

Psycho-Social Condition of Elder Persons in Bangladesh: A Case Study on Elder People in Bangladesh

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DOI: <https://dx.doi.org/10.47772/IJRISS.2024.802103>

Received: 24 January 2024; Accepted: 03 February 2024; Published: 15 March 2024

ABSTRACT

Ageing is basically a biological process that needs continuous health and medical care and other related support services. Unfortunately, older persons (OP) in Bangladesh are suffering very badly in this area due to lack of our national, cultural and even individual farsightedness, prudence, appropriate preparations, balanced initiatives and arrangements. In Bangladesh due to improved quality of life the number of people over 60 years is increasing rapidly. This should be seen as an emerging challenge as the elderly will have special needs and require different care-giving services. Since Bangladesh does not have a social welfare system there will be competition for inadequate resources specially health and medical services. Older persons suffer the cumulative effects of a lifetime deprivation, entering old age in a poor state of health and without savings or material assets. Older persons are always neglected in our society. It is envisaged that due to more elderly population the demographic structure will undergo a slow change from the present pyramid structure. The growing trend towards nuclear family or where children live abroad will put the elderly parents in a dilemma-the financial and social support that is essential for them has not yet emerged. The nutrition and health status of elderly people depend on adequate food safe water, proper sanitation facilities and maintaining hygienic standards. Our new generations have to be responsive, informed and attentive about their duties and responsibilities towards the elderly people. Taking proper care of the elderly is our ethical duty and responsibility.

Keywords: Psycho-social, Problems, older, people, Bangladesh

INTRODUCTION

Bangladesh is currently undergoing a demographic transition and the proportion of the population 60 years and older is rapidly increasing in this country. Bangladesh's elderly population is one of the largest in the world in terms of absolute numbers. Currently, older people account for around 7% of the country's total population, amounting to roughly 10 million people. By 2050, the 60+ population will account for 20% of the total population—a four-fold increase from the present time. The increase in elderly population in Bangladesh during the period 1990-2025 is projected to be much faster (219%) than that of European countries such as Sweden (33%), UK (45%) or Germany (66%). While changing lifestyles, urbanization, and the decline of traditional family support system have increased the plight of the elderly people, especially the poor and the women, little attention has been given by the policy makers to their health and social needs. In the absence of a comprehensive national policy on ageing people, the individual small-scale programs by the various development actors remain largely without direction and coordinated action. In old age, high prevalence of morbidity is a common feature and health care expenditure for the elderly persons is

much higher compared to the younger adults. There is also disregard for the nutritional needs of older people, as nutritional assessments tend to focus exclusively on the under five-year-olds, without taking representative samples of nutritional status among other age groups. Lack of access to safe water and adequate sanitation facilities contribute to the poor nutrition and health status of older people as well. Public health initiatives in Bangladesh have primarily focused on the younger population. The special health needs of older people have not been considered a major issue by either the government or the NGOs to a substantial extent. 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.

PRESENT SITUATION OF OLDER PERSONS: BANGLADESH AND WORLD PERSPECTIVE

Bangladesh perspective:

Bangladesh is the eighth largest and one of the most densely populated countries (164,320,556 in 2017; 1266 per square kilometer; 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. 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.

Table 5.1 Ageing Situation in Bangladesh, 2001-2050

Year	Total Population (in million)	Population (60+)	% of the total
2001	130.02	7.41	5.7
2006	141.80	8.79	6.2
2011	151.41	9.77	6.5
2016	160.99	11.32	7.0
2021	171.71	14.10	8.2
2026	182.24	18.07	9.9
2031	191.61	22.15	11.6
2036	199.52	27.34	13.7
2041	206.46	31.89	15.4
2046	212.85	36.93	17.4
2051	218.64	44.10	20.2

Source: Mabud (2009)

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.

