The Amsterdam Master’s in Medical Anthropology

Care for the Elderly Poor: A Case Study of a Bangladeshi Village

By

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CHAPTER ONE
Introduction

Bangladesh is a country with 123.6 million inhabitants (World Bank 2000). The country is now passing through the second phase of its demographic transition (Mostafa & Ginneken 1999). The crude birth rate declined from 48 per 1000 in 1970 to 27 per thousand in 1995 and the crude death rate from 21 per 1000 in 1970 to 11 per thousand in 1995. In the same period, the total fertility rate (TFR) declined from 7.0 in 1970 to 3.3 in 1995-96 and under-five mortality declined from about 250 in 1970 to 113 in 1995 (Mitra et al. 1997; UN 1998). All these changes have resulted in an increased number of elderly people in the country.

The process of ageing, (i.e., a process of increase of the proportion of elderly) in the population has already started in Bangladesh. This can be supported by the following statistics. In 1961, 5.2 percent of the total population of Bangladesh was 60 years and older. This proportion increased to 6.1 percent in 1995 and is expected to increase to 9.1 percent in 2010. In absolute numbers this means an increase from 2.9 million in 1961 to 7.3 million in 1995 and to 13.2 million in 2010 (Hossain 1997, quoted in Mostafa & Ginneken 1999). The aged (60 years and older) population of Bangladesh is expected to increase to 17.62 million in 2025 (Kabir 1994). In fact, by the beginning of this century, Bangladesh was projected to have one of the world’s 15 largest elderly populations (Kalache 1996). This large number of elderly will certainly have a significant impact on society, which has already been facing many problems including health service-related problems.

Like in many other low-income countries, the elderly remain ‘invisible’ in the health and population policies and programmes in Bangladesh. There was a paradigm shift in the health and population sectors in 90s of the last century in developing countries. The International Conference on Population and Development (ICPD) of 1994 influenced many developing countries to change their population and health policies. An increased amount of foreign aid became available to implement programmes on reproductive health and reproductive rights. But this paradigm shift did not benefit the elderly people. It seems that the global community has started thinking of elderly people only very recently. 1999 was designated as the International
Year of Older Persons by the United Nations. But many developing countries, including Bangladesh, seem still to be reluctant to recognise the problems of the elderly. This research, as the culmination of my Master’s Degree programme in medical anthropology, is dedicated to the situation of the elderly in Bangladesh.

The situation of care for the elderly poor in Bangladesh is complex. It is generally expected that an elderly person will live with her/his children and will be taken care of by them. Families are considered to be the primary place of care for the elderly in Bangladesh. However, in reality care for the elderly within family or household may not take place as smoothly as it is perceived to do, particularly in the case of the elderly poor.

The existing health care services in the country are generally of poor quality. There is no separate health care programme for the elderly. Almost all the special health care programmes of the government and NGOs focus on either children or on people of reproductive age. There are no more than three or four organisations working for the care of the elderly in Bangladesh. Their activities are much limited. In the whole country there is only one newly established old care home in the semi-urban area of Gazipur district where poor elderly can get access.

Usually elderly people do not engage in any profession, but this does not mean that they do not work. Many of them, especially the poor, work (Cain 1991), but their work may not be considered as economic activities since they mostly engage in household works. Virtually no significant programme exists to give them economic support or a pension except in the case of government employees. The government has just initiated a token pension scheme for elderly poor in 1998. The scope of this scheme is very limited. The amount of the pension is 100 Taka (equivalent to 2 US dollars) per month and the money is given to only 30 elderly persons in each union. By this amount of money one can hardly buy 6-7 kg of rice. So this pension scheme, even if it operates according to plan, is insignificant in terms of supportive elderly care.

The NGOs have support programmes for the poor but their target populations are still mostly limited to people of reproductive age and people who can work. Their health programmes are mainly on reproductive health and non-health projects are based on micro-credit. To ensure collecting of their money from the borrowers NGOs target only people who can work and who can make profit from the loan provided.
These poverty alleviation programmes do not target the elderly. The non-existence of the public and other organisational support could make the elderly fully depend on their families. Poor households with scarce resources are helpless to care for their elderly members. The situation of poor elderly living alone might be worse. If the situation was different, the old people might prefer care from outside their family. For example, there is an increasing demand for institutional support by the elderly in Sri Lanka after homes caring for the elderly were established in the country (Siddhisena & Ratnayake 1998).

Through the influence of urbanisation and modernisation, the care for the elderly by family members may undergo changes. Persistent poverty and increasing landlessness lead to changes in household structure in rural areas. Many poor elderly have to live alone (Kabir et al. 1998) since unemployment in the agricultural sector force young people to move to the city for work for long periods, or during a particular season.

Poverty and lack of access to services both make the situation of elderly poor more serious. Many elderly poor may not live in extended families, which makes them more vulnerable. Amin (1996) found 6-7% female headed households among the poor in a rural area. As stated above, the government and NGOs do not yet appear to pay attention to the problem of elderly care. They have some programmes for the poor, but not for the elderly poor. The problem of elderly care is neglected also in the field of research despite the fact that care for the elderly is going to be Asia’s next challenge (Westley 1998). Very little research has been done on the problem of elderly care and on poor elderly in Bangladesh. Moreover, the existing studies are demographic and quantitative in nature. Some studies have been done in other Asian countries, but virtually no qualitative research has been done on the problem so far in Bangladesh. Poor people are suffering from various problems. It seems that when people talk about the poor they are confined only to the economic problems. The care for the elderly poor is still a seriously neglected issue. In these circumstances, qualitative research is very much needed to explore and describe the various aspects of the problem of care for the elderly poor in Bangladesh. This study could help people start realising the problem.
Objectives and research questions

The study aims at achieving the following objectives and find answers to a range or questions:

General objective
Describe the content and quality of care received by the elderly in poor households and explore the process of health care provision

Specific objectives
- describe the situation of the elderly of poor rural households regarding care;
- explore the problems of care for the elderly members of poor rural households and their needs;
- identify the main care-givers within and outside the household and the type of care they provide;
- describe individual, socio-cultural, economic and family-related factors influencing the care for the elderly members of the family provided;
- find out how the elderly poor actually do cope with their situation regarding care;
- describe the activities of the NGOs and other organisations for elderly care in the area;
- come up with suggestions for further research and action.

Main research questions
- What kind of physical, mental and economic problems do the elderly members of poor rural households experience?
- Who provides economic support to the elderly?
- How do the children and children-in-law contribute to care for the elderly?
- What kind of community support is available for elderly care?
- What kind of help do they receive from the various levels government and NGOs?
- What are the opinions and plans of the government and the NGOs regarding elderly care?
- How do poor elderly respond to a possible home for elderly care in the area?
• What urgent measures should the government and other organisations take to improve the situation of poor elderly in Bangladesh?

In the following chapter of the thesis I shall describe the methodological aspects of the study including the possible limitations and my endeavours to overcome them. The findings will be presented in several chapters. In these chapters I will also interpret my findings with discussions in the context of the reality of the elderly poor in the study area. First, I will discuss the findings on different problems that are faced by the elderly with a bigger emphasis on health related and economic problems. Then I will proceed with the supporting communities for the elderly. I believe this chapter will make clear how poor elderly in the village endure with the problems they have. Then I will follow with a chapter on family conflicts in which I will show how elderly people in poor rural households are being victimised by village factions and family conflicts. This idea came to me only after going to the field and it was a striking. Initiatives to establish old care homes have already been taken in Bangladesh, so I also discuss the responses of the elderly poor regarding a possible old people’s home. Then there will be a separate chapter on available institutional support for the elderly in Bangladesh. Though institutional support is poor in the country, it is very important for poor elderly. Finally, in a brief conclusion I will try to answer my research questions and make few urgent recommendations for those who concerned about the poor elderly in Bangladesh and are willing to work towards improving the situation.
CHAPTER TWO
Methodology

Selection of the village
The fieldwork was done in the village Shaharbil in Shaharbil Union (local administrative unit) under Chakaria upazela (sub-district) under Cox’s Bazar district. The area is situated in the Southeastern part of Bangladesh. This village is one of the 116 villages of Chakaria upazela where The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) works.

There are practical reasons for choosing Shaharbil as my study-village. The time for the fieldwork was short and the schedule for the total project was strict. I had to submit the final version of the report within two and a half months of starting the fieldwork (though I took a few days more to finalise my thesis). I kept this matter in my mind while selecting the study-village. Considering the time constraints I wanted to select a village where I could start my fieldwork quickly after arriving in Bangladesh.

I work at ICDDR,B and Shaharbil is an intervention-village of this organisation. Building rapport is very important for qualitative data gathering. To build rapport we have to secure the trust from the villagers. Since the time for fieldwork was so short, I wanted to work in a village where I could rely on the trust from the locality. This village served the purpose in several ways. As it is an intervention village of ICDDR,B, my colleagues working at the Chakaria Community Health Project (CCHP) had already built very good rapport with local people. This project works with indigenous organisations to ensure community participation for the improvement of health. The project goes to the people through the volunteers from the indigenous organisations. The indigenous organisations are the existing social welfare organisations which were formed and are run by local people. They existed before CCHP initiated its activities in this area. The project has been working in this area for more than five years. People trust CCHP workers. I selected this village because I thought I would be able to use the ‘goodwill’ of CCHP to secure the necessary trust from the villagers.
I had never been to this village before. I requested two young volunteers to introduce me to the informants. These volunteers are from the same village and are well known to the people. When I went to the people with them they welcomed me.

There are few other practical reasons behind the selection of this particular village. One of these reasons is the availability of some base-line data. The CCHP project maintains data on socio-economic and demographic characteristics of the people of its intervention area. The base-line data helped me locate households with potential informants.

Arranging accommodation is a practical problem at the field location for a researcher intending to do a short-term fieldwork. CCHP has a guesthouse at Chakaria upazela about 8 kilometres away from the village Shaharbil. I stayed at this guesthouse and was able to visit the village easily by a motorbike.

When I arrived Chakaria, it was mid-May of 2000 and there was heavy rainfall. The area is very much prone to flooding. The nature of floods of this area is different from greater Bangladesh due to geographical differences. Unlike the larger part of the country, flood-season starts from the second week of May in Chakaria. Heavy rains over the adjacent hilly areas cause sudden flash floods five or six times a year. My colleagues at CCHP told me that though a flood stays only four or five days, its strong current sometimes overflows roads and houses. Because of time constraints, I did not want to waste one week in the middle of my fieldwork. So I selected this village with relatively improved road communication facilities.

**Study-type and design**

The study is designed as a focused ethnographic case study of a village. The initiative was to get insights into several limited topics and the relevant contextual information. The cases in this study are the elderly males and females of 60 years and above of poor households in the study village. The scope of the research was narrowed down to the core problems and relevant contextual information.

This study is one of the first attempts to explore the problems of elderly care in Bangladesh. On the whole, only a little information is available on this topic. A limited number of studies have been done on this problem in developing countries. No qualitative study has been done in Bangladesh on this problem, and its contributing factors are yet to be identified. Considering these facts, my aim was to conduct an
explorative study. I expected that the explorative nature of the study would provide insights that would then be used to further explore the problems of care for the elderly in poor rural households. As stated earlier, one of the objectives of the study is to provide information for further large-scale comparative studies. An explorative study provides data that can be useful to future researchers intending to conduct large-scale comprehensive studies. Though the nature of the current study is primarily explorative, I attempted to collect detailed descriptions of various aspects of the problem and the interactions among them. So actually it turned out to be combination of an explorative and a descriptive study.

Data-collection methods

The appropriate method lies in the nature of the study (Denzin & Lincoln 1994). Keeping to the objectives, the type and design of the research, I identified qualitative methods as the best way to collect information for this study. I employed several different qualitative methods in order to attempt methodological triangulation. The approach behind the methods was interpretative, so as to understand the problem from an *emic* point of view. Attempts were made to attain *thick descriptions* (Geertz 1973) with explanation of the different layers of meanings associated with various aspects of the problems.

People of the study area speak *chatgaiya* (Chittagonean) dialect which is quite different from common Bangla. I never lived in that region and can not speak or understand the dialect well. To overcome this problem, I took assistance of an interpreter. The interpreter was a man of 28 and was born in the same village. Since having graduated from a nearby university, he has worked for CCHP as a Community Health Worker. He also has previous experience of working as an interpreter. As a community health worker he has regular contact with the people of the locality and easy access to almost all households. I took his help also to identify truly poor households. In some cases, both of us made the initial contact and then he made the appointment with the informants.

The major part of the information was collected through the use of in-depth interviews and key-informant interviews. Apart from these, observation, informal group discussions and content analysis of NGO activity reports were done.
• In-depth interviewing
The in-depth one-to-one interviewing was used as the main tool for gathering information. I performed the interviews as conversation rather than in the form of question and answers. In-depth interviews were conducted in informants’ houses or in places chosen by them. I asked the informants to name her/his preferred place to be interviewed first and tried my best to interview the informant at the mentioned place. If an informant did not have any place of preference the interpreter and I together decided the place of interview. The in-depth and conversational form of interviewing allowed the informants to be able to form her/his own way of descriptions in much greater detail. I taped all interviews with the consent of the informants. I administered the interviews with the help of an unstructured, open-ended, topic-based and flexible ethnographic interview guideline.

• Key-informant interview
The key-informant method is an important tool in this research as very little ground information is available about elderly care in Bangladesh in general and there is no information on the problem particularly in the study area. I contacted some members of the community that were known to have good knowledge about the problems of the elderly in the area. I interviewed several of them who were willing to talk to me. I contacted five kinds of persons for key-informant interviews: someone from the health profession, indigenous organisation, NGO and religious institution, and a housewife.

I interviewed one local health care provider. He practices both traditional remedies and biomedicine. Patients from different age groups visit him for treatment. He gave me information mainly about the health problems and treatment seeking behaviours of the elderly. He lives in a village next to Shaharbil and knows about the village very well. Another key-informant was a local level NGO worker. She visits households on a regular basis as part of her job (for example, to collect money from loanee groups or to conduct monthly group meetings with female clients). Though she does not have any direct involvement with elderly people, she lives in the same village and spends a lot of time in the village households to do her professional duty. The third key-informant is a muazzin (who calls for prayer) of the village mosque. I wanted to interview the imam (leader of prayers) of the mosque. But he advised me to talk to his assistant as he came to the village only a few weeks previously. He thought
he did not have enough knowledge about the village. I, then, interviewed the seventy-years-old *muazzin* of the Baitur-Rahman Mosque. Another key-informant was the general secretary of an indigenous organisation called Saimum Pathagar. This organisation is located in the village and by name it is a library. But its activities include some other voluntary activities including motivating people to attend Village Health Post (VHP) run by CCHP, or immunisation session. Having regular contacts with the community, he knows the overall situation including the conditions of old people.

The selection of the fifth key-informant was a fortunate accident. When we were talking to one female informant in a house, one lady of about 40 came and tried to tell us something in Chittagonean dialect. My interpreter tried to refrain her from talking. She stopped for a while but did not leave the place. After a few minutes, she again interrupted us. Then I stopped interviewing and requested her not to interrupt us. She, then, said that she knew many things about the old women I was interviewing. I told her that I would talk to her later and requested her not to interfere. She left for her house which was not far from the place we were working. After finishing the interview, we went to her house and started talking to her informally. After a few minutes I realised that she really observed the problems of elderly care with great sympathy and was eager to tell us her experiences. Then I decided to interview her as a key-informant. She gave me valuable information about the situation of poor elderly females, especially on how elderly females are the victims of conflicts between daughters- and mothers-in-law.

In addition to the key-informants, I talked to a few NGO officials at Chakaria, such as: the programme managers of the local office of BRAC, Proshika, Gono Gobhsona o Unnayan Foundation (GGUF) and the Social Assistance and Rehabilitation for the Physically Vulnerable (SARVP). They provided me information regarding the activities of their organisation on elderly care in the area, and their views and future plans regarding the problem. I also talked to the programme managers of BRAC and Proshika headquarters at Dhaka. And last but not least, I talked to some government officials at the Ministry of Social Welfare too.

- Group discussion
Initially I had planned to organise one or two Focus Group Discussions (FGD), but that proved impossible. Gathering an adequate number of elderly people at a set place and time was not possible. Many elderly had time but matching with others was the problem. In addition, we would have had to move them to a place suitable to all of them. Finding such a place was also a problem. After facing these problems, I tried to arrange any informal group discussions with 2/3 elderly persons. I looked for any opportunity to talk to more than one elderly men or women together. I got two opportunities to do so with males in a tea-stall.

Informal discussions are used as an additional tool for data collection. After a few days I learned about a place where old men gather and gossip. Teashops are most often used for old men’s gossiping. They drink tea, smoke cigarettes and gossip for a long time during the time between breakfast and *johorer namaj* (mid day prayer). I had tea with them and had discussions inside a teashop about their problems and needs regarding care. The settings were fully informal and the atmosphere was conducive to discussion. Group discussions provided the opportunity to crosscheck the information obtained by other techniques and group notions were explored as well.

Before going to the field I had intended to employ a research assistant to help me in FGD or group discussions. But in reality I did not do that. I conducted the group discussions at the last stage of the fieldwork. By that time my command on the local dialect had improved and I could run the discussion. I led the questions and discussions on the spot whenever I found the opportunity. My interpreter was not always with me and I had no time to contact him in this situation either.

- (Participant) observation

There was not much scope for participant observation. I observed the activities of the elderly in poor households much as possible. Attempts were also made to observe the behaviour of other household members to the elderly. But due to the limited time I did not allocate separate times for participant observation. Observation took place throughout the entire fieldwork period. This technique helped me to better contextualise information obtained by other methods.
Study population and sampling

Poor households of a village were the units of the study. The study population were elderly men and women aged 60 years and more. The village is situated in Chakaria upazela (sub-district) of Cox’s Bazar district in the South-eastern part of Bangladesh. As the study population is the elderly members of poor households, homogeneous sampling method was followed. But since there are differences among the poor elderly in relation to age, and gender, I selected informants maintaining these strata within the group. As all inhabitants of the village are Muslims, I could not select any informant from other religions. The sampling was a combination of homogeneous and stratified purposeful sampling.

To define a poor household, I followed the approach of categorisation used by Van Schendel (1981). He divided peasant households of his study areas in Bangladesh into 4 categories. These are: A. Households unable to provide for themselves for last twelve months at a very low standard of living, they may regularly starve; B. Households just managing to provide for themselves for last twelve months at a very low standard of living; C. Households able to provide for themselves for last twelve months at a moderate standard of living, and even from one to three months in excess of that; and D. Households able to provide for themselves for last twelve months at a comfortable standard of living, and for more than three months in excess (Van Schendel 1981:90-91). Category A is the study units of the proposed study.

