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THE CONDITION OF HEALTH OF THE RURAL ELDERLY IN BANGLADESH: A SOCIOLOGICAL ANALYSIS

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Abstract: The article has focused on the health condition of the elderly in rural Bangladesh. Mixed Approach that is, quantitative and qualitative has been given priority. Structured interview has also been undertaken by means of well-reformed questionnaire. Respondents have been selected purposively. The study has depicted that although the elderly are the integral part of the society, now they are suffering from different types of problems when they are supposed to keep at good condition. They are also living with poor health, economic hardship and social insecurity. Considering these entire why a national policy on health and care of the elderly is an important step in achieving a framework for the development of services for the elderly has also been highlighted in this article.

Introduction

Since the immemorial, older persons in India have been accorded a place of honor and importance in the family and community (Chakrabarti 2009:13). Bangladesh is not exception to this especially in rural area. Aging is such a process through which everyone must undergo. Although, the aged people are the important part of our society, their overall conditions especially in rural settings are very pathetic. At present they have become one of the most vulnerable and high-risk groups in terms of health and other psycho-somatic conditions. The United Nations defined the old age as 60 years and above. According to the Bangladesh Association for the Aged and Institute of Geriatric Medicine, 55 years may be considered for being old (Khan 1999). In rural society people become aged in their early age due to hardworking and want of balance diet. Again, in the coming decades, the number of elderly population is increasing rapidly worldwide. The global population aged 65 and over was estimated to be 70 crore (Wan He 2009). In the developing country the average percentage of elderly is 15% of total population. In South Asian countries, the total population is about 200 crore.

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Among them 14 crore is elderly. It is estimated that in 2025 it will be 277 crore and 32 crore (Rahman 2005).

Table 1: Elderly population: Size, Growth rate and Percentage of total population

Characteristics	1950	1970	1980	1990	2000	2025
Size	201.0	307.8	381.8	487.9	612.3	1201.2
Growth Rate	-	2.1	2.3	2.4	2.8	2.7
Percentage of total	8.0	8.3	8.6	9.2	9.8	14.8
More developed region (Size)	94.6	148.9	173.5	205.7	235.7	342.7
Growth Rate	-	2.3	1.5	1.7	1.4	1.5
Percentage of total	11.4	14.2	15.3	17.1	18.7	25.3
Less developed region (Size)	106.4	158.9	208.4	282.1	376.6	858.5
Growth Rate	-	2.0	2.7	3.0	2.8	3.3
Percentage of total	6.3	6.0	6.3	6.9	7.6	12.1

Source: World Population Prospects, United Nations, New York, 1989

The table above shows that the countries of the world including Bangladesh are going to experience population aging in severe stage and it is expected that their number will be large in absolute terms. In Bangladesh, the percentage of elderly population is about 7%. In 2025, it will be about 9% and in 2050, it will be about 17% (BDP 2013).

Table 2: The Percentage of Elderly (1951-2025) in Bangladesh

Year	1951	1961	1974	1981	1991	2001	2007	2012	2025	2035	2050
Percent	4.4	5.2	5.7	5.5	5.4	6.2.	6.6	8.56	9.9	11.9	17.0

Source: Data from BBS 2001, 2008, Help Age International 2006.

So, the number of elderly is increasing at high speed. In Bangladesh about half of the population lives under poverty line and do not have adequate housing, and the majority of the elderly population are still living in rural areas where poverty is a serious problem. The number of elderly population is increasing rapidly all over the world due to low rate of fertility, mortality, increasing life expectancy for the advancement of medical technology.

