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Aging trends – Making an invisible population visible: The elderly in Bangladesh

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Introduction

The sociologists Ginn and Arber (1995) have drawn a parallel between the past invisibility of gender and present day invisibility of aging and later life. Although they refer specifically to the situation in Britain, the invisibility of the elderly population reflects the situation in most low income countries, not only within countries but also in relation to the global discourse. This is reflected in the fact that most gerontological research is focused in the high income nations (Kinsella 1996; Neysmith 1990), despite nearly 60% of the world's elderly population living in the low income regions of the world and the rapid increase of elderly in these regions compared to the industrialized world (Kalache 1996; Restrepo & Rozental 1994). Many low income nations lack concrete social and health policy relevant for their elderly populations (Kalache 1996; Tracy 1991).

Three patterns emerge when examining the projected increase in the global elderly population over the next half century: relatively small increases in most of Europe (below 50%); large increases in countries with high immigration in recent times (e.g., 135% in Canada); and the highest percentage increases in developing countries (e.g., 200% in Bangladesh) (Sen, Kalache & Coombes 1993). By the year 2025, it is expected that 75% of people over 60 years of age will live in low income regions compared to 50% two decades ago (Alvarez 1993; Kosberg 1992). Tout (1989) discusses how current 'popu-

lation aging' in low income countries differs from the 'greying population' of the high income countries in the past. In many low income countries, the base for 'aging' is from a very high gross population, and the pace of change in the age structure of the population is quite rapid. On the other hand, the population size in high income countries in the nineteenth and early twentieth century was not as large, and the rate of change more gradual.

This article offers a portrait of the socio-demographic characteristics of the elderly in Bangladesh. It also compares the aging situation of elderly men and women in an urban and a rural area.

Demographic situation. By the beginning of the next century, Bangladesh is projected to have one of the world's 15 largest elderly populations (Kalache 1996). The elderly (aged 60 years and more) in Bangladesh today account for almost 6% of the country's total population. In absolute numbers, this amounts to more than 7 million people. It is projected that by year 2025, the elderly population will exceed 17.5 million. The increase in the elderly population in Bangladesh between the years 2000 and 2025 is expected to be high in both absolute and relative terms (Kabir 1994; Warnes 1986). The rate of increase during this period is projected to be much greater than for the total population (United Nations 1986).

Feminization of later life. The predominance of women in the population 65 years and older in the Western world has been termed the 'feminization of later life', which increases with advancing age (Arber 1996). This phenomenon exists in all European countries as well as in other high income nations. In most low income regions as well, women outnumber men over the age of 60 (Teut 1989). Bangladesh is one of the few exceptions to this situation, as the sex ratio for those aged 60 and over, along with the sex ratio in all other age groups, is in favor of men over women (BBS 1994a).

Traditional norms and living arrangements. Traditionally in Bangladesh, the responsibility for the welfare of the elderly lies with their children, and the State has virtually no obligation to provide for the elderly. Culture demands that a son, preferably the eldest son, look after his parents in their old age. This system provides the son the opportunity and/or obligation to co-reside with his parents. Daughters are considered to be 'temporary guests to the family' who will be married off when they reach the appropriate age. Even if a daughter wants to, according to social norms she is not expected to directly look after her parents or have her parents live with her. The traditional system of inter-generational co-residence is said to be widespread in Bangladesh. Martin's (1990) research in a number of countries of South Asia, including

Bangladesh, gives evidence that the majority of elderly people continue to live within extended family settings both in rural and urban areas, though there may be variations by sex, area of residence and the socio-economic situation of the elderly. Mead Cain's research also points out that social changes have not eroded the significance of the joint family (cited in Sen et al. 1993).

