

**Bangladesh Development Research Working Paper Series
(BDRWPS)**

BDRWPS 13 (December 2011)

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of Elderly Women in a Village of Bangladesh**

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Expectations, Realities and Coping Strategies of Elderly Women in a Village of Bangladesh

Tamima Sultana *

Abstract

This paper focuses on the socio-economic status of elderly women, based on 20 elderly women in the village North-Doulatpur in Phulgazi Sadar Upazila, Bangladesh. Information had been collected through in-depth interviews, and then, on the basis of interviews, seven case studies have been prepared. The major findings of this research are that poverty has an important role in the life of elderly village women and that women are more vulnerable than men in their old age, partly because of a patriarchal social structure. They expected a happy old age, which did typically not materialize. Most of the elderly women suffer from various chronic diseases like back pain, nerve disorder, insomnia, joint pain and pelvic relaxation with uterine prolepses. Despite their sufferings, most of them do not get proper care. None of the women in this study get any government allowance or other necessary services from the government. Elderly women follow various strategies for survive, though some of them could be categorized as negative coping mechanisms.

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I. Introduction

Aging is a natural, multidimensional process of human life. Old age is the closing period of the life of an individual. A person's activities, attitudes towards life, relationships to the family and work, biological capacities and physical fitness are all confined by the position in the age structure of the particular society in which she/he lives. Aging is generally defined as a process of deterioration in the functional capacity of an individual that results from structural changes with the advancement of age.

One legacy of the twentieth century has been the shift towards global population ageing. Older women in particular are affected by this trend. As of 2010, there were 771 million people worldwide of age 60 years or older (constituting 11.2 percent of the world population), and this generation is growing rapidly.¹ About 77 percent of the increase in the older population occurs currently in the developing world, where about 58 percent of the older population are women. The feminization of older population groups is a phenomenon observed throughout the world, because women live longer than men in a vast majority of countries (United Nations, 1999). Social and cultural change creates differences between the younger and the elders. The dignity and honor of the elders are fading in modern society due to differences in incomes, instability of family structures, a devaluation of dignity, individualistic attitudes, and various other social problems (Roy, 2002).

Today, in the first decade of the 21st century, we no longer have a shared map for the course of life. The timing of major life events has become less and less predictable at all levels of society. In upper socio-economic groups, for example, a woman with a graduate degree and professional career may delay having her first child until age 35 or later. In other parts of the society, where teenage pregnancy rates are high, a 35-year old woman may well be a grandmother. We are no longer surprised when a 60-year old person retires from one career and takes up a new one. For example, if the retiree has been an executive or professional, she/he may go into consulting; if the retiree has been a technician, she/he may go into small electronics repair.²

In any case, life at old age becomes typically more fragmented, disorderly, and unpredictable. Major events of life are no longer parts of a predictable or natural pattern. Although the rigidity of the linear life plan has failed to keep up with new demographic realities, it offered a degree of security. In the new post-industrial life, people are increasingly isolated. Familiar social institutions like marriage and employment can no longer be counted on for security throughout adulthood, and therefore the last stage of life also becomes less predictable. Society has not yet come to terms with the meaning of 'aging' in such unpredictable times.³

Optimists believe that medical science will soon permit us to delay the aging-related decline until later and later in life. Yet economic forces seem to move in the opposite direction. In science and engineering, knowledge becomes obsolete within 5 to 10 years, so life experience counts for less than exposure to the latest technical advances. On one hand, biology promises to postpone aging but, on the other hand, social forces such as age discrimination make the impact of aging more important than ever.⁴

¹ See <http://www.census.gov/population/international/data/idb/worldpop.php>.

² Moody (2010), p. 14.

³ Moody (2010), p. 14.

⁴ Moody (2010).

As Clara Pratt, a sociologist/gerontologist at Oregon State University, has noted, throughout life in all societies, males and females play different roles, receive different rewards, and experience different realities. These gendered experiences culminate but do not originate in life.⁵ Tendency of compromising, co-existence or mental contentment do not necessarily at all consist in this elderly period of life.

Aging populations will be one of the major challenges in the near future. While parents devote considerable resources to make a smooth transition for their children from childhood to adulthood, parents also need resources for their own benefit in old age. In most industrialized countries, various government programs provide some basic services and protect the interest of elderly people. In developing countries, there typically is a lack of appropriate policies and programs for the elderly.

Box 1: The Vienna International Plan of Action on Aging

The Vienna International Plan of Action on Aging was adopted by the World Assembly on Aging, held in Vienna, Austria from 26 July to 6 August 1982. It emphasized both the humanitarian and developmental aspects of aging. The recommendations of the Plan of Action are applicable to women and men with a view to providing them with protection and care, and ensuring their involvement and participation in social life and development. However, the Plan of Action recognizes a number of specific areas of concern for elderly women since their longer life expectancy frequently mean an old age aggravated by economic need and isolation for both unmarried women and widows, possibly with little or no prospect of paid employment. This applies particularly to those women whose lifetimes were spent in unpaid and unrecognized work in the home with little or no access to a pension. If women have an income, it is generally lower than men's, partly because their former employment status has in the majority of cases been broken by maternity and family responsibilities.

