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# CONTENTS

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CONTENTS.....	iv
From The Editor	
Farida Chowdhury Khan.....	v
BDI Lifetime Achievement Award 2021 Lecture: <i>The Challenge of Citizenship in Building a Just Society</i>	
Hameeda Hossain.....	1
The Role and Vision of Bangabandhu Sheikh Mujibur Rahman in the Making of the Bangladesh Nation State	
Rehman Sobhan .....	7
A Critical Assessment of Gary Bass’s <i>The Blood Telegram</i>	
Tanweer Akram .....	18
Islam, Neoliberalism, and Intolerance in Bangladesh: An Analysis	
Matt Mustahid Husain.....	25
Ageing and Ageism: Myths and Realities in Selected Rural and Urban Areas of Bangladesh	
Masudur Rahman, Sadia Afrin.....	42
Vulnerability to Natural Hazards and Climate Resilient Socio-economic Development in Bhola	
Farzana Tasnim, Sahadat Hossain, Mauddod Elahi.....	53
Book Reviews	
<i>The Company Weavers of Bengal: The East India Company and the Organization of Textile Production in Bengal 1750-1813</i>	
Samia Khatun.....	68
<i>Good Economics for Hard Times: Better Answers to Our Biggest Problems</i>	
Mohammad Muaz Jalil.....	70
<i>Corona Tale: A Bangladeshi Family’s Pen War Against the Pandemic</i>	
Munir Quddus .....	73

# Ageing and Ageism: Myths and Realities in Selected Rural and Urban Areas of Bangladesh

Md. Masudur Rahman\*

Jatiya Kabi Kazi Nazrul Islam University, Mymensingh  
mrahman1masud@gmail.com

Mst. Sadia Afrin

University of Dhaka  
sadia165afrin@gmail.com

\*Corresponding Author

## Abstract

This study attempts to examine the myths and realities concerning ageing and ageism by contrasting the situation in rural and urban areas of Bangladesh. Stereotypes about the elderly in Bangladesh are not always consistent with reality and the scenario of ageism can differ by demographic setting. In this study, a mixed-method approach was followed, with qualitative and quantitative methods, with an emphasis on the latter. This study included adults aged above 60 years from two different areas. Dhaka city was the urban setting for the study and Barguna district was the rural setting. The sample included 340 observations, equally divided between the urban and the rural settings. The findings suggest that myths and realities concerning ageing and ageism operate differently in rural and urban areas, although they reveal some similarities. The study explores how elderly people who comprise a large portion of the country's population are treated. It highlights disparities between traditional attitudes towards the elderly and the modern realities faced by contemporary society.

**Keywords:** Ageing, Ageism, Bangladesh

## Introduction

The “death of an elderly person is the end of a library” is a Chinese maxim. The elderly are often addressed as “old is gold”, but at the same time, elderly people are sometimes ignored in our present social structures (Rahman and Ahmmad, 2018). Elderly people are sometimes neglected and deprived of their human rights. Many family members ignore elderly people because they cannot contribute financially to the family. In Bangladeshi folk tales, this fable about the old exemplifies what is meant by the above.

*There was an old man who lived with his son, daughter-in-law, and grandson. His son, along with his daughter-in-law, did not want to keep an incapable old person in their home and considered him a burden. Finally, the son decided to get himself rid of the problem. He took his old father in a big basket and set out for the jungle. His plan was to leave his old father there. The grandson, observing his father, said, “Father, please bring back the basket.” “Why?” asked the father. “Because I will need it when you will grow old,” replied the grandson (Idowu, et al. 2013).*

In Bangladesh, adult children, particularly sons but also daughters to some extent nowadays are considered to be the main source of security and economic support to their parents, particularly in the time of disaster, sickness, and in old age (Hossain, 2016; Cain, 1986; Islam and Nath 2012). Within the social structure in Bangladesh, it is true

in some cases that elderly people are neglected by their children. Estimates of this negligence varies from rural (40%) to urban (25%) areas of Bangladesh, according to this study.

