others			
Yes	1.1 (1.7)	4357	0.000
No	1.5 (2.3)	314	
Feel fare to live alone			
Yes	1.6 (2.5)	800	0.000
No	1.2 (1.9)	5526	
Satisfied about the latrine			
Yes	1.1 (2.3)	4680	0.000
No	1.8 (2.4)	1646	
Have any property by your name			
Yes	1.2 (1.8)	3349	0.000
No	1.4 (2.1)	2946	
Have any bank account			
Yes	1.4 (2.0)	1474	0.003
No	1.2 (1.9)	4815	
Receiving any allowance			
Yes	1.5 (2.1)	1532	0.000
No	1.2 (1.9)	4774	
Total	**1.3(1.9)**	**6326**	
Cronbach's alpha: 0.76; Items: 23			

Annexure Table 9.1: Older people's engagement in family and societal activities by division

Engagement Level	Division							
	Barishal n (%)	Chattogram n (%)	Dhaka n (%)	Khulna n (%)	Rajshahi n (%)	Rangpur n (%)	Sylhet n (%)	p-value
Family level								
Household Cleaning	140 (61.1)	687 (66.4)	1107 (57.8)	445 (64.0)	429 (72.8)	379 (51.3)	195 (60.4)	0.000
Cooking	135 (59.0)	556 (53.8)	835 (43.6)	281 (40.4)	361 (61.3)	331 (44.8)	109 (33.7)	0.000
Taking care of grand children	134 (58.5)	552 (53.4)	693 (36.2)	352 (50.6)	204 (34.6)	327 (44.2)	133 (41.2)	0.000
Take care of other sick family members	134 (58.5)	767 (74.2)	872 (45.6)	58.7 (58.7)	350 (59.4)	367 (49.7)	196 (60.7)	0.000
Helping in agriculture	45 (19.7)	163 (15.8)	289 (15.1)	234 (33.7)	159 (27.0)	141 (19.1)	63 (19.5)	0.000
Shopping	54 (23.6)	449 (43.4)	818 (42.7)	290 (41.7)	227 (38.5)	335 (45.3)	117 (36.2)	0.000
Washing clothes/Laundry	160 (69.9)	853 (82.5)	1105 (57.7)	509 (73.2)	429 (72.8)	425 (57.6)	197 (61.2)	0.000
Animal husbandry	103 (45.4)	371 (36.2)	611 (32.1)	333 (48.0)	297 (50.5)	338 (45.9)	128 (40.4)	0.000
Others	2 (100.0)	2 (6.1)	3 (20.0)	1 (2.4)	0 (0.0)	1 (7.1)	3 (33.3)	0.000
Societal level								
Doing any other works (paid/unpaid)	45.6 (165)	378 (33.5)	619 (29.6)	176 (23.5)	44.1 (380)	27 (3.6)	67 (19.6)	0.000
Besides household works	15.2 (55)	85 (7.5)	192 (9.2)	57 (7.6)	8.3 (71)	51 (6.8)	22 (6.4)	0.000

Annexure Table 10.1: Currently married older people's views on the spouse as the main source of social strength, security, and care by selected background characteristics

