

Issues and Challenges Faced By the Elderly at Old Age Homes: A Comparative Study of India and Bangladesh

¹Dr. Sushama Mukherjee, ²Prof. (Dr) Anoop Kumar Bhartiya

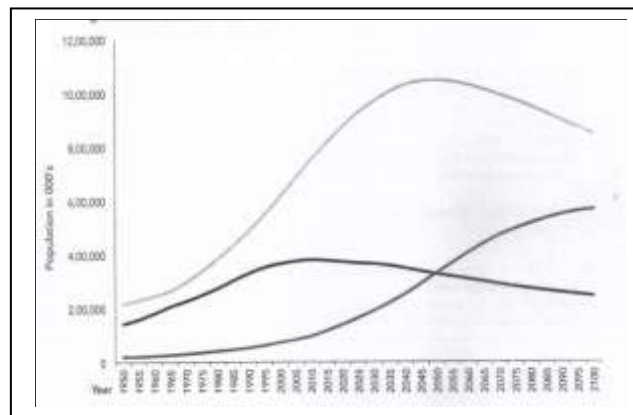
¹PDF Fellow, ICSSR, ²Professor, HOD
Department of Social Work, University of Lucknow,
Lucknow, Uttar Pradesh

Abstract: Traditional support received from the family or community by the elderly is almost fading out from contemporary society. Owing to various socio-economic factors the traditional support to the elderly is gradually changing its character. This transformation that can be attributed to various changes in social and economic arenas. The older people are facing a host of problems rather than living in peace and with honor. Many elderly are becoming dependent on family members for their daily existence. Since they have no earnings or means, deteriorating health has resulted in medical problems in old age; they are considered burdensome on even parasites by family members and the society at large. Elderly are sometimes forced to leave their homes and stay at old age homes. Thus, it is pertinent to understand the content of the elderly in old age homes. The present study has been conducted among the residents of the selected Old Age Homes (OAHs) in Kolkata city of West Bengal in India and Dhaka city of Bangladesh keeping four major objectives in mind – (1) To identify factors that force the elderly to live in OAHs in India and Bangladesh, (2) To examine and compare the available facilities of residents at old age homes in the selected countries. (3) To study the various issues of elderly residents under the study area (4) to understand the role of Government and non-government organizations (NGOs) for the elderly residents in the old age homes under the study area. It has been found that the older people are afflicted with various geriatric disorders. They need to be looked after by professionally trained and competent caregivers. But proper and adequate medicines and other specialized treatment are non-existent in their own homes. So, in order to receive proper care and medical attention the respondents want to be put up in Old Age Homes where facilities are available and affordable. But OAHs find it difficult to cope with various geriatric ailments and meet the rising medical expenses. So, a proper government health - related policy as well as a government - aided medical support system can stand them in good stead in times of dire need.

Keywords: *Issues, challenges, Elderly and Old Age Home*

Introduction:

The term 'elderly' denotes the development of age from the numerical viewpoint of 'senior' and 'junior', of 'birth' or 'before' and 'after'. The term 'elderly' is also referred to as 'old age' that simply denotes the process of ageing or growing older. It is the cumulative consequence or culmination of degenerative or decaying process at cellular, sub-cellular or organ level. This is a natural concomitant of the unstoppable passage of years. It marks the end of life cycle (Gorman, 1999). WHO (1967) defined old age as, 'The period of life when impairment of mental and physical function becomes increasingly manifest in comparison with the previous period of life'. Time was when the extended family rather than the nuclear was the norm. Even in many European countries in the pre- industrial times when the feudal or primarily agrarian society existed, the extended family prevailed. However, as industrialization and various allied commercial activities grew apace, men and women left their village homes and flocked to urban areas in search of new and better opportunities. This transition from the feudal society to an industrial society was characterized by a simultaneous decline and eventual disintegration of the extended family system. Society in many Asian countries including the Indian sub-continent (comprising India, Bangladesh and Pakistan) was predominantly agrarian or feudal until the second half or even the closing decades of the 20th century. Ageing comes naturally to people and is an inescapable reality of human life. But it is no longer a welcome change in life, as it happened to be. It is now considered a problem and burden. Owing to various socio-economic arenas. The character of supporting elderly is gradually undergoing transformation that can be attributed to various changes in social and economic arenas. The older people are facing a host of problems rather than living in peace and with honor. Many older people are becoming dependent on family members for their daily existence. Since they have no earnings or means, deteriorating health has resulted to medical problems in old age; they are considered burdensome by family members and the society at large. The older people are sometimes forced to leave their homes and stay at old age homes. Thus, it is pertinent to understand the context of the elderly in old age homes. Population ageing is a global phenomenon. Globally, the total population is 7 billion of which 60+ people account for about 11.5 percent. This is projected to rise to about 22 percent by 2050 when children below 15 years of age will be outnumbered by the elderly. In 2019, the total number of persons aged 65 years or above at global level was 703 million. This number is projected to double to 1.5 billion in 2050. However, developed countries will present a somewhat different picture. An upward trend will set in and the proportion of the older people in developed countries will increase from 22.4 percent in 2012 to 31.9 percent in 2050. In sharp contrast, in less developed countries, this proportion is estimated to more than double from 9.9 percent in 2012 to 20.2 percent in 2050. As far as the least developed countries are concerned, the percentage of the elderly population is estimated to fall below 11 percent (United Nations 2015).



World Population by Age Category, 1950-2100

Source: United Nations (2015), World Population Prospects, 2015 Revision, Department of Economic and Social Affairs, United Nations.

The elderly population is continuously increasing. As life expectancy has risen in India and Bangladesh, the elderly population has grown simultaneously. So, the problem has assumed global proportions. India, one of the most populous countries of the World, is experiencing unprecedented demographic changes. Increasing longevity, coupled with declining fertility, has led to a dramatic rise in the population of adults aged 60 years and above. According to the United Nations population Fund and Help Age India, by 2030, close to 12.5 percent of India's population will be over 60. And by 2050, this number will increase to 20 percent (The Telegraph Calcutta, and Monday 1 March, 2021). As far as the complete number of the elderly (60 years and above) are concerned, India at present ranks second only to China and this position is likely to remain unchanged over the next several decades (United Nations, 2015). Bangladesh is the eight largest and one of the most densely populated countries in the World. According to the Bangladesh Bureau of statistics (2011 Census) the total population of Bangladesh is 142 million out of which 7.48 percent consists of ageing population the size of the elderly population in Bangladesh has been fast increasing over the years. WHO (2013) Bangladesh enjoyed a life expectancy four years longer than that of India. What is remarkable is the fact that the improvement in life expectancy in Bangladesh has been very considerable for the rich and the poor alike. The ageing population of both countries has become a grave societal concern. Ageing is now emerging as a critical problem for the society and the country due to greater life expectancy and a significant growth in elderly population. It is a harsh reality that in both the countries, the elderly population is subjected to various forms of mental agony and social isolation or estrangement.

It is crystal clear that the major problems plaguing the elderly are financial insecurity, health problems, and psychosocial problems like feelings of loneliness and depression. In countries like India and Bangladesh given the paucity of funds and resources, malnutrition and poverty is a very common phenomenon thing in the elderly human life. In India and Bangladesh, the context of institutional homes for the elderly is relatively new. The loneliness, the neglect and the lack of proper holistic care are rampant in many places and although most of the older people live to accept the existing the environment as nobody seems to be really interested in taking care of the various needs of elderly. This sometimes leads the life of the elderly in old age homes which is a little less miserable and less unbearable. Hence, those tasked with looking after the elderly in the old age homes must make it a point to be more caring, empathetic and understand.