There are six obligatory stages in the biological process of a person's life cycle – infancy, childhood, adolescence, youth, and early old age as well as later old age (Villalba, 1999). Ageing is an inevitable biological process that starts at birth and ends at the death of every human being (Little, 2012). The Constitution of the Bangladesh mentions the rights of elderly people in Article 15 as the “provision of the basic necessities of life, including food, clothing, shelter, education and medical care; the right to reasonable rest, recreation and leisure; and the right to social security, that is to say, to public assistance in cases of undeserved want arising from unemployment, illness or disablement, or suffered by widows or orphans or in old age” (Constitution of Bangladesh, Article 15/a, 15/c, and 15/d). But in reality, ageing often becomes a burden for a modernizing society, where the family size is smaller and the understanding of a family is becoming limited to a nuclear one, instead of an extended one. Moreover, the consequences of technological changes and improvement in medical sciences are that death rates have fallen in many developing countries, including Bangladesh. As a result, the number of elderly people is increasing gradually in Bangladesh. Likewise, due to rapid urbanization and industrialization, people are becoming self-dependent, and people are reluctant to accept the burden of elderly care. Therefore, the traditional attitudes towards the elderly have changed while their numbers have increased in Bangladesh. We expect the scenario to be different in rural and urban areas of Bangladesh.

Bangladesh is a large and densely populated country (1,115.62 people per square kilometer in 2019) in South Asia, bordering Burma and India. Its population is 163.05 million, estimated in 2019, up from the 2013 estimate of 156.5 million (World Population Review, 2019). It is also the eighth largest populated country in the world and has started to experience an emerging issue of increased elderly among its vulnerable population. According to the census of 2011, the percentage of elderly people in Bangladesh was 7.7 percent (BBS, 2015) and the size of the population of Bangladesh aged 65 years or more reached 8 million in 2010 from 4 million in 1990 (UN, 2013). This pattern of increase is forecasted to be steeper in the coming years. Traditionally, elderly people were revered in the Bangladeshi society. But along with other traditional social institutions, values with respect to the elderly are changing rapidly due to the impacts of modernization and urbanization. By 2050, the world's population aged 60 years and older is expected to total 2 billion, up from 900 million in 2015 (WHO, 2018). Today, 125 million people are aged 80 years or older in the world (WHO, 2018). In Bangladesh, as in other regions of the world, the population aged 60 years or more, considered elderly, is growing faster than other age groups, and they face some neglect by their family (Rahman, 2018). At times, they may not be given their basic human rights. As family traditions weaken, many elderly people now live apart from their children. As per the Bangladesh Constitution, needy elderly people have a right to social security; this is one of the fundamental principles of state policy (Constitution of Bangladesh, Article 15/d) and one of their fundamental rights (Constitution of Bangladesh, Article 26-47A; Rahman, 2018). Given this backdrop, this study attempts to examine the situation of the elderly in the context of Bangladesh, with special emphasis on a comparison of rural and urban areas, highlighting the disparities between common understanding and the actual scenarios concerning ageing and ageism in the context of Bangladesh

## **Ageing, Ageism and Society**

Ageing is determined not only by physiological, but also by socially constructed factors for all societies. The ageing process is a genetic reality that has its own dynamics (Hossain, Akhtar, and Uddin, 2006). Nonetheless, old age is also socially constructed (Verma et al., 2016). Biologically, ageing is the collective result of decremting processes at the cellular, sub-cellular, or organ level that are associated with the passage of time. It is also the end of the life cycle and a biological reality that has its own underlying forces largely beyond human control (Gorman, 2000). However, social thinkers are mostly concerned about social factors related to ageing, termed “social ageing”, so that they can contribute to an understanding of this process and its implications. Social ageing is multidimensional and dynamic. It contains the transition into and out of roles, expectations about behavior, societal allocation of resources, and opportunities (Hossain, Akhtar, and Uddin, 2006; Morgan and Kunkel, 2001). On the contrary, ageism is a process of systematic discrimination against people because they are old, similar to racism and sexism, which focuses on skin color and/or gender (Eglit, 2005). Ageism can function as a stereotype in society, and can lead to elderly persons' invisibility, marginalization, and social exclusion. This occurs in society because those who are younger and more able than the elderly are treated as more valued. The elderly can be relegated to a second-class status, and their needs and their lives are treated as if they do not matter as much in society (Spencer, 2009).