Variables	Age			Place of Residence		Division						
	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)	Barishal n (%)	Chattogram n (%)	Dhaka n (%)	Khulna n (%)	Rajshahi n (%)	Rangpur n (%)	Sylhet n (%)
Social strength, security, and care												
Social value/strength	2059 (84.6)	801 (75.3)	245 (77.8)	2379 (80.3)	726 (85.2)	114 (52.1)	641 (99.2)	1018 (79.9)	256 (73.1)	361 (63.6)	404 (98.8)	211 (100.0)
Social security	1852 (76.2)	655 (61.6)	205 (65.1)	2055 (69.4)	657 (77.2)	98 (45.2)	609 (94.3)	693 (54.5)	378 (77.6)	325 (57.2)	402 (98.3)	207 (98.1)
Taking care	2216 (91.0)	996 (93.5)	292 (92.7)	2713 (91.5)	791 (92.9)	216 (97.3)	629 (97.5)	1152 (90.5)	439 (90.0)	464 (81.7)	398 (97.3)	206 (97.6)
Others	81 (95.3)	33 (97.1)	10 (90.9)	92 (94.8)	32 (97.0)	3 (100.0)	17 (100.0)	26 (100.0)	5 (100.0)	8 (80.0)	17 (85.0)	48 (98.0)
Main sources of necessary services												
Spouse	2124 (87.5)	973 (91.5)	285 (90.8)	2619 (88.6)	763 (89.9)	209 (93.7)	570 (88.8)	1156 (91.1)	428 (87.9)	461 (81.3)	357 (87.3)	201 (97.1)
Daughter	70 (2.9)	15 (1.4)	1 (0.3)	63 (2.1)	23 (2.7)	6 (2.7)	17 (2.6)	28 (2.2)	10 (2.1)	13 (2.3)	10 (2.4)	1 (0.2)
Son	39 (1.6)	19 (1.8)	6 (1.9)	50 (1.7)	14 (1.6)	1 (0.4)	10 (1.6)	7 (0.6)	7 (1.4)	24 (4.2)	14 (3.4)	1 (0.5)
Daughter in law	104 (4.3)	28 (2.6)	15 (4.8)	133 (4.5)	14 (1.6)	4 (1.8)	30 (4.7)	48 (3.8)	14 (2.9)	37 (6.5)	11 (2.7)	3 (1.4)
Self	83 (3.4)	26 (2.4)	3 (1.0)	84 (2.8)	28 (3.3)	1 (0.4)	12 (1.9)	28 (2.2)	26 (5.3)	30 (5.3)	15 (3.7)	0 (0.0)
Servant	3 (0.1)	0 (0.0)	5 (0.6)	0 (0.0)	5 (0.6)	1 (0.4)	0 (0.0)	1 (0.1)	1 (0.2)	1 (0.2)	1 (0.2)	0 (0.0)
Others	4 (0.2)	2 (0.2)	2 (0.6)	6 (0.2)	3 (0.2)	1 (0.4)	3 (0.5)	1 (0.1)	1 (0.2)	1 (0.2)	1 (0.2)	0 (0.0)

Annexure Table 10.2: Taking care of the spouse and providing support during sickness and own needs by age