For this reason, the Plan of Action also noted the need for long-term policies directed towards providing social insurance for women in their own right. Governments and non-governmental organizations should, in addition to the measures recommended, explore the possibilities of employing elderly women in productive and creative ways and encouraging their participation in social and recreational activities.

It is also recommended that the care of elderly persons, including women, should go beyond disease orientation and should include their total well-being. Further efforts, in particular primary health care, health services and suitable accommodation and housing as strategies should be directed at enabling elderly women to lead a meaningful life as long as possible, in their own home and family and in the community.

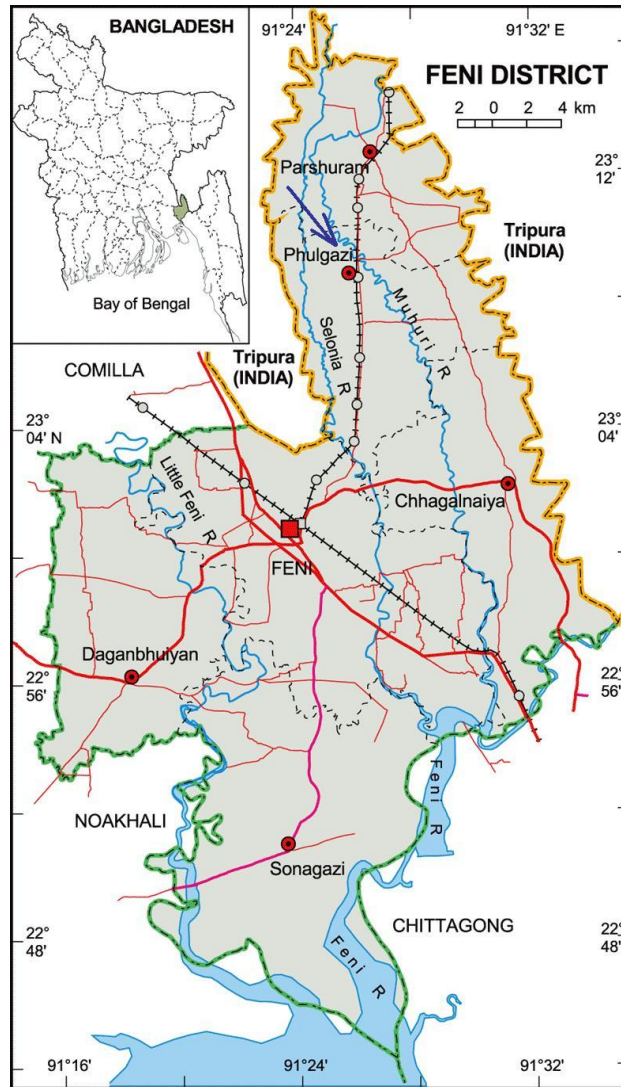
Source: Based on United Nations (1983) *Vienna International Plan of Action on Aging* (New York: United Nations); available at: <http://www.un.org/es/globalissues/ageing/docs/vipaa.pdf>.

This paper analyzes if the reality elderly women face matches with their expectations on how their old age life should be. It examines the coping mechanisms of elderly women in their daily lives and suggests programmatic interventions to help the elderly population. This paper is based on a qualitative research methodology. It tries to understand reality from the subject's point of view, with the researcher wishing to capture the meaning and regularities of social action. Case-

⁵ United Nations International Research and Training Centre for the Advancement of Women (INSTRAW) (1999), p. iii.

studies and in-depth interview methods (based on an interview guideline) have been used to analyze the expectations, realities and coping strategies of twenty women, between 50-69 years of age from the village of North-Doulatpur in Phulgazi, a 10 square kilometer large Upazila in the northern part of Feni District in the Division of Chittagong, Bangladesh (see Figure 1 below).⁶ Phulgazi Sadar Upazila is locked by India in the east and west and has a population of about 39 thousand (estimated according to the birth registrations in 2010-2011).

Figure 1: Feni District
(with Phulgazi marked by a blue arrow in the northern section of the map)



Source: BANGLAPEDIA, available at: http://www.banglapedia.org/httpdocs/HT/F_0055.HTM.

⁶ Given the topic of this research, which implies dealing with personal and sensitive issues (like emotional weakness and marginalization), these methods are superior to a formal questionnaire survey. Furthermore, all of the respondents of this research were less educated or even illiterate.

Following this introduction, Section II provides some socio-economic background of the elderly in Bangladesh. Section III presents the main results from the in-depth interviews and case studies, while the last section (Section IV) provides some conclusions and recommendations.

II. The Situation of the Elderly in Bangladesh

One of the universal problems of contemporary society is ever-increasing generation gap. Bangladesh is no exception. It has been argued that the family as an agency of socialization and social control is gradually becoming a weaker organization. Day to day interactions at the family level often generate differences of opinion and attitude between the younger and the older generations, which also lead to misunderstandings and a generation gap.⁷

As Table 1 shows (which is also illustrated in Figure 1), as of 2010, Bangladesh was estimated to have a population of 156 million people, among which 10.9 million (7.0 percent) were 60 years of age or older.