Many studies on ageing and elderly populations have been conducted in lower and middle-income countries such as Bangladesh, primarily in order to gauge difficulties faced in old age. A study estimates that by 2025, Bangladesh, along with other Asian countries such as China, India, Indonesia, and Pakistan, will account for about half of the world's total elderly population (Kabir et al., 2013). In Bangladesh, most elderly people live in absolute poverty, and in many cases, offspring do not support their old parents, even though the parents have invested their effort and property for their children's education and livelihood betterment (Rahman, 2017). A study by Hossain, Akhtar, and Uddin (2006) examined problems faced by the elderly, providing theoretical perspectives and emphasizing the needs of elderly, highlighting the limitations of available services for them in the context of Bangladesh. Khan (2009) covers the steps taken for the welfare of the elderly people in developing countries such as Bangladesh, and Kabir et al. (2016) review the different non-communicable diseases that the elderly suffer from. Islam (2015) points to various types of abuse faced by the elderly. This study finds that the existing literature has a major gap, which is the difference in the perception and reality in attitudes towards elderly people in Bangladesh.

## Theoretical Framework

A comprehensive understanding of ageing and ageism in Bangladesh may be compiled by combining various theoretical perspectives. This study elucidates and is analyzed using theoretical perspectives, which are effectually connected to the contemporary situations of old aged people in Bangladesh. Ageism is studied using several theories such as social disengagement theory, social pathology theory, deviant behavior theory, conflict theory, and labeling theory (Weinberg and Rubington, 1973). Life Course Perspective (LCP), which falls under the broader framework of "active aging", is another theory which is taken into consideration by World Health Organization (WHO, 2002). Social ageing refers to changes in people's roles and relationships in a society as they age, and social gerontologists explain how this process occurs in societies.

The process of ageing and ageism are primarily studied using four theoretical points of view. First, ageism is examined most significantly through disengagement theory. This theory focuses on the alterations in elderly people's authority, and the reversal of authority from the elderly to the young, in every society. Societal arrangements require elderly people to leave their engagements, including their previous jobs. This is the way in which a society affects the conversion of its elderly into one that leads a new, more sedentary lifestyle, and ensures that their previous roles will be undertaken by a younger generation that is presumably more able to carry out these roles. While a society needs to confirm that disengagement happens, this theory is often considered a functionalist explanation of the ageing process (Cumming and Henry, 1961). In the context of Bangladesh, disengagement theory is appropriate because it sets up elderly people as unproductive and a burden for society. Secondly, labeling theory is valuable in elucidating ageism, which is a process that men and women create (Becker, 1963). Ageing is socially constructed because it is society that labels the elderly as old, unproductive, degenerative, and liable, although they may not have these qualities (Hossain, Akhtar, and Uddin, 2006) and may face several difficulties from these prejudices (Curran and Ranzetti, 1996). In Bangladesh, this theory is applicable, as people treat the elderly as unproductive, and deem them a social burden because of their dependency, resulting in their facing the kinds of difficulties predicted by this theory. Also, this theory falls into the more general framework of a conflict theory of society and inequality, showing how these exist among the aged. Thirdly, social gerontologists also prefer activity theory, which assumes that elderly people benefit both themselves and their society if they remain active and try to continue to perform the roles they had before they aged (Choi and Kim, 2011). Activity theory focuses on the individual and her/his perception of the ageing process and is often considered a social interactionist explanation of the social ageing. This is also applicable in the context of Bangladesh. Lastly, "active ageing" emphasizes the active contributions of elderly people, and the importance of maintaining autonomy and independence within a relational context requiring interdependence and intergenerational solidarity. It draws on a Life Course Perspective (LCP), noting that the youth of today are the elderly people of "tomorrow", and the quality of life depends on the accumulation of experiences throughout the life cycle. Thus, it requires a rights-based approach that "recognizes the rights of people to equality of opportunity and treatment in all aspects of life as they grow elderly" and "supports their responsibility to exercise their participation in the political process and other aspects of community life" (WHO, 2002, p. 13).

This study is linked to these theories and explores the myths and realities around ageing and ageism in Bangladeshi society. Elderly people are treated as a source of pride for the youth, but sometimes as a curse for some who have older parents, reflecting the different strands of the above theories.