Variables	Young-Old			Middle-Old			Old-Old		
	Never n (%)	Sometimes n (%)	Always n (%)	Never n (%)	Sometimes n (%)	Always n (%)	Never n (%)	Sometimes n (%)	Always n (%)
Social strength, security, and care									
Food related (cooking/serving)	177 (7.3)	1023 (42.0)	1237 (50.8)	146 (13.7)	456 (42.8)	463 (43.5)	78 (24.8)	45.7 (144)	29.5 (93)
Taking bath	915 (37.5)	1118 (45.9)	404 (16.6)	533 (50.1)	402 (37.8)	129 (12.1)	190 (60.3)	29.8 (94)	9.8 (31)
Help for going toilet	1653 (67.8)	668 (27.4)	116 (4.8)	756 (71.1)	268 (25.2)	40 (3.8)	222 (70.5)	25.4 (80)	4.1 (13)
Washing cloths	906 (37.2)	1048 (43.0)	483 (19.8)	556 (52.3)	384 (36.1)	124 (11.7)	190 (60.3)	29.2 (92)	10.5 (33)
Bed arrangement	794 (32.6)	1117 (45.8)	526 (21.6)	484 (45.5)	462 (43.4)	118 (11.1)	178 (56.5)	31.4 (99)	12.1 (38)
Wearing cloths	1686 (69.2)	638 (26.2)	112(4.6)	794 (74.6)	232 (21.8)	38 (3.6)	245 (77.8)	17.5 (55)	4.8 (15)
Taking medicine	851 (34.9)	1310 (53.8)	275 (11.3)	476 (44.7)	511 (48.0)	77 (7.2)	165(52.4)	37.5 (118)	10.2 (32)
Bring medicine	505 (20.7)	1193 (49.0)	739 (30.3)	185 (17.4)	516 (48.5)	363 (34.1)	84 (26.7)	49.8 (157)	23.5 (74)
Help to go outside to spend leisure period	537 (22.0)	1473 (60.5)	426 (17.5)	264 (24.8)	626 (58.8)	174 (16.4)	96 (30.5)	54.0 (170)	15.6 (49)
Give companionship	44(1.8)	1089 (44.9)	1292 (53.3)	22 (2.1)	140 (49.2)	518 (48.8)	14 (4.5)	44.9 (140)	50.6 (158)
Others	3(30.0)	4 (40.0)	3 (30.0)	1 (25.0)	3(75.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Supports given to spouse during sickness									
Manage money for food/medicine	287 (11.8)	1151 (47.2)	998 (41.0)	117 (11.0)	484 (45.5)	463 (43.5)	58 (18.4)	51.4 (162)	30.2 (95)
Admit him/her in hospital for proper treatment	138 (5.7)	1435 (58.9)	863 (35.4)	86 (8.1)	610 (57.3)	369 (34.6)	57 (18.1)	57.1 (180)	24.8 (57.1)
Giving proper care in all possible sectors	142 (5.8)	1428 (58.6)	866 (35.6)	115(10.8)	629 (59.1)	321 (30.1)	78 (24.8)	51.1 (161)	76 (24.1)
Ensure necessary cares he/she need	66 (2.7)	1310 (53.8)	1060 (43.5)	51 (4.8)	583 (54.7)	431 (40.5)	45 (14.3)	52.1 (164)	106 (33.7)
Stay besides him/her always	41 (1.7)	1005 (41.3)	1385 (57.0)	26 (2.4)	518 (48.6)	521 (48.9)	16 (5.1)	49.4 (155)	143 (45.5)
Full supervision of his/her cares	38 (1.6)	1030 (42.5)	1355 (55.9)	26 (2.5)	482 (45.6)	550 (52.0)	17 (5.4)	51.0 (159)	136 (43.6)
Others	38 (9.1)	9 (81.8	1 (9.1)	0 (0.0)	0 (75.0)	1 (25.0)	0 (0.0)	0 (0.0)	1 (100.0)
Perception about the spouse on your needs									
Give proper attention on your needs	333 (13.8)	635 (26.2)	1452 (60.0)	130 (12.2)	243 (22.9)	690 (64.9)	12.4 (39)	75 (23.9)	200 (63.7)
Give less attention on your needs	1309 (54.1)	964 (39.9)	146 (6.0)	597 (56.2)	401 (37.8)	64 (6.0)	58.0 (182)	114 (36.3)	18 (5.7)
Give more attention on his/her own needs compared to you	936 (38.7)	1058 (43.8)	423 (17.5)	412 (38.8)	473 (44.5)	177 (16.7)	40.1 (126)	131 (41.7)	57 (18.2)
Feel necessity of more care for himself/herself compared to you	746 (30.8)	1188 (49.1)	485 (20.0)	333 (31.4)	531 (50.0)	198 (18.6)	37.3 (117)	138 (43.9)	742 (18.8)
That you also need proper care as an older people	301 (12.5)	987 (41.0)	1121 (46.5)	135 (12.8)	400(37.8)	170 (49.4)	13.7 (43)	101 (32.2)	170 (54.1)

Annexure Table 10.3: Taking care of the spouse and providing support during sickness and own needs by place of residence