Table 1: Population by Age and Sex for Bangladesh (midyear of 2010)

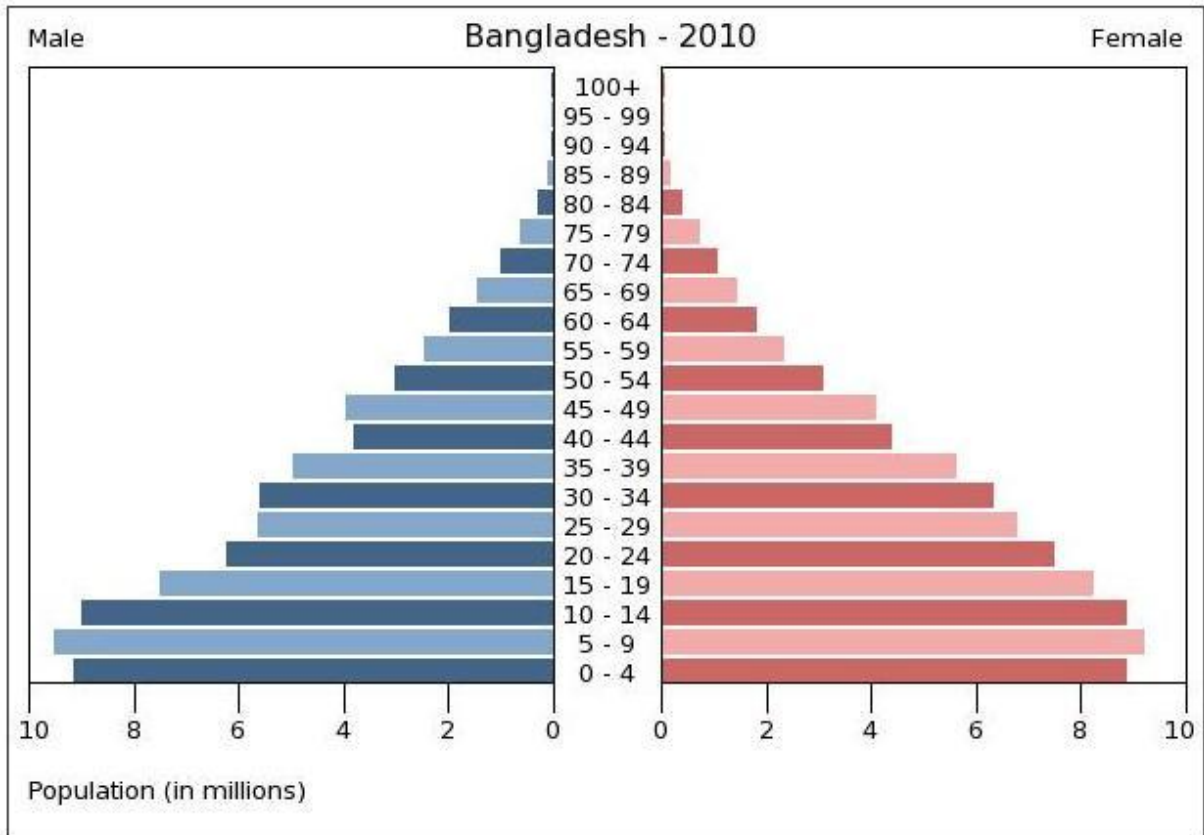
Age	Both Sexes Population	Male Population	Female Population
0-4	17,939,988	9,124,168	8,815,820
5-9	18,677,492	9,498,437	9,179,055
10-14	17,777,030	8,956,944	8,820,086
15-19	15,642,978	7,463,034	8,179,944
20-24	13,635,614	6,201,153	7,434,461
25-29	12,320,081	5,601,396	6,718,685
30-34	11,852,521	5,583,793	6,268,728
35-39	10,527,018	4,961,559	5,565,459
40-44	8,135,060	3,800,187	4,334,873
45-49	7,972,740	3,940,579	4,032,161
50-54	6,030,254	2,997,199	3,033,055
55-59	4,747,708	2,457,987	2,289,721
60-64	3,750,156	1,963,655	1,786,501
65-69	2,853,243	1,447,708	1,405,535
70-74	2,038,958	1,006,195	1,032,763
75-79	1,284,111	609,662	674,449
80-84	649,871	290,685	359,186
85-89	231,063	99,194	131,869
90-94	47,516	20,050	27,466
95-99	4,854	2,086	2,768
100+	208	96	112
Total	156,118,464	76,025,767	80,092,697

Source: U.S. Census Bureau, International Data Base; available at:

<http://www.census.gov/population/international/data/idb/informationGateway.php>

⁷ Rahman and Nasir (2005).