Research Methodology :

Research Objectives

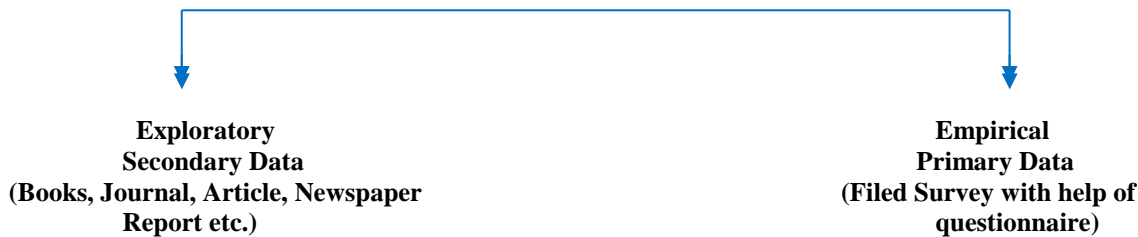
The specific objectives are as followed:

- 1) To identify factors that forces the elderly to live in old age homes in India and Bangladesh.
- 2) To examine and compare the available facilities of residents at old age homes in the selected countries
- 3) To study the various issues of elderly residents under the study area
- 4) To understand the role of government and non-government organizations (NGOs) for elderly residents at old age homes under the study area.

Database and Method of Research:

In order to achieve the objectives, the researcher has used a cross-sectional research design to understand the living conditions and problems faced by the elderly living in old age homes in India and Bangladesh. Further, it would also help to observe the daily life of the elderly residents of old age homes and reveal new facts about them. Also, to develop an in-depth understanding about the elderly who live in old age homes in Kolkata, West Bengal (India) and Dhaka (Bangladesh), the method and data of quantitative approach was adopted in the study.

Nature of the Study



In this study, both primary and secondary data were used. The primary data was accumulated by using the semi-structure interview schedule. A semi structure interview schedule was used to assemble the data from the randomly selected sample cases; a fair amount of time was spent with every single – residents at the old age homes for gathering the necessary information. Data was collected from all the selected elderly residents, those who are interested to take part in the study, and also the key informants at old age homes. The information, gathered through face-to-face in-depth interview, was used for data collection. Observation was a supplementary data collection technique here and check list for focus group discussions was also used here. Secondary data were gathered from Bangladesh government of Social Welfare department, West Bengal government of Social Welfare department, and the secondary data have been collected from various sources including research articles and various reports issued by various institutions and web-based resources. The semi-structured interview schedule has been designed by using a 3-point Likert Scale with “1” being “Yes\Good\High”, “2” being “No\Average”, and 3 “Do not know\poor\Low”.

Study Area:

The study area, Kolkata city of West Bengal in India and Dhaka city of Bangladesh has been selected for the study. West Bengal is one of the most populous Indian states. Ranked among the countries in the World with a very high density of population, Bangladesh is the eighth largest country in the World. The older people who are aged more than 60 and living in OAHs under the study area were selected for the study. The selected study area of both countries is similar from the viewpoint of language, social and cultural aspects.

India (West Bengal, Kolkata)	Bangladesh (Dhaka)
The most populous states in the country with about 7.5 percent of the country's total population (Census of the India 2011)	Bangladesh is the eight largest and one of the most densely populated countries in the World.
West Bengal is no deviation to the fluctuation of population ageing in the country. There are 74,90,514 persons (51.4% male and 48.6 % females)	According to Bangladesh Bureau of statistics (2011 census) the total population of Bangladesh is 142 million out of which 7.48% consists of ageing population.

Source : Chakravarty et al. (2014) and Bangladesh Bureau of statistics and Information division Ministry of planning (2014).

Sampling Strategy:

There are 40 old age homes in Kolkata, West Bengal, India. Kolkata has been trifurcated into three zones, north, south and central. Two old age homes from each zone had been considered. Bangladesh does not have sufficient homes for the elderly. In Dhaka (Bangladesh) there are 12 old age homes out of which 4 old age homes had been selected. The 7 old age homes were randomly selected in Kolkata, West Bengal, India. Similarly, the 4 old age homes were randomly selected in Dhaka, Bangladesh. The purposive (non-probabilistic) sampling technique had been used for selecting old age homes in both India and Bangladesh. In Kolkata there were 367 residents in 7 old age homes out of which 89 respondents were taken using purposive sampling method. On the other hand, in Bangladesh, there were 315 residents in 4 old age homes out of which 73 respondents were taken using purposive sampling method. Inclusion and Exclusion criteria taken for selection on regarding participation in this present study.