Variables	Rural			Urban		
	Never n (%)	Sometimes n (%)	Always n (%)	Never n (%)	Sometimes n (%)	Always n (%)
Social strength, security, and care						
Food related (cooking/serving)	338 (11.4)	1204 (40.6)	1423 (48.0)	7.4 (63)	49.2 (419)	370 (43.4)
Taking bath	275 (43.0)	1262 (42.6)	427 (14.4)	42.6 (363)	41.3 (352)	137 (16.1)
Help for going toilet	2051 (69.2)	776 (26.2)	137 (4.6)	68.1 (580)	28.2 (240)	32 (3.8)
Washing cloths	1262 (42.6)	1188 (40.1)	514 (17.3)	45.8 (390)	39.4 (336)	852 (14.8)
Bed arrangement	1152 (38.9)	1266 (42.7)	546 (18.4)	35.7 (304)	48.4 (412)	136 (16.0)
Wearing cloths	2128 (71.8)	698 (23.6)	137 (4.6)	70.1 (597)	26.6 (227)	28 (3.3)
Taking medicine	1128 (38.1)	1515 (51.1)	320 (10.8)	42.7 (364)	49.8 (424)	64 (7.5)
Bring medicine	619 (20.9)	1412 (47.6)	933(31.5)	18.2 (155)	53.3 (454)	243 (28.5)
Help to go outside to spend leisure period	704 (23.8)	1741 (58.8)	518 (17.5)	22.7 (193)	62.0 (528)	131 (15.4)
Give companionship	66 (2.2)	1343 (45.5)	1541 (52.2)	1.6 (14)	48.1 (408)	427 (50.3)
Others	4 (40.0)	3 (30.0)	3 (30.0)	0 (0.0)	100.0 (4)	0 (0.0)
Supports given to spouse during sickness						
Manage money for food/medicine	369 (12.4)	1367 (46.1)	1228 (41.4)	93 (10.9)	430 (50.5)	328 (38.5)
Admit him/her in hospital for proper treatment	225 (7.6)	1719 (58.0)	1020 (34.4)	56 (6.6)	506 (59.4)	290 (34.0)
Giving proper care in all possible sectors	262 (8.8)	1715 (57.9)	987 (33.3)	73 (8.6)	503 (59.0)	276 (32.4)
Ensure necessary cares he/she need	130 (4.4)	1585 (53.5)	1249 (42.1)	32 (3.8)	472 (55.4)	348 (40.8)
Stay besides him/her always	66 (2.2)	1290 (43.6)	1604 (54.2)	17 (2.0)	388 (45.6)	445 (52.4)
Full supervision of his/her cares	69 (2.3)	1300 (44.1)	1576 (53.5)	12 (1.4)	371 (43.8)	465 (54.8)
Others	1 (100.0)	6 (60.0)	3 (30.0)	0 (0.0)	6 (100.0)	0 (0.0)
Perception about a spouse on your needs						
Give proper attention on your needs	384 (13.0)	26.7 (787)	60.3 (1780)	13.9 (118)	19.6 (166)	66.4 (562)
Give less attention on your needs	1515 (51.4)	42.0 (1239)	6.6 (195)	67.7 (573)	28.4 (240)	3.9 (33)
Give more attention on his/her own needs compared to you	1030 (35.0)	46.0 (1357)	19.0 (560)	52.5 (444)	36.1 (305)	11.5 (97)
Feel necessity of more care for himself/herself compared to you	851 (28.9)	50.4 (1487)	20.7 (611)	40.8 (345)	43.7 (370)	15.5 (131)
That you also need proper care as an older people	408 (13.9)	40.5 (1190)	45.6 (1341)	8.4 (71)	35.4 (298)	56.2 (473)

Annexure Table 10.4: Vulnerability of divorced/separated/widowed older women by age, place of residence, and Division