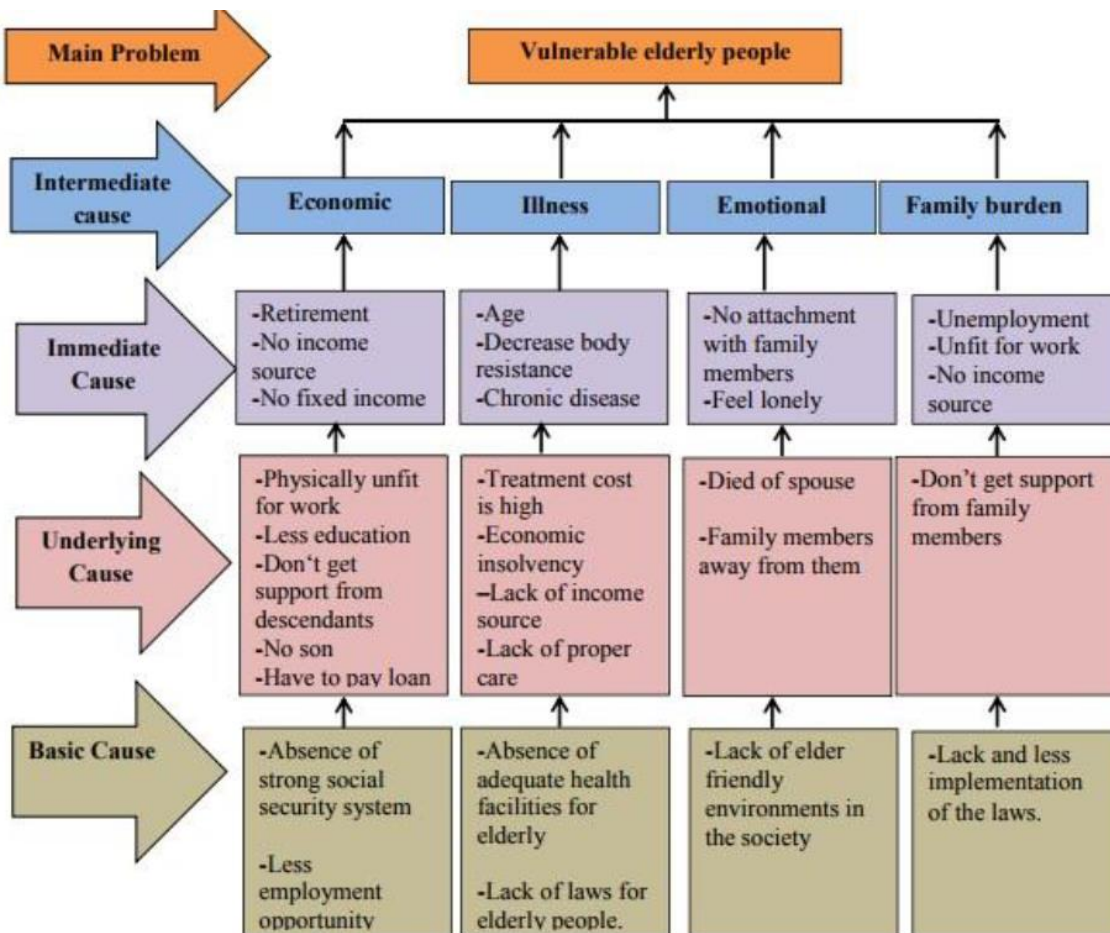
It is reported that aging is one of the emerging problems in Bangladesh which problem has been gradually increasing. Old populations often considered as various social and economic problems including the threat to national income, source of increasing dependency, creator of generation gap, in need of 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. 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. The World Fact book 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.

Innovation 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. 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. 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. 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. 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. Aging and depression are strongly associated having serious consequences and distinctive risk factors. 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. 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.

Table 5.2 Root causes of vulnerability among older people in Bangladesh.