To detect the category of extreme poor households, I took help from the baseline data of CCHP. CCHP has a list of households that receive jakat (alms given by the rich Muslims to the poor) and fitra (alms given on the Id-ul-Fitr day – festival following the month of Ramadan) on a regular basis and these households are categorised as extremely poor. But I did not fully rely on the baseline data. At the beginning of the fieldwork, I asked key-informants to locate some of the extreme poor households of the village. We sat together and made a list. Then I cross-checked our list with the list of CCHP. Households placed in the both lists were selected as the study units.

Eight elderly women and 8 elderly men were interviewed as core informants. Five key informants and few NGO and government officials were interviewed as stated earlier.
**Data processing**

Data processing table

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Variables/Factors</th>
<th>Sources of data</th>
</tr>
</thead>
</table>
| Describe the problems of care and needs of the elderly. | - demographic variables  
- household structure  
- household income  
- children’s occupation and migration  
- presence of spouse  
- health condition  
- *emic* perception of elderly care  
- family conflicts and village factions  
- Govt. and NGO activities for elderly care | In-depth interview and group discussion with the elderly, and key-informant interview. |
| Identify the main care givers (who help them, what and how). | - number and gender of children  
- income  
- living arrangement  
- daughter-in-laws  
- access to relatives  
- children’s mobility  
- relations between elderly and other family members  
- existing health facilities  
- Govt. and NGO activities for elderly care | In-depth interview  
Group discussion  
Observation  
Interview with NGO personnel |
| Describe the activities of the government, NOGs and other | - policies of the NGOs  
- nature of NGO target groups  
- composition of loanee groups  
- government elderly pension | In-depth interview  
Key-informant interview with the government and |
organisations. | scheme | NGO personnel.

I analysed data by looking for trends, similarities and also variations. Similar findings were illustrated through matrices, diagrams and flow charts before I started writing the report.

**Pre-test**

Before starting the data collection, I undertook a pre-test in the same village. The pre-test was designed in such a way to help check for any weaknesses and/or any inappropriateness of tools and logistics of data collection before starting the actual fieldwork. This helped to guard me against the possible biases that could prevent me from meeting the objectives of the study. I made some necessary adjustments on the instruments and procedures of the study on the basis of the result of the pre-test. Considering the time constraints, one day was spent for pre-testing.

**Ethical concerns**

I received verbal consent from each informant. The interpreter and I explained the aim and purpose of the research to each and every informant and asked for their initial responses and comments. Clear information about what kind of facts would be sought was given to the informants by us before interviewing them. Confidentiality and anonymity were assured. I did not use any actual names in this report. Tapes and field-notes were numbered and coded with no personal identifying information in sight. The interviews were conducted with as much privacy as possible. I tried my best to show and maintain full respect to the local beliefs, values and norms. As my assistant was a man from the study village, he was able to guide me well in this respect.

**Possible limitations of the study**

Traditionally anthropologists like to stay for a long time in the field. Long-term stay can provide an anthropologist with the opportunities to go to in depth of a problem. A social problem is not isolated from other aspects of the society. A human society is an integrated whole with different phenomena having interaction with each other. In a complex society, one socio-cultural phenomenon continuously interacts with others.
Other phenomena contribute to the specific shape and characteristics of a particular element of a society. To understand a social problem, it is necessary to understand all other contributing factors and the interactions between the problems and those factors. For proper understanding, we have to understand a social problem in its greater context. But the human capacity to understand an environment is not unlimited. We need time to grasp the complex and interrelated socio-cultural realities. The present study lacks adequate time to deeply understand all aspects of the problem. I continuously felt that if I had had more time I could have gained a more accurate picture of the reality in greater detail.

But, on the other hand, these days anthropology is often directed towards applied matters. Anthropologists, now more often than before are interested in solving problems. To do applied research anthropologists engage in short-term research or rapid assessment studies. From that angle, doing a qualitative study in a short time like this could be a good experience to meet today’s more pragmatic requirements.

As is well known, the economy of Bangladesh is mainly agricultural-based; also the economy of Chakaria depends on agriculture. Economic activity differs according to the seasons of the year – harvesting and non-harvesting. The life-style of the people of the area also differs in hot, rainy and winter seasons. I stayed in the field only during a part of the early rainy season. So I missed observing many seasonal variations of peoples’ behaviour. I could have observed more events in the lives of the villagers if I could stay the entire year. To minimise this limitation, I asked the informants about the seasonal variation in the situation of the elderly.

The Chittagonean dialect is difficult for me to speak. In a few cases I was not able to fully understand the dialect of elderly informants, especially of females. May be women speak the local dialect more exclusively because of their lesser mobility and exposure to non-Chittagonean outsiders. My inability to speak the local dialect led me to use an interpreter. I thought that the use of interpreter might reduce the communication between the informants and me. To overcome this shortcoming, I gave the interpreter an orientation about how to interpret before we went to the field. The way he (the interpreter) speaks the local dialect was not difficult for me to understand since he speaks slower than the elderly. I always tried to understand his interpretations to check whether he was making any major mistakes. If I detected any inconsistencies, I brought it to his notice and asked the question again.
A few informants were contacted by Shafiq (the interpreter). His involvement with CCHP is known to many of the local people. CCHP is known as an organisation funded with foreign aid to provide health services to the people. Many visitors from CCHP are doctors. I was also considered a visitor and went to the village with Shafiq most of the time. This could have given me the image of a doctor. I think this kind of image can result in some biases. The informants could, for example, over-report about their health problems. I was aware of this possible bias and tried to make clear about my position, aim and purpose to the informants. I do not know how much I succeeded, but it is possible that my association with CCHP resulted in some biases.

Another limitation was the age gap between the informants and us (the interpreter and me). Both of us were below 30. So there was a clear generation gap between the researcher and the informants. This gap could have had some influence in the exchange of information. Elderly informants might have found us very young and might not feel so friendly. We tried to make the atmosphere friendly, but we could obviously not take away completely the age gap between the informants and us. We probably would have minimised the problem if we could have done a series of interviews with each informant. Because of time constraints, I was not able to conduct follow-up interviews with all informants. Follow-up interviews with all informants could also have increased validity of data because follow-up interview gives more probing opportunities.

There was also no option to interview caregivers in this research. One of the main objectives of the study was to identify the communities that care for the elderly. Informants gave information about their caregivers and described the nature of care they received from them. But I did not talk to any caregivers themselves. This limitation might have produced some one-sided data because of a lack of cross checking.
CHAPTER THREE
Bangladesh and the village Shaharbil

Background on Bangladesh
Bangladesh, sized 144,000 square kilometres, is carved from a vast flood plain of 3 major river systems originating in the Himalayas. The annual population increase is 2.2%. The primary economy is agrarian, with 85% of the people living in rural areas. Bangladesh is prone to flooding, has a tropical monsoon climate, and is virtually surrounded by India, except for the Bay of Bengal on the South and a small border with Myanmar on the Southeast. Bangladesh became an independent nation in 1971. Before that the country was colonialised by the British for about 300 years and was under domination of Pakistan for 24 years.

The economy of the country is still agrarian, with 80% of production devoted to rice (APHD 1992). Current per capita income of Bangladesh is about 300 US dollars. This is one of the lowest figure in the world. According to income level, about 52% of Bangladesh’s rural population lived in absolute poverty in 1994 (Sen & Acharya 1997), about half being moderately poor and half being extremely poor. Extremely poor households in Bangladesh spend 7-10% of their income on health (Sen & Acharya 1997).

Bangladesh still depends upon foreign aid, which amounts to US $1.7 billion annually. The economic inequality is high both in rural and urban areas. The incidence of poverty varies considerably according to individual, household, and community circumstances. Jansen (1986) anticipated that 10 percent of the richest families would soon own more than half the land. In a study in rural areas, Rabeer (1990) found 42% landless households compared with 38.9% in 1979 in his study area. This estimate may exceed 60 % by 2000. High landlessness and a very low level of industrialisation create acute unemployment problem in rural areas.

Most of the inhabitants of the country are Muslim (85%), 12% are Hindu, and there are small Christian, Buddhist and tribal communities. The society is generally patriarchal. Traditional and religious norms create male dominance among the majority population of Bangladesh. Male domination is reflected in various fields including male/female discrepancy in literacy rates, property rights and in the presence of a widespread dowry system.
The village

I could not get access to any written document about the village. I depended on key-informants and oral histories for the information to write this section. Shaharbil is the largest of 23 villages in the union. The union is divided into 3 wards and it is situated in the middle of Chakaria upazela. The village was under Lakharchar union before 1992. The village was named after a Muslim saint – Hazrat Shah Omar. Hazrat Omar built his *astana* at Kakara – a village in the west of Chakaria long ago. Some his disciples came to this area to spread Islam. After his death the village was named as Shaher Gona which is now changed as Shaharbil. In some old government records the village is still named as Shaher Gona or Shaher bil.

Like many Bangladeshi villages, this village is also not an isolated one. It is surrounded by other villages. There are no geographical boundaries between them. All the villages look like one big cluster. People know the invisible boundaries of their village even though practically the only use of these boundaries is administrative.

I experienced some confusion about the actual boundary of the village. There is a gap between the administrative boundary and that practised by the villagers. In the government and CCHP documents all *paras* (sections of a village) are mentioned as separate villages. But villagers consider the whole ward (section of the union) as Shaharbil. According to the CCHP surveillance records, the village is divided in several *paras* having total population of 2805 in 451 households (CCHP 1999). This figure does not match the figure given by the villagers. According to the villagers Shaharbil has between six and seven thousand people. This is because people regard the whole ward as a single village and count the population together. They consider the three *paras* and other six villages as a single village and name it Shaharbil. I value the peoples’ definition about their own village. If I add the population of other three ‘villages’ recorded in the CCHP data system, the total population is 5784. This figure conforms with the villagers’ estimate.

According to the key-informants all inhabitants in the village are Muslims. They said that there are a few Hindu households in the next village and those are located in the bordering area between the two villages. They have interactions with the people of this village. Hindus live in a cluster. There are many *jolodash* households in that cluster. The word *jolodash* is used to refer to Hindu fishermen, Muslim fishermen are called *jele*.
The river Matamuhuri flows by the side of the village; it is a great source of fish for the villagers. Rainwater from the hilly areas comes through the river and overflows the low lands. The floods in this area are different from those in other parts of Bangladesh. As rains in the hilly area cause floods in this area, these do not last long – no more than 5 days. But almost every year, floods come several times. There were four floods last year (1999). Sometimes a cyclone causes a flood. Floods caused by cyclones are more damaging since they contain seawater. Paddy is the main crop. In dry season villagers grow mustard seeds and different kinds of vegetables, such as eggplant and radish. Though there is no sugar mill in this area, I saw many sugarcane fields during my fieldwork. They produce gur (unrefined molasses). My research assistant told me that most of the sugarcane is eaten raw by the villagers. It is also used as fodder for cattle. Villagers also produce salt from seawater. A few dairy and poultry farms also contribute to the income of the villagers. Most of them are owned by young self-employed men.

There is a large number of shrimp culture projects in the area. Many men of this village work in the shrimp projects. There are also few owners of shrimp projects in this village. They are very rich compared to other villagers. Ice is needed for the marketing of shrimp. There is no big industry in this village or nearby, except some ice factories. But this area is not far from the large industrial and port city of Chittagong. People move to Chittagong and Cox’s Bazar to work in industry. Most of those who work in industries leave their wives in the villages. They come home to their families once or twice in a month. Most of the people do not have permanent job. According to key-informants, the majority of male villagers are engaged in seasonal activities. Different seasons require different work. Day labourers are the largest occupational group. Working in the agricultural fields, catching fish in the shrimp culture projects, breaking stone for construction are among their jobs. Few people catch fish in the sea. I saw very few women working outside their compounds. A small number of women work on road construction and maintenance work run by an NGO.

There are three madrasas (educational institutes based on Islamic religious curriculum), one secondary school and two primary schools in the village. According to the informants, the male-female ratio of school children is more or less equal these days. School attendance by girls has increased as a result of food for education and
female scholarship programmes by the government. But there is a large discrepancy in male/female literacy rate among the older generation.

Unlike in other parts of the country, there are more students in madrasas than in regular schools. I think this is one of the signs of strong Islamic influence in the area. According to one key-informant the oldest madrasa of south Chittagong region is situated in this village.

The health facilities of the village are very limited and of poor quality. The major source of treatment is the medicine shop in the village. People go to the drug sellers with complaints. Drug sellers prescribe medicines. There are about 20 shops in the local market. Among them two are medicine shops. The salesmen of the drug shop are called doctor. The Upazela Health Complex (UHC) is about 8 kilometres from the village. Doctor’s consultation is free in UHC, but medicines are not. The reputation of this government hospital among the villagers is bad. There is one private hospital named Zom Zom Haspatal at the Upazela headquarters. It is organised by an Islamic NGO. Access to it is beyond imagination of the poor villagers as it is highly expensive. CCHP provides health services at a cheaper cost. One male and one female doctor come to Shaharbil once a week. They provide consultation and medicine at reduces rates. Sometimes MBBS private doctors come from the city and stay at Chakaria. They sit in the village for one week or so and see patients. People trust their treatment very much, but they are expensive. Other health providers are baidiya (folk healer), peer (spiritual healer) and Ruhinga women. Baidiyas practice herbal medicine and peers practice magico-religious healing. Ruhinga (Burmesian refugee of Ruhinga ethnic group) women come the to village for small trading. They are basically vendors, but also act as healers especially for tooth and eye problems. Many people treat them as vagabonds and cheaters, but some people also believe in their treatment. In my observation there are fewer traditional healers in this village as compared to other villages I have observed before. I was looking for a popular traditional healer but in this village I could not find any such healer who has many patients.

I found a pattern of feudal, agriculture-based, patron-client relationships in this area. Many poor landless families live in the living-compound of landlords. They build houses on the land of rich landlords and work for their patrons. They work on their patrons’ fields and get food. They do not get a salary or wages. Usually their
patrons do not allow them to work outside the village or in the field of other landlords. The clients usually work for their patrons generation after generation. However, a few informants of the study live as clients under the shelter of rich landlords.

The informants

The age range of the informants is from 60 to 85, but the majority of them are between 65 and 75. With the exception of two men, all males are currently married, two of them for the second time. All women are widows. Most of them do not have any land property, only three of them have homesteads. The rests are either sheltered by rich villagers/relatives or make their houses on the homesteads of others. The following table presents some basics statistics of each informant at a glance.

<table>
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<tr>
<th>Sl. No.</th>
<th>Fictitious names</th>
<th>Gender</th>
<th>Age</th>
<th>Marital status</th>
<th>Number of sons</th>
<th>Number of daughters</th>
<th>Land holding</th>
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<td>1</td>
<td>2</td>
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</tr>
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<td>Homestead</td>
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<td>Nil</td>
</tr>
<tr>
<td>M4</td>
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<td>71</td>
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<td>7</td>
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</tr>
<tr>
<td>M5</td>
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<tr>
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<td>85</td>
<td>married</td>
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<tr>
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<td>Akram</td>
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<td>70+</td>
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<tr>
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<td>2</td>
<td>Nil</td>
</tr>
<tr>
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<td>widow</td>
<td>3</td>
<td>3</td>
<td>Nil</td>
</tr>
<tr>
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<td>1</td>
<td>Nil</td>
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<tr>
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<td>Shahida</td>
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<td>70</td>
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<td>2</td>
<td>3</td>
<td>Nil</td>
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<tr>
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<td>65+</td>
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<td>3</td>
<td>2</td>
<td>Nil</td>
</tr>
<tr>
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<td>65+</td>
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<td>2</td>
<td>0</td>
<td>Homestead</td>
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</tbody>
</table>

1 Many of the informants could not specify their age. They gave approximate figures.
<table>
<thead>
<tr>
<th>Number</th>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Marital Status</th>
<th>Children</th>
<th>Living Status</th>
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</table>
CHAPTER FOUR
The problems of the elderly

It is part of the natural course of events that in old age people will have more physical and other problems than when they were younger. In a country like Bangladesh with low nutrition status, people have more health problems than in wealthier regions. A study done by Bangladesh Rural Advancement Committee (BRAC) and ICDDR,B found that the prevalence of severe chronic energy deficiency (CED) among the elderly (55+) samples in the rural Matlab area was 35 percent. Eighty percent of the elderly samples suffered from some degree of CED (Rasheed et al. 1997). Apart from health problems, elderly people in rural Bangladesh have other problems associated with the quality of care. In this chapter I shall describe and discuss the problems reported by the informants.

Common health problems
I asked the informants about their most common health problems. The queries included general illness, and other issues that they perceived as the problems of old age. Very often they did not separate the two kinds of problems. They relate most of the problems to their old age. I became old, so it is normal to have illnesses and problems in my body – this kind of remark was common before reporting specific problems.

The problem of weakness was mentioned by all the elderly informants. Most of them mentioned it first. Rodbol heromba, shorir durbol, durbolaota – these are the words used most often for weakness. Many times there is no single word used to refer to physical weakness. Some informants express the problem by mentioning some symptoms rather than using terms. The expressions were: 1. hands and legs can not move, 2. hands and legs becomes senseless, 3. I see dark by my eyes, 4. body becomes senseless, 5. there is no strength in my body, and 6. I can not walk and move.

The majority perceived the cause of their weakness to be old age itself. Informants think that the old body decays by itself so it is normal for an old person to have less physical strength. Some of them also relate it to insufficient food intake as a result of poverty. They think, due to poverty, they cannot eat enough food and less
food makes them weak. Some informants think that childhood and old age is similar in terms of physical state. Maleq a male informant aged 75 said,

*If you grow old like me you are like a baby. Your body needs more care, you have to eat more, you have to take rest, you can not run, you can not work in the field. You are dependent on others because your body has become weak like a baby. To keep your body well you have to eat good food like fruits. I am a poor man; I can’t afford good food. So my body became weak.*

Vitaminer obhab (lack of vitamins) is another perceived cause of physical weakness of the elderly. According to some of the informants, rich foods contain vitamins. Vitamins increase the physical strength. In response to my question about what kind of food contains vitamins, one female informant named meat, chicken, *magur machh* (cat-fish), *polao* (fried-rice), and milk. She thinks that because she can not afford all these vitamine-rich foods, her body has become weak.

Dizziness is another health problem mentioned by the informants which is again related to weakness. Dizziness is also reported to be related to lack of blood in the body. Several informants mentioned that the blood is the source of energy. According ot Siraj, an old body has old blood, so his body can not be strong.