Inclusion and Exclusion criteria adopted for selection regarding participation in this study are given below:

Exclusion Criteria	Inclusion Criteria
i. Persons aged below 60 years	i. Persons aged 60 years and above
ii. Hemiplegics and persons suffering from diseases like dementia, hearing problems, mental disability and also those absolutely bed-ridden (irrespective of their age)	ii. Male and female Old Age Home residents (60 years and above) not afflicted with hemiplegia, dementia, hearing problems, mental disability and were physically eligible.
iii. Persons not interested in disclosing personal information.	iii. Those (60 years and above) persons who were interested in engaging in conversation and sharing personal information in a satisfactory manner.

Statistical analysis:

Internal consistency of the questionnaire has been tested by using Cronbach's alpha, which has given a result of 0.832. Usually a reliability coefficient above 0.70 is considered sufficient. Therefore, it can be said that the measures used in this study are valid and reliable. The processing and analysis of data has been done by using statistical package (SPSS – 20.0 version) and the results were registered as frequencies table and figures.

Ethical consideration :

Prior to the interview permission was obtained from the old age home authorities to proceed with the study . The objective of the study was explained in the old age home residents' mother language. Written consent was given to each participant by the OAH authorities . The participants were fully assured of confidentiality regarding the information provided by them. According to the consent of authorities and respondents , the semi- structured interview schedule was followed . And all the information has been kept confidential . The entire information was used for the purpose of academic research only.

Results of the study:**Socio-Demographic Profile of the Respondents of OAHs****Gender of Respondents**

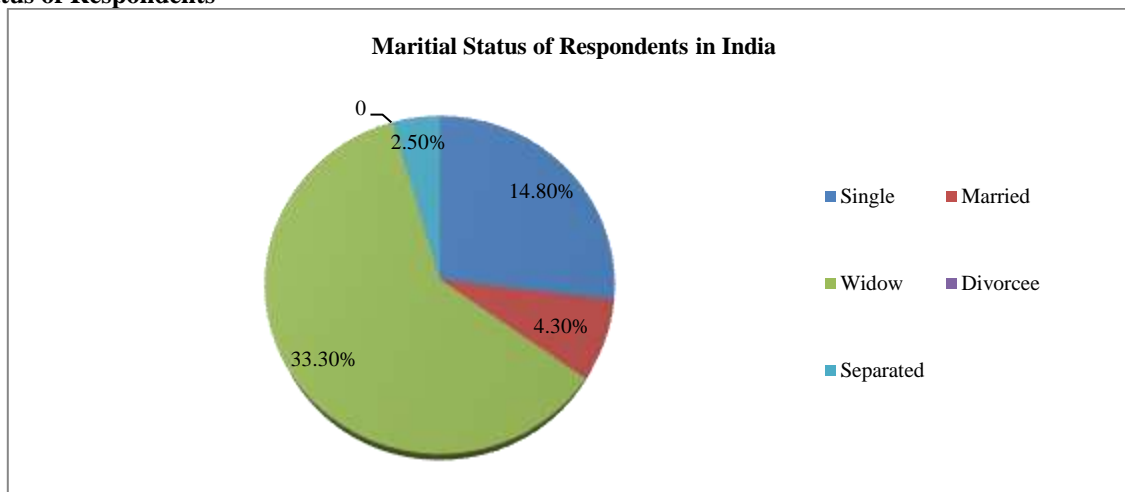
			Nation		Total
			India	Bangladesh	
Gender	Male	Number	18	24	42
		% of Total	11.1%	14.8%	25.9%
	Female	Number	71	49	120
		% of Total	43.8%	30.2%	74.1%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