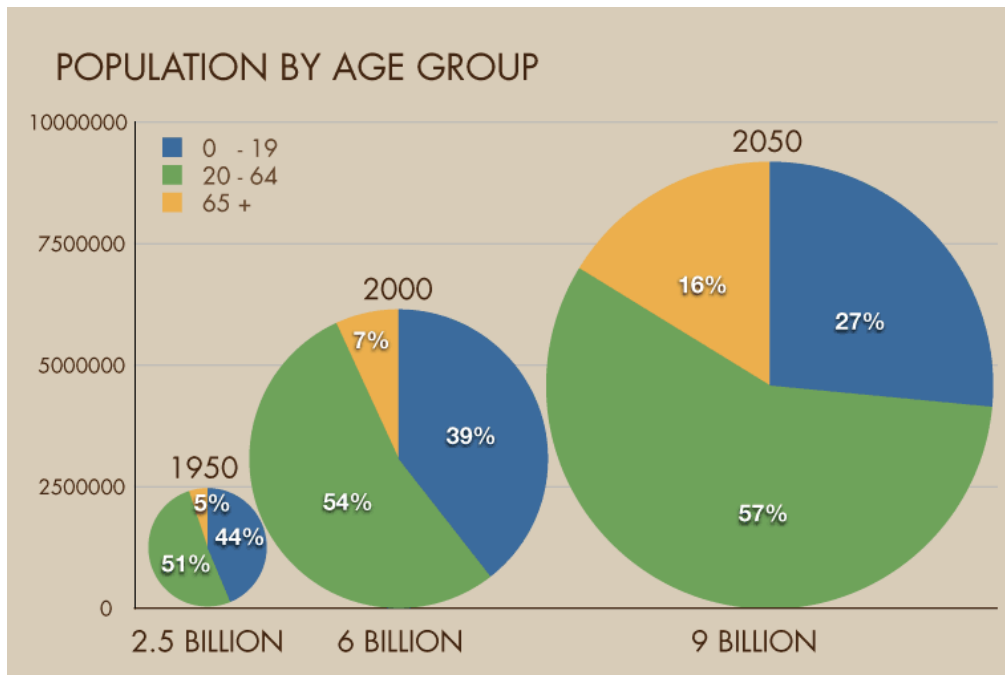
Source: Barikdar, Ahmed and Lasker (2016, p. 32)

Barkat et al., (2013) reported that many older persons categorically mentioned that they have sold their assets for raising their children. This incident mostly happens due to their poverty. Because of this, like many other countries, old age in Bangladesh is also characterized by loneliness, asset depletion, depression/anxiety, and multidimensional poverty including dependency on others for economic and physical support.

World Perspective:

According to UN, the number of aged people was 36 cores in 1975 and it increased 60 cores in 2000 that means the number of aged people is increasing 2.68% per day. At the global level, the average annual growth rate of persons aged 80 years or over (3.8 percent) is currently twice as high as the growth rate of the population over 60 years of age (1.9 percent) Although the growth rates of both age groups are expected to decline over the next 50 years, by 2045-2050 the growth rate of the over-80s (3.0per cent) will still be almost double that of the over-60s (1.6 per cent). In 1950, 1 in 15 persons aged 60 or older was 80 or above; in 2000, this ratio increased to 1 in 9 and by 2050 it is expected to increase to approximately 1 in 5.

Table 5.3 distribution of population aged 60 or over by age group: world, 1950-2050



Source: (www.study-aids.co.uk, 2015)

According to a statistics, 80% of world’s older people will live in developing countries by 2050 and over 60 populations will be larger than the under–15 population in 2050. The number of older persons is growing faster than any other age group, says a new report. The new report underlines that, while the trend of ageing societies is a cause for celebration, it also presents huge challenges as it requires completely new approaches to health care, retirement, living arrangements and intergenerational relations.

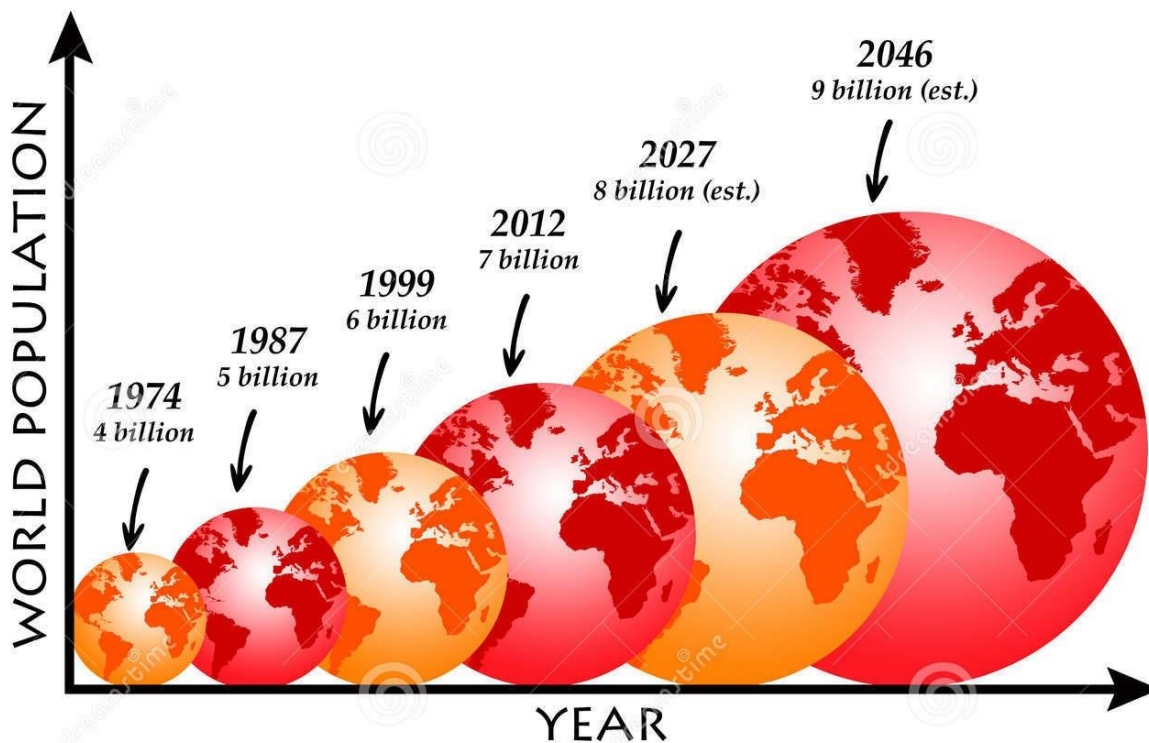
In 2000, for the first time in history, there were more people over 60 than children below: By 2050, the older generation will be larger than the under-15 population. In just 10 years, the number of older persons will surpass 1 billion people-an increase of close to 200 million people over the decade. Today two out of three people aged 60 or over, live in developing and emerging economies. By 2050, this will rise to nearly four in five.