The second major health problem is the problem of *peter someshya* (stomach problems). Many problems are related to *peter someshya*. Informants group all kind of stomach and digestion-related-problems in this category. Other terms used to refer to this sort of problems are: *pfet hamri*, and *peter beram*. According to a key-informant from a local voluntary social welfare organisation, peptic ulcer is the most common problem among poor elderly. He has some training from CCHP in health management. He said, excessive use of chilli, chewing tobacco with *pan* (betel leaf) and excessive use of *biri* (cigarette made of unrefined tobacco, usually locally made but also smuggled from Mayanmar) cause much peptic ulcers in the elderly males in this area. Diarrhoea is another most commonly reported health problem in this category. The very common term used for diarrhoea is *ga lagani*. Many of elderly informants said that *ga lagani* is caused because of the decreased *hosmi shokti* (digestion power) of an old body. Old bodies have less strength due to the natural decay in the body. So many of them think that *ga lagani* is natural for the elderly.
They think that an old body can not ‘cook’ all the food and because of indigestion diarrhoea occurs to them.

Body pain is another common health problem reported by both elderly informants and key informants. Body pain includes back-aches, pain in shoulder, pain in knees and joints and muscle pain in the arm and legs. Those who work outside reported this problem more than those who do not work outside or in the field. Females suffer more from body pain than males. Eyesight problems were reported by all elderly informants. Some of them were not able to see me clearly during interview. Some of them also reported hearing problem and asthma or difficult breathing. Because of the hearing problem of the informants, the interpreter and me very often had to speak loudly. I did not interview any paralysed patients, but key informants mentioned paralyses as one of the health problems of the elderly. Other health problems reported were cough and fever.

Several informants reported the problem of sleeplessness. Such sleeplessness is not always perceived as an illness. Some of them that sleeplessness occurs due to the hot and humid weather that is part of rainy and summer seasons. A few informants, however, consider sleeplessness as an illness. They felt that they suffered from this problem because of weakness. According to one female informant, her head becomes hot at night and therefore she could not sleep well. Rahim, said that he could not sleep because of frustration. He is relatively younger than other informants. He has no adult son in his family. He has to work to feed all the family members. He said that it is not normal for a person of over 60 to work in the field. But he has to work as he has no chhawal poya (son) who can work to maintain the family. He does not own any land. He works as a share-cropper. He said that he always had to think always about his family. He thinks that because of dushchinta (anxiety) he can not sleep well during the night.

There are some other problems that are not directly illness but are related to the combination of old age and health. Poverty is associated with many of these problems. Many of there problems worsen or take their specific shape from poverty. If the informants would be economically better off, they believe, many of these problems could be solved or be managed better.

The eldest among the informants reported the problem of mobility. None of the informants are handicapped in a true sense of the term, but three males and two
females walk with a stick. They can not move or walk freely. They can only walk slowly inside the bari (the compound where households are situated). To go outside the bari they need help from others. To go to the toilet they need others to assist as well. Usually, the toilet is placed in one corner of the bari in Chakaria. I found that the majority of bars have sanitary or semi-sanitary toilets (toilets which are not truly modern but closer to it; faeces are kept covered with a cement-made dais). The public Health Engineering Department of the government and the NGOs are working on sanitation in this area. But still there are some bars with non-sanitary traditional latrines. Non-sanitary latrines are more common in poor households. These are traditional hanging toilets (made in an open place with a platform placed on bamboo pillars). An old person needs to walk trough the courtyard and sit in very narrow hanging place to use a latrine in many poor households. So using the toilet is a big problem for the very old informants. Grandchildren, especially the grand-daughters, are needed to help them go to the toilet and for mobility. Siraj is an extreme example of a sufferer of this problem. He said that he needed help from others each time he go to the toilet. The problem becomes especially serious at night and in bad weather like heavy rain and during floods. Many times he does not eat at night because of the fear of having to go to the toilet late at night. He said:

I do not eat at night. If I eat I shall need to go to toilet after a while. My digestion power is very low. I can’t digest even simple rice properly. If I eat I need the toilet. The more I eat the more I need the toilet. I need others help to go to the toilet. During daytime they help me if I ask. But at night they are not available. They don’t like to go out with me at night. My grandchildren do not sleep in the same house with me. I can’t wake them at midnight either. So because of the fear of going to toilet I don’t eat at night. I starve. I eat once a day. (– Siraj).

He also told me that his daughter-in-law uses much chilli and turmeric in the food. Excessive chilli and turmeric cause his indigestion. So he also eats much less because of the fear of frequent toilet use. He also faces a problem of going to the mosque to pray. He said he used to say his prayer (namaz) at the mosque five times a day; but for about two years now he could not go to the mosque everyday. The mosque is about 200 meters from his house. He can not walk that far. For this reason, he gave up prayer at the mosque everyday. Since that time he tries to attend the zumma prayer
every Friday. If he is sick, he can not attend the special Friday prayer. If his health is normal then neighbouring younger (but still elderly) man takes him to the mosque on the special day to attend *zumma* prayers.

Because of physical weaknesses elderly informants have problem with bathing and washing. Usually males and children take their baths in ponds. There are a number of ponds in the village. Many of them are in use for fish cultivation/culture and are not open for people to use for washing and bathing. People have to walk a while to find a pond suitable and open for bathing. So old people who have difficulties in walking can not use village ponds for bathing. Many of the ponds do not have *paka ghat* (brick-built or stone-built landing-stairs on the bank of a pond). The banks of the ponds without *paka ghat* are very slippery and impossible for older persons to use. People also use the river Matamuhuri for bathing but the river is not too close to the village – about 2 kilometres away. So it is impossible for many elderly people to go to the river to take bath. None of the informants goes to the river to take bath. The majority of the *baris* of the village have hand-pumps; extremely poor households do not. Only two informants have this facility in their *baris*. Informants having a hand-pump in the *bari* do not have much problem with bathing. If somebody collects some water from the pump an elderly person can take bath.

Informants having no hand-pump in the *bari* have to collect bath-water from outside the *bari*. As they are not strong enough, somebody has to collect water for them. They have to depend on others for bathing. Usually a granddaughter does this work, but not every elderly has a granddaughter willing to provide this service for the grandparents. Only one informant said that he has no problem with bathing. All of his sons are living in the same *bari*. He has three daughters-in-law and several granddaughters. He said his youngest daughter-in-law pumps water for him. He thinks that he is lucky that he has a hand-pump in his *bari*.

Another problem of bathing for the elderly occurs during the winter season. In winter, elderly people need hot water. Winter season in Bangladesh is not very cold. The temperature does not go below 15 degree Celsius and the entire winter season does not last more than 3 months. But informants reported having a bathing problem during winter due to cold. Several informants said that they did not bathe every day in winter. One informant mentioned that he takes a bath not more than twice per week during the winter as he frequently has fever. If he is feverish he does bathe. During
winter he needs hot water for his bath. Somebody has to heat the water for him. He has to wait until one of his granddaughters or his wife does it for him. Only if they are kind enough to him, can he take bath. In order to make hot water, they need the oven that is used for cooking. The oven is not always free for him. For this reason, he said, he could not take bath whenever he wants especially during winter season.

Cleaning is another problem. Five female and two male informants said that they used to wash their clothes themselves. Another informant depends on others to wash/clean his clothes. Siraj expressed his experience of having problems with laundry as follows,

If I need to have my ‘panjabi’ (most commonly used male dress for the upper part of the body in the rural area. Old males like to wear this dress) and ‘lungi’ (traditional male dress for the lower part) washed, I have to give them to my daughter-in-law and wait. She has eight or nine children and other household chores. So she cleans for me after having all of her other work done. If I give it her at 8 o’clock in the morning, she cleans them at two in the afternoon.

Female informants said that they tried to wash their clothes themselves. Two informants who can not wash their clothes said that now they could not do this work. If they wash them they are not cleaned properly. One of them depends on her grand daughter-in-law (natin bou) and the other informant is dependent on a neighbouring distant female relative for the cleaning of her clothing. All other female informants are too weak to clean their clothes. All of them used to wash almost all the clothes of their households when they were younger. Male informants said that they did not usually wash their clothes when they were younger. One informant said that, when he was younger, he was able to wash his own clothes and he also had people around him. Now he lost this ability and the helping hands have also reduced. He said when he did not need helping people, he had many people around him; but now he needs other’s help and there is nobody to help him. He said that he needed a clean punjabi for zumma prayer. He has one punjabi but many times he has to attend zumma prayer in dirty dress. He also said that if he had the physical ability, he would clean once in a week and attend zumma with clean punjabi.
**Economic problems**

None of the informants has any land property. Many of them do not have any *vita* (a plot of land to build house). They live in the *bari* compound of rich villagers. Rich villagers give them shelter in their *baris*. All of them built houses in the homesteads of their respective rich patrons or relatives.

When I asked the informants to tell about their problem almost all of them mentioned their economic problem first. Many times I had to stop the informant and probe for health and other problems. Shahida aged 70 could be an example of economic hardship of the informants. She reported various economic problems of her life. She said,

*My main problem is the problem of rice. I have two sons. One of them is crippled. The younger one can work. I do not have any land. I have only the ‘vita’. We all sleep in a single house. My eldest son is married. He has three children and wife. We separated the house with a fence. The larger part is taken by him. My younger son and I live in the other part. ... My younger son does not have a permanent job. He does whatever he can. Usually he catches fish from the river or canals. If he gets some fish he sells them to the market and gets some money. But fish is not always available now-a-days. Yesterday he went fishing, but did not catch any fish. I had to borrow rice from a neighbour this morning. If he can catch a kilo fish, he can sell it for 20-30 Taka. But because of the scarcity of fish he can barely catch half a kilo per day. Sometimes he does not get any. He is the only earning person (in my family). We have to buy rice with this money. We have to buy medicines with this money. I can’t manage with this amount of money. ...The last two days of rain destroyed the house. The roof is leaking. Water drips from everywhere. I need some straw to repair the roof but where is the money to buy it? ... I have asthma. I need medicine for that. But where is the money to buy medicine?*

Shahida at least has one son to earn for her. She has at least one person to rely upon. But many do not have any one. They have to earn for themselves. They can not work due to old age and other physical problems. But some of them have to work for themselves. One female informant of about 65 said,
I have to collect my food. I am a woman. I can’t go to the market or field to work. I work in other peoples’ house. They do not give money (in cash). They give me rice to eat. Sometimes they give me old clothes. I have to manage in this way. I can’t do hard work. So I can’t earn sufficiently. I can only do small chores. I mop the floor, clean the dishes. They give me some food in exchange for my work.

As in the case of Shahida, elderly females usually do not get their wages in cash. They can do small chores and get small wages in kind. So they do not have enough cash on hand. But the rural economy of the country, with its barter traditions, is switching over to a cash economy. Many village households have to buy many things including rice. Landless families do not even have any agricultural products of their own. The extreme poor collect food by begging. None of our informants begs directly. But one of the main sources of living for them is donation from others. People who donate also like to donate in kind. But even though informants are very poor, they need cash money to buy some necessary things. Habiba, an elderly female of about 65, said that she has to buy everything except water. Two of her sons work as ailla (a worker who lives in the employer’s house and does all kinds of jobs an agricultural family needs). There is a sort of feudal relationship between an ailla and his employer. Usually males work as ailla. He does not get any wage in cash. The employer gives him a house to live in or permission to build a house in employer’s bari. But these days nowadays some aillas get little salary also. Sometimes an ailla lives with his family in the employer’s bari. In that case the whole family of the ailla work for the client’s family. The jobs of an ailla include grazing cattle and all sorts of agricultural work as well as baby-sitting, shopping, gardening, fishing etc. They live in the next Upazela. Two of her daughters are married. One of them lives in her bari with her ghor jamai (a person who lives in his parents-in-law’s house). But her ghor jamai is very sick and his wife (her daughter) is always busy with him. So Habiba is basically living alone. She said she did not need much cash-money. But sometimes she needs cash money for incidental needs. She needs money for treatment. She said,

I do not know when I will get sick. If I am sick, I need money. Nobody will donate medicine. If I go to the ‘Chiringa Hospital’ (the public hospital at
Habiba shows us that when very poor villagers need cash money for some purposes, they do not have it. So in case of emergencies they have to borrow money from others as she borrowed fifty Taka two days before the interview took place. She needed that money because her condition of asthma was deteriorating and she had to go to Chiringa hospital.

One of the main sources of income for female informants are: *jakat*, *fetra*, and *kurbanir chamrar taka* (the skin of the animal slaughtered during Eid-ul-Azha festival are sold and the money is distributed among the extremely poor people). But these donations are not available throughout the whole year. *Jakat* has no particular time to be distributed; but in Shaharbil (in many other villages as well), rich people distribute *jakat* after the harvest. Many rich families distribute *jakat* also during Eid-ul-Azha. Therefore, many informants reported that their situation improves during these two seasons. But all the other months of the year they have a hard time. These two Eids are observed in two and a half month period. The remainder of the year does not offer any occasions to distribute ritualistic donations. So the economic situation of the aged who have no self-earning source is hard and difficult.

**Negligence and loneliness**

With one exception, all male informants reported some sort of negligence and avoidance by other family members. Female informants also complained of being neglected but their complaints were less severe than those of the males. Females having a daughter-in-law feel more neglected than those who do not have a daughter-in-law. Females who have an unmarried son are less neglected. It also seems that the elderly males are more neglected by unmarried sons than females. The only male who did not report any negligence by family members has no adult son. Negligence was evident in various forms such as: (1) avoidance by children (2) disrespect (3) sons giving more priority to their wives, and (4) having decreased power to handling money.

Avoidance takes place both physically and in decision-making. Six male informants have their wives. Poor households are also small in size. Widowers do not have persons to give them company. All other younger members of the family are
busy with their jobs. Members of poor households have to look their living. As there is huge unemployment in the rural areas, adults have to be out of house to seek work. Scarce employment takes the family members out of the home. Moreover unemployed adult males do not spend time at home. It was found that elderly males usually stay alone all the day. The only exception is those who are still working. Only one informant of about 60 said that he is busy all the day, so he does not think that others avoid him. He said that he spent most of the day outside the home. Many other male informants spend their time at home. Informants who spend their time at home have more expectation from others to give them attention. But their expectations are not fulfilled by their children, children-in-law and grand children. One informant said,

_No body comes to the house where I live. I go to my eldest son’s house to eat and after eating I come and lie down on my bed. Whenever I feel hungry I have to go to his house to eat. Nobody brings food to me. No body comes to my room. There is a ‘Cherag’ (kerosene-lamp) in my room. Sometimes they put it on, but usually I fire the ‘cherag’ by myself. There is a ‘chilomhi’ (a special kind of pot used for hand washing or to keep spittle, vomit etc. of patient) beside my bed. I urinate in it at night and clean it in the (next) morning._ (– Siraj).

It is evident from his statement that he is avoided by the other members of the household. I asked why he does not call anybody to help him or spent sometime with him. He then replied that he did not call any body because he knew that nobody would listen to him. He said, “Every body is busy with his own business. I am not part of their business. I fall out of their attention.”

Following Ginn and Arber (1995) Kabir and her colleagues state that the invisibility of the elderly population is reflected in the situation in most low income countries (Kabir et al. 1998). They blame the lack of research on the elderly population as the cause for invisibility of the elderly. My observations revealed that even in their own households elderly members are invisible to some extent. As the above-mentioned informant said, he had been living in the house of his eldest son when he had a severe cough during night, after which he was moved to another dilapidated. He lives there alone. He thinks that his son moved him because of his night-time coughing. From the example of this elderly informant, it can be seen seems
that the younger family members often try to make the elderly members even actually invisible. I have only one example of this kind, but it could be true in many other poor households.

Disrespect also reflects the negligence to the elderly. Elderly persons expect respect from other younger family members. The traditional values allow elderly members to command respect and honour from the younger members. Only one’s age is a criterion for receiving respect by a person. Males in Bangladeshi society expect to receive such respect from the younger members of their family or society. At old age they also expect the same behaviour from others. But an old person may not be so important to younger people and they may not show respect in keeping with the expectations of the elderly. Almost all male and many female informants ‘complained’ that the youngsters do not give them salam (wishing an older person well as a sign of respect). Though salam is the formal Islamic way of greeting, it is also a way of showing respect to older persons. If an elderly person does not get salam from a younger one he or she knows, it could result in feeling of neglect. Many of the informants think that they are neglected, as many younger do not give them salam when they meet each other.

In addition to physical avoidance, removal from the family decision making process is also seen as a reflection of negligence by the elderly. Elderly informants think that as they have become older, their children, especially sons, do not give them importance. Both male and female informants complained about their sons. Many of the elderly males, who have no independent income now, depend on their sons. Their sons are now used to spend money and take their own decisions. They do not ask their fathers to give any advice. Elderly males in this situation feel avoided by their sons. Several informants blamed the societal change for this.

Nobody consults me about anything. The society has become bad. All are spoiled people around. All are immoral activities. Now old men and women are not necessary. They (the younger generation) don’t need any murubbi (guardian). Young people are doing whatever they want. In the past young people always sought advice from their guardians, but now they don’t need to hear about the experiences of their elders.
These kind of remarks from one male informants shows that many of them are not satisfied with their young successors.

Few female informants mentioned that their sons give more priority to their wives and that makes them feel neglected. Two kinds of reactions by female informants were found. Several informants blamed their daughters-in-law and others blamed their sons. The general trend, nowadays, of the family in this area is that a son separates from the parents’ family within few months of his marriage. According to the key informants this trend is more prevalent among poor families. After building a new family with his wife a son does not pay attention to his mother as before. Many times mothers expect more attention. If this expectation is not fulfilled, they blame either the son or the daughter-in-law.

After being separated from his parents’ family, many sons become busy with their wives and their new families. In this situation an elderly mother has to cook for herself. Three female informants cook for themselves. Two of the three informants have to cook even though their sons and daughters-in-law live just in the other part of the same house. Only one female informant said that she did not have to cook. She lives with her grandchild. The wife of her grandchild cooks for her. But other informants have to cook at least every once in a while. Those who have to cook said that they did not like cooking at this age. They think that somebody else should cook for them. If there is daughter-in-law, she should cook for her mother-in-law – this is the popular and traditional norm and elderly people expect it. When this expectation is not fulfilled an elderly woman complains about her daughter-in-law. In the majority of the cases, the daughter-in-law is blamed, that she is not doing her duty. Sometimes a son is also blamed that he can not ‘control’ his wife. One informant said, “I think it is my son who is to blame. A man should know how to manage his wife. But my son acts according to his wife’s will. If he was strong, his wife would not neglect me.”