## Methodology

This is a mixed-method study that collected multiple responses from different occupational and age groups. A qualitative method is used to include case studies that capture in-depth stories about ageism. In addition, a face-to-face survey is used to collect quantitative data representing the elderly people sampled in this study (Bryman, 1984). As this study intends to reveal the perceptions and actual conditions concerning ageing and ageism in rural and urban areas of Bangladesh, both males and females aged 60 years or older are sampled for this study. The elderly sample is selected from Barguna Sadar Upazila in Barguna district and several areas of Dhaka city. A total of 340 elderly people are interviewed, out of which, 40 case studies are presented in the qualitative section (20 from Dhaka city and 20 from Barguna Sadar Upazila). For the quantitative section, a total of 300 survey interviews are conducted in both rural and urban areas, with 150 in each region. The sample size is comparatively small, and this can be a limitation of this study. In the qualitative study, elderly people who are 60 years or older are purposively selected in both Barguna district and Dhaka city areas. To conduct the case studies, 20 elderly people are selected from different areas of Barguna Sadar Upazila, and an additional 20 elderly people are selected from some selected areas of Dhaka city, such as Dhanmondi, Ramna, old Dhaka, and Azimpur. On the other hand, in the quantitative study, the survey sample is selected conveniently in both the rural and urban areas.

## Statistical Analysis

The analysis in this study attempts to capture the general scenario of the entire country, although the sample is small in size. As mentioned above, the study uses both quantitative and qualitative data, collected from face-to-face surveys and case studies. In the qualitative study, the data is analyzed descriptively, strengthening the statements from the quantitative study. In the quantitative study, the survey data is analyzed using the SPSS software. The numerical data is processed through coding, data entry, and then analysis using the software. Then the data is presented graphically in this study. Both of the analyses allow this study to be generalized and representable.

## Elderly Demography and Ageing Experiences in Bangladesh

The number of the aged is increasing and their lives are becoming gradually complex with the passage of time. Due to the innovations in health technology, the mortality rate is falling, and life expectancy is increasing. Table 1 summarizes the demographic characteristics of elderly people in the survey sample. More than half of the elderly people (62%) are 60 to 70 years old, and the rest are above 70 years old. More than half (56%) of the sample are female. In this study, 26% of the elderly people are widows or widowers, and 74% are married. With regards to the educational qualification, 46% are literate and more than half of the sample respondents are illiterate. In both rural and urban areas, only one-third of the elderly people are employed, and the remaining 68% are unemployed. Additionally, more than three-fifth of the elderly people live in an extended family, and only a third of them live in a nuclear family.

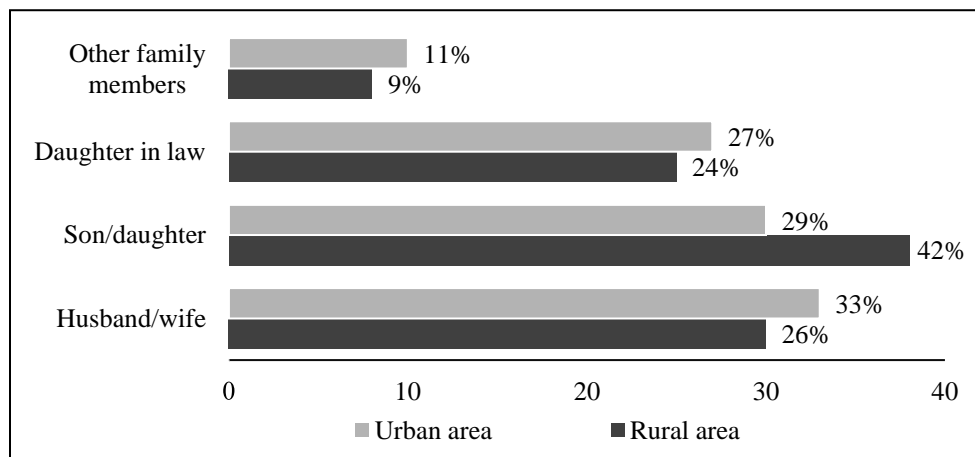
**Table 1:** Demographic characteristics of elderly people surveyed (n = 340)