If not addressed promptly, the consequences of these issues are likely to take unprepared countries by surprise. In many developing countries with large populations of young people, for example, the challenge is that governments have not put policies and practices in place to support their current older populations or made enough preparations for 2050.

Forty-seven per cent of older men and nearly 24 per cent of older women participate in the labor force. Yet, despite the contributions that a socially and economically active, secure and healthy ageing population can give to society, the report also notes that many older persons all over the world face continued discrimination, abuse and violence. The report calls for governments, civil society and the general public to work together to end these destructive practices and to invest in older people.

The report also includes the stories of 1,300 older men and women who participated in group discussions in 36 countries around the world. Their first-hand accounts and testimonies add the perspectives of the older population supporting efforts for better understanding and immediate action to meet their needs.

Ageing is a lifelong process that does not start at age 60. Today’s young people will be part of the 2 billion-strong population of older persons in 2050. This report shows that, with actions taken now, we can all benefit from the longevity dividend- increasingly in the developing world – now and in the future.



Source: <https://www.dreamstime.com/stock-photography-world-population-image35237572>

In a report published by the World Health Organization, developed countries have citizens with higher age profile (i.e. they generally have older citizens) while less developed nations have more number of old people. The report further indicated a rapid growth of older citizens in the less developed nation, predicting a 250 percent increase between the years 2010 and 2050 as compared to a smaller 71 percent increase in the more developed nations (World Health Organization, 2011). Globally, the population growth of aged citizens is faster than that of any other age class. In developed countries a projected increase rate of 45 per cent in half a century thereby rising from 287 million to about 417 million by 2050 and 440 million by 2100 (Irudaya Rajan, 2007). For less developed countries however a more rapid increase has been recorded with an increase rate of 3.7 percent annually from 2010 to 2015 and a projection of 2.9 percent annual increase before 2050 (Irudaya Rajan, 2007). Focus is placed more on the developing countries due to the vast numbers of aged citizens that are present in such countries. This demographic class seem to be increasing in population and deteriorating in living conditions. It has been suggested (Irudaya Rajan, 2007), that the reason for such large numbers of aged citizens lies in the extensive populations of these developing nations.

Rationale of the study

Ageing is an inevitable truth of human being. A newly born child gradually reaches to the age where he/she is called “elderly”. All the way through he/she learns so many things, adapts different viewpoints. Thus an elderly becomes a house of profound knowledge. That is why in many countries elderly is provided different services so that they can live with dignity in their society. But in our country, they are seen as “burden”. It is important that elderly people should not be taken as a burden on society, they should be considered as an asset. Older persons suffer more mentally than physically or financially. In this age, older people needs care, respects, someone they can rely on but their loved one abandon them. I take this title for some reasons-

Firstly, though the policy has been approved to address over 60 years people as “senior citizens”, still there are so many things to complete. The draft is approved only. In a country like Bangladesh, after approving any draft of policy, it takes so many years to make that policy operative. What will be the interim actions in

between of these periods are not defined.