Female informants complained more about the daughter-in-law than their male peers. Maybe this is one of the consequences of the conflict based on the control over household management. Before the marriage of her son the mother has the control over kitchen and some other household affairs. When the eldest son marries the daughter-in-law comes to take the authority from the mother-in-law. The daughter-in-law naturally wants to be important day-by-day and the mother-in-law tries to hold on to her importance. In this situation the mother-in-law could be over-sensitive to
daughter-in-law’s behaviour and therefore could complain more. The same thing could happen to the daughter-in-law. Further research on inter-generational relations can explore this problem.

Negligence, avoidance, disrespect and showing insufficient importance create frustration among elderly informants. Sometimes more expectation from children enhances the frustration. *Bura hoi gechhi* – (I became old, so what can I tell) – this kind of remark was common. It seems that the poor elderly are bored. Boredom of life is reflected also in the following statement by one of the elderly male informants,

> All the day I lie down on the bed. I feel pain in my back because of continuous lying down. If I feel very bad I go to the shop and gossip for a while with another old man. But I can’t stay for long. I feel tired. There is nothing much to gossip about either. I come back and lie down on my back again. How to spent time! How can old men like me pass the time? Now I am only waiting to die with 'iman' (the faith in God). (– Maleq).

In summary, physical weakness is the most commonly reported health problem of poor elderly which they very often consider a consequence of insufficient food intake. Due to poverty they can not take food with rich nutritious value and they think that it causes their physical weakness. Some of them also consider weakness a natural state of old age. Among the other health problems, diarrhoea, indigestion, dizziness, body pain, fever, lack of eyesight, short of hearing and asthma are common. Beside economic dependence, their physical condition leads them to physically dependent on the others. The physical condition of the elderly often depends on the seasons. Economic problems of the elderly poor are severe. Informants mentioned the economic problem as the most important problem of life and many of them blamed economic problems be the cause of their health problems. Diminished importance in the family and poor participation in decision-making make many poor elderly feel neglected and avoided by the younger generation. Some of them feel lonely due to the lack of company by the other family members.
CHAPTER FIVE
The supporting communities

NGO support for the elderly is totally absent in Shaharbil. With very little government support and no other organisational support the villagers have created their own support system. The poor elderly are assisted by their own households and also from people outside the household. Spouses, children, neighbours, rich villagers, relatives, daughter and son-in-law, in-laws and the government – these are the supporting communities mentioned by the informants and the key informants. Two broad kinds of support are received by the poor elderly of the village from their supporting communities – financial support and non-financial support. The financial support covers food, donation and lending money, clothes, and all other kinds of supports that could be bought directly from the market. Non-financial support covers all other service-related assistance. I shall discuss below the findings on the available help to the elderly poor from different groups.

Spouses
None of the female informants has husband alive and of the eight male informants six have wives. This means that in the sample the prevalence of widows is higher than that of widowers. Though it is not a scientifically statistical sample, this figure was a bit surprising to me. According to the available statistical data the average life expectancy of men and women respectively are 57.8 and 56.6 years (BBS 1994). Because of the favourable life expectancy of men one should expect more males in the sample. Based on the BBS statistics the “feminisation of later life” [the predominance of women in the population of 65 years and older in the Western world (Arber 1996)] should not be a phenomenon of Bangladesh. In fact ‘the feminisation of later life’ does not exist in Bangladesh. Nonetheless in the sample of this study, widows outnumbered their male peers. This is the result of the age gap between husbands and wives in Bangladesh. Men usually prefer to marry younger women in Bangladesh. In rural areas, the age gap between bride and groom is particularly high. Ellickson (1998:45) reveals that men tend to marry women five to fifteen years younger than themselves. Because of the higher age gap between husband and wife, wives often outlive their husbands despite the higher life expectancy at birth for men. Accordingly
there are more widows, especially in rural areas. It is this reality that is reflected in the sample of this study.

All the six wives of the male informants are much younger than their husbands. Wives were found the most important caregivers of the informants having wives. I asked a specific question to each informant about the most important caregiver. All of the informants having wives mentioned their wives as the most important caregivers.

Obviously, because of the age gap at the outset of marriage, elderly wives are much younger than their husbands. The average age of the male informants is around sixty-five. They married about 40-50 years ago. It can be assumed that at that period the age gap between bride and groom was even higher than present day. Moreover two of the male informants married second time after the death of their first wives. As a result of their younger ages, wives can work better and are physically stronger than their husbands. They can nurse their husbands. Moreover, they have not only physical strength but also social obligation to nurse their husband. I did not interview any wives of informants. But as a member of Bangladeshi society I know that the major religions (both Hindu and Islam) and traditional values teach Bangladesh women to ‘serve’ their husbands as a primary duty. According to the traditional notions, one of the prerequisites for a blessing in heaven for a wife is that she has satisfied her husband in this life. Though some changes are happening in male-female relations, the traditional notion about wife’s duty to husband is still deeply rooted especially in the rural areas. One female key informant having eight years of schooling thinks that because of the NGO activities and other social changes women’s mobility may have changed, but husband-wife relations are still traditional in the village. The traditional values about the duty to husband certainly have influence on care practices of wives. Male informants have this advantage. Male informants having wives have persons who consider it their duty to provide care for them.

Relatives and others also nurse the elderly males, but it is not unusual that they would consider same work wives do as disgusting. Fragile elderly need much care that is disgusting to others – cleaning faeces, cleaning dirty cloths used by them etc. Wives of the informants do this kind of ‘disgusting’ work for their husbands. One very old informant aged 71 said,
In the outside, my sons or nephews can look after me. If I become suddenly ill in the mosque or in the teashop where I gossip, or if I fall down on the street while walking – my sons, my nephews or other neighbour will help me. They may do many things for me during these bad situations outside my home. But who will nurse me at home? I have diabetics. I can’t keep urine in my belly. Sometimes I spoil my bed (urinate in the bed). Who will clean the bed? Who will dry the blanket? My wife is used to do all this chores for me. She helps me to go to the toilet. She helps me to take bath if I am sick. (– Ali).

Ali has daughters-in-law and also several grandchildren. He reported their assistance. But when he talked about cleaning his urine soaked bed, he mentioned only his wife as caregiver. Maybe the others do not give him this disgusting nursing due to their fears of getting polluted.

There are some kinds of nursing that need intimate contact. If the wife is alive, she is the only provider of this kind of nursing. One informant aged 75 said,

I have some problems of dysentery. If I stay in for 2/3 days I become very weak. I can not move at all. I need somebody's help to go to the toilet. I need help with cleaning from someone else. I can not ask my daughter or daughter-in-law to do this work. It is the mother of my children (my wife) who will cleans me in this situation. (– Maleq).

It is clear from this statement that the informant relies only on his wife for many of very urgent services that he would find impossible to ask from an other member of the family. Though daughters do many things for their old fathers, cleaning after defecation is still a shameful task both for the father and the adult daughter. It is impossible even to imagine that somebody requests his daughter-in-law to clean him after defecation. It goes without saying that sons never do this for their fathers. So the wife is the only person who can provide this service for a man.

There are some other kinds of needs that could seem unexpected to the caregivers, but elderly male may need some sudden assistance. If an old man gets sick he could need hot water. A relatively younger old man who can do many things on his own when his conditions are normal may need special help from others in situations that are outside the ordinary. If he gets fever he may need to put water on his head. In
case of high fever putting a flow of water is a common practice in rural areas. In case of strong headache he may need a head message. Muscle pain is a commonly reported health problem. Informants who are still working in the field report lots of muscle pain. In case of muscle pain an elderly man may need a massage. These kinds of sudden needs are not easy to be fulfilled. First, an older man may not feel free to ask his daughter or daughter-in-law to provide any of these helps since these also need some degree of intimate contacts. Second, and more important is that these kinds of needs are not frequent or usual for older persons. For example, a relatively younger old man does not need hot water to bathe everyday. But if he gets a fever in the winter he needs hot water to bathe. The family members may not notice this need as it is not an everyday practice. Elderly people need the help of others, but, as emerges from group discussions and individual conversations, it is not always pleasant for them to ask others’ help. The elderly think of the possible reaction of the family members before asking for any help. And it is even more difficult to ask for unusual help. Because of the possible negative reaction an old man may not ask for these kinds of suddenly needed help from a son, daughter or daughter-in-law. If he has wife, he can ask his wife easily. For example the youngest informant of the study said, “I often don’t need others help. Suddenly I need some help from others. I ask my wife for those. She understands my problem easily. I do not have any hesitation to ask her.”

Sometimes wives also act as the medium of communication between children and the elderly males. “If I have severe head burning (headache) I tell my wife first. Before telling my sons I tell my wife and she tells our sons” – said the same informant. This informant can still work in the field. He has two adult sons whom he helps in the field. He said that he sometimes does not want to work, but his sons send him to the field. If he is tired or gets mild illness like headache, he tries to avoid going to work in the field. But it is not easy to make this kind of excuse to his sons. He is worried that his sons could think that he is making unwarranted excuse to get out of work. But his wife does not think like that. So he tells his wife about any sickness so that she may convey the message to his sons. The wife acts as the medium of communication between the older father and his sons. This does not fall into the category direct nursing, but by playing this role a wife gives relief to her husband from hard work: that of having to face his sons which he does not like because of possible unpleasant misunderstanding. By this way wives are still serving their husband, but indirectly.
The indirect services of wives (like the above example) are supported by the information from key informants. One male key informant thinks that old fathers, often, do not have good relations with their sons. According to him, when he is young, a father is feared by his children. A working father is always busy with work in the field. A poor father is always anxious about managing the bread and butter for his family. He thinks that a poor father can not give enough time to his young children. Because of the work and worry a father may, sometimes, misbehave and beat his children. So the children are afraid of him. This key informant argued that a poor father may not have a good relationship with his children. And he thinks that when such a father grows old, his son may not behave nicely with him in return. The personal image of a father among his children or his previous activities can influence the behaviour of others to him at his later age. His observation is supported by Barker's study on Polynesian elderly. She found, “Those who had been excessively individualistic, materialistic, ill-tempered, or nasty at a younger age are simply reaping the harvest of unpleasant seeds they previously sowed” (Barker 1990: 305). If a father is disliked by his sons for any reason in the rural area his wife may help him communicate with his sons.

Two of the informants had second a marriage. One of them remarried again at a young age after few years of first marriage. The other informant took his second wife at his mid 60s after the death of his first wife. As a reason for the second marriage he said,

> After death of my first wife I became lonely. I had only 3 children from that wife – 2 sons and 1 daughter. One son had died before and the daughter was married. She also died before my wife died. When she (the wife) died there was nobody to look after me. I was more than 60. I needed somebody to nurse me. So I married her (the second wife).

This informant is the oldest in the sample. He is 85. He has another son from the present wife. His wife is about 45. He said everything he needs is done by his wife. He recognised the contribution of his wife and said that if he had not taken the second wife he would have died long before. His realisation is supported by other research on elderly in rural Bangladesh. Rahman (1997) shows that older widowed and divorced
individuals in a rural area of Bangladesh have significantly higher mortality than their married peers.

Re-marriage at later age to get a caregiver is not uncommon and socially acceptable in rural Bangladesh. Social recognition of wives as caregivers proves their contributions to the life of elderly husbands.

In rural Bangladesh gender-based labour division is strongly practised. Women usually do not work in the field. Women of poor households however may work outside the houses. But they are not pressured expected to provide economic support to the family or their husbands. Their main duty to older husband is to nurse them. But one informant of the study is getting economic support from his wife. The wife of this informant is the only earning person of the family. His only adult son is separated since his marriage. The other son is not adult enough to earn money. All of his daughters are married and live with their husbands in other villages. His wife has to work to run the family. This informant is getting economic support from his wife as well as nursing and other non-financial helps.

As Rahman (2000) found, spouses significantly reduce mortality by similar magnitudes for both older men and women. But since all of the female informants are widows I do not have information about the role of the husband in caring for his elderly wife. Future research is needed to explore this problem.

**Children and children-in-law**

Children are one of the most important support provider groups for the elderly. Asian societies with their long traditions of filial piety have continually propagated the notion that familial care of the elderly is of paramount importance (Chan 1999). Bangladesh is not an exception in this regard. The notion of filial piety allows Bangladeshi people to be reluctant that elderly will be taken care of by their children. Traditional norms in Bangladesh require that parents be looked after by their children, preferably by sons (Kabir 1998). Sons are seen as old age security. Undoubtedly this is one of the reasons behind the preference for sons in Bangladesh. Earlier research has found that co-resident adult sons reduce mortality for elderly women and men in a rural area of Bangladesh (Rahman 2000). Rahman (2000) also found difference in the contribution of older and younger sons to elderly care in rural areas of the country. Sons also have impacts on the elderly widows. Rahman and his colleagues found that
widows who have adult sons have a lower mortality risk than those without a son (Rahman et al. 1992). This may suggest that an older women’s mortality risk depends on access to resources which, in turn, depends on access to a male kin. The study-finding on elderly mortality risks indicate that the presence of sons has a certain beneficial impact on elderly care in rural areas. In the patriarchal society of Bangladesh daughters move to husbands’ houses after marriage. Daughters are considered temporary guests of the family (Ellickson 1998). But the tradition is changing. Daughters are increasingly contributing to the family economy. They are also important support providers for their elderly parents. Some studies show that having a daughter reduced the mortality risk by 18% for elderly females and by 10% for elderly males (Mostafa & Sutradhar 1995).

Both sons and daughters contribute significantly to the family support system for the elderly. But the process of support by the children for their older parents is not simple. The impact of children on elderly support system and care varies in different ways. It depends on the characteristics of both children and the elderly themselves. The mechanisms vary according to the gender, economic situation, nature of profession, nature of living arrangement of the children and those of the elderly as well. No single mechanism can fully explain the varying impact and contribution of children on the support for the elderly. In the following section of this chapter I will describe the complex mechanism based on my findings.

Sons are expected to take care of parents in their old age. But the reality based on the data of this research is mixed. Of the eight female and eight male informants, three males and one female are currently the heads of the family. They have to feed their children. The remaining two males and one female live with their sons. Three males and five females are living alone. One female informant lives with her grandson. In this paragraph, by ‘living’ I mean the cooking arrangements are with son’s family. All of the informants living alone have sons. Two males who are still the heads of the family have no adult son, so they have to feed their younger sons. One female informant is still heading her family with two children, because her only son of wage earning age is in jail.

Sons support their parents financially. Three informants (two males and one female) who are living with their sons receive food from sons. But in all of these cases sons can not provide full support to their parents. Older parents get support from other
relatives, neighbours and other people (which will be discussed later in details). One of the two males who are living with their sons is more than 70 years old. He is very weak having various health problems. The other male in this category (Khaleq) is relatively younger. He could not specify his age like many other informants. He thought that he might be one or two years more than 60 years old. He can work in the field and help his sons. He does not have land but he and his two adult sons are vagiot farmers (sharecroppers). Only one female informant who lives with her son is about 70 years old. She is also very weak physically but can do small chores in neighbouring houses and in this way obtain some food. But she can not work every day both because of the limited need for such odd jobs as well as her physical weakness. She has two sons, one of them is partially handicapped. He lives separately with his wife and children. The younger son is also married and still living with his mother. I did not find any general trend regarding who lives with son and who does not possibly due to the small sample size.

Those who are living with sons have an advantage because they do not have to worry about their food. But they also have to face problems. One informant said,

*There was a time when I was able to do hard work, but now I can’t work that much; I became weak now. I have health problems now. My sons want to send me to do work. If I do not agree to do work they are not happy. Even if I tell that I am sick, they still insist that I go for work. They want me to do work like ploughing the field, bringing food for those who work in the field and feeding the cattle etc. I have to do this, but these are not easy chores for me – very hard work. My health does not allow me to do these hard jobs. But I have to do them. I am worried that if I do not agree to work, my sons could be separated.* (-Khaleq).

He is worried that if his sons become separated and build new families, he will be alone with other children. In that situation he will not be able to run the family. He said he has 5 daughters 3 of whom are still unmarried. He is extremely worried because of his 3 unmarried daughters: “*In the past I used to order my sons to work, but now I am ordered by my sons. I feel sad to hear these commands from them. But I am helpless – I have to listen to them because I have three unmarried daughters. If I don’t do that they say, they would not look after their sisters.*”
Elderly living with sons reported also other kind of problems. It may be generally assumed that parents living with sons are being adequately provided with food and economic support, but it not always true. Siraj lives with his eldest son. He said that he can not eat fully because his daughter-in-law cooks food with excessively hot spices so the food becomes too hot for him to eat. As I reported earlier, this informant eats only once in a day and the unavailability of less hot food is one of the reasons behind his insufficient diet.

As mentioned earlier all informants are poor. So their children are also poor. So how much they can help – is an open question. Sometimes a son is willing to give support but is unable to do so because of economic hardship. This is true of one female informant. She said,

*My son would be willing to sacrifice his life for me. But he is very needy. Very needy family. My son has a very small income, but he has to buy rice, vegetables, medicines and so on. Sometimes he wants to flee to the mountain. He can not manage with his little income.* (– Shahida).

Three of the informants receive the most benefit from sons since they are living with them. Informants who are not living with their sons nonetheless are also getting several kinds of support from their adult sons. Economic support is always mentioned first by the informants in case of sons’ support. May be the reason is that the parents expect economic help from their sons as the first priority. When an informant mentions - "*Aar phola aare no chaye (my son does not look after me)*” – it means that the son does not give economic support.

Sons who live separately give their parents economic support occasionally. If a son lives away from his parents he can not help the parents regularly even if he is willing. For example one female informant told that her son lived in Cox's Bazar, the district town which is about one hour journey by bus. He works in an ice factory. He can not manage leave if he wants to come to see her. He has to come only in weekends. He has one day off every week. If he comes only then he can give her some money. She said that there was no particular occasion on which she gets money from her son. He gives her money whenever he can or wishes. The informant thinks that she would be better supported by her son if he lived in her home or nearby.

The case of another male informant aged 75 is a good illustration of how a son living separately helps his parents occasionally:
Two of my sons are married. The youngest one is not married yet. He lives in a rented house in Chiringa (a place about 10 kilometer from his house). He is a driver. Sometimes he pulls a rickshaw, sometimes he drives jeep (old jeeps are used for public transportation in this area. Maybe it is due to the hilly roads). He is the only son who looks after me occasionally. He comes to see us. Sometimes he gives us money. There is a shop in the market. Sometimes, in case of great urgency, I buy rice from this shop and he pays later. My old lady (the wife of the informant) has strong addiction to ‘pan’ (betel leaf). He comes and gives 15/20 taka. If I am in urgent need, if I do not have any other way he also gives bigger amounts. One month ago (before the start of rainy season) he sent me three hundred taka (1 US $ = 53 taka) to repair the house. The roof had become very bad, so I wanted money from him. I wanted five hundred, but he gave me three hundred. He does not give me money regularly or monthly. Sometimes he also sends some vegetable, potato, jackfruit etc., but this is not regular either. He never helps me regularly. (- Maleq).