Earlier research. Of the very few studies focused on the elderly in Bangladesh, the pioneering epidemiological study conducted in the late 1980s documented the health and socioeconomic problems of older persons (Ibrahim 1988). The study was motivated by the paucity of documented data and lack of knowledge regarding the socioeconomic and health care situation of the elderly. A more recent study in Bangladesh commissioned by the United Nations focused on economic participation and dormant potentials of the elderly (Kabir 1994). This was probably the first study in the country conducted from the perspective of the economic potentials of the elderly. As the study is limited to rural areas and does not give a sex-disaggregated analysis of the situation, no inferences can be drawn about the urban elderly population or about differences between older men and women.

Methods

A multi-dimensional survey assessing the health care needs of the elderly was conducted in urban and rural Bangladesh from November 1995–February 1996. During the survey, information was collected on socioeconomic and demographic characteristics of the elderly, family support, functional ability, illness experiences of the elderly, and their utilization of health care facilities.

A multi-stage method was applied to select the study sample. Districts and sub-districts in both urban and rural areas were selected purposively, and villages/localities were subsequently selected randomly. The purposive sampling at the district and sub-district level was due to the lack of a systematic population registration system. As no national registry of the population exists, different cost-effective methods had to be applied in order to identify households with elderly people. The Research and Evaluation Division (RED) of a non-governmental organization, the Bangladesh Rural Advancement Committee (BRAC), has maintained a regular registration system of vital life events of the total population of Titpolla union in the district of Jamalpur, 80 kilometers north of Dhaka, since early 1995. Each household is visited by RED once a month to update its register. Six villages in this area were randomly selected for the rural population base, and households with elderly persons were identified with assistance of the vital registration system of RED. All households with individuals aged 60 years and older in the 6

Table 1. Age distribution by sex and area (in percent)

Age group (years)	Urban		Rural		$Urban_{total}$ (n = 349)	$Rural_{total}$ (n = 352)
	Women (n = 140)	Men (n = 209)	Women (n = 172)	Men (n = 180)		
60–64	57.9	46.4	62.8	41.1	51.0	51.7
65–69	20.0	22.0	14.0	25.6	21.2	19.9
70–74	12.1	16.7	10.5	18.3	14.9	14.5
75+	10.0	14.8	12.8	15.0	12.9	13.9
Mean age	65.7	67.2	65.8	67.7	66.6	66.8

Table 2. Illiteracy rate by sex and area (in percent)

Age group (years)	Urban		Rural		$Urban_{total}$ (n = 349)	$Rural_{total}$ (n = 352)
	Women (n = 140)	Men (n = 209)	Women (n = 172)	Men (n = 180)		
60–64	69.1	41.2	87.0	79.7	53.9	84.1
65+	57.6	31.3	85.9	62.3	40.4	71.2
All	64.3	35.9	86.6	69.4	47.3	77.8

Table 3. Work status by sex and area (in percent)

Work status	Urban		Rural		$Urban_{total}$	$Rural_{total}$
	Women (n = 140)	Men (n = 208)	Women (n = 172)	Men (n = 180)	(n = 348[a])	(n = 352)
Paid	21.3	74.4	12.8	72.2	52.9	43.2
Unpaid	64.5	18.4	81.4	24.4	37.1	52.3
None	14.2	7.2	5.8	3.3	10.1	4.5

[a] One case with missing information has been excluded from the results.

Table 4. Previous month's income (in taka) by sex and area (in percent)

Past month's income (in Taka[a])	Urban		Rural		$Urban_{total}$	$Rural_{total}$
	Women (n = 137)	Men (n = 205)	Women (n = 172)	Men (n = 180)	(n = 342[b])	(n = 352)
0	65.0	16.1	70.3	22.8	35.7	46.0
1–500	2.9	4.4	22.1	24.4	3.8	23.3
501–2000	6.6	21.0	5.8	37.2	15.2	21.9
2001–5000	10.9	22.9	0.6	11.7	18.1	6.3
>5000	14.6	35.6	1.2	3.9	27.2	2.6
Mean income	2639	6725	247	1204	5088	736

[a] USD 1 = Taka 40 at the time of the study.

[b] Seven cases with missing information have been excluded from the results.