Secondly, government allocated Taka 891 crore this financial year 2011-2012. The total Beneficiary of this is 2.475 million. Beneficiaries are getting Tk 300/- monthly per head which is payable in every 3 months. But the amount of allowance and the number of beneficiaries have not been increased in last three years.

Thirdly, in government's old-age allowance policy, one of the provisions of disqualifications are that the older persons who are over 65 years old but are day laborer or beggar or vagrant, are not provided this support. And even there are no special provisions for them. But these people are stranded in such position because of either extreme poverty or negligence from the family members. It is clear that government try to judge these people as invisible.

Fourthly, elderly people in Bangladesh are mostly suffered from various complicated physical diseases and the number is increasing day by day but the services provided through government hospitals are inadequate in compare to needs. Furthermore, the elderly people need special kind of treatment (it is known as "Geriatrics" in medical science) which is not available in our country and we cannot even be seen initiative from the government to promote this treatment. Again, in the plan and policies of government's health sector, health issue of the elderly is absent.

Fifthly, in the Millennium Development Goal 2015, the issues of elderly have not been included. Older people are the most experienced citizen but their issues are not included.

Sixthly, there is no particular department which can investigate the violation of elderly people's right. There are no separate special ticket counters for the elderly in the bus/ train station, no special arrangements in the bus or train or any other public transports.

Finally, older people suffer very badly in their age. In their family they are ignored. On the other hand, in the development policies or health, policies related to elderly people cannot be seen anywhere. But our constitution 19(1) says that "the State shall endeavor to ensure equality of opportunity to all citizens."

OBJECTIVES OF THE STUDY

The main objective of this study is to know the psycho-social condition of older persons in Bangladesh.

Other objectives are-

- To know the demographic situation of older persons in Bangladesh.
- To study the economic condition like sources of income, occupation, cost of living of older persons in Bangladesh.
- To study the social condition like social status, social safety, recognition in the society, health services of the older persons.
- To evaluate the psychological condition of older persons in Bangladesh.

DEFINITION OF THE KEY POINTS

Older people:

Most people above 60 years of age are considered as 'old', those who are 60 years and above makeup the elderly section of any population. Though this age limit also applies to Bangladesh, in reality people in this country become older earlier because of poverty, and the conditions related like hard labor, malnutrition,

illness and their geographical condition.

Population Ageing:

Defined as an increase proportion of population, which is elderly. Ageing can be understood from three major perspectives:

Biological Ageing: Refers to anatomical and physiological changes that occur overtime in various systems of the body. It also refers to age related changes associated with physical pathology (an index of biological health). Since the biological events that follow birth happen at different times for each individual, a person's biological age is thought of as an estimate of an individual's present position with respect to his or her potential life span.

Psychological Ageing: Refers to age related changes in behavior and mental processes, such as cognitive functioning, personality and psychopathology. It also refers to changes in an individual's ability to adopt, adjust or cope effectively.

Social Ageing: Refers to age related changes that result from forces either arising from the society or from the individual responses to socially imposed constraints. Issues related to social ageing are demographic characteristics, interpersonal dynamics, social roles and status, organizational affiliations, and events in life course such as widowhood, retirement or changes in financial status.

Psycho-social condition: It indicates the social life and mental condition of the older persons. Social life includes- family condition, health status, cultural and financial condition of the older people. Mental condition includes older persons all mental problems and mental health.

METHODOLOGY IN BRIEF:

This study focuses on psycho-social condition of older people of Bangladesh. For this, I have selected 4 older persons, 3 males and 1 female, after detailing the total procedure, who are interested, and able to communicate, living in rural and urban areas. I have purposively selected 2 people from village area, 1 person from district area, and 1 person from Dhaka city so that I can get overall picture of older person's psychological and social condition. Their age is between 60 to 80. After obtaining a verbal consent, a face to face interview has been conducted using a Bengali checklist containing different socio-economic and psychological variables to assess economic status, mental state, health status, socio-cultural aspects of older persons.

Ethical consideration of my study

Ethics is the branch of philosophy that is concerned with morality what it means to behave morally and how people can achieve that goal. It can also refer to a set of principles and practices that provide moral guidance in a particular field.