So we find that only one of his three sons helps him economically, but this help comes occasionally. Besides providing economic help his son also comes to see his parents once every one or two months even though he lived only six kilometres away from his parents. When the informant was talking about the economic support from his son, he always used the words ‘he sent’, ‘he paid’, ‘he used to send’. This was because his son usually sends the money by others. Maleq said that the son could not come more frequently because of his business. Though his eldest son, who lives in his parents-in-law’s house 15/20 kilometres away, does not give any financial help, he comes once or twice a year to see his parents. He said that he could not force his sons to give him money. According to him if they want they will give money, if they don't want they will to support. An old father can not force his son to support him. About his eldest son he remarks that if he had wanted to help his father he would never have moved to the house of his parents-in-law.

As we found in the above example, sons who do not co-reside with parents help them for treatment, but this is not always. One female informant of about 60 told me that her eldest son lives separately and the younger one lives at Chiringa (about
eight kilometres away). She does not have regular contact with the younger son. Though the eldest son lives separately, they share the same house with a simple partition. He does not help his mother regularly. His wife cooks for their family. His mother cooks separately. But the informant told that she is helped by her eldest son in case of sickness. She said,

*When I had a bad 'galamani' (diarrhoea) my eldest son took me to a doctor. He also bought me medicines. When I am sick my eldest son gives me money for treatment. If I am too sick and can not cook he requests me to eat with them.*

Another male informant said,

*I have fever often. I have also eyesight problem and burning in eyes. I had a serious fever 4/5 days ago. I did not visit any doctor. My son who is living in Chiringa heard about my fever. He consulted with a doctor and send medicine for me. Having those medicines I am cured now. He also sent an eye-drop earlier.*

In the cases of above mentioned two informants it is clear that sons living separately help their parents during illness. They give mainly economic supports to their parents during illness.

We see that sons are one of the most important support providers for elderly parents. They help their parents both regularly and occasionally. Those who live with their sons get support based on the ability of the sons. Those who live separately from their sons get helps for treatment, house repairing and also food and clothes often. But one has to remember that in order to get supports from sons, sons must be adult. Minor sons can not give economic support though they can help their parents in some other ways, by helping in the field for example. But if the son goes to school he has limited ability to support his parents. The only male informant who is a full time agricultural worker said that his only son is about twelve years old. He goes to school. His son can not help him. His son only helps him a bit in the field when the school is closed. The most important help his young son can give him is that he brings lunch for him from home to the field. During cropping season he has too much work in the field. At that time he does not have time to come home for lunch. In that season his
son brings food from home to the field. By taking lunch in the field with the help of his son, the informant can save at least one hour. He said that he needs this help as he has to work hard for better crop. He does not have any land except his homestead. He is a share-cropper. After harvest he has to give half of the crops to the landowner. The majority of the peasants are sharecroppers. So there is a competition among sharecroppers to get good fertile lands. The landowners have too many clients to make choices. They always look for the sharecropper who can produce more crops. So the informant said that if he could not grow good crops no landowner would give him land. He tries his best to produce as much as he can and he takes his young son’s help.

I did not expect such young children as in the case of above example. He has six children and the only son is the youngest of them. I did not ask about the use of family planning methods which was beyond the scope of the research. But I can assume that he took the sixth child hoping for a son. After getting the son he did not get any other children. I found other reasons. With two other male informants second marriage at a later age was the reason they had young children to other two male informants. Azhar and Akram have young children including sons. Having a son is a matter of hope for the parents. But neither of these informants are hopeful about the help they might get from their sons since both of them have sons under ten years of age. One of the informants is eighty five and the other is about seventy five. They can not hope to be supported by their sons in later age. They think that they will die before their sons will be adult enough to earn for them. Now they have to provide food and clothes to their sons. They are too young. “They can not do anything. They make me irritable” – told by Azhar. So, young sons might also be burdens instead of support providers to poor parents in the rural Bangladesh.

The expectation placed on a son is high. The birth of a son is a matter of hope in the rural poor family. A son brings about the hope of continuing the bangsho (descent) and of the economic support at old age of his parents. But as we have seen these hopes do not always become reality. What are some of the reasons for not fulfilling their parents’ hope? I can try to understand some of the reasons behind this reality analysing the interviews.

The first reason mentioned by the informants why sons do not give adequate economic support is the economic hardship. “My sons give 20/40 Taka sometimes to buy food. They do not give money regularly. They have their own troubles. They
manage to earn their food by hard labour. If they can they give me (money), if the can’t they don’t.” – a statement about her two adult sons by Rahima. Similar statements were found from many other informants.

The second reason found is the leaving house by the son. Sons leave parents’ houses mainly after marriage. They marry and settle down at the parents-in-law’s house if they get land from them.

My eldest son left home and settled at his parents-in-law's at Ali Kodom (a neighbouring Upazela). I arranged my son's marriage with one of the daughters of my own sister. She did not give me any dowry. She gave him some land to work on and a place to build a house. So my son left me and settled down there. (– Habiba.)

Land is very valuable asset to poor rural man. Many parents use this attractive asset to attract their sons-in-law to live with them. If a man gets some land he has to live near the land in order to better work on it. Many times they leave their parents, being motivated by their parents-in-law as it happened to the above-mentioned informant. It has both positive and negative effect on care for the elderly. By this practice a family can get a son-in-law in the same family and they need not lose their daughter. (I shall discuss this positive effect later in this chapter). But on the other side, parents of the groom lose their son.

Another reason behind inadequate or unsatisfactory economic support mentioned by the informant is uxorious nature of the son. A few, especially female, informants complained that their sons are dominated by their wives. Being controlled by the wife they do not spend money on their parents. These informants do not complain against their sons. One of them said that her son used to give her money before his marriage, but now a day he does not spend money for her because his wife does not want him to do this. A different kind of cause was mentioned by Karim. He divorced his wife 10/12 years ago. His son was taken by his wife. Now the son lives with his mother in a different village. He said that now his son earns, but does not give any money to him. The son even does not come to see him. He thinks that his son has the ability to give him economic support, but he doesn’t since he lives with his mother whom he divorced many years ago.

Support given by daughters is mainly non-financial. While sons give mainly economic support, daughters give non-economic support such as nursing, cleaning,
giving company, cooking, making hot water for bath during winter or in sickness, pumping water from hand-pump, washing clothes. None of the informants reported their unmarried daughters engaged in wage earning work.

The most reported help provided by daughters is nursing. During sickness daughters are the most reliable caregivers. Only four of the informants have unmarried daughters. They provide all kinds of sheba (nursing) to their parents.

There was comparatively less discussion about daughters than about the sons during the interview. The reason may be that majority of the informants gave all their daughters in marriage. After marriage daughters are not considered members of their natal families.

According to one female key-informant, daughters are the most important helpers for the mothers, but they can nurse their parents only until they are married. She said,

*If there are unmarried daughters they do everything for their parents. Mothers are mostly loved by their daughters. Daughters cook, bathe, take them to the toilet, arrange beds and so on. It does not mean that sons do not do anything for their parents. They also do. But sons do not stay at home all the time. They ask their wives to do certain things for parents and then go out. They can’t observe whether their wives actually serve their parents-in-law. They (sons) do not know whether the things are done or not.*

So the statement of this key-informant indicates that unmarried daughters can make the life of an older female easy. Daughters can serve their older parents better as they stay at home all the day. She also told about how sons differ from daughters regarding care for their parents:

*Sons never serve their parents with their own hand, but daughters nurse them with their own hands. Sons at best can provide money or they can ask somebody to do something for their parents. They can ask their wives to take care of their parents. For example a son can ask his wife to bathe or to wipe the body of his mother. But as he is out of home his wife does it if she wants, if she does not want she will not do. Sons can’t observe every activity of their wives.*
Her observation about the female elderly shows that the most important part of daughters services to the parents is that they can nurse their parents with their own hand. Elderly with unmarried daughters at home may be in a better situation than those without daughters at home. But the daughters have to be married. Arranging marriage of daughters in due time is one of the important indicators of successful ageing in rural Bangladesh. So it is not usual for over 60 elderly parents to be ‘blessed’ by the nursing of daughters.

I am not saying that married daughters do not do anything for their parents. They certainly help their parents, but the nature of care by married daughters is different from that of unmarried daughters. The main reason is that a daughter becomes dependent on her husband and her parents-in-law. Her main responsibility shifts to look after her husband’s household. Parents-in-law become her murubbi (guardians) with the greatest importance. Her first duty then is to take care of her parents-in-law.

*If I am sick – it is my daughter who does everything for me. But I gave my daughter to somebody else (her husband). If her husband asks her to leave my house she has to leave. She can’t stay forever to nurse me. There is no law in the universe to keep a daughter forever. (– Habiba).*

This informant could not specify her age but both the interpreter and I myself were convinced that she was more than sixty. She had been living alone for about five years. One month before the interview took place her daughter moved to her house with family. Since one month her daughter and son-in-law have been living in her bari as a *ghor-jamai* family. So now her daughter is very close by to help her. She said she does not feel lonely and helpless now. Now she can think that she has at least her daughter to see. But still the daughter is other’s wife now. She can only have her nursing as long as her (daughter’s) husband agrees to do this service.

The system of *ghor-jamai* has some impact on elderly care in the village Shaharbil. The word *ghor-jamai* is not a respectful word for a man. *Ghor* means house and *jamai* is the word for son-in-law. *ghor-jamai* means a man who is living in his parents-in-law’s house. But the word has certain social connotations. This is not a prestigious position for a man. To be told, “you are a right person to be a *ghor-jama*” – a man will be insulted. In the patriarchal Bangladeshi culture a man does not like to
live in his parents-in-law’s house. Living in the parents-in-law’s house means that he is very idle, does not have the ability to feed his wife, and he has a very weak personality. But still a few men accept this position. May be they had to accept this insulting life. According to my observation the prevalence of ghor-jamai in Chakaria is higher than many other areas of Bangladesh. Being a ghori-jamai is not a prestigious matter for a man, but this practice has impact on the life of the elderly. Five of the 18 informants have ghori-jamai in their baries. Ghor-jamai practice is more common among the poor. (May be this is the reason of high prevalence of ghori-jamais in the sample households). Parents cannot give dowry in cash. But in many cases giving marriage to a daughter is impossible without dowry. Many poor families give a piece of land (if they have it) for cultivation or a place to build a house to the son-in-law. My interpreter described it as a form of dowry. If a man gets a piece of land or a place to build a house in parents-in-law’s bari he moves to the parents-in-law’s bari and becomes a ghori-jamai.

The most significant benefit of having a ghori-jamai is having the daughter within the bari. As I described earlier, an adult daughter is the most important nursing provider to older parents, especially mothers.

*My second daughter came to the bari few months ago. She came to live here with her husband and children. I had to do everything before she came. Now she helps me with everything time. Now I am in better situation as she came to me (to live in my bari). I am happy that she came. If she touches me I feel better. Now she brings water, cooks for me. I had to beg others help for these before she came. (– Habiba).*

A ghori-jamai himself also helps elderly parents-in-law. Helping parents-in-law is not culturally obligatory for a son-in-law, but if the son-in-law is a ghori-jamai he might feel a bit of obligation to his parents-in-law as he is sheltered by them.

*I have good relationship with my son-in-law. He is very gentle and sober. He is also poor, but wants to help me as much as he can. He goes to the mosque regularly. He is a pious man. He respects the elderly. He wants to help me. Yesterday he bought a jackfruit for us. If I get sick he buys me medicine. If I want to eat something, he brings it for me. If they cook fish*
or meat they send us some of it in a small pot. They are also in hardship, but he (the 'ghor-jamai') tries to help us. (– Akram).

This informant is about 75. He is happy with his ghor-jamai as he gets some help from him. He has six daughters and only one son who is not yet grown. His ghor-jamai is the only adult male in his bari. He has an unmarried daughter. So he said that because of his ghor-jamai he feels secured.

Having a ghor-jamai also increases the possibility of having of grandchildren and those grandchildren may help the elderly grand parents. This is true in the story of Siraj. He said that his natin (niece) brings water from the pond or hand-pump for him. He used this water for bath and oju (washing hands, feet, face, head to be cleaned for saying prayer/ ablution).

The practice of ghor-jamai is not always helpful for elderly members of the family. It can increase the manpower in parents-in-law’s house on the one hand, but this custom can also reduce care providers in the parents’ bari. It can also increase anxiety. One female informant told that she had to worry more now. She said that her son-in-law who is a ghor-jamai had become very sick and could not work for few months. For this reason she had to work more now since she has to help her daughter’s family also as much as she can. When her son-in-law was able to work he used to help her. But now the son-in-law can not work and her daughter is busy with nursing her husband. So the informant has to work more than before. She has to think about her daughter’s family and as they are living in the same bari she observes their sufferings with her own eyes. She thinks if they were out of her eyes she would not have to worry so much.

According to one key-informant, presence of a ghor-jamai family sometimes family conflicts. It can create conflicts between the married daughters (who live in the parents bari with the ghor-jamai) and daughters-in-law of the bari. The key informant said,

Wives of the sons, many times, do not like the daughters living with ghor-jamai. After marriage daughters are not powerful in a 'bari'. If they still live in their parents’ ‘baris’ their ‘bhabis’ (wives of their brothers) does not like it. Daughters with ghor-jamais have to be careful about their ‘bhabis’. If they can maintain good relations with their ‘bhabhis’ they can take care of their mothers and fathers. If they fail, then conflicts emerge.
It is understandable that conflicts between daughters and daughters-in-law can hamper the life of the elderly parents. So the presence of ghor-jamai may also make the process of care for the elderly by children more critical and difficult.

**Grandchildren**

Grandchildren can also be much helpful to their elderly grandparents. The female key-informant said,

> Grandchildren are always very helpful to their grandmothers and grandfathers. If there are unmarried grandchildren, they do everything for their grandparents. If there is an adult grandson, he often gives economic support to his grandparents. Grandchildren have special affection for their grandparents. There are examples that grandchildren leave their parents and live with the grandparents.

The statement of the key informant is evident in the life stories of informants, especially females. Korimon is completely taken care of by her grandson. She does not have a son. She has two daughters; both of them are widows like her. After death of the husband, her elder daughter came to live with her. Now the informant lives with one daughter, a grandson and his wife. Her grand son is the only earning person of the household. He sells tea in the local market. She said that her grandson helped her even though he is poor. The wife of her grandson also helps her.

I found that grandchildren sometimes increase the importance of the elderly members of the households, especially female elderly. Many female elderly, who are relatively strong, can take care of babies of the household. Because of high fertility rates there are many young children in a bari. Mothers of those children are very busy all day. If a mother has three/four children with only one/two years between them, she needs somebody to help rear her children. A grandmother can do this job. By doing baby-sitting she can acquire some extra importance in the family. It occurs more in joint-families as there are more young children in a large family. One of our male informants living in joint family reported the same situation. Similar findings were found in research in Botswana (Ingstad et. al. 1992).
**Relatives**

By relatives I mean all other members of the kinship groups except children and grandchildren. Relatives are an important support group. Usually relatives occasionally provide economic support and in times of emergency. I could not identify any particular category of relative from whom the elderly get regular support. Relatives like cousin (in case of males) or husband’s cousins (in case of female) usually live very close to the houses of the informants.

When I asked informants to talk about the help received from relatives, the most common answer was that their relatives are also poor so how can they support them? One informant of about 75 answered me:

> What kind of help will my relatives give? Don’t you know they are also poor like me? Some are poorer than me, some are a bit richer. They do not help me. If one can run his family only then can he help others. One’s own family comes first to anyone. ... They (my relatives) can’t manage their own families. How can they help me? They don't have that ‘sombad’ (ability).

As all the informants are poor, most of their relatives are also poor. They also do not have the ability to help other relatives. But it is not true that they do not give any kind of support. They, in many cases, provide in-kind help. Few female informants asserted that children of their brothers-in-law help them clean clothes and, in few cases, cook food.

When I wanted to know about the support received from relatives of informants, it always meant economic help at first. So they told about economic support at first. They also primarily looked to the relatives living near. Maybe for these reasons informants started with ‘negative’ information about the support received from their relatives. But as the conversations proceed I found that distant relatives are one of the most important support provider groups of many informants, especially of women who are widows and living alone. Rahela said,

> The wife of Joshimuddin, Selina, helps me with money. If she has money in hand she helps me. If she has no money in hand how can she help me? If I go to her she never says ‘no’ to me unless she is completely broke at that
time. She gives me money and lends money as well. She is my distant relative from my fathers’ ‘goshthi’ (descent). I have regular contacts with her.

There are also richer relatives to help the poor elderly. Almost all informants mentioned at least one richer relative who helps them financially or in kind. One of the conditions for such is that poor elderly has to have contact with that relatives in order to obtain help. Sometimes, in order to revitalise the relationships, marriages are arranged among relatives. One male informant arranged his son’s marriage with the daughter of his wife’s cousin. This informant has regular communication with his parents-in-law’s family, which lives about 15 kilometres from him. He has the better relations with his in-law’s than any of the other informants. This happened because of his son’s marriage in that family. Maybe, the relations between him and his parents-in-law's family would not this much good if he did not arrange his son's marriage with that family. Now he has double-bond with his relatives-in-law.

Many of the other male informants do not have regular communication with their parents-in-law’s house. They do not receive significant support from their relatives-in-law. The majority of the informants did not mention those relatives as an important supporting community.

My ‘shoshur bari’ (house of parents-in-law) is in Palagachha (about 15 kilometres from his house). They do not help me. They helped me when I was a young son-in-law. But for many years now I don't have regular contacts with them. I don't have any business there. Why shall I go there?

Do you go anywhere where you don't have any business? They also don't look for me. If they don't look for me and if I don't have any business what is my benefit to go there? (Azhar).

Bangladesh society is exclusively patriarchal. Except some ghor-jamai families, married women live in their husbands’ house for rest of the life as long as the husbands are alive. If a woman loses her husband at younger age then she moves again to her father’s house. I found a number of ghor-jamai but none of the male informants are ghor-jamai. Only one female informant lives in her parents’ house. She moved here after the death of her husband. As she is living in her parents’ house she has her brothers around. She is mainly supported by her elder brothers. She has two brothers
who are still alive. She is about 75. Her husband died twenty years ago. She has been living in her parents’ house for sixteen years. Though she has to cook herself, she is not helpless like many other poor widows. Her brothers are not rich but they are not extremely poor. Her brothers give her economic support. She is their only sister. They also give her one shari (traditional female dress) a year. She is also provided with other non-economic assistance. She has quite a number of nephews and nieces around. They, especially nieces, give her nursing, including washing clothes and cleaning dishes. She said that they (nieces) also help her cook food and if she is sick she takes meals at the house of one of her brothers. Her situation is better than many of the other informants. Her situation could have been worse if she did not live in her parent’s house. Now she can call somebody if she feels very bad. She said that one of her nieces stays with her at night when she is sick. Moving back to parent’s house is not a common practice, but this informant indicates that relatives from parents side may be more supportive to elderly women than those of husband’s side.