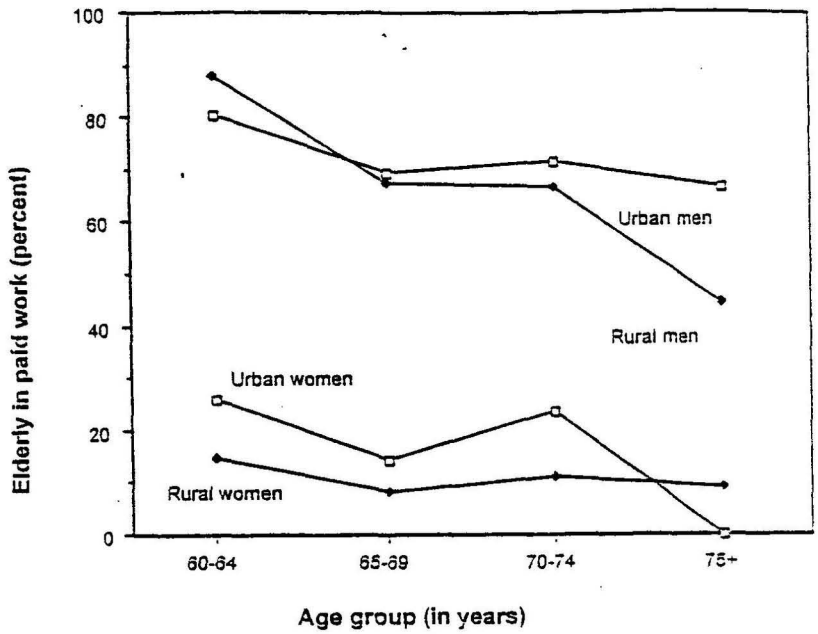

Figure 1. Elderly men and women in paid work by age group and area.

age are gainfully employed (Figure 1). Such a clear age-related employment pattern is not observable among elderly women.

Income. The elderly were asked about their income during the month prior to the interview. This was compared with their responses to a question about their usual monthly income. The figures reported were found to be similar. A majority of men but a minority of women in both urban and rural areas reported having some income during the month prior to the interview. The reported income level was much lower in the rural than in the urban area. and much lower among women than men (Table 4). More than one-fourth of the elderly in the urban area were in the highest income group. Distribution of income in the urban area was widely spread in our sample. with the extremely high income of a few individuals inflating the mean value to Taka 5.088 (USD 1 = Tk 40). When income levels of Tk. 30,000 or more (n = 13) are disregarded. the mean monthly income in the urban area was Tk. 3.750. The income distribution is not as widely spread in the rural area. where the overall mean income was Tk. 736.

Marital status. Figure 2 shows that a notably high proportion of men are married in both the urban and rural areas (89% and 94%. respectively)