Presentation of case study

Case study 01

Md. Rafiq Mia lives in Magura district. He is 70 years old. He has been living there since his birth. He is illiterate. He was a farmer. He has 5 acres land and now his son looking after it. There are 8 members in his current family including his wife, one son and daughter in law, one grandchild. He has one daughter and he married off her to a rich family where he had to give a capital account of money as dowry. After her

marriage, his family faces financial problem till now. He told that his ability to work is decreasing day by day. He cannot work much longer in the sun, so he left the work. Now, there is only one earning member in the family. His son has a small business and his income is too little to rub along. The incomes of his family mainly come from agriculture. His purpose of expenditure is drinking tea in tea stall and giving money to grandson and he spends 2000 taka in this purpose. He lives in a small room because they have only 2 rooms in his house. His son lives in the bigger room with his wife and child. His family is cooperative enough to take care of him. But sometimes, his daughter in law quarrels with his wife and prohibit him to touch his grandchild, he then feels uneasy. Sometimes, he got depressed over this matter. He has high blood pressure, low back pain and diabetics. But he cannot get regular medical checkup because medical center is available neither his village nor nearest villages. There is one government hospital in his union but there are no skilled doctors. Most of the doctors open their clinic in district and Thana area that's why, they do not come to the hospital. He is not aware about the National Policy on Older Persons-2013 and Maintenance of Parents Act -2013. He is not getting old age allowance because of corruption. He is not getting any facilities from the government as well as from the NGOs as an older person. He suggests that government should pay special attention to the rural area and introduce rural health care facilities and housing for the welfare of the older persons and should control corruption in getting old age allowance. He also suggests that if governments arrange awareness program in rural area, people may not abandon their parents. He also added that only government, policy or act cannot do anything against this problem if we are not aware. Finally, he says that every man have to cross this age so please respect senior citizen without despise them.

Case study 02

Md. Jahangir Alam lives in Chandpur. He is 64 years old. He has been living in this area since his childhood.. He is a shopkeeper. There are 5 members in his current family including his wife, and 3 daughters. All of them are students. He is the only earning member of his family. He earns around 20,000 per months but his total money expends for his brothers and his 3 daughter's educational purpose. His one daughter is studied in National University, 2nd one is in Rajshahi University and 3rd one is in M.M college. His family is cooperative. When he faced any problems they helped him. He has asphyxia and high blood pressure. He gets his regular medical checkup but his asphyxia is genetic that's why doctors cannot do anything. His mental state is not stable. He said, *"I could not sleep in the night because I am thinking of my daughters. My brothers often quarrel because of my land in village. Though I don't have any extra money, I have to give them money in every month. How can I give money to my daughters?"* He also said, *"I was going to psychologist because I feel depressed and doctors told me not to think any stressful thinking"*. But he cannot help thinking it. He said that he is getting respects from his family and society. When he goes to walk in the morning people are greeting him and talk to him in a friendly manner. People often call him when they need any decision regarding any matter. He is well aware about the National Policy on Older Persons-2013 and Maintenance of Parents Act -2013. He says that he don't need old age allowance because he can take care of me and my family. But many older people of his community who are poor do not get any facilities from the government as well as from the NGOs as an older person. He suggests that government should pay special attention to the rural area as well as urban area and introduce health care facilities and housing for the welfare of the older persons and should control corruption in getting old age allowance. He also suggests that if governments arranges awareness program, people may not abandon their parents. He also added that this act and policy is enough for the older people if government implements it. Finally, he said that young people have to take steps to stops violence against older persons in society.

Case study 03

Mrs Shahida Begum lives in jessore. She is 78 years old. She has been living in this district after her marriage. She is illiterate. There are 11 members in her current family including her 3 sons and daughter in laws, 4 grandchildren. She has two daughters and she married off them. She cannot work as well as walk because of her low back pain. Her sons got separated and they partly taking care of her. She eats breakfast

with one, lunch with another one and dinner with the other one. She lives in a floor of his 2nd son room. In winter season, she got sick because of the cold floor. Her family is not cooperative at all. When she got sick, his sons quarreled about her treatment. As a result, she refuses to go to the hospitals. She does not get special care as an older person in her family. She told, *"I have 4 sons and 2 daughters but no one takes care of me. Why am I raising them? I am never abandon them when they were sick in childhood but now they forget everything"*. She got very much depressed and crying over this matter while giving me information. She is not aware about the National Policy on Older Persons-2013 and Maintenance of Parents Act -2013. She is not getting old age allowance.