Figure 2: Bangladesh's Population Pyramid, 2010



Source: U.S. Census Bureau, International Data Base; available at:
<http://www.census.gov/population/international/data/idb/informationGateway.php>

Bangladesh's social customs encourage the elderly to stay with their children. Typically, the elderly became dependent on their children's income. In most cases, older people do not have control over financial resources, which results in a gradual decrease of control over family matters and eventually complete negligence.⁸

The constitution of Bangladesh guarantees equality of men and women, but the economic, social and religious, and even legal status of women is determined by the male head of household's decisions and perceptions, as well as the generally patriarchal social structures.

However, social attitudes towards women have begun to change. As a result, popular pressure (reinforced by various United Nations resolutions) has forced the government to enact laws that prohibit discrimination against women. But nothing specific has been done to protect the interest of older women, many of whom are economically inactive, with no social support. This indifference has the potential to create serious human rights problems in the future because the

⁸ Akhter and Islam (2004).

number of older women is increasing rapidly, and an aging population will be one of the major challenges of the near future, even in countries like Bangladesh, who currently still have a majority of young people.

II.1 Elderly Women of Bangladesh

The aging problems of Bangladesh's women are complex and need to be understood in their specific socio-economic context. A special feature of Bangladesh is that people become old at a much earlier stage of life than in industrialized countries. This is particularly true for women. The main reason behind early aging is Bangladesh's poverty level, which leads to a poor nutritional status and poor health. Despite recent progress, many girls marry early and usually have 4 to 7 pregnancies by their early thirties. In 1998 (which is the earliest year such data is available), out of 1000 girls/women between the age of 15-19 years, 114 gave birth. Ten years later, the adolescent fertility rate was reduced to 70.5 births per 1,000 girls/women between ages 15-19 years.⁹ For rural Bangladeshi women, who were in their teens 50 years ago, the adolescent fertility rate was obviously much higher. Furthermore, 50 years ago, poverty and malnutrition were also much higher.¹⁰ Poverty, malnutrition, a high number of pregnancies, hard work, and the overall negative social attitude towards women, imply that the average Bangladeshi woman (excluding the upper classes) faces the 'aging' problem as she crosses the age of 50 years.

Studies show that the access of credit is almost universally denied to elderly women because of explicit age barriers or lack of training, skills or confidence. Recently, the Bangladesh Rural Advancement Committee (BRAC), one of the two major non-governmental organizations (NGOs) in Bangladesh, excluded elderly people from their programs (Heslop and Gorman, 2002, pp. 7-8; and Parveen, 2001).

II.2 Bangladesh's National Policy on Ageing

The Ministry of Social Welfare has recently finalized the National Policy on Ageing. This policy is formulated in line with the United Nations (2007) *Madrid International Plan of Action on Ageing (MIPAA)*. The main objectives of this policy are:

- To ensure the dignity of the elderly people in the society.
- To identify the problems of the elderly people and address those.
- To change the attitude of the mass people towards the elderly people.
- To adopt new programs to address the needs of the elderly people fostering their socio-economic development.
- To develop special measures to help the elderly people during emergencies like natural calamities, cyclone, earthquake etc.
- To ensure social security, health care, employment and rehabilitation.
- To implement the *Madrid International Plan of Action on Ageing (MIPAA)*.

⁹ See World Bank (2011).

¹⁰ Based on the World Bank (2011), the percentage of malnourished children under 5 years of age was around 70 percent during the early 1990s, which is earliest such data is available in the Bank's *World Development Indicators* database.

II.3. Old-age Allowance and Other Benefits Available to the Elderly

Consistent with the commitment of Bangladesh's Constitution, the Ministry of Social Welfare had introduced an Old-age Allowance Program in 1998. The Old-age Allowance Program was initiated to provide financial support to the poor and distressed old-age people. At present, about 1.7 million people of 65+ years of age are enjoying the benefit of this program. The Government has allocated Taka 4.5 billion (about US\$65 million) for the Old-age Allowance program. The Old-age Allowance program is an epoch making achievement of the Government and has a positive impact on the recipients and their families as well as on society as a whole. The Government is increasing the number of beneficiaries and also enhancing the amount of allowances gradually. In Phulgazi Union, the government gives 300 hundred taka (about US\$5) monthly to the 435 elderly people from the age 65+. However, none of the 20 women included in this study got such money.

Though the Government of Bangladesh has given much importance to social safety net programs, it spends less than one percent of Bangladesh's GDP and about 4.4 percent of public expenditure on social safety net programs. Under these programs, some elderly people are also getting some benefits from the government.

There also is an opportunity of retirement incentives for the Government employees in Bangladesh. It is estimated that about 1.2 million people in Bangladesh work in Government establishments. After attaining the age of 57 years, they can retire from service and get a pension as retirement benefits. They enjoy pensions up to death and after the death of the former Government employee, her/his spouse also gets the pension until his/her death. However, the majority of Bangladesh's labor force lives in rural areas and most of them do not work for the Government. In most of the cases there is no provision for pension facilities.¹¹

III. Findings

This section presents the major findings from the case studies and in-depth interviews, examining eight topics: (1) poverty, (2) vulnerability, (3) elderly women's expectations, (4) health problems, (5) psychological problems, (6) lifestyle within the family and treatment by family members, (7) the role and acceptance of elderly women within the community, and (8) coping mechanisms of elderly women.