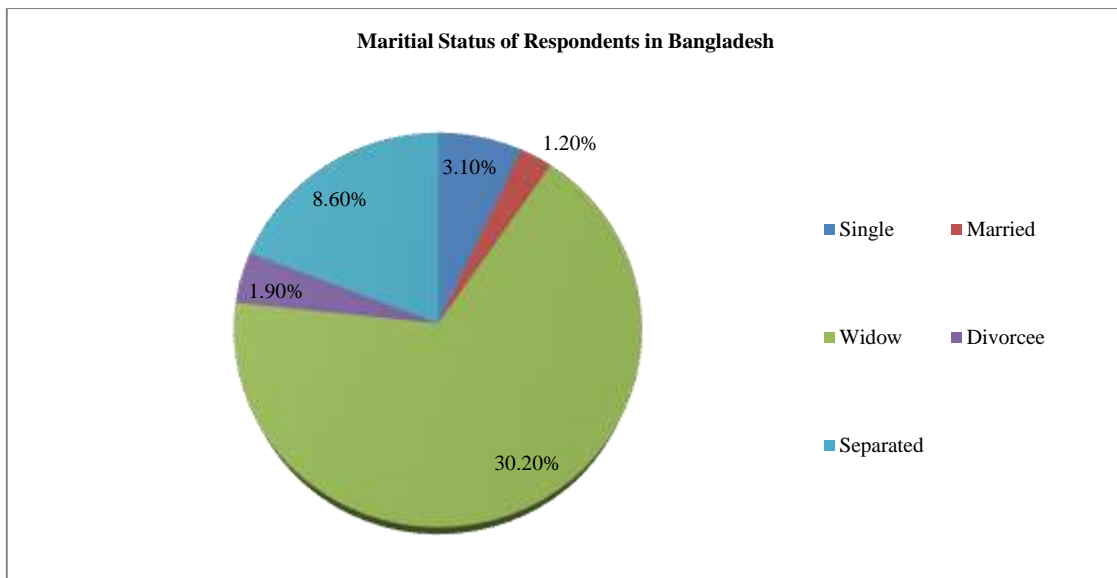
Majority of the respondents with 74.1 percent are female in India accounting for 43.8 percent and Bangladesh 30.2 percent. So, it is quite evident from the findings that the female elderly are often neglected by their family members and the elderly males are outnumbered by their female counterparts.

Age group of Respondent

Age Group	Age Group	Nation		Total	
		India	Bangladesh		
Age Group	60 – 69	Number	30	35	65
		% of Total	18.5%	21.6%	40.1%
	70– 79	Number	36	19	55
		% of Total	22.2%	11.7%	34.0%
	80 – 89	Number	15	17	32
		% of Total	9.3%	10.5%	19.8%
90 & Above	Number	8	2	10	
	% of Total	4.9%	1.2%	6.2%	
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

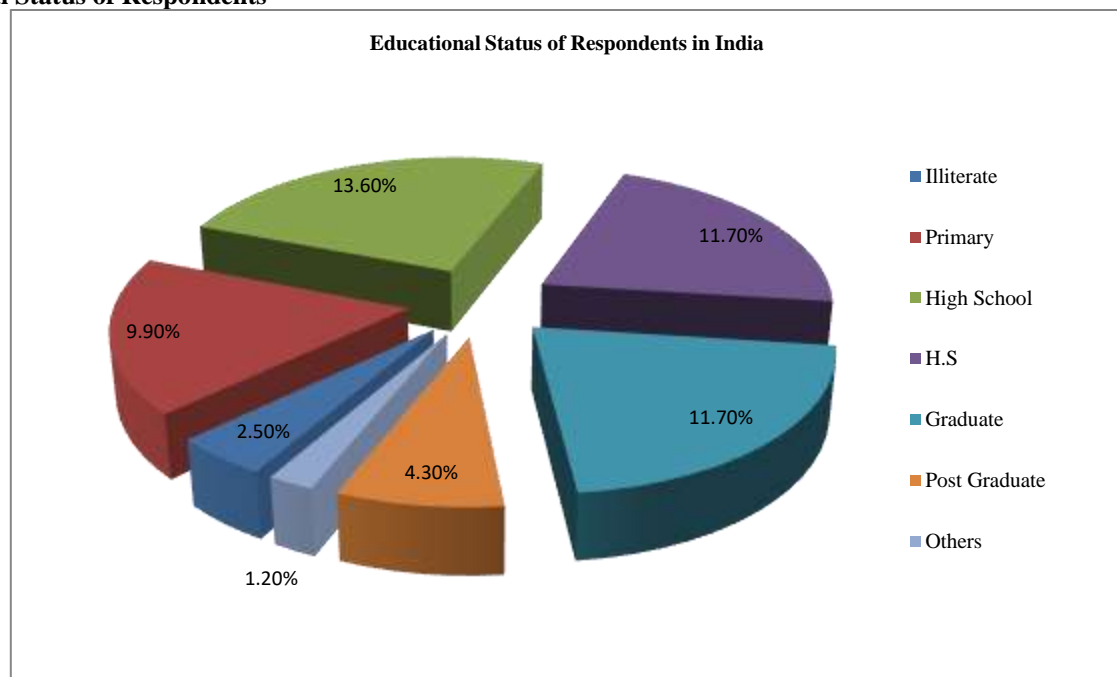
It is revealed that 40.1 percent of respondents are aged between 60 and 69 years. 34 percent are between 70 and 79 years while the smallest numbers of respondents belong to the age group of 90 years and above which accounts for 6.2%. As per the table, there is not much difference seen between India and Bangladesh as regards age groups of 60-69 years and 80-89 years. There is, however, a slight increase in India with 22.2 percent in 70-79 years category with 11.7 percent in Bangladesh.