Case study 04

Md. Shafiq is retired teacher at his village. He is living with his daughter here in Mirpur, Dhaka. He has two sons and one daughter. His sons are well established and living with their wives and children. His wife passed away from this world two years ago. Since then he is living with his daughter. His sons are careless about him. They occasionally contact with him. He is very much disappointed about his sons activities. He has psychological and physical problems for this. He has high blood pressure and diabetic. He cannot sleep at night. His daughter in laws are not good according to him. He wants to play with the grandchild but he cannot. He is a literate person. So he is aware of the government policies and other facilities for older people in our country. He said that he gets respect from the others of his locality as a teacher. He always longs for his sons to take care of him. He also said that the new generation is getting detach with their parents due to the modern era and new technology. He passes his time with his daughter's children. Sometimes he go out for a walk in the busy road of Dhaka. Sometimes he engaged in gossiping with his mates whom he found in the road. He further add that young people have to take steps to stops violence against older persons in society. Finally, he said that older people also have to work for the society as well as for themselves. Because they are the most experienced and talented persons of the country.

DISCUSSION OF THE FINDINGS

Total 4 older persons from different districts named Magura, Chandpur Jessore, and Dhaka of Bangladesh have been addressed and among them 3 were male and 1 was female. Most of them are illiterate and lead a miserable life. To evaluate the social aspect, economic aspects, health status and mental condition a Bengali checklist containing some specific questions were asked to each participant. The interview was recorded with the permission of the respondent. Though it was a small sample size, the findings of the study is a true scenario of the psycho-social life of older persons in Bangladesh. Now I present the main findings below:

Economic situation

Bangladesh is basically a rural country and 80% of its population lives in rural areas. Therefore, 80% of the elderly of the country live in the rural areas. In rural areas economic problems are high and in urban and semi urban areas social problems also exist. It is universal that elderly are one of the victims of poverty and dependency. Although elderly man possess some property but elderly women are barely penniless. Their main problem is economic. They have no capability of earning. Generally elderly women in middle class family of Dhaka city depend on their sons or husband. As a middle class member they are not enough capable to fulfill the inherent high ambition. This situation varies from rural areas to urban areas and also poor to rich people. A negligible percentage of the elderly get a formal pension or a minimum old age allowance, the vast majority will have to depend on their family members or on other sources.

Health Situation

The health condition of elderly is not so good to be satisfied. They possess broken and ill health in absence of proper health care needs and facilities. The older or the people above 50 years have two kinds of diseases:

(i) short term diseases (ii) long term diseases. Short term diseases are cold, cough, fever, digestive disorder etc. Another is long term disease which is chronically and doctor's suggestion and care are must. The diseases are such as, Heart disease, Diabetes, Dementia. Social and economic dependency also impact on health. Many young members reported that older people are very much fussy about their health, need and personal services, due to high cost. Many elder people delay seeking medical attention care and until they are extremely ill, thereby prolonging illness.

In this study, most of the respondents suffers from high blood pressure, low back pain, asphyxia, diabetics. Only one older person have no major diseases and he regular get checkup his health. But most of the respondents does not go to hospital for regular checkup because of their low economic condition. Here most of the respondents suffer from shortage of eyesight even lose the eyesight; listen a little, ways of their walking becomes very short as they cannot walk more.

Social condition

Social isolation is also found as a negative consequence of elderly peoples in different studies. For many elderly people, a combination of physical ill health, financial insecurity, problems with housing and transport after the death of their spouse, all contribute to the loss and isolation commonly associated with elderly. In this study, all respondents are married and only 1 female respondents are widowed. In family, most of them get respect as an older person except one older women. She does not get respect as an older person. She told, "*keu amar shathe aktu kotha koina ami atoi por hoie gesi*". Among 3 older male, they get respect from family members. In society, most of them do not respect at all. But other 2 male said they get respects from society. Earlier, in rural areas older people get respect more than urban areas but in this study it is proved now respect goes to them who have wealth. In rural areas young people are not pay any respect to older people like before. They always use wrong words towards older persons. Most of the respondents are not aware about National Policy on Older Persons-2013 and Maintenance of Parents Act -2013 because they are poor and illiterate. Only 1 older male are well aware about this act and policy because they are well educated. Most of the respondents said this policy and act should implement as soon as possible so that older people will not be a problem in future. And they may be got respect and love from their society and family, their family won't abandon.