The aging process is expected to accelerate in the next century, mainly because the large cohorts born in 1950s and 1960s respectively will be joining the ranks of 60 years and over during this period. The decline in mortality, particularly at young ages, also means that a higher proportion of the large cohorts will survive to the old age. A cheaper, accessible and effective geriatric health care service with an emphasis on health promotion, income generating activities and rehabilitation program should be developed to protect the health and well being of the elderly people (Hosain and a Begum 2003; 15). The health and physical condition of the aged people in our country is not good. Most of them possess ill health. Sound health

depends on good and nutrient food, drink, proper medicare treatment during ailment, knowledge about health and hygiene, good sanitation, physical exercise, recreation, mental peace, healthy environment and happy home. In the present socio-economic condition of the country these health requirements are found to be lacking for most of the people in general. The aged people possess broken and ill health in absence of proper health care needs and facilities. The most common diseases are asthma, diabetes, diarrhea, peptic ulcer, blood pressure, cardiac diseases, arthritis, paralysis, dental and eye problems. They also suffer from dementia, Insomnia, urinary incontinence, psychosomatic diseases etc. There are a significant number of aged people who are disabled, invalid and lonely. Their health conditions are more or less alarming. Most of them are physically unfit and incapacitated. Some of them are having no earning member. And that is why they are being forced to engage in hard work or even in begging which is naturally adding more strain on their poor health. The authors in this paper, however, made an attempt to know the health condition of rural elderly with a view to formulate national policy for the benefit of the elderly as well.

Objectives: The objectives of the study are to portray the actual health condition of the rural elderly and to offer some recommendations for future implications in order to resolve their problems.

Methodology: In order to achieve the research objectives, a system of methods has been developed for collecting the research materials. The present study has conducted at a village named *Satbaria* of *Keshabpur* Upazilla in *Jessore* district through a combination of quantitative and qualitative methods. Comprehensive structured interview has been undertaken by means of well-reformed questionnaire and also in depth case studies. Proportional percentage and cumulative frequency and mean in terms of specific category for significant variables have been followed to give the study a proper logical methodological ground. Respondents have been selected by purposive sampling procedure. To follow the real objectives of the study purposive sampling has been undertaken deliberately to make the samples more representative.

Limitations: The study had several limitations. We could not include some diseases specifically important for the elderly people, such as depression. In line with others, the chronic conditions with significant health impact were examined in the study. Regarding diagnoses of other health problems, e.g. respiratory tract infection, upper gastrointestinal tract disorders, lower gastrointestinal tract disorders, and skin disease, being mostly infectious/communicable, were not investigated in the study. Information on depression was not collected through clinical interview. Apart from these an attempt has been made to do the work objectively.

Results and Discussions: The country is currently undergoing both epidemiologic and demographic transitions, where the decline in both fertility and mortality rates in early life have resulted in increased life expectancy. Based on data from Bangladesh, life expectancy at birth is expected to be 76.9 years for men and 85.1 years for women in 2015, calculated based on the scientific report of ICDDRB. At present, based on ICDDRB data, life expectancy at 60 years is additional 17.6 years for men and 18.9 years for women (ICDDRB 2010). The fact that more and more people are reaching their older adulthood has resulted in a change in the disease pattern such that chronic medical conditions have become prominent also in low-income populations. Chronic health conditions are now common in elderly persons, and the prevalence of multiple chronic conditions is expected to increase chronic diseases, by nature, will accumulate with ageing and present as multiple morbidities. As with health and diseases, multi-morbidity also requires attention by socioeconomic status. Health inequality on basis of socioeconomic status is present in both high and low-income countries. People with low socioeconomic status suffer from more diseases than those with higher one throughout their lifespan. As newborns, they suffer from health problems, such as premature birth, low birth weight and, later on, from chronic diseases, such as diabetes or heart disease. In short, the poor people suffer from more ill-health and die at a younger age compared to their better-off counterparts. However, an attempt has been made to show the condition of health of the rural elderly in Bangladesh.

Table 3: Type of latrine used by the elderly

Type of latrine	Frequency (n)	Percentage (%)
Normal sanitary latrine	42	42
Brick built sanitary latrine	18	18
Latrine made by bambo	29	29
Open place	11	11
Total	n=100	100%

It is discovered from the findings of the study that about 42% aged people use normal sanitary latrine, 18% use Brick built sanitary latrine, 29% use latrine made by bamboo, 11% of them uses open place due to poverty.