Similar kinds of help might be provided from natal family if parents’ house is close. A female informant, aged 70, said,

> My parents house is not far away – only quarter of a mile. I have nephews there. My brothers are all dead. One of my nephews is very helpful to me. I go to my parents’ house now and then. I do not have many places to go. I can not go far. I can only go to visit relatives who are living close to me. I go to see my nephew; it takes about 20 minutes. I can go on foot. He helps me. He gives ‘shari’. Sometimes he gives me money also. He also comes to see me now and then. I have also one niece whose husband’s house is close to my house. Her parents-in-law’s family is rich. They have brick-built house. Her sons live abroad. She also helps me. I go to their house now and then. … She gives me ‘shari’ and money as well during Eid.

We see that she is getting help from her relatives from natal family. It is possible, in her case, because she lives very close to her parents’ house. She can go and visit her relatives there. One of the reasons is that the relatives are well off. But proximity is more important in her case. The same relatives do not help her sister who is living in her husband’s house about 40 kilometres away from her parents’ house.
Neighbours and other villagers
Neighbours are the most important support providers for many poor elderly. Widows, who do not have an adult son or who have to live alone, depend entirely on their neighbours and other villagers who are richer. Neighbours provide both economic and nursing supports. They also provide psychological support. Rich villagers help only financially. By the word ‘rich’ I mean the villagers who can maintain their living at a moderate level and do not have food problems. They might be fall into the categories of C and D according to Van Schendel’s (1981) categorisation. Some of them are even richer, having savings and bank balance.

The term parailla is used to refer to more than a neighbour. The key-informants gave me a general overview about the nature of support provided by neighbours. According to them, the support provided by the neighbours falls into two categories – financial and non-financial. In financial support category they included money in cash, providing food, clothes, medicine and all kinds of material support. The other category includes support that are not directly financial, such as nursing, special nursing during sickness (cooking, taking to the hospital, washing, cleaning) and giving companionship. Rich villagers’ support is confined to financial support such as donation and lending money, giving clothing. Support provided by richer villagers is incidental. Neighbours’ support mentioned by the key informants is evident in the information obtained from the elderly informants. From their own experience the elderly informants mentioned some other areas of support provided by their neighbours. The same is true for the support received from the richer villagers.

Elderly informants mentioned various kinds of help from their neighbours that could be divided into three broad categories. These are economic, non-economic and psychological support. The majority of the elderly seemed to be happy about their neighbours. The reason could be that the expectation from the neighbours is less than that from children and relatives. It is not considered mandatory to help the neighbours. Because of the agriculture-based economy and population density, peasant villagers of Bangladesh have had to live close to each other for hundreds of years. They developed a system of mutual support among the neighbourhood. This system is reinforced by the Islamic beliefs that a person can’t go to heaven if his/her neighbours sleep without having a dinner. This obligation is determined from religious texts. In practice, many neighbours might go to the bed without having had their supper but it is also true that
the rural Bangladeshi peasants still maintain their mutual support system. Richer neighbours support their poor neighbours. The poor help their neighbours with their labour. Besides providing economic support, neighbours of rural peasants also help each other and maintain security. I am not saying that they do not have conflicts. They obviously have conflicts, but the mutual non-formal co-operation/support system among the rural neighbourhood is very important for the continuity of rural peasant life in the context of the poor institutional support and service system of rural Bangladesh. In the following section of this chapter, I shall describe how the poor elderly informants are supported by their neighbours and fellow villagers.

All informants reported some sort of support from their neighbourhood. But as I mentioned earlier, supporting neighbours is not mandatory. Informants did not claim any help from their neighbours. If they got help from their neighbours they appreciated it; if they did not get any help they did not complain.

Some of the female informants work in the neighbouring households and also get food from them. It is not exactly food for work. Informants termed it ‘a favour.’ Elderly women can not work hard. They only can do small chores. They help the neighbouring housewives prepare food, clean dishes and sweep the courtyard. In exchange for these little jobs they get food and other favourable support. ‘Favourably’ in a sense that they get a higher ‘wage’ than the usual rate. And this is the reason that informants mentioned it as support. Female informants visit their neighbours and help housewives not only to get the immediate ‘salary’. This is also a strategy to maintain contacts with neighbours with the hope of future support.

Some informants reported the uncertainty and seasonality of the support from neighbours. People help their poor neighbours when they have the ability and willingness. As the informants can not claim from the neighbours they can not say anything if the neighbours do not help them. They can only request it sometimes. The ability of the paraillyas also depends on season. Almost all of them are peasants, so their situation is better after the harvest. During the harvesting season richer neighbours need extra labour and poor elderly can work and get help. Poor neighbours can not help economically though they help in other ways. All these features of neighbourhood-support are present in the following statement by a male informant:
My ‘paraillya’ people can not always help me. They are also poor like me. Only few of them are in a better situation. But still they help me whenever they can. They do not help me regularly. They can not help me my whole life. They can only help me when they have the ability. (– Akram).

Sickness is one of the major events that triggers help from paraillyas. During sickness paraillyas provide nursing services and financial assistance. After the month of Ramadam (the fasting month) I became very sick. I had severe pain in my liver. My grandson was in his teashop at the market. My daughter screamed and shouted (for help). My neighbours came. One of them called in a doctor. The doctor gave me medicine and saline solution (intravenous fluid). I do not know how much money was spent. They paid everything on that day. My grand son will repay the money to them later. My grandson also bought a bottle of syrup for 100 Taka few days later. He borrowed the money from a neighbour. (– Korimon).

Borrowing money for treatment is reported by some other informants. A few months ago I got malaria. My son-in-law brought me to the Chiringa Hospital. I had a blood test. I had to stay two days in the hospital after the blood test. They gave me some medicine, that is: I had to buy some. The total expenditure was five hundred Taka ...My son gave me one hundred, one of my cousins gave me two hundred. The rest of the money was lent by my neighbour Moksud. ...His (Moksud’s) daughter stayed with me at night in the hospital. (– Habiba).

From these two cases, we find that neighbours are very important support-providers for the elderly poor in case of sickness. Sickness is a major crisis when a family needs money in cash. Poor elderly do not have cash money most of the time. Sickness also, by definition, comes unexpectedly. In emergency situations, neighbours help the poor elderly.

The economic situation of the elderly is so dire that sometimes they can not afford even five Taka in cash for any immediate need. In case of sudden sickness they have to manage money for treatment. Neighbours are the first resort for women living alone to ask for money.
I don’t have money to buy medicine. Two days ago I suddenly got sick. I went to one of my neighbour’s house in the next 'bari'. She gave me five Taka. I bought a strip of 10 tablets from the pharmacy. (– Shahida).

Shahida lives with her younger son who is a day labourer. Her first son is physically handicapped and very poor. He does not help his mother. The younger one does not have a steady income. To manage to provide food for himself and his mother once or twice a day is all he can do. Treatment for his mother is beyond his scope. They do not have any savings. To have some savings is out of their imagination. But it is natural that his elderly mother sometimes gets severely sick when she needs at minimum some painkiller tablets. In the case of Shahida neighbours are the main source of support for this kind of urgent need. She got five Taka as a loan. The amount is very small (equivalent to 9.4 US cents). But she bought medicine and, she said, she was cured by that medicine. She has to repay the amount even though she does not know how to manage to save the money.

There are a small number of rich people in a village. For an elderly to have one or two rich baris in the neighbourhood means he/she is lucky. Some of the informants do not have rich neighbours capable to give large-scale help. If an elderly needs a large sum of money he/she, often has to go outside of the neighbourhood to ask money from rich villagers. Siraj needed about 200 Taka few months ago. His son, whom he lives with, could not afford the amount. But the doctor (a medicine seller of a medicine shop in the village market) demanded 200 Taka for the treatment. He did not find any of his neighbours suitable to request this amount of money. He then asked his son to try to borrow the money from a sowdagor (a businessman) living in the same village. Sowdagor is a rich man and he lent the money. Siraj is not sure whether he (the sowdagor) expects the money back or not. He said if he were to ask for the money back, he would have to borrow it from someone else. His son is not able to manage such a big amount. He thinks the sowdagor perhaps does not expect the money. He is hopeful that he need not pay the money to the sowdagor.

If the amount is very big, not even big business men give the money. Many elderly poor need few hundreds or few thousand taka mainly to repair houses and for treatment. But those tasks remain undone because of money, as happened to Siraj:
I have been suffering from ‘ekshira’ (swollen testicle). It causes me a lot of suffering ... I went to the Rabeta Hospital at Cox's Bazar. They said that I would need five to six thousand Taka for the treatment. They asked my son to manage the money. Who will give me such a big amount? How can my son manage six thousands Taka?

When I asked the informant whether he asked sowdagor for the money, he replied that he didn't. He thinks the sowdagor will not give him such a big amount. He can not expect six thousands Taka from anyone. The expected economic support from rich villagers does not exceed a few hundred Taka per single occasion.

The most important support given by rich villagers is the financial help such as jakat and fitra. Fitra is given in cash after the month of Ramadan. Though small, this is a very important source of money in cash. Fitra is given to the poor. According to the Islamic religious law every adult has to pay fitra. The household head gives the amount on behalf of him/her and other non-earning members of the family. But in practice very poor people can not follow this custom. So the number of recipients of fitra exceeds that of providers. Because of the large number of recipients the amount of money per person get smaller. According a key-informant, fitra providers always allocate bigger amount for their neighbours and relatives. Poor households with old people are given priority in distributing fitra as Korimon said,

Abul Kasem Master (the name of a rich villager) helps me financially. He is not my relative. The only relation is that he lives in the same village. His wife is very kind to me. She gives me ‘fitra’, and ‘jakat’. She also collects ‘fitra’ from others for me and calls me to collect it from her.

Jakat is given only by rich people who have a certain amount of surplus. In a village there are very few people who are eligible to pay jakat money. In practice, I assume some of them who fall in the category, do not pay it properly. On the other hand distribution jakat money is a sign of wealth and prosperity. It can show the wealth. So some rich villagers like to distribute jakat with pomp and grandeur. Jakat money is paid either in cash or in kind. Distributing clothes as jakat is a common practice by jakat providers. Jakater kapor (the cloth given as jakat) is one of the major sources of clothes of the poor elderly. If an elderly female gets two sharis in a year she does not need more. Two shai are enough for an older poor women. Sometimes jakat
money and cloths come from the cities. Rich people from the village living in Chittagong, Cox's Bazar and Dhaka send their *j%kat* money and cloths to distribute among the poor of their own village. Two female informants mentioned that *jakater kapors* are sent to them from cities once a year. According the key informants, as in the case of *fitra*, *jakat* providers also give priority the elderly women of the same village. Practising *jakat* by rich villagers is a significant solution of clothing problem of the poor elderly females.

Elderly males also get *jakat* cloths, but these can not really solve the problem. Elderly females are given priority as the recipients of *jakat*. Poor elderly males are also given *lungi* (male cloth for lower part of the body) by rich villagers, but these are given more as normal donations than as *jakat*. One male informant described how his clothing problem is solved. “... It is like that you give one, he gives one. No one is a fixed donor. If ‘paraillyas’ see my torn ‘lungi’, sometimes, I ask one of rich men for one. I ask any of them whom I worked for before.” So ex-employers are another group of supporters for elderly males. Maybe they feel confidence out of some kind of right to ask their ex-employers for help.

Economic help from neighbours and other villagers may also depend on the personal image and skill. Maleq mentioned that he received a lot of gifts from his neighbours and other villagers and people he knows. He receives expensive gifts from people who come from Mecca after having made the pilgrimage. He said that he had two new *lungies* in his stock. All of his *lungies*, the new and current ones were given by others. This situation is quite uncommon. It is possible for him because of his previous career as well as personal image. He used to be a *muazzin* (who announces the call for prayer at the mosque) in the village mosque. He is known as a pious man. People respect him for his religious attitude. This helps him to get support from others. Though his sons do not help him regularly, he does not have clothing problem.

Though poor neighbours can not help the poor elderly financially, they have sympathy for elderly neighbours. Poor neighbours do not have the ability to give large-scale support, but they sometimes show their willingness to help the elderly by giving food. Sometimes they share food with neighbouring needy elderly. Johora of about 65 (she could not specify her age like many other informants), someone whose son is in prison and who is heading her family with another sick son, said,
Neighbours help me. The closest neighbours are also poor. ...They give me rice and curry if I want some and if they have it. If they have cooked, they will not say ‘no’ to me. 4/5 days ago I had only ‘dal’ (soup of peas) in my dish. I was not feeling well. I wished to have some more curry. Then I went to one of my neighbour’s house to ask for some good curry. I did not get what I wanted because they did not have that item. They gave me some vegetable curry.

The neighbour of Johora did not give her enriched curry (with fish or meat) because they are also poor and they did not have any such item in their dish on that day, as usual. But they gave her whatever they had. This incident may indicate that poor neighbours have sympathy for poor elderly.

Besides financial and material help, the elderly poor may also get psychological (or emotional) help from their neighbourhood. Few informants mentioned psychological help. Two male informants said that they used to spend time with their neighbouring peers. One informant used to sit in a teashop and gossip with other elderly man. Few other informants visit another bari. Neither of the informants mentioned gossip or visit others’ house on a regular basis. They said that they only do this when they feel sad because of loneliness or other problems. But majority of informants mentioned not feeling any need to gossip. As a reason, a few of them mentioned that they have a lot of problems including economic and physical ones so it does not feel good to gossip with others.

The majority of the informants seem to be happy with their neighbours. Only two of them complained or expressed any dissatisfaction. I would guess that the reason is the lack of expectation from the neighbours. Maybe that is why there was a tendency to mention all the support they got from their neighbours. One male and one female showed their dissatisfaction towards their neighbours. The female informant said that neighbours only come to her to talk and they did not provide any financial support. The male informant was generally dissatisfied and did not complain directly about his neighbours and fellow villagers; he related their behaviour and attitudes to changing time. He thinks that the whole society at present is full of unpleasant things and illegal activities. He said that people, nowadays, are not fully responsible for their neighbours because of the ‘distorted’ trend of the present society.
In summary, it is clear to me that neighbours and fellow villagers comprise a social support system and poor elderly people benefit from it. This social support system is the main source of support for the elderly who are living alone. Rich neighbours help financially and the poor give emotional support. Neighbours’ financial support includes lending and donation of money. Rich neighbours provide financial support in case of urgent need. They give priority to a family with an older person in distribution of any kind of donation. Religious traditions of *jakat* are the major sources of clothing for the elderly females. *Fitra* is a major source of cash money for the poor elderly. Though supports from neighbours and other villagers vary according to seasons in the peasant village, only few informants complained against their neighbours. Maybe the lack of complaints is due to the low expectation from the neighbourhood because supporting poor neighbours is not considered mandatory.
Disputes and conflicts are not uncommon in Bangladesh society. In rural areas, ownership and occupation of land cause the most dangerous and deadly conflicts. Chakaria and the village Shaharbil no exceptions. Conflicts between two neighbouring villages, two big descents or baris are part of the tradition of rural Bangladesh. In case of major and deadly conflicts, big families are involved. But big families or joddars (landlords) use poor people to fight for them. They use the poor clients as musclemen. These musclemen die for joddars and their families suffer. This kind of conflicts is more common in the southern part of Bangladesh. It is called chor dokhol.

Bangladesh is a land of rivers. River erosion is a common feature in the country. Major rivers of the country erode on one side of the banks and build new land on the other. These new lands are called chors. According to the law, a chor should be given to the victims of river erosion. But this law is seldom implemented. Other kind of chor rises on the mouth of the river. All kinds of chors are mostly occupied by the joddars. They use lathials (muscle men) to occupy the chors. Lathials are poor men. To occupy a chor two joddars have to fight with each other. Lathials are the soldiers of these battles. In Chakaria there is no such chor. So there was no such kind of battles. But, nowadays a similar kind, even more dangerous and deadly, dispute occurs in this area because of the highly profitable shrimp culture projects. I shall give and example of how one of my informants is suffering from this kind of dispute between two rich owners of chingri porject (shrimp culture projects).

There are other kinds of conflicts within the families and relatives. Sometimes, these conflicts come out of personal matters. These also occur due to land ownership and other property related matters. These kinds of conflicts among and within families are, many times, not visible from outside. But in poor families these are more visible and open than in rich families. Whether visible or invisible, these kinds of family conflicts create tension between family members and cause sufferings for them. Weak and less active members of the family suffer more from this kind of conflicts. Old members of the family who are less important to other members and not so powerful
are one of the mostly victims of the family conflicts and tensions between families and relatives. Elderly members of poor families have nothing to do with the conflicts. They can not control the conflicts. In rich families, many times, elderly members have strong command over other members. They are also respected by the younger members. But in poor households, elderly members, in most cases, do not have sway over other members. So in most cases, poor elderly persons can not play any role in minimising the conflicts. They are not able to use these conflicts in favour of themselves. As a result of all these factors, I found, the sufferings of the elderly poor increase.

I found several kinds of conflicts that create sufferings for the elderly informants. My first example is taken from the life story of a female informant aged about seventy. It is often said that if there are too many members in a family there are more chances of conflict. In the case of this informant, this popular saying does not prove true. She has only two adult children – one daughter and one son. This kind of family is called shukhi poribar (happy family) in the family planning campaign. But, though small, her family is not happy any more. Her only daughter was a pretty girl. The informants had no difficulties in finding a son-in-law. She gave marriage to her daughter eight years ago. Her son-in-law is healthy and hard working who works much to earn money. He can feed his wife and only daughter who is seven years old.

Rahela Bibi (fictitious name of the informant) has no land except the vita (a plot of land on which her house stands). But she was happy with her children. Her only son, Roton, who is now about 35 years old works in an ice factory at Cox’s Bazar – the district town. He visits her once a week and provides her food and clothing. Rahela also had some income from her work at the house of rich neighbours. As the son became adult Rahela decided to arrange his marriage. She was looking for a good-looking and well-behaved girl. She has only one son, so she needs a good daughter-in-law who will take care of her. Her son-in-law and her daughter were also looking for a girl for Roton. Arranging marriage for brothers- and sisters-in-law is one of the expected duties of the husbands of sisters in Bangladesh.

