

Lives and Livings of Older People in Aila Affected Areas of Bangladesh

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Abstract: Change is the go of the world that seems to be more applicable in respect of older people throughout the world basically in Bangladesh. An altering demographic structure is happening worldwide with a gradual swing towards a higher share of older people. Bangladesh is projected to experience a doubling of its elderly population from the current level of 7 million to 14 million by the end of the next decade. Drawing upon qualitative evidence from Aila affected areas of Bangladesh; the present study focuses on Lives and Livings of older people in Aila affected areas of Bangladesh. The findings show some important issues related with the older people in Aila affected areas are to be noticed that are less facilitated along with violated such as the situation of most older people in money earning activities, participation in appropriate education and training, giving opinion and decision in relation to older care and living pattern, comfortable family and surrounding environment for older living, showing respect towards their status, belief and thinking, free movement everywhere, making friendship with own choice, involvement in educational, religious and socio-cultural activities of the society, living with sufficient dignity & security, economic, psycho-social and physical abuse, property rights abuse, access to modern recreational equipments, discrimination regarding gender and age, participation in decision making process and enjoyment of health service facilities etc.

Keywords: Older people, lives and livings, Bangladesh.

1. INTRODUCTION

The concerns of older people are the most talked of issues throughout the world and the world is being confronted with fatal challenges concerned with rapid increases in the numbers of people who live to an advanced old age (Strong,1992). The size of the country's population 60 years and above has been rapidly increasing during the past decades. Their size stood at 7.6 million in 2001 while it was 1.86 million in 1951(BBS, 2001). The projected elderly population of Bangladesh is estimated at 13 million in 2020. Proportionately the elderly comprised more than 6% of total population in 2021 which grew from 4.43% in 1951. Such an increasing number and proportion of the elderly people is represented equally across male and female population and rural and urban locations as well (UN,2004). The emerging trend in population ageing is the result of the consequences of demographic transition experienced over the past decades. Development of medical sciences- particularly in the control of fatal diseases, improvements in hygiene, sanitation and better living standard have contributed to a rising trend in life expectancy at birth (ActionAid,2009). During the same period, total fertility rate has also come down from 6.7 to less than 3 (NIPORT, 2007).The observed increase in size and proportion of the elderly people have raised various challenges for the society; post social, cultural and economic adjustments of the individuals, respective society and the society at large (Samad,2007).Various social, economic and cultural adjustments are entailed by an increasing size of elderly people in the society. These are particularly important for the elderly people themselves. Economic insecurity, social isolation and physical degradation are positively associated with old age. Poor economic condition, absence of institutional facilities and breaking away from traditional values and customs are the major prioritizing factors (Islam, 2012).

2. OBJECTIVES OF THE STUDY

The main objectives of the study are;

1. To know the demographic profile of the older in Aila affected areas
2. To know the basic needs to be filled out by themselves or by others after Aila
3. To know their conditions in family after Aila
4. To know their contribution during and after Aila

3. METHODOLOGY OF THE STUDY

The study has followed qualitative method that has helped combine qualitative data. Data of the study has been collected from both primary and secondary sources. Primary data has been collected from selected samples through interview schedule and Focus Group Discussion (FGD). Secondary data has been gathered from published and unpublished research reports, journals, books, as well as from record and documents of relevant agencies.

The part of different unions prioritising Gabura, Padmapukur and Burigoalini of Syamnagar Thana under Satkhira district of Bangladesh has been selected as areas which are badly affected by cyclone Aila in 2009 and it has been chosen on the basis of purposive sampling. All the older people aged 60 and above have been considered the research population. For this study, twelve interview (three older women and nine older men from three unions), nine FGD (six for older male and three for older female from three unions) have been conducted purposively that has helped provide more qualitative data.

Finally, the collected data from the research areas has been edited. Then it has been classified according to its characteristics and presented according to the emerged themes.

4. FINDINGS AND DISCUSSION

Demographic profile:

Most of the people are Muslim in Religion: The study shows that Most of the participants belong to Muslim community and the others belong to Hindu community in the study areas. There has been taken nine male older and three older women as case study from three unions under Syamnagar Thana in Satkhira district. Alongside this, there has been taken six male older and three female older FGD from three unions. Each of the FGDs consist eight older people where five is Muslim and the other is Hindu. Though religious distribution of the people in the country is different from the study statistics but the study area covers only Muslim and Hindu community and the ratio of these groups were found in the above mentioned way. So, the mode of the participants is Muslim. Thing is that the result found here is consistent with the study of Bhuyan (Bhuyan,2009).