Before presenting the main qualitative results, Table 2 provides some quantitative background on the age distribution of the 20 women interviewed, Table 3 presents further characteristics of the 20 women interviewed, and Table 4 displays the profiles of the seven women of the case studies. As Table 2 shows, 20 percent of the respondents were between 50-54 years old, 35 percent were between 55-59 years old, 15 percent were between 60-64 years old and 30 percent were between 65-69 years old. As Table 3 shows, far more than half (65 percent) of the women were illiterate, 70 percent were widows, and 60 percent did not receive any assistance under government health care provisions.

¹¹ See Haque and Hossain (2006) and World Bank (2006).

Table 2: Age of Respondents

Age	Percentage of Respondents
50-54	20%
55-59	35%
60-64	15%
65-69	30%

Table 3: Characteristics of Respondents

Characteristics	Percentage of Respondents
Education	
Illiterate	65%
Literate	35%
Marital Status	
Widow	70%
Married	30%
Receiving Govt. Health Care	
Yes	40%
No	60%

Table 4: Profiles of the Seven Women included in the Case Studies

	Razia	Manik	Hasina	Rongi	Sajeda	Sofura	Ojiba
Age (years)	55	63	55	60	64	68	65
Marital status	widow	married	widow	married	widow	widow	widow
Number of family members	9	8	11	7	10	9	n.a.
Earning member(s) in the family	son	son-in-law	son	herself, son, and husband	herself and son	sons	n.a.
Education	literate	illiterate	illiterate	literate	illiterate	illiterate	illiterate

III.1. Poverty

Among the elderly worldwide, poverty appears in the form of social and economic insecurity, health hazards, loneliness, illiteracy and dependency. Poverty among older women is not accidental. It is multidimensional in that it stems from the multi-layered inequalities that women experience during their life time. Throughout the world, older women are more likely to live in poverty than men and this group is increasing rapidly.¹² Hence, gender aging and poverty are interrelated.

In Bangladesh, elderly women think that poverty is one of the important causes for their painful life. Because of poverty they cannot fulfill their basic needs like food, clothes, and medical care.

- Razia, Rongi, Halima, Rabeya, Sajeda, Safia, Manik, and Jomila think that poverty is an important factor. But they also say that poverty is not the main cause as lack of education, malnutrition and a decrease of their ability to work are other sources for their unhappy life.
- In spite of their weak physical condition, Rongi, Rabeya, Sajeda, Safia and Ojiba work as laborers and earn a small amount of money. According to their views, due to poverty they need to do hard work inside and outside of the home.
- Among the 20 respondents, 16 live in unhygienic household situations and their housing conditions reflect their lower economic situation. The sanitation system of everybody's house is problematic for them. However, there are no plans of the main income earners of the family to improve the sanitation system for them.

III.2. Vulnerability

Women and men enter their later years with vastly different personal and social resources, which are the culmination of lifetime experiences within social structures inflicted by gender disparity. Although aging occurs at varying rates, it takes a greater toll on women beyond multiple social inequalities. Anyway, it is having no access and no control over the property that make elderly women more vulnerable than elderly men.

- Razia, Rabeya, Sajeda, Ankurunnesa, Sofura, Atia, Jotsna, Prova, Halima, Nurunnesa, Hasina, Hajera, and Ojiba are widows. Because they are widows, they became dependent on their sons. However, they think that their sons do not give any importance about them.
- Rongi, whose husband is a small businessman, considers herself to live in a lower status than her husband because she must obey to all of his orders. In spite of her physical weakness and sickness she also needs to care about her husband. And still now, her husband batters her anytime. She is cooking for the bachelors and earns a small amount of money, which her husband takes from her.
- Manik does not get any help from her husband. Her husband works as a porter and earns some money but he uses all of his money for smoking and other drugs. Her husband quarrels with her about many simple matters. She got some properties from her father but her husband sold these properties and spent all the money.

¹² United Nations (1999).

- Firoza's husband works as a farmer in other ones land. According to Firoza, the sickness of a male family member is getting more importance than of a female. When she is sick, her husband has never given any importance about it. A male person can spend his time by going to market places, enjoy his leisure by meeting with others, but women cannot do this and truly, women have no leisure time. When a pathetic situation arises at home, men can avoid it by staying outside of the home but women cannot.
- Safia lost her physical strength after giving birth to her children. When they have a shortage of food, she gives the food first to her husband. If there remains some food after the husband has eaten, she eats otherwise not.

III.3. Women's Expectations

Though the women seem realistic with regards to their expectations, they wished for a more happy life in old age. They never imagined that they would become an extra burden of the family. Although elderly women's contributions remain significant many of them seem invisible to the policy makers. It is necessary to approach elderly women as a development agent and re-conceptualize them as active contributors to polity, economy and society.