Two-and-a-half years ago Roton’s sister’s husband found a girl and wanted to settle the marriage of Roton with her. Roton’s sister agreed with her husband. Rahela had no objections. So all of them wanted to arrange the marriage, but Roton did not like it. He refused to marry that girl and married another girl from another village.
about three months later. His sister’s husband did not take it well as his choice was rejected. It created tension between the two brothers-in-law. Rahela’s daughter’s husband stopped visiting her house since Roton married the other girl. And he stopped his wife’s to visits as well. Rahela said that Roton also stopped visiting his sister’s house. Neither Rahela’s daughter or son-in-law is angry with her. Both of them are angry with Roton. But the conflict between her son and son-in-law affected her. Since last two years, she said, neither her daughter or son-in-law has come to see her. She lost support from them.

So, Rahela’s situation went from good to bad. Two years ago she had at least two adult children to take care of her. She also had more energy to work in neighbours’ houses to earn money or get food. Now her only vorosha (resort to rely on) is the rich neighbours. She became physically weaker and mentally retired. Her daughter-in-law knows the cause of the conflict between her husband and the husband of her sister-in-law. So she does not like Rahela’s daughter and son-in-law, either. As a result, the conflict increases day by day. According to Rahela, her daughter-in-law suspects that she supported the decision of marriage to the other girl, not to her. So, Rahela thinks that her daughter-in-law does not behave well with her as a result of those suspicions. She complains a lot about her daughter-in-law. Her son lives in Cox’s Bazar and visits home once a week. She and her daughter-in-law live in the same house. The house is divided into two parts by a bamboo-made partition. But she has to cook for herself because her daughter-in-law does not want to cook for her. Some times, feeling neglected, she becomes very frustrated and wants her daughter to come and stay with her. But because of the conflict, her son-in-law will not allow his wife to come to her house.

Rahela thinks that all her misfortunes are rooted in the family conflict. She expressed her emotion saying,

Allah wrote this (sufferings) on my forehead. If it was not in my written fate then why did it occur to me? I know my daughter cries for me now and then. But she can not come. If her husband does not allow, how can she come?

I have also found examples of how conflicts between big wealthy families result in sufferings of the poor elderly where I conducted the research. Johora Khatun one of
the female informants of about 65 has two sons. She also had a daughter, who died a few years ago. Johora lost her husband seventeen years ago. At that time, both her sons and the daughter were unmarried. Her younger son is a *mrigirogi* (epileptic patient). I did not see him as he was out at the time of the interview. Johora said, that her younger son “can not do anything except eat.” Sometimes he becomes violent. When he becomes violent it is difficult to manage him. Her eldest son was the only wage-earner in her family. But now she has to earn for her sick son and herself.

Her eldest son was working in a shrimp project. He was in good health and famous for his bravery and courage. The owner of the project liked him very much. He worked as a security guard of the project. Robbery in the project areas and conflict between the owners of such projects are common in Chakaria. He had to stay inside the project area and guard against any robber and trespasser in the project area. Because of his courage his employer liked him. Four years ago there was big a dispute between his employer and the owner of an adjacent project. There was a fight between the two parties. People from both sides were injured and two police cases were filed one from each. Police arrested many of them from both parties, including the son of the informant. Now he is in case. His trial is still under process. He could not manage bail because of the lack of money. So the informant now does not have anyone earning money in her family. She said that almost all other accused persons made bail. She went to the employer of her son several times, but he did not do anything. She said:

*If I was alone, I would not mind, but I have another sick son. I have to feed him too. I am a victim of the conflicts between rich peoples. Alla (Allah) knows, my son was not a criminal. He did not want to kill them out of his own interests. He fought for his ‘malik’ (owner > the employer). When police arrested him, his ‘malik’ should have helped him but that man did not help my son. I don’t have energy as before. My health has been broken. I can’t work now. I don’t have any land. Now I lost my son. Without him I am helpless. If my neighbours give me something I can eat, otherwise I starve. My (youngest) son starves. ... Alla sees everything; he knows who is responsible for my sufferings.*
The only earning son of Johora is in prison due to the conflict between two owners of shrimp projects. Now she depends mainly on the neighbours. Sometimes she works in the house of rich neighbours and gets some food. If her son was free her situation could have been much better. But the conflict between rich men victimised her.

Other kind of family conflicts are generated as a result of polygyny. Polygyny is practised in Bangladesh. In the older generation polygamy was more common. If a man takes second wife at a later age and if his children are adult, the relations between him and his children usually deteriorates. In almost all cases children can not take their father’s remarriage easily. Sometimes they leave the father. Poor elderly males and females both suffer from this kind of conflict. If the father has properties, children may not express their anger in order to lose the property from their father. But the poor elderly, having no property, do not have this ‘bargaining power’.

Azhar a male of eighty-five told me that he had three sons. Two of them are minor boys. The eldest is married. He earns enough and is capable to look after his father and younger brothers. But he does not want to help them. At the age of eighty-five he has to think of how to manage food for his two little sons and wife. When I asked about the reasons for negligence by his son, he said:

*He is my son from my first wife. My first wife died about 15 years ago. After about one year I married my present wife. I did not want to re-marry. But I did not have any unmarried daughter at home. There was nobody to look after the ‘shongshar’ (the household). Then I decided to marry again. My eldest son and daughter did not like it. But still I married. My eldest son was married at that time. He separated from my family immediately after my second marriage. He built a new house at one corner of the ‘vita’ (courtyard). He was rude to me and to his ‘younger mother’. I have two sons from the younger wife. They are still little. They can not work. I don’t have any land. I have to work. But my health is not good. At this age nobody can work. In our old age our sons should take care of us. But, my son even doesn’t talk to me because I had a second marriage after the death of my first wife.*
The above example indicates that not only the conflicts between families or family members but also the conflicts between the elderly and other family members hinder the care for the elderly.

In summary, it can be said that conflicts between and within families have impact on the life of the elderly. Though they are not the actors in these conflicts, they are the victims because of the patron-client ties and because they belong to a family. With the exception the conflict with adult children due to a second marriage at a later age, no older person was involved directly in any of the conflicts examined. But these conflicts harm the elderly because they cut off certain possibilities of care, frighten them, isolate them from the children and increase poverty. May be in rich families, an elderly member can play a role in a conflict and can make use of it, but a poor older person very often can not play any role.
CHAPTER SEVEN

Perceptions about nursing homes

Just as parents look after their young children, children are expected to look after the parents in old age. These expectations are deep-rooted in Asian societies, being influenced and sometimes institutionalised by religion and community sanctions. In the level of expectation the situation may not be much different in American and European contexts (Bengtson 1992; Bengtson & Achenbaum 1993). But social changes resulted in a gap between expectations and practice. In a recent article Mehta (1999) raised two questions: “… In the swiftly changing context of Asia, where the number of aged are increasing rapidly and cost of living is spiralling, to what extent is the traditional ‘social contract’ alive? Is its form changing?” Martin (1990) and Mason (1992) have speculated that the structure and functions of intergenerational relations in Asia are undergoing considerable change.

The form is obviously changing and the direction of the change is perhaps towards the breaking of ties between generations within the family. From this realisation perhaps the idea of institutional support including nursing homes for the elderly is being introduced in Asian countries. The response towards the nursing homes may be positive even in South Asian societies that are thought to be directed mostly by traditional norms. In Sri Lanka, for instance, there is considerable evidence to show that the mechanisms of family support and care of the elderly have weakened. There is an increasing demand for institutional support by the elderly in Sri Lanka (Siddhisena & Ratnayaka 1998).

The idea of home caring for the elderly is very new in Bangladesh. Very few private initiatives have been taken to establish such homes, even with a limited scope. I wanted to know the opinions about home for the elderly from all informants. Since the idea is very new and none of the informants have heard of it, I had to explain the idea first and then I asked their opinions. The responses were mixed.

About half of the informants would not be willing to live in such homes. The main concern is the family members. Male informants are worried about possible future situations after their leaving homes.
If I move (to a nursing home) what will happen to my wife and children? Who will look after them? I have to work and earn for them. (– Rahim).

This informant is the only wage earning person in his family. He has only a young son who can not work. He has all the responsibilities for his family of eight members. He seems to be a bit unusual in the context of rural Bangladesh, as he still has to work for the whole family. I asked him whether he would move to the old home if he had an earning son. He then replied,

No, I would not go there even if I had an adult son. If my son could earn a lot, I could add something (to the family income). I could contribute to my family whatever I could. If I go there my contribution will be zero. If I get too old to work hard, I would still be able to collect some grass for our cattle. Why I should go there and sit idle? What is my benefit to go there?

Maybe the reason behind the unwillingness to move to a possible nursing home of this informant is his position in the family. He is the head of the family having all the responsibilities to a large family. But this does not mean that elderly having very few responsibilities would welcome the life in a home for the elderly.

If the government would build a house for all the old men and women, with good facilities, I shall not go there to live. If I go there who will observe my sons; who will watch whether they are doing any wrong things? How can I move there leaving my wife? How can I leave my children? I don’t want to leave my ‘bari.’ May be I can go there only for few days temporarily. I shall never go to live in such a place forever. (– Ali).

Ali does not have the financial responsibility for his whole family. He has adult sons. Though his sons live separately, they help him. But still he feels some obligations to his sons and is unwilling to leave the bari. The main reason behind his rejection to move to a home for the elderly permanently is that he does not want to be away from his sons. He does not have the ability to earn for his sons, but he feels some moral responsibilities to his children. He believes he has to be there to enforce the morality of his sons – he has to watch his sons’ activities to see whether they are doing right or wrong.
Two male and one female informant worried that if they leave their families the support received from others will be reduced.

*I don’t know whether I would go or not. But what I am thinking is about my wife and little children. If I go away, people will not help them. People help my family because of me. If I go there (to a nursing home) then nobody would help my wife.* (– Akram).

Akram had a second marriage after the death of his first wife. He has small children. His wife is about 30 years younger than he. He gets help from different people as an old person. His concern is that if he would move to a nursing there would be no old person in his family and support from the others as an old person will be stopped. So he does not want a happy life if it were to his wife and children in trouble.

Elderly females can also be worried about the future of their children depending on the position in the family and the situation of the family. Johora does not want to move to a nursing home leaving her two sons. She has one mentally ill son. Her other son is in prison. She said in her present situation she could never move to a home for the elderly.

... *I shall not go. If I leave my home they will occupy my ‘vita’. My sons will be helpless. If my sons had wealth and properties, they could live by themselves. They could be self-reliant. They could marry. But this is not the case. One of them is in the jail and the other is sick. If I abandon them and enjoy my life in other place, Allah will curse me.* (– Johora).

*Purda* could be an another reason to refuse to move to a home caring for the elderly. Korimon said,

*I want to maintain my ‘purda’. I don’t have any wish to go outside my ‘bari.’ I am happy to die inside my ‘bari’ with ‘purda.’* I don’t have any intention to go to such a building (a nursing) to live and to die without ‘purda.’

Two of the key-informants also think that *purda* would be an obstacle to motivate elderly females to go to a nursing home.
Most informants have no confidence in nursing homes. They are unsure about the concept of a nursing home. They have both enthusiasm and suspicion about such a place. This group of informants would not be willing to enter into a nursing home alone. They would wait and see whether other elderly persons would be going there. If others move, they might also move an old people’s home. Other responses about the idea of a home caring for the elderly are as follows:

*May be it will be a good thing. If several others go I shall go too.*

(– Azhar).

*I don’t have any clear idea about what will happen there. May be I’ll feel sad for my family members. If other ‘paraillyas’ (the neighbours) go then I’ll also go there. I am not sure about how I’ll feel there. I would not go alone. I shall go only if other 10s (several others) go.* (– Rahima).

*If somebody builds such a home, they will not build it for me alone. They will build it for many other elderly men and women. If several others go, I’ll also go there. … I don’t think that the place will be bad. I don’t think that they will not bury me if I die there. But still I think I’ll not be the first person to enter into that house. I’ll enter there with other 10s.* (– Habiba).

*Sounds as if It’s not a bad idea but I am not sure whether I would go or not. Tell them to build it first then I shall see how it will work. … May be it will be a good thing for the poor elderly. If they give food, clothing treatment and nursing in that house, it will be a good thing for us. But food only is not enough for an elderly man. … I’ll feel sad for my children if I go there. I may go there if it is situated in our village. If it is far away, I will not go.* (– Khaleq).

*Mai be it will be a good thing, but I am not sure. The government could make such a home, but many things that are made by them are not good for us. Many times they don’t make things as we want. I’ll take decision after observing the home after its establishments. …Will there be a homely*
environment? Will the people there nurse us as our home-people do? I can’t tell now whether I’ll go or not. (– Shahida).

People of the study area had never seen any kind of nursing home. They might never have thought of such a thing before. So it was not easy to introduce the idea of a home caring for the elderly to the informants. When I asked them to imagine such a home build by the government or any other organisation, it might have created an image of a jail or any kind of camp or rehabilitation centre. Village people know about a flood shelter camp and a hazi camp. The government gathers people who have got permission to go to Mecca for pilgrimage from all over the country into a small camp in preparation of the trip. Though poor people do not have the opportunity to go to hazi camp, they have heard about it. Villagers are also known about the flood shelter camps. They have either experienced these themselves or have seen such camps on television. The picture of these kinds of camps is not pleasant in their mind. These kinds of unpleasant image of camps could have resulted in such a big number of negative and suspicious answers regarding old people’s home. This is also reflected in the statement of a female key-informant:

I think women will not go to these kind of homes. They are village women, you know. They will be afraid of these kind of homes. It sounds like a camp. In our village there are some beliefs and suspicions about any kind of camps. People could think that they would be fed poison and killed. Old women will be happier if they are given nursing at home.

There were a few informants who were happy about the idea of nursing homes. They thought their life would have a positive change if they were to move to an old people’s home. These informants think that there they will be provided with better nursing and food. It is possible that the assurance of food could be the major motivation to move to a nursing home by the poor elderly. Maybe the reason is that the food problem is one of the biggest problems of the poor elderly. Informants who expressed their eagerness for a nursing home in their area expected good food at such a place.

I’ll move there. Why shouldn’t I go if there is enough food and rooms to say prayer? ... I’ll move there as I think there will be better food and
nursing. If I go there I think I’ll not have to be worried about anything. ... May be I will feel sad for my children, but I think I can visit them once in a month at home. (– Maleq).

Why do you think that I’ll not move to such an old-home? It will be a good idea. It will help the old people like me. If there is such a home I’ll move there. If I die another old man can go there. ... I don’t have any nursing at home. In that place, I think, there will be nurses. There will be food and a room to pray. ... May be I’ll not be able to see my children there, but I’ll have many other old people. If there are good nurses I’ll go even if it is situated in Cox’s Bazar (the district town). (– Siraj).

In short, though very recent, the idea of a home caring for the elderly has already introduced in Bangladesh by at least one organisation. Private initiative has also been made to give happy life to the elderly. The government of Bangladesh is also planning to initiate nursing home projects. All these initiatives are in embryo stage. May be there will be more discussion on this issue among policy makers and other concerned authorities. The people who are to live in those homes have their own ideas depending on the individual and social contexts. The informants of this study expressed enthusiasm, hope, doubt and suspicion about this idea. Some of them are hopeful about an old care home in their locality perceiving that they will be offering enough food there. Some of them expressed their negative reaction to a possible old care home. To them economic security is less important than social and personal reality. On the other hand many of the elderly informants are unsure and doubtful about how it would work. Though the economic status of the informants is more or less same, their responses about possible institutional care for the elderly are diverse depending on individual and social characteristics.
CHAPTER EIGHT

Institutional support for the elderly poor

According to the informants, family members and neighbours are the main sources of support. As the informants of the study are poor, family and neighbourhood supports are undermined by poverty. Informants expected more help from institutions such as the government and the NGOs. The government has formal pension programmes limited only to retired military, government and industrial employees. They do not reach the poor rural elderly people despite the fact that 83 percent of the total population live in rural areas (World Bank 2000). So the formal pensions are not available to the real majority of needy elderly. Overall, there is no public safety net for poor aged population living in poor families, particularly in rural areas (Ritchie et al. 2000:6). Very few of the over 15,000 NGOs in Bangladesh have programmes directed especially at the elderly population and the Government of Bangladesh has started elderly support programmes only three years ago – in fiscal year 1997-98.

**Government support**

The government of Bangladesh has initiated a pension programme for the elderly poor in 1998. The name of the programme is *Boisko Bhata Karjokrom*. Under this programme the government provide 100 Taka per month to the 10 oldest, poorest and ‘most vulnerable’ aged persons in each ward. Of these ten, five must be women. A union has three wards according to the administrative system of Bangladesh. So only thirty elderly persons are now eligible to get *boisko bhata* (old age pension) in each union. Currently the pension scheme only reaches approximately 44,500 out of an estimated several million older people who live in extreme poverty (Ritchie et al. 2000: 6). There are a number of other government a programme targeting the poor and women, for example, Vulnerable Group Development (VGD), Vulnerable Group Feeding (VGF) and the programme for widowed and abandoned women. The first two programmes aim at providing development or food assistance to the very poor. The third one aims at providing 100 Taka per month to five very poor widowed and abandoned women in each ward. None of these three programmes directly target older people.
The only programme that directly targets the elderly poor is therefore *Boisko Bhata Karjokrom*. The government spends 5 millions Taka per year for this elderly allowance programme. The programme is implemented through the Department of Social Service under the Ministry of Social Welfare. According to the ordinance (Ministry of Social Welfare 1999) revised in September 1999, older people have to apply for this allowance to the Thana Social Service Officer. Suitable applicants are selected by the Ward Committee that is formed for this purpose. Final nomination is given by the Thana Committee. There are some selection criteria set by the government to get the allowance based on age, income, health condition, social position, expenditure for food and land ownership. Minimum age should be 57. The oldest and the poorest of the ward are given priority. Special priority is given also to ex-freedom fighters, extreme ill or landless persons, and widows. If a person has 3,000 Taka or more annual income, he/she will not be eligible to get the allowance. Other disqualifying criteria are: (a) If the person is a government employee or if any of his/her family members is getting any sort of public pension. (b) If a woman gets allowance from VGD programme. (c) If a person gets any kind of other public donation on a regular basis. (d) If a person gets donations from other non-governmental/social welfare organisations. (e) If the person lives in an urban area or in a town, and (f) If the person is a day labourer, maidservant or vagabond.