Most of the participants are less educated: The study revealed that out of total cases, Most of the participants are under Primary school certificate (PSC) and only a few participants are from six to Secondary School Certificate (SSC). They can manage everything with their earned knowledge and experiences. Most of the participants are less educated. The school time of the participants was near about liberation war of Bangladesh happened in 1971. The literacy rate of Bangladesh was very poor at that time. So, high literacy rate of the participants was not found in the study both in case study and FGDs. It is also significant that the older are not conscious about their education at that time. The found result is consistent with the study of Islam (Islam,2000).

Most of the spouses live together: In search of marital status of the older, it is found that eight participants in the case study are married whose spouses are still living with their counterparts. Total seventy two participants in the FGDs, sixty three spouses are still living with their counterparts. A very few participants are found either divorced or separated. The rate of divorce or separation among the older in Aila affected area is very poor because of family bondage in these areas. It is also mentionable that rural women do not eager to divorce or separate from their husband. After getting married, they feel their shelter is their husband's house. The husband and wife seek shelter with each other in later life. The result found here has a consistency with the study of Mahmud (Mahmud,1997).

Most of the participants live in a joint family: Three participants in the case study belong to nuclear family and the rest participants belong to joint family and only a very few respondents are living alone in others house. In the FGDs, fifty one

participants live in joint family and the others live in nuclear family. It is observed that those who have no children and their husbands were expired are living alone. They live in next door's house. The collected data indicates the living pattern of the older people in Aila affected areas in the joint family setting is much more than the nuclear family. It shows that the older living in Aila affected areas is living with family members due to rural social values. Among the older of the study areas, three participants have 2-3 members in the family; three participants reported that they have 4-5 members in the family but six participants reported that they have 6 and above members in the family. The statistics showed that most of the participants have unexpected number of children which contributes to over population in the country. It also indicates that most of the participant couples have not adopted family planning methods during conjugal life. Thing is that the result found here is consistent with the study of UNHCR (UNHCR,2009).

Most of the participants involved in Gher-based job: The professional pattern shows the symbol of development in a country. The study showed that out of total cases, nine participants are involved in Gher-based work; only three participants are unemployed or retired from the service. Only two participants are in non-agricultural work. Some of the participants are involved in other type of work, such as begging, working as servant etc. It is also mentionable that those who are involved in income generating activities are mostly in Gher-based job. The same result is found in the study of Roy (Roy,2009).

Income of the the participants are not enough: It is also found that most of the participants are somehow fully or partially detached from the employment opportunities due to physical inability. Only four participants earn not more than three thousand per month from their Gher. It is observed that a significant part of the participants has no income to run their daily costs so; they are to depend on adult children or others that is consistent with the study of Haque (Haque,2012) .

Dependency trends of the participants are high: It was found that out of land owner cases, three participants have less than 22 decimal of agricultural land used as Gher, four participants belong to 30 to 100 decimal of agricultural land. more Only two percent participants have than one acre agricultural land which is the sign of well off family in the Aila affected areas but it is significant that nine participants have only holding land so, they have no minimum agricultural or Gher land where they can grow crops or fishes for survival. They are to depend on physical labor for earning money which can contribute to maintain their livelihood. The dependency ratio of the older indicates that nine participants are somehow dependent on others and the rest participants are not dependent on other people for survival. Thing is that the result found here is consistent with the study of Rahman (Rahman,2004).

Most of the houses are male headed: Household headship was enjoyed by one-third of the total participants of whom the majority was male. The female headship was not found in these areas. The study shows that economic ability, gender and power plays a vital role in determining the household status of older than chronological age. It is observed that ten participants are under the headship of other family members which indicates that they are entirely dependent people in the family. The prevailing social values do not allow to get married one more time for the female people. So, multi-marriage was happened only among the male participant so, the occurrence of getting multi-marriage among the male participants was more than the mentioned percentage in reality. The study showed the conjugal life period of the older people in Aila affected areas. The average age of conjugal life time is 40 years and the same result is found in the study result of Islam (Islam,2000).

Physical inability is the major cause of unemployment: Physical inability is the major cause of unemployment of the participants and they are out of income generating activities in the society. The average monthly income of the participants is BDT 1220 which is too poor to run the livelihood of the family. It is observed that a significant part of the participants has no income to run their daily lives so; they are to depend on adult children or others. Thing is that the result found here is consistent with the study of Bhuyan (Bhuyan,2009).