- Razia was very much dreamy when she started her marital life. But most of her dreams did not come true. Then, she thought that once her children are grown up, they would look after of her. She thought that she would be happy in her old age. However, her present situation differs sharply from her expectations.
- Rongi says that in every election, government convenanted to give opportunities to people. From every government she expects some help for her, but so far she did not get any help for her, certainly not in her elderly life.
- Ten years ago, Manik never thought that she would face her current situation. She just lost her physical strength and at the same time she observes that day by day she becomes less and less important in her family. She does not get the proper care which she deseves as an elderly women.
- Sofura worked her whole life as maid servant in another home to be able to care for her children. But now-a-days, her sons do not care about her.
- Firoza was looking forward to a more happy life once she older. Today, she thinks that it is hard to live as an elderly woman. She thinks that she would not have to face the current problems if she had a son.
- Hajera had lots of dreams and expectations for herself and her family. But now-a-days, she has no authority in her family and is regarded as a burden in her own family.

III.4. Health Problems

Elderly women experience proportionately higher rates of chronic illness and disability than elderly men. Elderly women live with numerous chronic conditions, many of which are irreversible but not life threatening. Most of these illnesses, such as senile dementia, have a deleterious effect on women's lives and social support networks. Yet, the propensity for chronic illness places a disproportionate burden on elderly women compared to elderly men who

typically suffer from more acute conditions.

Elderly women suffer specifically from female diseases, like pelvic relaxation with uterine prolapse and genital malignancies. Postmenopausal vaginal bleeding was also observed in some women.¹³ But nobody cares about these diseases and nobody thinks that these are diseases that need to be consulted with a doctor. In any case, doctors are not sympathetic and do not take extra care for the elderly women. Moreover, women feel that any discussion about these diseases would be a matter of shame.

If elderly women go to a doctor and get some prescription for medicine, they typically do not have the money to pay for the medicine. The use of non-allopathic treatment practices has been a long tradition in rural Bangladesh. Particularly elderly women adopt the non allopathic therapy because they have no more money for receiving allopathic treatment. Some elderly women also adopt a non-allopathic therapy as there is a trend among elderly women towards mysticism in the modern world.

Women between 50 and 69 years of age become weaker and ill beyond of what is natural. So it is necessary to ask the question of what the causes of this premature aging are. It turns out that a lack of treatment after birth, pregnancy in young ages, repetitive pregnancy, and malnutrition makes them physically weaker in early stages of their life.

- At the age of 55, Razia passes her days with pain in her whole body and her eye sight has deteriorated. Yet, she is rarely going to the doctor. She has visited a government hospital for 1-2 times, but doctors told her that her illnesses are nothing serious. Everybody sees her sicknesses as something that can be ignored because she is an elderly woman. When she would be more ill, her daughter-in-law looks after her.
- Halima said that a doctor told her that she has Mitral Regurgitation (MR), a disorder of the heart in which the mitral valve does not close properly when the heart pumps out blood. She feels pain in her lower parts of body all the time. She does not get any strength to work and her eye sight deteriorates day by day. Nobody is taking care of her due to her sickness. Doctors told her to take rest but there is no leisure time for her to take rest.
- Sajeda has vision and hearing problems which become gradually more severe. She also lost the taste on her tongue. When she is more severely ill, her daughter-in-law looks after her. Though various serious illnesses, she is never permitted to go to the doctor. So when she is seriously ill, she cries all night.
- Safia feels stomach pain and also has back pain. Nobody buys medicine for her and she is unable to afford it herself.
- Manik has already become incapable of walking.
- Ankurunnesa feels pain in her whole body. Her urination is not clear, yet, she never visited a doctor about that. Her son brings some medicine for her rarely. At times of more severe illnesses, her daughters look after her.

¹³ Many women also suffer for years from various chronic diseases, like cough, diabetics, joint pain, ulcer, heart problems, blood pressure, viral fever, asthma, back pain, nerve disorder, skin problems, etc. were the two diagnoses among geriatric wanes.

- Hasina is very weak. Her vision has deteriorated and she suffers from uterus prolapsus, which is a disease caused by a lack of consciousness and care during child birth. She cannot explain anybody about her disease because she is too shy/embarrassed and for the same reason, she never went to see a doctor for this disease. Instead, she is passing her life with this disease.

III.5. Psychological Problems

The psychological health condition is also weak. Most of the women are feeling insecure. They are suffering from loneliness, depression and insomnia. Many of the elderly women said that they face problems like depression, loneliness, irritation and isolation due to their inability to get proper support. Indeed, all of the women interviewed face loneliness and irritations due to their physical and psychological inability.