Psychological condition

Elders face depression on and related mental health disorders, including anxiety & schizophrenia. The following symptoms arise when a person become old aged: Strong, repeated concerns about death and dying, an unexplained change in behavior, a tendency to frequent arguments and bad moods, avoiding people, feelings of anxiety around people, finding no pleasure in doing things he or she used to enjoy, feeling hopeless or worthless etc (Begum, 2008). Most of the respondents of this study are psychologically ill rather physically. Physical disease can cure through medicine but psychological illness cannot cure by any medicine. Here needed care and love but most of the older persons are not get this two.

Limitation of the Study

Field Practicum is a very critical, knowledge, skill and efficiency-based work. And I am new in this field as an apprentice social worker. That is why there may have some mistakes in accomplishing this small research work. In spite of the completion of this study by following ethical standards of research, the limitations I faced regarding the study are discussed below:

1. Though conducting a study is a time consuming affair, I had to complete it within a very short time along with other courses of my 2nd semester. So it became very difficult for me in executing this study despite having tried overwhelmingly. As a result, there may be some unintentional errors.

2. In this study I only take 5 case to evaluate overall psycho-social condition of all older persons in Bangladesh which is not very much accurate because only 4 persons cannot represent the total population.
3. The study had been completed within the inadequacy of time and academic pressure. So, we couldn't be able to collect large amount of data.
4. As most of the respondents are older and ill and they were not mentally and physically prepared to provide information to me because I am not Professional social worker.
5. I only took information about psycho-social condition of older person, other aspects were abandoned in this study.
6. For this study, I took 4 districts to represent the 64 districts of Bangladesh which is not possible.
7. There may be some purposive and technical mistakes as I only start Field Practicum in this 8th semester.
8. Finally, due to the lack of time, I couldn't use all sorts of data collection techniques and there may also have language inaccuracy in presenting the paper.

At the end, I can say that I have completed this study with ample enthusiasm despite having few restrictions. As the study has been conducted by collecting first hand data, using observation and other techniques, the limitations of the study won't hamper the noble purposes of this work.

RECOMMENDATIONS AND CONCLUSIONS

Older persons are the assets of our country due to their experiences, wisdom, skills and knowledge. They must be allowed to take participation in national and regional development activities and also share its benefits. Possible recommendation from me-

- To ensure wellbeing of elderly persons dialogue with the family members of the elderly persons to ensure their wellbeing and proper care.
- Awareness should be created among general people to give attention to the older persons, to maintain strong family bondage for better inter-generational relationship and children should be taught to respects their grandparents.
- Family members, students, practitioners should be trained in elderly care. The elderly themselves should be educated in self-care.
- Aware and motivate the elderly people to involve with the elderly welfare organizations.
- Elderly care and responsibilities should be including in text book to teach new generation to know their roles and responsibility.
- To ensure good health and refresh mind of elderly people need to ensure home-based and institute-based health care centers where they receive proper nursing and care.
- To ensure refresh mind of the older people, we need to established recreation centers for them.
- Health education programs, different awareness raising programs for the older people should be broadcasted in mass media and in cultural programs.
- We have to increase NGO services such as outdoor and indoor health care for the older people, allowances and recreational facilities.
- Retirement age should increase to 65 years to create opportunities and they can utilize their productive years for the benefit of the society and can establish their positive image in the country.
- Government should increase large scale social security programs, like, pension, old age allowance and health insurance. Government should increase outdoor service units in government hospitals and special free transport services for the elderly.
- Government should implement the National Policy on Older Persons-2013 and Maintenance of Parents Act -2013 as soon as possible.
- Government should implement the recommendation of Vienna International Plan of Action on Aging

and Political Declaration and Madrid International Plan of Action on Ageing.

- We need to have a detailed survey providing current data on the number and conditions on older persons.
- We have to save our money to a savings account so that in old age we can use that.

Finally, it is our duty to protect older people because we have to cross this age one day so we have to work for us so that we will not face any problems. Older persons are our resources we have to use them because they are most talented and experienced persons.

DECLARATIONS

Ethics Approval: Ethical approval has been obtained before receiving the participant's information.

Consent for publication: Participant's consent on publishing this paper has been ensured during conducting research work.

Available of data and materials: The data are not publicly available due to the privacy of the participants.

Competing of Interest: There is no ways to conflicts of interest in this Research.

Funding: Not Applicable any fund.

Acknowledgement: we are very grateful all of participant who gave me the information about psychosocial condition of older peoples. We express to thanks all of people who did support for work. Especially thanks the corresponding authors Imrul Kabir for his outstanding guidelines to this work.

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