Basic human needs:

Basic human needs are the priority matters in human life. The rural older people were asked what they can understand by basic human needs. The study showed that majority of the participants can mention food only as basic human need. Most of the participants do not know about the knowledge of basic human needs. Priority was given on food, health facilities, cloths, shelter and recreational facilities enjoyment respectively as basic human needs. It is because of ignorance about it. The participants were asked what types of basic needs are not fulfilled in their life. Out of total cases, six participants replied that health care facilities are not availed as per their need. Ten participants do not get recreational facilities. Nine

participants are deprived of available food demand, seven have no sufficient clothe to protect cold weather and confidentiality. Seven participants feel lack of shelter. It is notable that shelter less people gets shelter in any type of houses in Aila affected areas but it is significant that many of the participants face difficulties in fulfilling some basic human needs. Basic human needs to be filled out are the pre-requirement of human survival. The ingredients in food intake are very much important for sound health. The older in Aila affected areas were asked about the ingredients of their breakfast. According to their response, the common ingredients of breakfast were water-rice, vegetable, *molasses*, onion etc. The daily food items of participants's lunch were also searched in the study. It is found that common food items of the older in Aila affected areas in the lunch are rice, fish and vegetable etc. It is observed during data collection that majority of the participants take food items which are cheap in price and available in the locality. The participants were also asked to inform about the food items taken in the dinner. Most of the food items in the dinner are as same as lunch food items. The food items which are found in the field study do not contain sufficient calories for maintaining balanced growth of the body. The rural people are to work hard so they need enough protein but the older in Aila affected areas cannot afford balanced diet which affects on their physical health. The food ingredients which are found are very poor in sense of quality and nutritional value of foods. It indicates that most of the participants cannot afford nutritious food due to financial insolvency and lack of knowledge about nutrition. The older were asked to know the frequency of taking fish. The present study showed that out of total cases, three participants take fishes usually once or twice a week; *nine* participants take fishes as a food item in most of the days in a week. It is observed that ponds, lake, small dragger and river are available in the Aila affected areas so, people cultivate fishes in the pond and lakes. Catching fishes in the pond, lake and river is common phenomenon in the Aila affected areas so; fishes are common food item in these areas as food intake. It also shows the frequency of taking meat by the participants. A few people can take meats as regular basis. Most of the older in Aila affected areas take any kind of meats once or twice a month. The study showed that most of the older people were found to be devoid of good conception as to the nutritional value of food rather they merely knew to have foods to fill in their stomach. Only two participants were found to manage fishes and meat as regularly as possible. A few poor older living in abject poverty took fishes and meats once or twice in a month or sometimes on special occasions. Most of the participants usually live in those houses that are not full of adequate amenities and suitable for their congenial living. According to the study, out of total cases, nine participants in the case study and sixty seven participants in the FGDs live in *Katcha Ghar (made of mud and tali)*, two participants in the case study and five participants in the FGDs live in half brick built house. Living in *kachaghor* is more risky for the older and also vulnerable during cyclone and bad weather. Unsafe house bears the sign of poverty of the participants. The status of living house indicates the vulnerability of the participants in Aila affected areas. The statistics refers that most of the participants live with vulnerabilities. The study revealed that majority of the participants live in a separate room and few participants replied that they share one room with other family members. Enough space for living is essential in maintaining personal confidentiality. The study showed that most of the participants are not getting enough space for living numbering eight in the case study and sixty one in the FGD so; a significant number of participants are deprived of spacious room for living which indicates the fatal situation of their living arrangement. Ownership of the living room shows the authority of the participants on living status. The study showed that out of total cases, nine participants pointed out their ownership of the living room. In the study, many older people were found not to have authority on houses due to psychosomatic debilities and economic dependency on family members. On the contrary, only two of the participants having voice and command of economic properties lived in the houses where they wished to live or felt good. Owing to the dearth of sleeping room, they are to share beds with other family members. The present study shows that out of total cases, four participants have maximum three clothes which have to wear around the year and the rest have less than three cloths to wear both in the winter and summer. Generally for want of suitable and sufficient cloths affect badly on the people living in Aila affected areas at the time of severe hot or cold weather. The affected older people were asked to know the process of purchasing new cloths where it was found that most of the participants are not capable of purchasing clothes once in every six months numbering nine in the case study and sixty three in the FGD. Only one participant is capable of purchasing cloths as per requirement that is happened in every month which reveals the pity situation of those people living in Aila affected areas. It also showed that majority of the participants numbering nine are to depend on the offspring, relatives or grant/ donation from benevolent persons of the society and the government authority for protecting themselves in need of clothe for getting required clothe. The study revealed that majority of the Aila affected older numbering eight in the case study and sixty eight in the FGD visit village doctors or pharmacy in case of physical illness. Two participants in the case study and five participants in the FGD usually do not visit doctors for physical illness rather they go to village kabiraj. Out of total cases, only five participants in the case study and thirty nine participants in the FGD avail government medical facilities from government

upazila and zilla sadar hospitals. In the case of medical treatment, some of the participants responded that they are used to having traditional treatment methods such as herbal or plant-based remedies, religion-based healings, homeopathic treatment and so forth. It was evidently found that the adult children who are not financially solvent cannot afford caring and services for their older parents. Seeking health care from a formally qualified doctor is avoided due to high costs in case of poor families. The older participants were asked who take them to the health service centre in the time of physical illness. The study showed that offspring are the main source in taking them to the doctors or pharmacy or village kabiraj. Besides these, participants go to have treatment during physical illness with the help of relatives, neighbors and other members of the society. Capability of buying medicine as per doctor's prescription is important for physical fitness. In the study, out of total cases, three participants in case study and nine participants in the FGD are capable of buying medicine according to doctor's prescription. Thing is that the result found here is consistent with the study of Islam (Islam,2012).