Characteristics	Categories	Percentage (%)
Age	60-70 years	62
	70+ years	38
Sex	Male	44
	Female	56
Marital Status	Married	74
	Widow	26
Educational Qualification	Literate	46
	Illiterate	54
Employment Status	Employed	32
	Unemployed	68
Types of Family	Extended family	65
	Nuclear family	35

This study finds some important facts regarding old age experiences in both rural and urban areas of Bangladesh. First, elderly people receive limited financial support from their children. Though most elderly people retire at the age of 62, or 65 in certain types of jobs, they typically live 15-20 years after their retirement. At that time, most of them have to depend on others if they have no savings. These ageing people are sometimes treated as a social burden to their family members and a general stereotype prevails that they demand much and do little. But, in actuality, they contribute much through their active involvement in childcare and household chores.

The picture differs depending on whether the area is rural or urban. Our study reveals that the elderly in urban areas are more financially self-reliant than those in rural areas. We find that three-fourths of the elderly (74%) in rural areas are engaged in agricultural farming. They earn their livelihood by cultivating crops, selling vegetables, poultry, fruits, etc. However, they have limited or no surplus at the end of the day and are forced to depend on their adult children working outside rural areas. The remaining proportion of the elderly are entirely reliant on their children in the rural areas and may face neglect. In urban areas, 61% of the elderly are engaged in several types of informal sector employment. They earn money to maintain their own family. In this last phase of life, they have to work hard to earn a subsistence. Our sample showed that they are informal sector workers such as rickshaw pullers, tea sellers, security guards, petty traders, and even construction workers. Some of them have to earn to support the entire family, in spite of having working adult children. The rest of the elderly urban sample are the retired and pass their time with their family members. In some cases, they contribute to raising and caring for children, particularly their grandchildren. Other activities and contributions of the elderly such as doing household chores, daily shopping for family, conversing with and teaching children, helping family members are also common and recognized in the family.

Second, our study has several findings on how the elderly are treated by their children. In traditional agro-based societies, elderly people live with their near and dear ones, and in most cases depend on them for their basic needs. Socially, it is the responsibility of children to take care of their elderly parents when the parents are no longer able to meet their own needs. But it is quite a difficult task for the young generation to perform that traditional responsibility towards their parents in a modern industrialized world, particularly because of job and professional demands. In both rural and urban areas, elderly people do not want to say that their children do not treat them well, but in-depth interviews led many of them to say indirectly that their working children pay insufficient attention to them. There are also differences in rural and urban areas. In rural areas, it is more commonplace to care less about the elderly. Their children usually go outside to work, marry someone, and then start a separate nuclear family. They neglect their old parents and offer little or no financial support to them. More than half of the elderly in rural areas expressed dissatisfaction with the treatment received from their children. It was also seen that children of lower-income families with little or no educational qualification are implicated in such neglect. The children of families with some educational attainment paid more attention to their ageing parents. On the other hand, in urban areas, only 33% of the elderly expressed that their children do not treat them adequately, while about 65% of survey respondents say that their children treated them well. Also, it was found that female children were more mindful of the care of elderly parents.



**Figure 1:** Actors in elderly neglect in rural and urban areas of Bangladesh

The details show us that although parents did not want to allege that their children neglected them, some of the case studies identified certain family members who seriously neglected the elderly. This negligence was emotional, financial, physical and/or social. Figure 1 shows family members who neglect elderly people, as found in this study. Within the group that said their children do not treat them well, 42% claim that they are neglected by their son/daughter in rural areas, while only 29% of urban respondents said so. Spousal neglect mentioned by elderly people appears to be similar in both rural and urban areas of Bangladesh. Survey respondents also reported that their daughters-in-law neglected them, this being true in both rural and urban areas, and slightly higher (27%) in urban areas. About 11% of the elderly reported neglect by other family members in the urban sample. Negligence here referred to the lack of care or friendly attitude to the elderly, who face economic difficulties and feel lonely. The negligence is structural and results from the changing structure of families in both rural and urban areas. It is important to mention that the level of negligence is based on the opinion of the respondents, and this study observes that level of negligence is increasing.