Table4: Information on bearing expense of taking treatment

Taking Treatment	Frequency (n)	Percentage (%)
Yes	37	37
No	63	63
Total	n=100	100%

Due to insufficient and inadequate treatment facilities they have nothing to do without it. From them 37% of them are able to bear the expenses of their treatment while other 63% are unable to do the same.

Table 5: Information on the condition of health of the elderly

Condition of health	Frequency (n)	Percentage (%)
Medium	51	51
Very bad	14	14
Bad	26	26
Good	09	09
Total	n=100	100%

It is also revealed that the health of the elderly is not good at all. Nearly 51% of them is medium, 26% bad and 14% very bad while 09% are good. So, it is a pathetic scenary of health condition of the elderly.

Table 6: Information on losing tooth of the elderly

Losing Tooth	Frequency (n)	Percentage (%)
Have not lost	12	12
Lost 5-14 teeth	53 No	53
Lost 15-24 teeth	18	18
Lost more than 25 teeth	17	17
Total	n=100	100%

The table above clearly points out that about 12% of the aged have not yet lost teeth, 53% lost 5-14 teeth, and 18% lost 15-24 teeth while more than 17% lost their 25 teeth. So, losing tooth is also a common matter among the elderly in the study area.

Table 7: Information on digestion capacity of the elderly

Capacity of Digestion	Frequency (n)	Percentage (%)
Digest properly	37	37
Cannot digest properly	63 No	63
Total	n=100	100%

Food is the source of energy. It depends on the capacity of digestion. From the table it can understand that merely 37% of them can digest properly while 63% cannot. As they cannot digest food properly, it may be irrelevant discussion to highlight their health condition.

Table 8: Information on sleeping condition of the elderly

Sleeping condition	Frequency (n)	Percentage (%)
Sound	31	31
Medium	27	27
Low	23	23
Cannot	19	19
Total	n=100	100%

From the table placed above it can easily grasp that near about 31% of the elderly enjoy sound sleep while 19% cannot sleep at all, 23% of them have low level sleep and the rest of them 27% have medium sleep.

Table 9: Information on feeling tension of the elderly

Feeling tension	Frequency (n)	Percentage (%)
Always	51	51
Sometimes	38	38
Never	11	11
Total	n=100	100%

The rural elderly in our society face multifaceted problems in their lives. So. Feeling tension is a part of their lives. It is apparent from the table that approximately 51% elderly feel tension always, 38% feel sometimes while 11% never feel any tension.

Table10: Information on feeling loneliness of the elderly

Feeling loneliness	Frequency (n)	Percentage (%)
Always	57	57
Sometimes	32	32
Never	11	11
Total	n=100	100%

The table above clearly focus that about 57% elderly always feel loneliness, 32% feel sometimes while 11% never feel this situation. This implies that care should be taken about their physical state during the last part of their life.13

Table 11: Health seeking behavior of the elderly

Health seeking Behavior	Frequency (n)	Percentage (%)
Village doctor	54	54
Kabiraj/Jharfuk (Traditional Method)	26	26
Homeopathic doctor	13	13
MBBS doctor	07	07
Total	n=100	100%

The treatment facilities in rural Bangladesh are not well and sufficient for the aged people. They do not get their expected treatment because of inadequate treatment facilities. Most of them depend on natural treatment. They believe that they will come round by naturally. Besides, their family members are not so helpful for them, which is actually miserable. From them who are took treatment form village doctors their number is significant. From them, 54% took their treatment from village doctors after self-trying, 26% from Kabiraj/ Jharfuk (Traditional Method), 13% of them take their treatment from homeopathic doctor and the rest of them 07% took treatment from MBBS doctor those have financial abilities and conscious on modern Medicare system.

The rural elderly of Bangladesh are suffering various types of diseases like Diabetes 15%, Rheumatoid arthritis 16%, High blood pressure 18%, Cough / Asthma 29%, Ulcer 06%, Various Pain 09%, Psychosomatic diseases 02%, and others 05%.

Implications: The findings of the study might help us to do an objective judgment about the various health related issues concerning the elderly in rural Bangladesh. However, in the light of the various interesting facts it can be recommended the following steps toward the welfare of the health condition of the rural elderly in Bangladesh.