Conditions of older people in the family after Aila:

It is significant that many of the participants are out of income generating activities due to Aila so they are dependent on adult children or other people. The other income sources except main profession are found as government old age and widow allowance, borrowing money, financial assistance from non-government organizations, assistance from the offspring, grant and donation from relatives and benevolent persons of the society. Most of the participants have no other income source for survival. It also showed that most of the older women participants are attached with the offspring and other people which is the sign of higher dependency rate of the older in the Aila affected areas. After Aila, many of the older cannot support their family well with meager amount of income. In the case of women older in Aila affected areas, economic dependency or lack of access to regular income, old age together with gender was vigorously observed as one of crucial concerns to lead their lives. The above findings were got from maximum participants numbering nine in the case study and sixty three in the FGD. The result found here is consistent with the study of Nizamuddin (Nizamuddin,2001).

Contribution of the older people during Aila:

There were no older people found in the study who contributed in respect of rescuing the affected people during Aila. All of the participants told that even we could not help ourselves let alone others at that devastating moment. Thing is that the result found here is consistent with the study of Bhuyan (Bhuyan,2009).

5. RECOMMENDATIONS

In our society basically in the rural areas, older population has no proper income earning opportunities because of physical limitations, cultural barriers and lack of micro credit so, Government should formulate policies and programs for providing extensive financial assistance for the older for surviving economically in their old age. However, with considerable attention on the welfare of the older people, some measures can also be more effective these are-

- To ensure active support to provide food and social security and shelter for the disadvantaged older in Aila affected areas,
- To adopt poverty alleviating strategies and ensure conducive environment for improved quality of life for those older living in Aila affected areas.
- To strengthen family support system through advocacy and counseling; family bondage should be protected by the society and state for the well-being of the Aila affected older.
- To promote family responsibilities for elderly and create awareness in the light of religious values. The offspring should come forward towards the older parents in all respect.
- To increase existing old age allowance
- To ensure social security and free medical care for childless and helpless older couple; the government can open a separate ward for older people at upazila and zilla sadar hospitals.
- To ensure housing facilities for the older coupled with abandoned and khas land properties of the government should be distributed among poor older people so that they can get it as last adopt.

- To strengthen the status of the older family with normal empowerment; the older people should be recognized as senior citizen in the country.
- To promote the quality of the service delivery system for the older; government and nongovernment service delivery system should be activated in favor of the older.
- To restore traditional joint family system in order that older people can live with all family members satisfactorily;
- To make sure regular doctor's visit, empathetic behavior of the offspring, community support, involvement in appropriate work for financial solvency, providing free medicine and nutritious food supply etc. can be arranged for improving their health.
- To make sure reasonable price of all daily commodities, government food assistance and food supply for the parents, inclusion of all poor older in old age allowance etc.
- To ensure freedom of performing regular religious activities and living together with family members, good relationship with neighbor and financial solvency as well as mental recreation.
- To take responsibilities of the parents by the offspring and distribute necessary cloth distribution among the older both in summer and winter.
- To show honor towards the older in the society, practice social values, give importance to the older in social activities, protect older rights etc in all respect by the concerned people.
- To undertake comprehensive research studies on multidimensional issues of elderly problems in order to help developing more effective strategies in addressing the older problems.

6. CONCLUSION

Notwithstanding institutional arrangement for providing support and care for the older in Aila affected areas of Bangladesh, there are still derisory services for resolving the problems of the older people. Government and Non-government organizations need to run special service in order to make certain doable economic, social and health securities for the lives of the older. Alongside, some special measures can be initiated for the welfare of the older which may include medicines at concentrated cost, free treatment, health care near the residence and home care by health workers, increase of old age allowance and shelter as well as food. If all the efforts are appropriately materialized and the older wellbeing is promoted, they can be able to live their simple lives with maximum satisfaction. However, a comprehensive policy and program initiatives based on the study results need to be embedded for older people. In this respect, family and social support and government assistance will be given greater priority for bettering the condition of older people. In addition, constructive changes in the socio-economic and cultural environment, health care system, elderly employment and empowerment should be fostered for the Aila affected older people and their families. Thinking the multifarious vulnerabilities and social insecurities of the older, certain useful and productive programs should be taken for the Aila affected older especially in mitigating their economic hardship and other sufferings. Policy level initiatives and institutional arrangements to provide social security to the elderly outside the family system should be extended and also be accelerated at maximum level.

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