Marital status of Respondents



63.6 percent of respondents are widows while 14.8 percent are found to be single . Thus, the percentage of widows in both the countries is far higher than that of those with a different marital status.

Educational Status of Respondents



The above figures indicate that 22.8 percent of respondents are illiterate, with India accounting for 2.5 percent and Bangladesh 20.4 percent. It is also found that 9.9 percent of respondents have post graduate level of education with India having 4.3 percent and Bangladesh 5.6 percent respectively. From the figures, it is however quite obvious that literacy percentage in India is much higher than that in Bangladesh.

Former Occupation of Respondents

			Nations		Total
			India	Bangladesh	
Former Occupation	Employed	Number	38	32	70
		% of Total	23.5%	19.8%	43.2%
	Unemployed	Number	51	41	92
		% of Total	31.5%	25.3%	56.8%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

The table shows that 56.8 percent of the respondents are found to be unemployed with India accounting for 31.5 percent and Bangladesh 25.3 percent respectively. The respondents from India were found to be more unemployed than those from Bangladesh. The table further reveals that 43.2 percent of total respondents were employed 23.5 percent being from India and 19.8 percent being from Bangladesh. Therefore, the financial crisis inevitably develops as majority of the respondents are found to be unemployed. So, it poses a big problem for both the countries.

Present Source of Income

			Nation		Total
			India	Bangladesh	
Present Source of Income	Pension	Number	22	18	40
		% of Total	13.6%	11.1%	24.7%
	Others	Number	29	4	33
		% of Total	17.9%	2.5%	20.4%
	Dependent	Number	38	51	89
		% of Total	23.5%	31.5%	54.9%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

In this regard, the table shows that 24.7 percent of the respondents are pensioners and the same in India are 13.6 percent and in Bangladesh are 11.1 percent. 20.4 percent of respondents stated that their source of income is the money saved and accumulated from their previous occupation earnings, India accounts for 17.9 percent and Bangladesh 2.5 percent in this respect. But 54.9 percent of respondents are financially dependent. In this regard, in India, it is 23.5 percent and in Bangladesh, 31.5 percent. Therefore, it is found that the dependence level of respondents in Bangladesh is higher than that in India.

Types of Family of Respondents

			Nations		Total
			India	Bangladesh	
Types of family	Nuclear family	Number	60	28	88
		% of Total	37.0%	17.3%	54.3%
	Joint family	Number	29	45	74
		% of Total	17.9%	27.8%	45.7%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

From the above table, it is seen that 54.3 percent of the respondents belong to nuclear family. In this regard, India accounts for 37.0 percent and Bangladesh 17.3 percent. It is further seen that a total of 45.7 percent of respondents belong to extended family. With India accounting for 17.9 percent and Bangladesh 27.8 percent respectively. Therefore, it is found that the nuclear family system is more prevalent in India than in Bangladesh whereas the extended family system is more widespread in Bangladesh than in India.