The two committees responsible for nomination of the candidates for *boisko bhata* are composed of with members from different social groups and organisations. The Ward Committee is chaired by the Union Parishod (council) member of the each ward. Other members are: a female member of the ward, and two local ‘respected’ persons. The body of the Thana Committee is formed with the chief executive of the thana, Thana Social Welfare Officer, chairmen of all Union Parishods of the thana, the principal of the local college, Thana Accounting Officer, a representative from the Thana Freedom Fighters Association and three local ‘respected’ persons. The Ward Committee is responsible for making the primary selection of the applicants and the Thana Committee is assigned to give the final nomination among the candidates. After getting the nomination from both committees, an older person will allowed to get one hundred Taka per month. The whole activity of this programme is supervised by the minister who is assigned to look after the overall development activities of the area.
I asked all the informants and key-informants about *boisko bhata* programme. All of them had heard about it. They know that selected old people of the village should get one hundred Taka per month. The informants said that they had heard that the government gives three hundred Taka every three months to some poor elderly. None of the informants reported getting the allowance at present. Only three of them reported getting it once or twice. All of these three informants said that the last time they received the money was six months ago.

*I used to get 300 Taka every three months. Now they do not give me any money. They stopped it five or six months ago. It was the month of Ramadan when I got 300 Taka for the last time. Now no organisation gives anything.*

(– Azhar).

A similar statement was also given by a female informant:

*They gave me 300 hundred Taka twice. I got six hundred Taka in total from the Chairman. After Ramadan they did not call me (to take the money). I went twice to ask about it, they did not give me.* (– Rahela).

It also seems that not all of those who get old age allowance did not get three hundred Taka. Some of them may have gotten even less than this amount:

*I got 100 Taka once as an old age allowance. If I tell a lie, I am to be cursed by Allah. The chairman called me at the Union Council and gave me 100 Taka. Hat happened about two or three years ago – just after Hasina (the name of the present Prime Minister of Bangladesh) came to the power.* (– Johora).

It is evident from the information given by this informant that the money is not distributed properly. I did not talk to any member of the committees. But the informants mentioned some reasons from their experiences. Political pressure is one of them. As we see above, politicians are included in each of the committees. Though Thana Committee is presided by a government executive, he/she may not go above the influence of local politics. In practice the final selection for the pension is given by the Chairman of the Union Parishad which is a political post. All of the key-
informants mentioned that the Chairman and Ward Commissioners are the authority to nominate the persons for the pension. It is not uncommon in the context of Bangladesh that the chairman will select the persons of his/her choice with consideration own political interests.

I haven’t gotten any government help since four or five years. I don’t get even 25 ‘paisas’ (hundredth of a Taka) from the government for the last four years. In the past, I used to get clothing, wheat or rice. ... After I returned from Alikodom (a nearby sub-district), I did not receive anything. If I go to the Chairman and member (the Ward Commissioner), they do not give me anything. ... I had been in Alikodom and could not be a voter. They don’t give me anything since I am not a voter. This year I put my name on the voter-list. I hope they will give me the money this year. They did not write my name in the list for ‘boisko bhata’. The member said he would write my name on that list if I cast my vote for him in the next election. (– Habiba).

Habiba is a widow and has been living alone since her younger son left the village to work in the next sub-district. She is extremely poor, having no land. Her elder son left her and lives in his parents-in-law’s house. One of her daughters has moved to her house to live with her chronically sick husband. Her son-in-law can not work since he is seriously ill. So she has to also think about her daughter’s family. She is so poor that she has to send her 10 year-old younger son to work at Alikodom. This little boy can not work much for his employer. His employer does not give him any salary. He only gets food and a place to sleep in his employer’s house. She said that she did not want to send her young son to work in a distant place. But she has to do that because she could not manage food for him. In my observation, she is one of the most poor, vulnerable and helpless women in the village. According to the law she is undoubtedly a suitable person to get the government old age pension. But in reality she is not getting the pension.

The reason, at least in her case, is clearly political. Because of economic hardship she moved to Alikidom five years ago to live with her brothers at her natal village. Nobody was at her home after her departure. After few months she realised that her brothers-in-law were trying to occupy her homestead plot which she got from
her husband. Her older son did not care about it, as he got a plot from his father-in-law. But she had to worry since she had a young son who will need the homestead land to live in future. Then she decided to return to this village to protect the piece of land from her brothers-in-law. She was also not in good economic situation in her natal village. Her brothers are also poor. They do not have enough money to look after her. Considering all these circumstances, she finally moved back to the village of this study. During the period of her absence from this village, the preparation of the national voter list was going on. So she was not enlisted as a voter of this village. As she could not vote for the present Chairman of the Union Council, she is not an important person to him. When I was in the field the preparation of the voter list for the next election was going on. She will be a voter of this village soon. Now she is important from the Chairman. Politicians now want to please her. The present chairman promised to her give old age pension if she casts her vote for him in the next election.

Several other informants echoed the above situation:

*The government is giving ‘bhata’ (allowance) to many old persons, but I don’t any ‘bhata’ from the government. I know about ten or twelve old men who are getting this ‘bhata’. The Chairman did not put my name on the list, so I don’t get any.* (– Maleq).

*I don’t get any ‘bhata’ from the government. May be he (the Chairman of the Union Council) doesn’t like me. Only those who please him get the ‘bhata’. I can not give him ‘tel’ (flattering) so I don’t get it.* (– Hasina).

Besides the elderly pension scheme the informants mentioned other kinds of government supports as relief. Though all of them heard about boisko bhata, when I asked whether they have received any kind of government help, the common answer was not about this pension programme. Most commonly they mentioned support from other relief programmes. This may indicate the insignificance of contribution the quality of life of the boisko bhata programme to elderly people.

Though VGD and VGF programmes are not directly targeted at elderly people, several informants mentioned supports from these schemes. Since all informants are poor many of them are provided with VGD, VGF and other kind of occasional
government relief – after a flood or cyclone, for example. Under the first two programmes poor vulnerable people are given food. Under the disaster management programme they are given food, clothing, house-building materials and sometimes money in cash. Many informants reported getting food support as relief from the government. Such aid is also given through the Chairman of the respective Union Council. So these are also not free from political influence, interests and other kinds of corruption. This aid is very small and if a person gets any of this relief he/she is not allowed to get old age allowance.

According to one high official of the Ministry of Social Welfare, the government is planning to initiate a home care project for the elderly. They have already named the project as Shantinibash. The literal meaning of the word is ‘peace home’. The official hopes that older people would live with peace and comfort in the possible old care homes. He could not give me further details since, he said, the plan was still in very preliminary stage. The ministry are only considering about the possibility and feasibility of the project. He said that he is not sure whether the elderly will welcome the idea of old home. He thinks the opinions of the families of older persons are also very important for the success of such kind of projects. However, the government did not conduct any kind of research to assess the needs of the elderly. Nor do they have any plan to conduct any sort of needs assessment study in near future.

**NGO support to the elderly**

Very few NGOs in Bangladesh have any kind of programmes targeting elderly population despite the fact there are a huge number of NGOs in the country. The following NGOs have some kind of programmes for elderly population:

**Prabin Hitaoshi Sangha (BAAIGM):** This organisation, in collaboration with the government, runs programmes including health care, recreation, rehabilitation, seminars, workshops, research and publications.

This is a voluntary organisation that has been working with Social Welfare Ministry and Social Service Directorate since its inception in 1960. The Ministry of Social Welfare has so far allocated 90 million Taka for the association of which 80 million Taka has already been spent for various welfare schemes, including construction a hospital for older people. World Health Organisation (WHO) also
donates between 25,000 and 30,000 US dollars on an average each year, while United Nations Population Fund (UNFPA) provides some funds. According to one official of the organisation, an average of 10,000 elderly people receive various services from the association every year. Apart from its central programmes, the association has welfare activities at district-level and five divisional towns and cities of the country. When the International Day for the Elderly is observed on October 1 every year, the association takes up programmes highlighting the significance of the day as well as welfare of the elderly people. The association has also introduced two prizes, *Mamatamoy* and *Mamatamoyi*, for men and women in recognition of contributions in taking care of one’s elderly inactive father, mother, father-in-law or mother-in-law for at least two consecutive years. The awards are given on the Elderly Day every year. I however did not find any activities of this organisation in the study area.

*Bangladesh Women's Health Coalition (BWHC)*: This organisation, having several branches in rural and urban areas, works at targeting health care for women and children. The organisation increasingly includes older women in educational services for women and children through clinics based in urban and rural areas. Since the target of BWHC is women and children, about half of elderly population is excluded straight away from its programme.

*Resource Integration Centre (RIC)*: This organisation provides community-level assistance to poor and disabled elderly, with a primary focus on older women. Targeting only women limit the activity for the elderly, as it is true to many other organisations.

A number of other organisations have a small number of programmes for older people, including the Elderly Initiative for Development, Bangladesh Retired Government Employees Welfare Association, Boyosko Punorbashon Kendro, and Training Task Group (Ritchie 2000). In practice the work of these organisations is very limited in scope. None of them targets the extremely poor population.

I visited the headquarters of Bangladesh Rural Advancement Committee (BRAC) and Proshika – two largest NGOs in the country and talked to some programme managers at Dhaka. Neither of these NGOs have any other kind of programme targeting the elderly, except adult literacy programme. Both of these organisations work only with their group membership. One of the primary criteria of membership is age. A person should be in between 15 and 45 to be a member of
Proshika. The age limit of the membership of BRAC’s credit programme is 54. So real elderly are excluded from the group membership of these organisations. It is true that they do not exclude an existing member who has exceeded the age limit, but there is no special programme for old age security.

All the officials of BRAC and Proshika whom I met think there should be some programmes for the aged population. BRAC thought of a programme for the elderly last year. Its Research and Evaluation Division (RED) arranged a brain-storm meeting with RED-staff in 1999 on the possibility of programmes on the elderly. In the meeting the possibility of certain intervention programmes was addressed, including credit for income generation for the active elderly, insurance schemes, special funds for the poor elderly, awareness building and advocacy. In reality none of them has yet been initiated. According to a high official of the Rural Development Programme of the organisation, the plan for the elderly came to the end in its ‘embryo stage’. Some problems regarding the possible programme on the elderly were mentioned by another official of this organisation. He thinks that a programme should be sustainable. So, he thinks, BRAC should not initiate any programme depending only on donors. According to him, the organisation should make available its own funds for any such programme. He suggested a fund generating programme with the contribution of the community. The community might generate a fund that would be used for old age pension. He thinks BRAC can only organise it and might give some subsidy. He suggested that research is needed now to assess whether the community would be willing to generate such funds.

In summary, the government and NGOs have very limited programmes on the elderly. The only one government programme that targets directly at the elderly is *boisko bhata* which gives 100 Taka per month to 10 elderly in each union. This programme is not outside the reach of political influence, as the local political leaders are the main persons to make nominations for the pension. The amount is very small in terms of the expenses of an older person. It is also not guaranteed that the money will be used only by the older person himself/herself. Other family members may use the money. Major NGOs have not initiated any programmes to support aged population. Their narrow target and age specification of the membership limits the scope and possibilities to start any programme to support the elderly.
CHAPTER NINE

Conclusion

Bangladesh being the most densely populated and one of the poorest countries in the world has many unresolved and burning problems in different fields including in the health and population sectors. Twenty eight percent of the population lives on less than 1 US dollars a day and 48 percent are below the national poverty line. In addition, inequality is very pronounced, with the real GDP per capita for the poorest 20 percent at $606, and the richest 20 percent at $2,445 – a ratio of richest to poorest of 4.0 (UNDP 1999). Decreases in fertility rates and improvement in life expectancy have led to rapid increase in the number of older people in the country. Though the proportion of the elderly population group has already exceeded six percent of the total population and continues to grow, the concern for the problem of the aged is not yet significant in the population policies of the government and other organisations.

Traditional norms and value system leads Bangladeshi families to take care of their older members. Families are expected to look after the elderly. Until recently, a lack of government and NGO policies related to the elderly has been rationalised because of these traditional values, which are assumed to safeguard the position and care of the elderly in families and communities (Ritchie 2000). But the situation of the elderly is not so smooth as it is assumed. Urbanisation, migration, increasing landlessness and persistent poverty are weakening the traditional norms of family support for elderly people.

Poor elderly people are facing various kinds of physical, economic and psychological problems. Physical weakness is the most commonly reported health problem which is either a cause or a manifestation of other problems. Diarrhoea, indigestion, fever, reduced eyesight, hard of hearing, headaches, body-pains are other common health problems. Poor elderly feel that they are not respected by the younger generation. They can not take part in the decision-making process of the family. Lack of involvement in family affairs and decision making-processes cause them to feel neglected by other family members. Beside all of these, the lack of the ability to move is a very significant physical problem of older persons, which nonetheless is regarded as normal for older persons. It is the lack of ability to move which makes the elderly physically dependent on other members of the households.
Buying over the counter medicine is the main health care seeking behaviour when the elderly are ill. Medicine shops are available in the village markets and poor older persons go to the salespersons with complaints and are easily given medicines by the salespersons. Intravenous fluids and bottled syrups are the most popular medicines among the elderly poor. They rarely seek treatment from the government hospital, as it is usually far from the village and also expensive.

Economic problems are considered most urgent and important by the elderly poor. All of the informants are deprived of their most basic needs including food, health care, clothing and adequate shelter. Food and shelter are the top priority needs for the poor older people I interviewed. Almost all of the informants are dependent on others financially. Since other members of the household are also poor, they can not provide adequate support to the elderly members.

It seems that poverty is the single biggest factor straying the traditional form of family support for the elderly. Despite this fact, the family and the community are the primary support providers for the elderly because of the lack of institutional support. On the household level, sons are primarily responsible for the welfare of elderly parents. Sons usually provide the only economic support and this is not adequate in almost all of the cases. Daughters are not expected to provide economic support to their parents. Though there is an increase in women’s participation in the labour market, very few women work outside in the study village. So daughters have much less ability to give economic support to their older parents. A daughter has to have approval from her husband’s family to support her parents after marriage. In this context, unmarried daughters are very important non-economic support providers for their older parents. But in reality, very few older persons over 60 have unmarried daughters. They have daughters-in-laws who are expected to help their parents-in-law, but the support from them is hindered by the conflicts between daughters- and parents-in-laws. Conflicts are more common between mothers- and daughters-in-law.

Neighbours and villagers are the most important support providers for many poor elderly. They are the single most important support providers for the elderly living alone. Both economic and non-economic support is provided by the neighbourhood. This assistance comes as donations and in exchange of labour, as well. Neighbours give favourable exchange to the poor elderly for their labour. Providing food is the main form of support from the neighbours which also is the
most urgent need of poor elderly. Support in cash from the neighbours mainly comes during illnesses for treatment. The tradition of *jakat* and *fitra* practised by wealthy Muslim families are important sources of economic support and the most important sources of clothing for the majority of the elderly poor. Support from neighbours however can vary according to the seasons; food support is more available during the harvesting season.

Besides economic support the elderly poor are very much in need of nursing and other physical help. Spouses are the most important nursing providers for the male elderly. Older women are deprived of this support since they very often become widows at younger age due to the big age gap between bride and groom in the rural areas of Bangladesh. An older male with a living spouse suffers less than a widow/widower because he can rely on his wife for physical support, and proving special nursing during sickness. Religious and cultural norms allow a wife to serve her husband as one of her primary duties. So having a wife very often means that an older man has at least one caregiver who will consider that caring for him is her duty.

Conflicts between families and family members affect the life of the poor elderly. Disputes between big families occur because of property disputes and they affect poor households, as many poor families are tied to the rich families in a kind of patron-client relationship. A second marriage, or a selection of a bride or groom, or other personal choices can generate conflicts between family members. Poor elderly do not have an important role in these conflicts but they are often the victims of them. They can not avoid them, as they are part of a faction (because of patron-client ties) and belong to a family. They can not gain from them. But these conflicts harm them because they cut off certain possibilities for care, frighten them, and isolate them.

The majority of the elderly are not eager to move to a possible home caring for the elderly in the locality. Lack of trust and feelings of insecurity that are perhaps derived from the lack of practical experience with this kind of institutional care are found as the major obstacles to moving to a nursing home by the elderly poor. Other obstacles are *purda*, fear of isolation from the family, relatives and the community. The major motivation for moving to such institutional care is the possible availability of food and clothing.

The government support for the elderly is very limited. There is only one government programme that targets directly at the elderly: *boisko bhata*, which gives...
100 Taka per month to 10 elderly in each ward. This programme is not outside of political influence since the local political leaders are the main persons to nominate the persons for the pension. The amount is very small in terms of the expenses of an older person. It is also not guaranteed that the money will be used only by the older person himself/herself. Other family members may take the money.

Major NGOs exclude older people from their support and services. In reality, out of over 1,500 NGOs, only a few target older people as beneficiaries with specific projects and only a small percentage include the elderly in their programmes. Their narrow target (only on women, children and working people), age limits on participation in programmes and other barriers (such as inappropriate services, difficult physical access, lack of physical ability of older persons) exclude the elderly from their support.

Considering the main findings and conclusion of my study I make a few urgent recommendations:

Since poor older people are facing a lot of health problems, many of them without having any specific illness, it seems that they are severely malnourished. Older people should be targeted in nutritional assessments and interventions. Since there is lack of qualitative information about the life situation of poor elderly, anthropological research should be conducted on the problem before launching the intervention programme.

All government and NGO programmes should abolish age limits in order to increase the participation by the elderly. Income generating programmes of NGOs should include the older persons and should find appropriate work for the elderly men and women (making handicrafts, for example, which does not need enormous physical strength) so that they work for their own income. Special attention should be given to those who do not have family support and widows.

Government and NGO development programmes should give priority to those sons/daughters (or other family members) who are the primary source of support for an older relative to strengthen and promote the capacity of the family to provide support to the elderly.
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UN (United Nations)

UNDP (United Nations Development Programme)

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World Bank
Appendix One: Abbreviations used

BAAIGM : Bangladesh Association for the Aged and Institute of Geriatric Medicine
BRAC : Bangladesh Rural Advancement Committee
BWHC : Bangladesh Women’s Health Coalition
CCHP : Chakaria Community Health Project (of ICDDR,B)
CED : Chronic Energy Deficiency
FGD : Focus Group Discussion
GGUF : Gono Gobeshona o Unnayan Foundation
ICDDR,B : The International Centre of Diarrhoeal Disease Research, Bangladesh
ICPD : The International Conference on Population and Development
MBBS : Bachelor of Medicine and Bachelor of Surgery
NGO : Non Governmental Organisation
RED : Research and Evaluation Division (of BRAC)
RIC : Resource Integration Centre
SARVP : The Social Assistance and Rehabilitation for the Physically Vulnerable
TFR : Total Fertility Rate
UHC : Upazela Health Complex
UNFPA : United Nations Population Fund
VGD : Vulnerable Group Feeding
VGF : Vulnerable Group Development
VHP : Village Health Post (of CCHP)
WHO : World Health Organisation