- Razia is feeling insecurity about her life. While she is still able to work, she will be completely dependant once she cannot work anymore, and she is worried about who will take care her.
- Halima always thinks of herself as being hopeless and insecure.
- Sajeda is always lonely. Her elder son left her to live in a different household. He does not take care about her and does not help her financially. This makes her feel very sad in her mind.
- Manik does not go outside of her home because of her weakness and sickness. She passes her days just lying on the bed and is suffering from loneliness. She also feels insecure.
- Prova is being frustrated because she observes that day by day her importance and authority in her family is decreasing. Her sons keep her out of their households and that upsets her mentally.
- Halima is frustrated and sad because of her physical incompetence.
- Jomila is suffering from insomnia. She passes every night without sleeping.
- Firoza worries about not getting her daughters married. She already has lots of problems at age 50, and she is worried about the future.
- Hasina thinks of herself as an unimportant person. She observed that day by day her body would become less capable to work and that she becomes weaker and weaker, which makes her frustrated.
- Hajera considers herself as a burden of her son's family.

III.6. Lifestyle within the Family and Treatment by Family Members

Most elderly women in Bangladesh live within the ties of their family, but their position within the family has lost in importance. While they have to look after the grand children, they are not taken seriously and many of the women became frustrated because they cannot accept their unimportance within the family.

- Razia says that in her family, her son is the main authority. She has no property in her

own and did not get the property of her father. With regards to economic and financial matters, nobody has given importance to her views. She takes care of her grand children, still, her family members think that she is irritating because she is an extra member of the family.

- Halima says that her son takes all the decisions and given that she is a woman, her son never discusses any financial or property matter with her. She does many works at home, like cleaning and washing and is responsible for the care of her grand children. Yet, Halima's son says that she is a burden for him as he has to spend some money for her medical treatment.
- Sajeda says that nobody considers her views about any family matter to be of importance. Moreover, her son takes her money which she earns from the work of road construction.
- Safia says that she is quarreling with her daughter-in-law that everybody treats her as a burden. Other family members also quarrel with her about food and cloth. Her son says sometimes that he has no more money to spend on her but that she does not seem to understand that.
- Manik says her son-in-law bears her responsibility of food and cloth but that he always blames her for that. She is completely dependent on her daughter's family, which sometimes is unfriendly to her.
- All decisions of Angkurunnesa's family have been taken by her sons. And she has no eagerness about any power of family decision making. She just looks after of her grand children.
- Jotsna quarrels with her daughter-in-law every day. Her daughter-in-law cannot tolerate her and treats her as a burden because she eats without doing any work.
- Firoza is providing many services to her family, like cleaning, washing and collecting drinking water from the tube well far away from the home.
- Ojiba stays with her sons, but practically they have separate lives as she cooks for herself and is not included in the family's work. Nobody takes care of her when she is feeling ill. If she complains about anything, her sons want to kill her. According to her son, she always criticizes them and destroys the peace at home.
- The sons of Sofura quarrel with each other because they want to transfer the responsibility of their mother to each other.

III.7. Role and Acceptance within the Community

Rural society has an aesthetic value that the elderly women are an important personality in social ceremonies as they have experience and knowledge related to tradition. Their roles are also considered important within the community. This is a good sign of the Bangladeshi rural society. Elderly women would enjoy sharing their experiences with the community members but it is hard to get leisure time from family responsibilities. Despite the acceptance of elderly women within the rural community, community members are due to poverty not able to help them financially.

- Rongi says that she is invited to every marriage ceremony in her village, partly due to her

role in the community and partly because she is a good cook.

- Manik says that rituals demand the participation of elderly women because they are experienced. The young girls who are newly married learn the rituals and traditional ceremonies from them.
- Jotsna participates in her community as the singer in religious ceremonies.
- Firoza says that people value her opinion in community decision making based on her experience.
- Sajeda has a very good relationship to all her neighbors but understands that they cannot help her financially due to her neighbors' own impoverishment.

III.8. Coping Mechanisms of Elderly Women

For the need of live human beings always adapt themselves with the changing life. Elderly women are no exception. They follow some strategies for avoiding the sadness of their life. Sometimes they are successful, but most of the time they fail. They are sacrificing their views, their desire, escape their demands and tolerate the powerlessness within the family. These sacrifices can be categorized as positive and negative coping mechanisms. Positive coping mechanisms are those that are not harmful for them. Negative coping mechanisms are these which are harmful for them.

- Hasina, Peyara, Jotsna, and Razia follow positive coping mechanisms. Like when the misconception and misunderstanding growing with the family members and it makes quarrels they surrender themselves quickly because they understood that they are in the weak position. This is categorized as a positive coping mechanism because it removes the unrest situation in the home. Another example of a positive coping mechanism is how some elderly women treat the lack of modern medicine. Though they have no capacity for receiving allopathic medicine, they take the much cheaper herbal treatment.
- Rongi, Sofura, Ojiba, Atia, and Manik seem to follow negative coping mechanisms by making quarrels with their daughters-in-law. Frustration of life makes them sometimes violent, which then only makes their situation worse.