To identify factors that force the elderly to live in homes for the aged in both the countries

Support from Children

			Nation		Total
			India	Bangladesh	
Support from Children	Yes	Number	26	41	67
		% of Total	16.0%	25.3%	41.4%
	No	Number	59	31	90
		% of Total	36.4%	19.1%	55.6%
	Do not know	Number	4	1	5
		% of Total	2.5%	.6%	3.1%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

The above table shows that 55.6 percent of the surveyed respondents opined that they do not get any support from their children with India accounting for 36.4 percent and Bangladesh 19.1 percent. 41.4 percentage of the respondents stated that they get support from their children with 16.0 percent of them being found to be in India and 25.3 percent in Bangladesh. But 3.1 percent

of the respondents in both India and Bangladesh do not want to comment on this. It is found that the support from the children obtained by the elderly in Bangladesh is higher than that in India.

Death of spouse of Respondents

			Nation		Total
			India	Bangladesh	
Death of Spouse	Yes	Number	54	49	103
		% of Total	33.3%	30.2%	63.6%
	No	Number	35	24	59
		% of Total	21.6%	14.8%	36.4%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

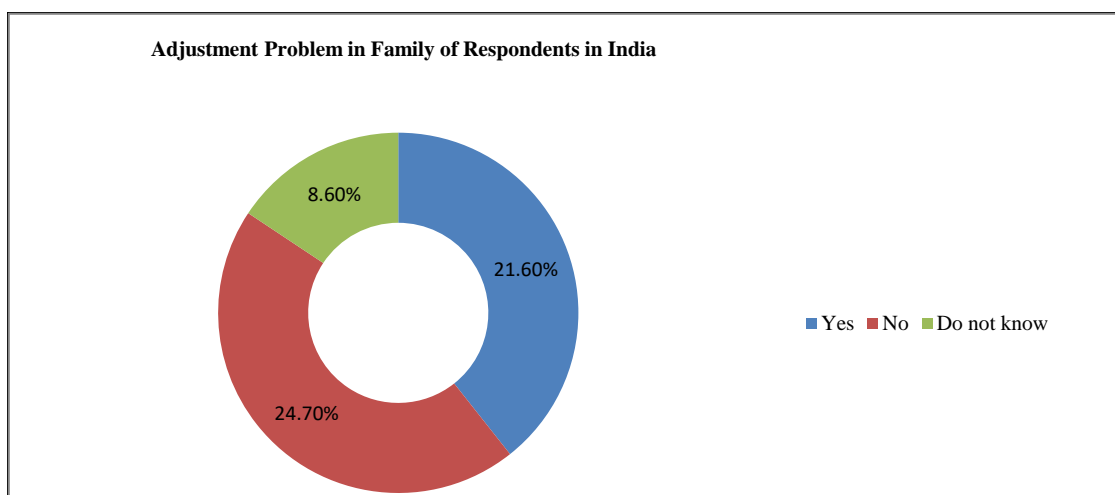
63.6 percent of respondents are without their spouse on account of death with India accounting for 33.3 percent and Bangladesh 30.2 percent. After the death of their spouse the elderly (widowers/widows) stop getting any support from their near and dear ones. Owing to this, they start suffering from a sense of loneliness. This phenomenon of death of spouse is almost the same in both countries.