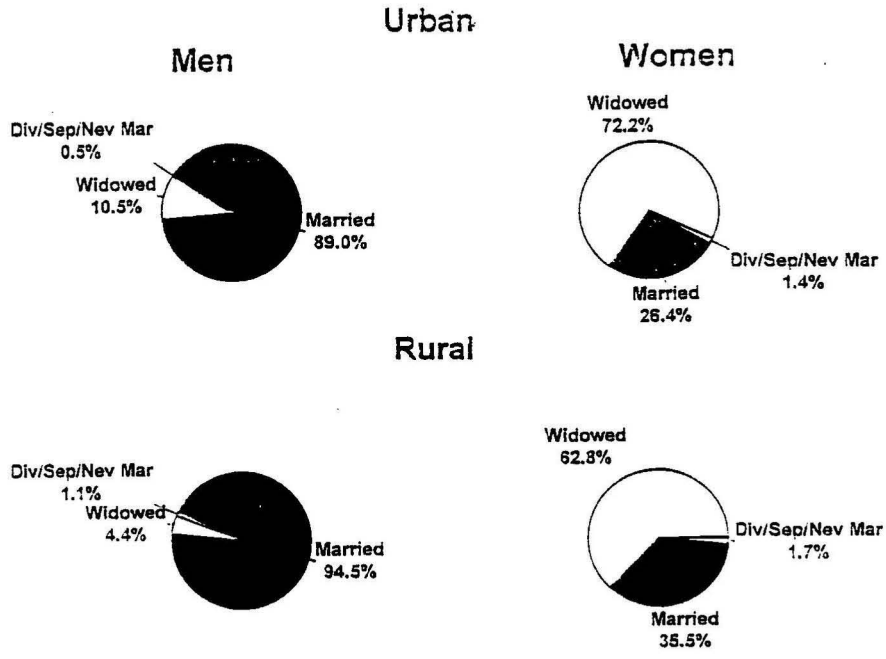

Figure 2. Marital status of the elderly by area and sex.

whereas a majority of the elderly women in both areas are widowed (urban 72%; rural 63%). Marriage at some point in life is virtually universal in Bangladesh (Ibrahim 1988; Rahman, Foster & Menken 1992), and only 1 person out of the 701 interviewed reported never being married. Divorce and separation for these cohorts were found to be very uncommon.

Living arrangements. A household in this study is defined as persons sharing the same cooking pot. This definition of household also has been used by other studies in Bangladesh (Amin 1996; Chowdhury, Vaughan & Abed 1988).

The share of elderly living alone is not negligible (Table 5). The proportion of women living on their own in the rural area is quite high (16%) compared to women in the urban area and to men in both the rural and urban areas. About 26% of the rural elderly sample live either alone or with one other person, compared to 9% of the urban elderly. Living alone or with only one other person is most common among rural elderly women (34%). Of those living in two-member households in the rural area, most are living with a spouse; only a few live with others (i.e., a son or a grandchild). In the urban area, where

two-member households are less common, the most frequent composition was a widow living with her son.

In this study, large households are found to be more common in the urban area. Forty-seven percent of urban households have more than 6 members (Table 5). This should not necessarily be interpreted to indicate that urban families have more children. The average number of children among the elderly in this study's urban area is only slightly higher than in the rural area (urban 5.5; rural 5.1). As Table 6 illustrates, intergenerational families are more common in urban than in rural areas. A greater percentage of the elderly reported living without any children in the rural compared to the urban area. On the other hand, the high proportion of households reporting only one and two members in rural areas (Table 5) should also be interpreted with caution. The living structure in Bangladesh villages is such that a number of households (normally of the same family or close kin) share a common courtyard and form a *bari* (Amin 1996). The households are thus located adjacent to or opposite each other. This type of living structure provides a special social network for the elderly. Figure 3 shows the percentage of rural elderly with children living in the same compound. Though 37% of rural women and 21% of rural men live without a child in the same household, most have at least one child in the same *bari*. Only 6% (with no gender difference) of the rural elderly do not have a child residing in the same household or in the same *bari*. Among these, one-third have their children's families either co-residing with them or living in the same *bari*. Another third reported living close enough to either their children or their children's families to enable regular visits. For rest of the elderly (<2%), neither their children nor their children's families live in the vicinity.

Very few elderly (urban 2.0%; rural 1.7%) in the study have no living children. As seen in Table 6, a high proportion of the elderly in both the urban and rural areas (86% and 70%, respectively) live with their children. The proportion of elderly persons living only with son/s is, however, notably higher than that living with daughters. Once again, even though the proportion of elderly living neither with son nor daughter is higher in the rural than in the urban area, the special characteristic of the rural *bari* should be kept in mind.