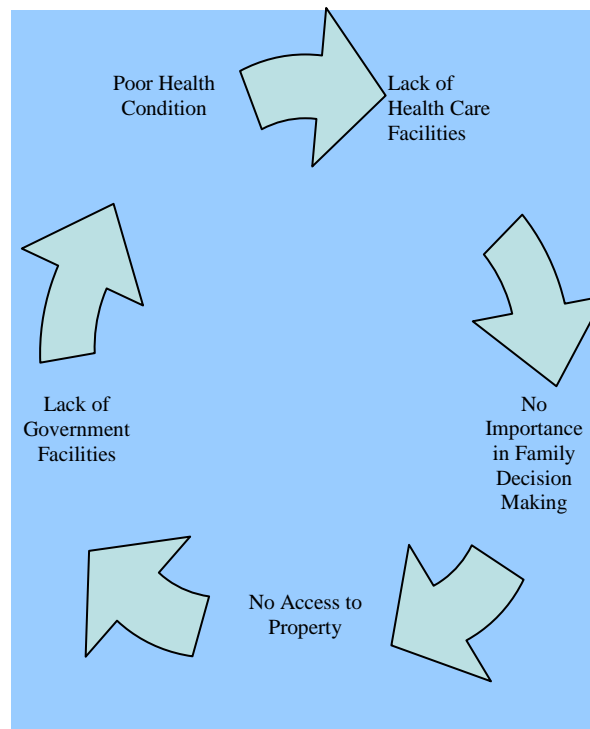
IV. Conclusion and Recommendations

An “[i]ncreasing number of elderly people and the related socio-economic and gerontological aspects are gradually emerging as a population discourse in Bangladesh. Although the percentage of the elderly people is still not very high, the absolute number of the elderly people is absolutely high to get serious attention from the policy levels. The gradually increasing life expectancy, ageing index, median age and elderly support ratio are showing positive trends towards the changing age structure of the population as well as an emerging ageing regime in the country. Increasing female life expectancy would certainly add a new dimension of feminization of ageing.”¹⁴

¹⁴ Khan (2009), p. 17.

As pointed out in the *Follow-up to the Fourth World Conference on Women* (see United Nations 1999, paragraph 11), gender inequalities shape older women's experiences, despite their majority status among the older population. The life of elderly women in Bangladesh is just like being in a bad circle (see Figure 3) and they do not know how to get out of this circle. They just submit their future on the hand of God. There is no old home for the elderly women in this area and neither are there any proper transport facilities for them. Elderly women do not get any special legal support. So it is clear that the government takes steps towards improving the situation for elderly women, though many of these steps are more talk than action. In any case, the actions taken are far from sufficient and typically reach only a few.

Figure 3: Situation of Elderly Women in Bangladesh



Source: Based on author's fieldwork.

The root cause of today's marginalized situations of elderly women in Bangladesh is the patriarchal social structure. However, most women are not conscious about this. There are powerful economic, social, political and cultural determinants which influence how women age with far reaching consequences for health and quality of life. Poor economic status earlier in life is a determinant for positions at later stages of life. This is especially true with regards to lack of access to education. But it also applies to lack of healthy food and safe drinking water, a gender based division of domestic chores, and various environmental hazards that make women's life pathetic and has a cumulative negative impact in their life when they become elderly.¹⁵

This difficult and marginalized situation of elderly women is not specific to Bangladesh. As the

¹⁵ Chowdhury (2004).

United Nations (1999, paragraph 15) has pointed out: “Elderly women’s socio-economic status is partially rooted in the gender division of labor which assumes that women's primary involvement is in reproductive labor, unpaid household work, care giving and unequal power relations at home.” Furthermore, the elderly population’s physical disability often gives rise to profound anxiety and a sense of apathy and helplessness. “This situation is indeed very difficult, since the aged in such conditions invariably tend to be withdrawn, negative and inflexible. In such cases, the role of the family is crucial and calls for greater sensitivity and tolerance. It is also observed that women resist, more than men, in receiving and accepting any kind of correctional help or support. This tends to alienate and push the elderly, especially women, into a cycle of depression and social isolation.”¹⁶ Finally, as Ozalp, Tanir and Gurer (2006) have shown, older women face a variety of co-morbid medical problems as well as gynecologic problems that differ from those of younger women.

So what can be done to improve the situation for elderly women? Well, the answer to this question has actually been answered more than 25 years ago: “There is a need to recognize the survival mechanisms already developed by these women as basic strategies in their own right and to build on them. A first priority would be to strengthen their organization capabilities by providing physical, financial and human resources, as well as education and training. Also of extreme importance is the need to revitalize these women's aspirations in order to eliminate the chronic despair that characterizes their daily lives.”¹⁷

Furthermore, the *Nairobi Forward-looking Strategies for the Advancement of Women* also stated that “[w]omen should be prepared early in life, both psychologically and socially, to face the consequences of longer life expectancy. Although, while getting older, professional and family roles of women are undergoing fundamental changes, aging, at a stage of development, is a challenge for women. In this period of life, women should be enabled to cope in a creative way with new opportunities. The social consequences arising from the stereotyping of elderly women should be recognized and eliminated. The media should assist by presenting positive images of women, particularly emphasizing the need for respect because of their past and continuing contributions to society.”¹⁸

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¹⁶ Nayar (1995), Section 4.

¹⁷ United Nations (1985), paragraph 279.

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