

Aging and Negligence in Bangladesh

Md Sazedur Rahman*

Statistics Discipline, Khulna University, Bangladesh

*Corresponding author: Md Sazedur Rahman, Statistics Discipline, Khulna University, Bangladesh, Tel: +088041 724260; Fax: 88041731244; E-mail: sazedur.stat@gmail.com

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Short Communication

Bangladesh is the eighth largest and one of the most densely populated countries (164,320,556 in 2017; 1266 per Km²; based on the latest United Nations estimates) having 2.19% of the total world population is located in the northeastern part of South Asia. At present, Bangladesh is in top twelve developing countries and not an exception from the global phenomenon of demographic aging. It is expected that the geriatric population will be 840 million in the developing countries by 2015 [1]. Here, based on survey report of the Bangladesh Bureau of Statistics (BBS), it is shown that the life expectancy trend is increasing by 0.60% every year. In 2017, the average life expectancy is 71.52 in Bangladesh whereas it was 67.7 years in 2010, 70.4 was in 2013. The number of aged population (60+ population) is about 5% (7.3 Million), which will reach 7%(14.6 Million) of the total population by year 2025 [2]. As a result, day by day, aged people is increasing substantially and has both medical and sociological problem [3].

The term aging refers to the process of becoming older. It is the end of the life stages. In Bangladesh people aged 60 and over are defined as the elderly citizen. Aging causes a functional deterioration, degradation of physical strength and hindrance to carry out one's normal functioning as one did before [4,5]. It is reported that aging is one of the emerging problems in Bangladesh which problem has been gradually increasing [6]. Old populations often considered as various social and economic problems including the threat to national income, source of increasing dependency, creator of generation gap, in need of intensive geriatric care.

In traditional agro-based Bangladesh society has been composed of joint families. The old parents were used to living with their male offspring and depended on them in meeting their needs. The older people were respected by all and enjoyed important social position in the extended household. But the traditional joint families have started splitting into nuclear and small size families and at the same time the elder people's situation is changing enormously. It is shown from a literature that; modernization and urbanization are connected with small family structure [7]. Modernization has affected the traditional agro-based society and increased the migration from rural to urban and nation to nation in search of a better life [4]. The World Factbook demonstrated that about 34.3% of total population in Bangladesh live in urban area and the annual rate of urbanization is 3.55%. As a result, an aging person often live alone or with his/her old spouse. The family bonding was strong, which is gradually breaking. However, who are living with their offspring suffer from elderly abuse including family violence, verbal assault, isolation, threat, reduction of personal freedom, hazardous living conditions, lack of supervision, want of medicine and money, withholding of good food etc. [4,8].

Age discrimination creates social, physical, economic insecurity and negligence to the elderly population. In a study by Help Age International, it is found that both Bangladesh and India spend around 0.5% of their GDPs on social pensions that benefits less than 20% of aging (over 60 years) people. It is found by analyzing 'Bangladesh Labor Force Survey 2013', data that only 18.3% working people had enjoyed pension. As a result, above 80% of elderly Bangladeshis are excluded from pension support and social protection as pension and social security is restricted to those who have worked in the public sector or the organized sector of industry. So, most of the elderly are neglected and having no security. Older people are excluded from the normal day to day activities of the society. They are considered as burden and unemployable in family and society. This is a vulnerable situation in a natural process of life [5].

In Bangladesh, most of the older people live in absolute poverty. It is matter of sorrow that most of the offspring don't support their old parents. But they forget that their parents have finished all their strength and property for their education as well as their better livelihood. The elder people become more likely to be abused and mistreated by young generation. Many of them found in construction sector, agricultural work, rickshaw pulling and many in hazardous or risky works for survival. Some also found begging in different places.

Population and Housing Census, 2011, BBS demonstrated that 242477 males aged 60 and above (4.3% of older) were widowed, divorced or separated whereas for female 2651731(52.5% of older) were widowed, divorced or separated. Violence and discrimination against women is wide spread and a major threat in Bangladesh and still burning issues [9]. Hence, the most vulnerable and acute situation belongs to aging female in Bangladesh. Widowed women have no security, are more dependent, face worse socioeconomic condition. Nowadays, there is dramatic increase in divorce rate in Bangladesh. This will increase separated and lonely aging population. In addition, for transgender (hijra community) people, old age is the most tribulation phase as they can't operate their traditional activities due to aging.