Elderly living alone. A closer look at those elderly living alone shows that the majority (20 of 23) in the urban area are men, while in the rural area the majority (28 of 29) are women. Ninety percent of urban men living alone are married, whereas 89% of rural women living alone are widowed. Of the 28 rural women living alone in their households, 25 share the same compound (*bari*) with at least one child, most commonly with a son. All the urban

Table 5. Household size by sex of the elderly and area (in percent)

No. of household members	Urban		Rural		$Urban_{total}$	$Rural_{total}$
	Women (n = 140)	Men (n = 208)	Women (n = 172)	Men (n = 180)	n = (348[a])	(n = 352)
1	2.1	9.6	16.3	0.6	6.6	8.2
2	5.7	0.5	17.4	18.3	2.6	17.9
3–6	49.3	39.9	45.9	62.2	43.7	54.3
>6	42.9	50.0	20.3	18.9	47.1	19.6
Mean household size	5.6	5.8	3.4	3.7	5.7	3.6

[a] One case with missing information has been excluded from the results.

Table 6. Percent of elderly men and women co-residing with children, by area

Elderly living with children	Urban		Rural		$Urban_{total}$	$Rural_{total}$
	Women (n = 140)	Men (n = 208)	Women (n = 172)	Men (n = 180)	(n = 348[a])	(n = 352)
With son only	43.6	31.3	48.3	38.3	36.2	43.2
With daughter only	20.0	8.2	6.4	10.0	12.9	8.2
With both son and daughter	25.0	44.7	7.6	28.9	36.8	18.5
With neither son nor daughter	11.4	15.8	37.7	22.8	14.1	30.1

[a] One case with missing information has been excluded from the results.

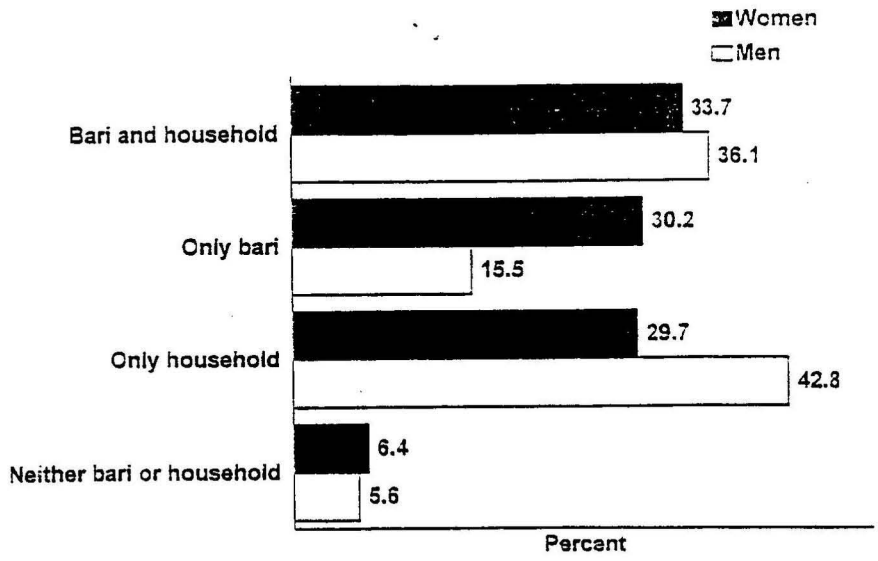

Figure 3. Living arrangements of the elderly in the rural area in relation to sharing household or bari with their children.

men reported having paid work, and most belong to the lower-middle income category (monthly wages per month of Tk. 501-2.000). Almost 36% of rural women living alone mentioned having paid work, while 43% reported no income during the month prior to the interview.

Social contact. Table 7 shows percentages of elderly reporting regular contact with relatives, friends or neighbors, the frequency of such contact, and the relationship with those that they meet most often. Virtually all elderly in both areas stated that they meet relatives, friends or neighbors regularly. More than 99% of the rural elderly and 83% of the urban elderly said they had such contact almost everyday or more frequently. The majority in both areas reported meeting neighbors more often than relatives.

Discussion

This article describes various demographic and social characteristics of the elderly population in Bangladesh with the intent of making a large and growing, yet frequently ignored, population more visible in the national and global context.