Variables	Age			Place of residence		Division						
	Young-Old n (%)	Middle-Old n (%)	Old-Old n (%)	Rural n (%)	Urban n (%)	Barishal n (%)	Chattogram n (%)	Dhaka n (%)	Khulna n (%)	Rajshahi n (%)	Rangpur n (%)	Sylhet n (%)
Do you think your life is different compared to those who are not widowed/widower (n=2498)												
Feel lonelier	1055 (82.6)	605 (79.9)	383 (83.4)	1495 (81.8)	548 (82.3)	121 (87.1)	358 (72.5)	641 (78.0)	244 (92.8)	243 (79.9)	323 (95.8)	113 (84.3)
You have closest one to share everything	221 (17.3)	147 (19.4)	92 (20.0)	338 (18.5)	122 (18.3)	37 (26.6)	87 (17.6)	142 (17.3)	48 (18.3)	91 (29.9)	37 (11.0)	18 (13.4)
You can express your emotion	238 (18.7)	164 (21.7)	106 (23.1)	380 (20.8)	128 (19.2)	32 (23.0)	151 (30.6)	128 (15.6)	46 (17.5)	95 (31.3)	38 (11.3)	18 (13.4)
Have to live alone most of the time	832 (65.2)	460 (60.8)	269 (58.6)	1199 (65.6)	362 (54.4)	83 (59.7)	322 (65.2)	462 (56.2)	207 (78.7)	155 (51.0)	264 (78.3)	68 (50.7)
Have to manage everything yourself	494 (38.7)	224 (29.6)	101 (22.0)	633 (34.7)	186 (28.0)	32 (23.0)	205 (41.6)	221 (26.9)	132 (50.2)	93 (30.6)	114(33.8)	22 (16.4)
You are neglected by others most of the time	519 (40.8)	753 (39.7)	165 (36.0)	751 (41.3)	231 (34.8)	53 (38.4)	247 (50.2)	245 (29.9)	161 (61.7)	120 (39.6)	120 (35.6)	36 (27.5)
Others	1 (33.3)	0 (0.0)	0 (0.0)	0 (0.0)	1 (100.0)	0 (0.0)	0 (0.0)	1 (100.0)	0 (0.0)	0.0 (0)	0 (0.0)	0 (0.0)
Do you think you are more vulnerable compared to those who are not widowed/widower (n=2498)												
Feel unsecured physically	687 (68.7)	501 (66.4)	305 (66.4)	1262 (69.2)	421 (63.3)	91 (65.5)	411 (83.2)	450 (54.9)	201 (76.4)	222 (73.3)	233 (69.1)	75 (56.0)
Feel unsecured financially	1039 (81.4)	556 (73.6)	329 (71.8)	422 (78.0)	502 (75.4)	87 (62.6)	405 (82.0)	635 (77.4)	216 (82.1)	243 (80.2)	244 (72.4)	94 (70.1)
Have less communication with children/HH member	518 (41.1)	291 (39.0)	182 (40.2)	708 (39.4)	283 (42.8)	48 (35.0)	251 (51.1)	251 (31.0)	189 (72.7)	113 (38.8)	105(31.2)	34 (25.6)
Have less communication with society	733 (57.5)	421 (55.8)	234 (51.0)	1004 (55.1)	384 (57.7)	47 (33.8)	364 (74.3)	416 (50.7)	201 (76.4)	168 (55.4)	116 (34.4)	76 (56.7)
Do not get care when needed	377 (29.5)	228 (30.2)	196 (42.7)	596 (32.7)	205 (30.8)	62 (44.6)	173 (35.1)	227 (27.6)	191 (72.6)	75 (24.7)	49 (14.5)	24 (17.9)
Extorted by others	410 (32.1)	218 (28.9)	130 (28.3)	573 (31.4)	185 (27.8)	35 (25.2)	129 (26.2)	196 (23.9)	178 (67.9)	112 (36.8)	69 (20.5)	39 (29.1)
Tortured by others	321 (25.2)	175 (23.2)	123 (26.8)	470 (25.8)	149 (22.4)	32 (23.2)	161 (13.0)	161 (19.6)	176 (67.2)	90 (29.6)	83 (24.6)	13 (9.8)
Be obedient forcefully	321 (46.9)	175 (43.9)	123 (44.8)	853 (47.4)	267 (40.6)	55 (40.4)	187 (38.2)	361 (44.4)	193 (74.2)	118 (39.6)	160 (48.0)	46 (36.2)
Others	2(25.0)	0 (0.0)	1 (25.0)	3 (21.4)	0 (0.0)	0 (0.0)	1 (100.0)	2 (40.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)


Medicine
Older population
Mental health status
Health care services
Place of residence
Financial support
Low vision
Family member
Health status
Family
Blood pressure
Neighbours
Lack of money
Food
Pain
Social support
Care
Support
Social need
Sickness
Older persons
Health care facilities
Old age allowance
Loneliness
Spouse
Morbidity pattern
Old older people
Heart disease
Health care
Social safety net
Older adult
Exploitation
Health centre
Children
Experience of abuse
Ownership of property
Pocket money
Household
Physical health
Mental support
Financial hardship
Older people
Household chores
Community people
Living arrangements
Family support
Clothes
Vulnerability
General weakness

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