It is reported that around 95% of the elderly people in Bangladesh had experienced health problems among them mostly had multiple health problems [10]. They mostly suffer from weakness, failing eyesight, hearing loss, high pressure, diabetes, heart diseases and other old age related illness including dementia and Alzheimer diseases etc. It is found mostly they avoid consulting with a physician in normal cases due to poverty [11]. In severe cases, they usually go to village doctors and at present it is shown, some elder people go to M.B.B.S. doctor as treatment place. Sometimes they need long term treatment but lack of much money many of them don't able to continue the treatment. In future, this problem will severe in Bangladesh. It is found from a time series study, elderly persons will face the severe problem of financial, nursing support and the familial support [6]. Aging and

depression are strongly associated having serious consequences and distinctive risk factors [12]. It is stated that 'the elderly population experience loneliness and depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities' [13]. Sometimes they get fear very much and do not want to take challenges due to lack of proper familial or social support.

Bangladesh is one of the twenty countries in the world with the largest elderly populations "[10]". Elder abuse and neglect is now a burning issue in Bangladesh. Elderly is the last stage and serious reality but unavoidable and universal process in human life. They deserve the national attention to deal with the situation. Bangladesh government has taken policy namely national policy on aging (NPA) in 2007 to ensure the dignity, social security, health care etc.; allocated some fund for the nongovernment institute name 'Bangladesh Association for the Aged and Institute for Geriatric Medicine' (BAAIGM), have taken old Age allowance program, national health policy for the elderly people in the society. Many non-government organizations are continuing programs related elder people. But these are limited and insufficient for huge number of Bangladeshi elder. So, these supports should be increasing. There is a china proverb that is 'death of an older person is the end of a library'. Obviously, elderly populations are the valuable asset of any state with proper experience and knowledge. Their knowledge and experience is used many stages of society which use should be broaden for the national reconstruction. People should not be neglected due to aging. Government and Non-government organizations, each and every person should come forward to take care, give respect, proper utilize to the elder Bangladeshis. More awareness, health and welfare program should be taken, arranged and continued to ensure peaceful and healthy life of the elder people.

References

1. World Health Organization. Keep fit for life: Meeting the nutritional needs of older persons. In *Keep fit for life: Meeting the nutritional needs of older persons*. 2002. World Health Organization.
2. Hossain MR (2005) Aging in Bangladesh and its population projection. *Pak J Soci Sci* 3: 62-67.
3. Mane Abhay B (2016) Elderly care in India: Way Forward. *J Gerontol Geriatr Res* 5: 339.
4. Hossain MI, Akhtar T, Uddin MT (2006) The elderly care services and their current situation in Bangladesh: An understanding from theoretical perspective. *J Med Sci* 6: 131-138.
5. Barikdar A, Ahmed T, Lasker SP (2016) The situation of the elderly in Bangladesh. *Bangla J Bioethics* 7: 27-36.
6. Islam MN, Nath DC (2012) A future journey to the elderly support in Bangladesh. *J Anthropol*.
7. Samad M (2015) Marriage in changing family pattern of Bangladesh: The present trends. *Int J Soc Work Hum Ser Prac* 3: 155-161.
8. Wiehe VR (1998) *Understanding family violence: Treating and preventing partner, child, sibling and elder abuse*. 1998: Sage publications.
9. Hossain A (2016) The impact of domestic violence on women: A case study of rural Bangladesh. *Sociol Criminol-Open Access* 4: 1-8.
10. Kabir ZN (2001) The emerging elderly population in Bangladesh: Aspects of their health and social situation. 2001: Department of Clinical Neuroscience, Occupational Therapy and Elderly Care Research (NEUROTEC).
11. Biswas P, Nahar Kabir Z, Nilsson J, Zaman S (2006) Dynamics of health care seeking behaviour of elderly people in rural Bangladesh. *Int J ageing later life* 1: 69-89.
12. Fiske A, Wetherell JL, Gatz M (2009) Depression in older adults. *Ann rev clin psychol* 5: 363-389.
13. Singh SD (2015) Loneliness, depression and sociability in old age. *Int J Indian Psychol* 2: 73.