Bangladesh is one of the few countries in the world where men outlive women on average. According to the Bangladesh Bureau of Statistics (BBS

Table 7. Regular contact between the elderly and their relatives, friends or neighbors (in percent)

	Urban		Rural	$Urban_{total}$	$Rural_{total}$	
	Women (n = 140)	Men (n = 204)	Women (n = 171)	Men (n = 180)	(n = 344[a])	(n = 351[a])
Do you regularly meet your relatives, friends or neighbors?						
Yes	97.9	100	100	100	99.1	100
No	2.1	0.0	0.0	0.0	0.9	0.0
(If yes, in above question) how often do you meet?						
N	(137)	(204)	(171)	(180)	(341)	(351)
Daily	56.9	77.5	90.6	98.9	69.2	94.9
Almost everyday	17.5	11.8	8.2	1.1	14.1	4.6
At least twice a week	2.1	4.9	1.2	0.0	3.8	0.6
Once a week	6.6	2.9	0.0	0.0	4.4	0.0
Less than once a week	16.9	2.9	0.0	0.0	8.5	0.0
Who do you meet most often?						
Relatives	43.1	26.0	35.1	49.4	32.8	42.5
Neighbors	54.0	68.1	64.9	50.6	62.5	57.5
Friends	2.9	5.9	0.0	0.0	4.7	0.0

[a] Six cases with missing information (5 in the urban and 1 in the rural area) have been excluded from the results.

1994b), average life expectancy at birth is 57.8 years for men and 56.6 years for women. High mortality rates for girls, high maternal mortality, nutritional deprivation, and differential access to health care have been cited as possible explanations of the lower female life expectancy at birth in Bangladesh (Martin 1988). Data on age distribution in this study indicate that even among the elderly, women die at a younger age than men. Other data for Bangladesh also show a lower proportion of women vis-à-vis men in the oldest age groups (US Census Bureau 1998a). Contrary to the pattern of the feminization of later life observed in most regions of the world, the highest age-specific sex ratio (129 men to 100 women) during the last three decades in Bangladesh has been observed in the population aged 60 and above, indicating lower mortality for men relative to women in this age group (BBS 1994a).

The literacy rate among the elderly as a whole in this study is lower for women than for men and lower in the rural than in the urban area. A similar literacy pattern is observed in other studies as well (US Census Bureau 1998b; Ibrahim 1988). However, the difference in literacy rate by age in this study, where a higher proportion of older elderly report being literate compared to younger elderly, is noteworthy. While it may in part be an effect of the Act on Uniform Primary Education that was passed in the then-undivided India (of which Bangladesh was a part) in the late 1930s, it may also be related to a survival effect. That is, the elderly who are not literate may survive to old age to a lesser extent than those who are literate. However, age differences must be treated with caution in studies from countries without birth registration, in which the age of individuals participating has been estimated. Even when all possible care is taken, assessment of age is approximate, thus making strict comparisons between age groups problematic.

Due to the predominance of employment in the informal labor market, there is no definite retirement age and no pension system for the majority of the population in Bangladesh. Consequently, the elderly leave the labor market at various ages (Martin 1988) if at all. The dependency ratio in Bangladesh is officially defined (BBS 1994a) as the ratio of population aged 0–14 years and 60 years and above to the population of working age (15–59 years). The dependency ratio for the year 1991 was calculated to be 102. Our data show that a high proportion of persons aged 60 and above, particularly men in both urban and rural areas, are gainfully employed, and that the 'working age' extends beyond 59 years. Other data also indicate that a high proportion of elderly in Bangladesh are gainfully employed (US Census Bureau 1998c). Working at older ages is not necessarily by choice, but may be necessary for survival due to the lack of a widespread pension system. This points to the need to consider whether the concept of 'the non-working.

dependent older person' is based on myth or reality, and thus calls for a re-examination of the definition of dependency ratio.

Martin (1988) supports the need for such re-examination in a discussion of aging in Asia, noting that the fact that elderly people can be self-supporting is often overlooked. In this study, a majority of men in both urban and rural areas reported having an income. A high proportion of the elderly with income are found to be in the lower income bracket in the rural area compared with the urban area. Women in both areas reported lower income than men, with high proportions of women reporting no income at all. This is due to the fact that women almost exclusively were involved in unpaid household work.