Third, living arrangements are an important component for the overall well-being of the elderly, and elderly people face problems in this area. More than half of the poor families (56%) cannot ensure separate living places for the elderly as they live in one or two room houses even if they have more than five members. For this reason, the elderly people sleep and take rest in the veranda or a hovel, in unhygienic living conditions. Such negligence is also common in rural areas of Bangladesh. Although the elderly are involved in family activities that ensure their food, limited recreation, and other basic needs, they have to sacrifice the better shelter for others.

Fourth, older people are sometimes mistreated by daughters-in-law, especially in rural areas. This is particularly true due to poverty in lower-middle income rural families where the conflicts between parents and daughters-in-law are more acute. The elderly report that their daughters-in-law may have bad attitudes and quarrelsome behavior. We also find that the elderly have a good relationship with their grandchildren in rural areas, but in urban settings, in some cases, they say that their grandchildren find them backward with regard to their inabilities with technology and their rustic background.

Fifth, elderly people in Bangladesh are not always respected and well cared for by their families, and with the passage of time, elderly abuse is alarmingly visible in rural poor families. Some people think that old people are always napping in their rocking chairs or eating and taking rest all day and night and are basically unproductive due to disengagement from the labor market, dependent on others, and generally useless.

Finally, some elderly people get more advantages than others as people continue to respect them due to their age. Sixty five percent of respondents said that they get extra care from children for being elderly than others. But the remainder of respondents expressed that they had bad experiences and that they are neglected by their children as well as others in both rural and urban settings.

### ***How Does Society Portray Ageing People in Bangladesh?***

The concept that “old age is a burden” is socially constructed. There are several silent myths about the elderly people in our society but often these are not applicable. These myths are misconceptions, according to the survey respondents.

#### *Old Age Health Complications and Social Myths*

Ageing people are less energetic, having several health complications. Younger people can think that ageing means leisure and waiting to pass. The elderly are often sick and feeble, and therefore more likely to catch and carry illnesses. The common diseases experienced by the elderly are found to be bone or joint conditions, hypertension, eye or vision problem, heart conditions, memory or concentration problem, ear or hearing problem, insomnia, back problems, respiratory problems, foot problems, depression, prostate or bladder problems, among others. One of the myths that exists in our society is that “old age means illnesses”. It is thought that very necessarily the elderly people will go through physical illnesses. Table 2 exemplifies that this is not just a myth in rural areas, as about 74% of the rural respondents agreed with this conventional attitude, although this number is lower in urban setting.



**Table 2:** Perception of elderly people regarding their health condition (n = 340)

Health related myths	Rural area		Urban area	
	Yes (%)	No (%)	Yes (%)	No (%)
Old age means illnesses?	74	26	68	32
Physical capacity worsening?	90	10	85	15
Losing energy due to old age?	86	14	70	30

There is no disagreement on another social myth that “physical capacity wanes while ageing”. On this question, 90% of the rural elderly and 85% of the urban elderly strongly agreed that their physical capacity is worsening gradually, given the normal biological process of ageing.

“Losing energy due to old age” is a conventional concept regarding the elderly people. The survey respondents in the rural and urban areas had different opinions about their physical energy. Although 86% of the respondents from rural areas affirm that while ageing, losing energy is a very normal process, but we found that nearly one-third of the urban elderly think they still have much energy to work. An elderly woman who lives in Dhaka with her son’s family said:

*I am 85 years old, still capable to do all the household chores. In this old age, I also have no diseases that I suffer from. Sometimes I still go out with my daughter-in-law for shopping.*

That elderly people will lack energy is a myth that is not universally true. Even though a lack of energy is common in the elderly, it is clear from conversations in this study that physicians should take their patients’ reports more seriously because a lack of energy is often linked to health problems rather than ageing.

#### *Mental Stress and Old Age Loneliness*

The last stage of ageing consists of depression and mental stress due to a lack of work activities. One stereotype about ageing that “elderly people remain depressed” all the times is often accurate. Most of the elderly people live independently while maintaining close relationships with family, friends, and neighbors. In this study, 83% of the urban elderly shared that they remain depressed silently, and 60% of rural respondents said so. Sometimes they feel lonely, isolated, and dejected in spite of living within the family. A 60-years old male farmer and father of five children, mentioned his own experiences:

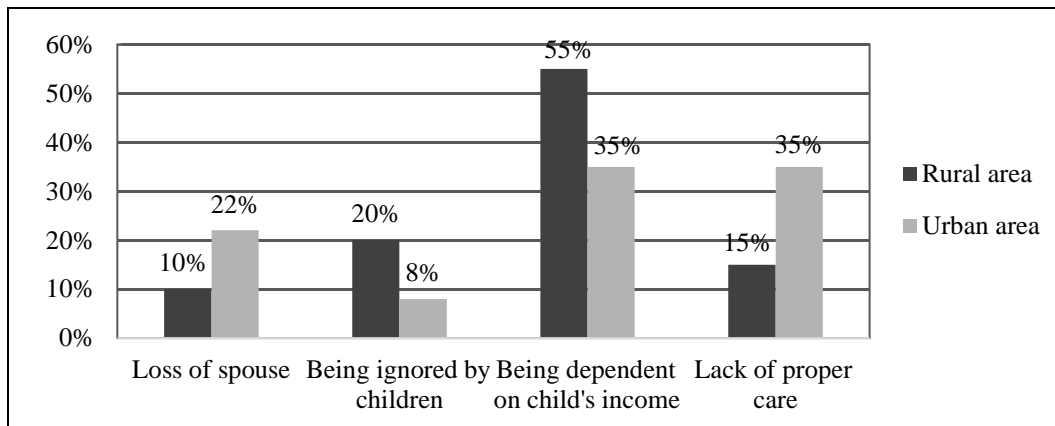
*As the only earner in my family, I have lots of duties and responsibilities to maintain. My elder son has made a separate family with his wife and my other four children study in schools and colleges. I have to afford their educational costs as well as other family costs. Sometimes I cannot afford all the costs and I remain in debt. So sometimes I feel very depressed and lonely in this old age.*

There is another myth regarding the “effects of ageing on the brain and cognition” but this study finds that 91% of the rural respondents and 84% of the urban elderly sampled agree that their brain works properly when it is needed.

Many people think that the “elderly seem angry, short-tempered or intolerant”. But the reality is that elderly people are not angry simply because of ageing, but due to factors related to life, livelihood, and surroundings. Most of the elderly surveyed think that they are less short-tempered than before. Although in this survey 29% of the rural elderly and 43% of the urban elderly recognize themselves as short-tempered, they refuse to consider this trait as related to their ageing.

In our complex society, people are busy with various tasks and many people experience loneliness and depression for numerous reasons. People think that “elderly people experience more loneliness” than ever either as a

result of living separately from children or due to lack of strong and sustainable family ties. They often have less connections with their friends they were once close to. It is inevitable that people lose connection with their friends when growing old and it becomes practically difficult to make new friendships and build new circles of friends. This study attempts to connect the relationships between elderly and loneliness.



**Figure 2:** Causes of elderly loneliness in rural and urban areas of Bangladesh

We find that loneliness is a common feature among the elderly, particularly in urban areas. Figure 2 shows four causes of loneliness that were gleaned from our survey. The most important cause in rural areas is the dependency of the elderly on their child's income, although this is less important in urban areas (35%). The survey respondents also feel lonely because they feel that they are not being taken care of properly. Finally, elderly people are lonely due to the loss of their spouse and being ignored by their children.

People also think that ageing leads to a problem of the “decline of memory”. Strokes and dementia increase with the passage of time when a person becomes older. We find that this is indeed the case in both rural and urban areas. In rural areas 63% of elderly respondents say that ageing has led to memory losses for them, and this is worsening day by day. In urban settings, 46% of the elderly think that they are probably losing their memory with the process of ageing. A 62-year-old woman said:

*I cannot remember things for long time. Even when I cook food, I sometimes forget where I have kept the salt. Sometimes I also use salt two times in the curry during cooking.*

#### *Productivity of Elderly People and Social Myths*

In Bangladesh, many consider the elderly to be less productive and a burden to society. They often think that elderly people do not earn, but only spend, and spending on the care of elderly people is nothing but a waste of resources. The study findings contradict this. The elderly people are shown to earn money and support their families. They are engaged in many economic activities such as cultivating, informal work, such as selling crops, rickshaw pulling, and working as domestic workers, among others. Nevertheless, stereotypes persist that elderly people are incapable of carrying out any duties and responsibilities. This is why we see that they are compelled to retire from their positions at the age of 62, in spite of their capability to serve at that age. Most of the respondents in this study area were fully confident that they can learn things just like the youth if they receive appropriate training. This was true of 69% of respondents in urban areas and 79% of those in rural areas. An old man from a village told us:

*Actually, if an 80-year old person is told to lift a 100 kg weight, this will be impossible. But I think that any kind of tasks which are suitable for the elderly people can be done by me, and maybe by almost all the elderly people.*

It is also thought that the elderly have a negative view of the benefits of technology. But the fact is that, in spite of being mostly disconnected from the world of digital services, they are not averse to technological change. We find that 89% of the urban elderly and 71% of the rural elderly are positive about and adaptable with regard to technological change. Table 3 identifies several types of work done by the elderly. In rural areas, 40% of the survey respondents are involved in agricultural cultivation and 30% in the informal economy, primarily in selling produce. Some elderly people, especially women, do the household chores even when they become old. About a tenth of the rural respondents do not participate in productive activities, including some because of their illness. In urban areas, 45% of the elderly are involved in the informal economy and sell clothes, vegetables, fruits, peanuts, etc. A larger percentage than the rural elderly report that they do household chores to help the family. Finally, the share of the elderly who are not involved in any work is higher in urban areas. We find, therefore, that productivity and creativity often continue to the very end of life, despite the myth that they are reduced with the passage of life.

**Table 3:** Work involvement and elderly productivity (n = 340)

Work involvement	Rural area (%)	Urban area (%)
Agricultural cultivating	40	0
Informal economy	30	45
Household chores	15	20
Others	5	15
No involvement	10	20

## Conclusion

Ageing people play a vital role in every society. They support the family mentally during crises and children rely on their wisdom when they make major decisions in their family. There are several myths in our society regarding the burden that the elderly imposes on others. This study examines how ageing people are treated by others and how they feel they are perceived in our society. We find from our survey results that 45% of the elderly in Bangladesh feel that they are treated as a burden and paid less attention by the family in both rural and urban regions. Although people believe that the elderly are unable to work, we find that they often earn income in their old age, spend time with their grandchildren, and sometimes do shopping and buy groceries for the household. A good proportion of ageing people may even be the sole earner and may be involved in the informal economy. If sometimes they do not have sufficient energy to work, they still provide mental support to their family. Often due to the loss of their spouse, dependency on their child's income, and feeling ignored by their children, they feel solitary during the last years of their life. As mentioned in Figure 1, they may feel neglected by their children, by their son/daughter-in-law, and even by their spouses. In Bangladesh, although there are laws to ensure parents' rights, children nonetheless ignore their parents in both rural and urban areas. Old age does not necessarily imply morbidity, and ageing is a process through which we all have to pass. Ageing people can play major roles in the family supporting the family members, especially during times of crisis, for care of younger children, and to help with household chores. This study helps us to better understand the significance of ageing, including the myths and realities around ageing and ageism.

As people go through their life cycle, becoming elderly is an inevitable part of life. Disengagement is a process which every elderly person has to go through, but active ageing is a concept that engages them from a human rights point of view. It is widely believed the elderly only consume and do not contribute to their family. Within this backdrop, some elderly people are not considered as a burden because of their economic contribution to the family, and often their economic status matters most in how they are treated. This study finds that while conditions for the elderly are generally similar in both rural and urban areas, the rural elderly are somewhat more deprived or neglected by family members than their urban counterparts. It is also found that the urban elderly perceive themselves as having more physical capacity and less illness. Elderly people are assets in any society. We believe that the elderly should be honored, accepted as social capital, and their participation in social and cultural activities ensured. Society should legally protect them from the violation of their rights. To ensure this, our study recommends the following:

- a) Family members should continue providing supports to the elderly and children should respect their parents with dignity in every aspect of society.

- b) People should not treat elderly people as a social burden and ensure that their basic needs are met in both rural and urban areas of Bangladesh.
- c) The government should implement laws regarding elderly care in Bangladesh, ensuring human rights for the elderly, as ageing is an inevitable biological process.
- d) Further research could be done to understand the changing situation of ageing people in the process of modernization to examine in what manner the basic human rights of ageing are declining and how they can be ensured.

## Declarations

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