- The government should ensure the basic needs of the aged women, such as food, health, clothing, education, recreation, shelter etc.
- The government as well as society should provide food and favorable environment for the psychological support through love, affection, respect, nursing, ensure social status, respect, economic security, self-reliance and tension free harmonious living.
- The concerned families, especially the poor families are required to be economically empowered and enabled to provide required food, nutrition, clothing, housing and medical care to the elderly.
- The subsistence allowance program for the very poor, distressed, infirm and disabled elderly persons initiated by the government is a very good step to help the selected group. This program should be intensified and gradually expanded to cover all aged persons belonging to this group.
- Special provision should be made for ward/bed for the aged patients in all government hospitals. The government and private hospitals /clinics may also be instructed to give priority and special care for the treatment of the aged person.
- The government may issue “Health Card” to the aged people to get proper medical treatment free of cost or at subsidized rates in all hospitals and clinics.
- The government may be established “Nursing Home” for the aged people in all Union health centers to provide temporary shelter to them to assisting them to get Medicare services, counseling services, recreation, reading facilities etc.
- The aged person should be declared as “Senior Citizens” of the country thereby giving them a dignified social status and recognition.
- The family members should look after them with respect. They have to try their best to fulfill their demands at the last moment of their life.
- The government should provide a special provision for the betterment of the aged people for proper maintaining them as a respective way by their family members otherwise the family members will have to penalize in this sense that they will be disqualified in all government’s opportunity.

Conclusion: The elderly passed their life previously with due respect and they were the actual heads and decision makers in the family and in the society. But now they can’t maintain their every day life including health, the normal physical needs, such as appropriate food, nutrition, family care, physical exercise, rest and recreation along with mental peach are essentially required. The mental peace comes from love, respect and affection of the family in the one hand an anxiety free living, self reliance, social dignity, and respect on the other. The mental or psychological satisfaction plays an important role in the life of the elderly. Therefore, these requirements are essential for their good health. A national policy on health and care of the elderly is an important step in achieving a framework for the development of services for the elderly. The focus of the policy should be to preserve the dignity, independence and autonomy of the elderly in the context of the family and community in such a way that aging will be treated as the positive and fulfilling phase of life.

Notes & References:

1. Chakrabarti, Prafulla 2009 *Sunset Years of Life: A Multidimensional Study of Rural Elderly*. Kolkata: Urbee Prakashan
2. Khan, Sarfaraz Ali 1999 *“Towards a Society for All Ages: A Discussion.” Bangladesh Journal of Geriatrics,* Vol-36, No-01.
3. Wan He, Kinsella Kevin 2009 “An Aging World: 2008” International Population Reports, U.S. Census Bureau US: Washington, DC.
4. Rahman, Mu.Mijanur 2005 “Bangladeser Grameen Probinder Bardhokko Obostha-Somosyaer Prokriti O Karon”(Aging Condition of Rural Elderly in Bangladesh Cause and Nature of the Problem) *Bangladesh Lok Prosason Potrika*, Dosom borsha somkhya.
5. Bangladesh Demographics Profile (BDP) 2013 Report on Age Structure-65 Years and above 2012, Dhaka: Government of the People’s Republic of Bangladesh.
6. Bangladesh Bureau of Statistics (BBS) 2008 *Report on Sample Registration Vital System 2007*, Dhaka: Government of the People’s Republic of Bangladesh.
7. Bangladesh Bureau of Statistics (BBS) 2001 *Population Census 2001*, National Series, Vol.1, Analytical Report, Dhaka: Government of the People’s Republic of Bangladesh
8. Help Age International 2006 Uncertainty *Rules over Lives: The Situation of Older people in Bangladesh* London: Help Age International
9. United Nations “World Population Prospects”, New York: UN 1989
10. International Centre for Diarrhea Disease Research 2010 Bangladesh. Health and Demographic Surveillance SystemÍMatlab. V. 42. Registration of health and demographic events 2008. Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh P. 71. (ICDDRB Scientific Report No. 109).