A very high proportion of the elderly men in this study were married, and despite shorter average life expectancy, the majority of the elderly women were widowed. The large age difference between husband and wife, particularly in the age groups of the study population may be one explanation of this disparity. The mean age at marriage for women in the 1940s in pre-independent Bangladesh was about 14 years, while that for men was around 22 years (BBS 1994a). Also, remarriage among men after widowhood and divorce is fairly common, while remarriage among women is uncommon. The pattern of high proportions of married men and widowed women is similar to that found in high income (and also many low income) nations. This pattern in high income countries is partially due to large age difference between husband and wife as in Bangladesh, but is also related to the higher longevity of women in high income countries (Arber 1996).

Traditional norms in Bangladesh require that parents be looked after by their children, preferably by sons, in old age. A study of mortality of older widows in rural Bangladesh concludes that widows who have adult sons have a lower mortality risk than those without sons. This suggests that an individual's mortality risk is dependent on access to resources which, in turn, is dependent on access to a male kin (Rahman, Foster & Menken 1992). In discussing living arrangements of the elderly, a study on family structure and change in rural Bangladesh points out that elderly people's reliance on support from sons has not changed much over the past two decades (Amin 1996). Data from the current study provide evidence in support of the predominance of traditional norms, not only in relation to elderly living with children, but also the general tendency to live with sons rather than daughters. However, there are signs of a shift away from traditional norms in that many elderly, especially in the urban area, live with *both* sons and daughters. An even clearer departure from traditional norms is indicated by the living arrangements of urban elderly women, where the data show that every fifth elderly woman lives with a daughter only.

The minority, though not a negligible number, of elderly living alone merits special attention in terms of gender implications. Most of the men living alone in this study were married, living in the urban area and having paid work, and thus most probably supporting families living elsewhere. On the other hand, the majority of women living alone were widowed, living in rural area and without paid work. They lived in the same *bari* as their children, an arrangement with the potential of providing social support.

With the rapid socioeconomic and demographic changes taking place within the society, the basic characteristics and experiences of the elderly in Bangladesh today are probably very different from what they will be in the future. It is beyond the scope of this study to suggest any comprehensive policy formulation for the elderly. Yet, it is important that information regarding this population be documented in order to facilitate understanding of the aging situation in the country. With scant national policy regarding the elderly in Bangladesh, results from studies such as the present one can be used to feed into policy formulation through description of the situation of the elderly and by identifying needs among different groups of elderly people.

One basis for future policy intervention is illustrated by the fact that a large share of elderly people are living with offspring, and that most elderly men are economically active while the elderly women are active in household work. This can be seen as a rational way of pooling scarce family resources, and may indicate that both elderly men and women are contributing to the welfare of the shared household or compound (*bari*) while at the same time taking advantage of economic and caregiving resources of the other household or compound members. Studies from other countries (e.g., Sundstrom 1987) have shown that economic and caregiving support often are provided by elderly to their children and grandchildren, as well as flowing in the reverse direction.

Finally, the kind of social security system that exists for the elderly in many high income countries is not a viable option for Bangladesh in the foreseeable future. With large sections of other population groups drawing upon the already-constrained financial resources of the country, the elderly are not perceived to be a priority group for government support. During the budget year 1997–98, the Government of Bangladesh announced, for the first time in history, a small monthly payment of Taka 100 to ten needy elderly individuals in every ward (the smallest administrative unit) of the country, of whom at least five are to be women. This is estimated to cover about 7% of the elderly population. Despite such government efforts to support the most impoverished section of the elderly population, the greatest responsibility for the welfare of the elderly will continue to rest elsewhere, on the family and the community. How to support the caring capacities of existing family networks

without putting too much pressure on either the elderly or their close kin is a delicate act of balance which needs further exploration.

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