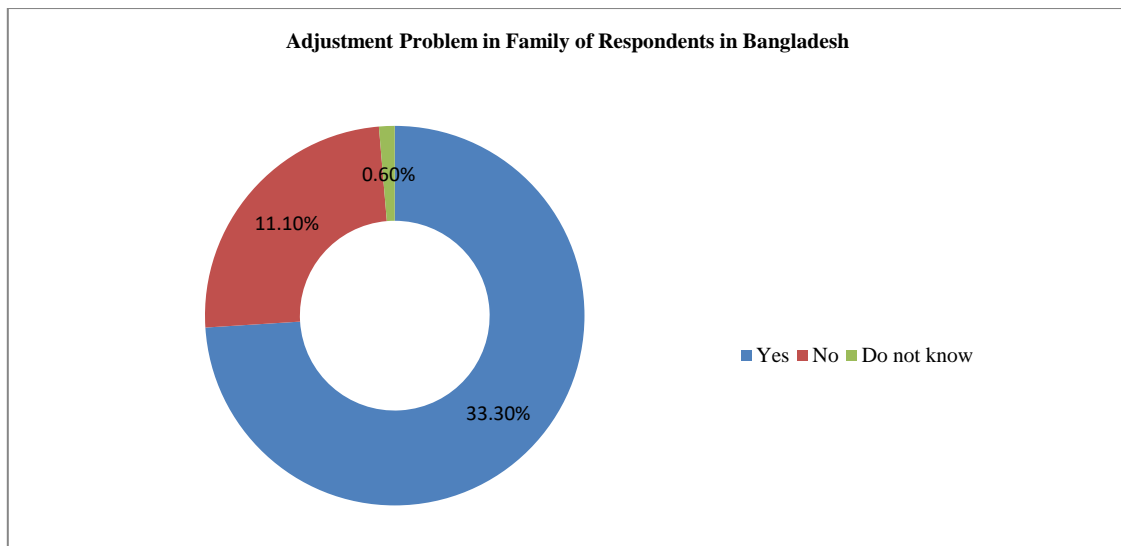
Economic Problem

			Nation		Total
			India	Bangladesh	
Economic Problem	Yes	Number	42	55	97
		% of Total	25.9%	34.0%	59.9%
	No	Number	47	18	65
		% of Total	29.0%	11.1%	40.1%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

59.9 percent of respondents suffer from a serious financial crunch in India this is 25.9 as against 34.0 percent in Bangladesh. Therefore , it is found that the financial crisis among the respondents is deeper in Bangladesh than in India.

Adjustment Problem in Family of Respondents





The study also revealed that the respondents feel alienated from the family. The children start their new lives and get separated from the extended family. This leads the elderly to conclude that their necessity in the family has been eroded. This prompts the elderly to turn to the OAHs in search of an independent, secure and comfortable life. The above figures show that 54.9 percent the majority of the respondents opined that they face adjustment problem in their family life. In India it is 21.6 percent and in Bangladesh 33.3 percent in this regard. 35.8 percent of the respondents don't experience any adjustment problem in their family life. In India it is 21.7 percent and in Bangladesh 11.1 percent. Therefore, it is found that the adjustment problem of the elderly in their family life in Bangladesh is greater than that in India.

Health Problem of Respondents

		Nation		Total	
		India	Bangladesh		
Health Problem	Yes	Number	78	69	147
		% of Total	48.1%	42.6%	90.7%
	No	Number	11	4	15
		% of Total	6.8%	2.5%	9.3%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

The above table makes it clear that 90.7 percent of the respondents suffer from health-related problems like back pain, knee pain, burning sensation of lower limbs, hearing and vision problems, diabetes, arthritis, etc. In India, it is 48.1 percent and in Bangladesh 42.6 percent in this regard. Only 9.3 percent of the respondents don't have any serious health-related problems. They opined that they suffer from minor ailments like spondylitis, OCD, Gastric problem etc. In India, this is 6.8 percent and in Bangladesh 2.5 percent. It is quite obvious that this is a serious concern for both the countries. The major cause for the elderly to turn to the old age home is the health-related problems and their inability to afford proper medical treatment and care. The elderly are afflicted with various geriatric disorders. They, therefore, require specialized treatment. It is quite obvious that this is a serious concern for both the countries.

Admitted to Homes for the Elderly as a matter of compulsion

		Nation		Total	
		India	Bangladesh		
Forced to admit in OAH	Yes	Number	30	48	78
		% of Total	18.5%	29.6%	48.1%
	No	Number	59	25	84
		% of Total	36.4%	15.4%	51.9%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

The above table indicates that most of the respondents - 51.9 percent opined that they have not been forcibly admitted to the OAH. In this respect India accounts for 36.4 percent while Bangladesh accounts for 15.4 percent. Therefore, it is found that India is in a better position than Bangladesh in this regard. 48.1 percent of the respondents opined that they have been admitted as a matter of

compulsion to the old age home. In India this is 18.5 percent and in Bangladesh 29.6 percent. Judging by the aforesaid data, the situation is better in India than in Bangladesh.

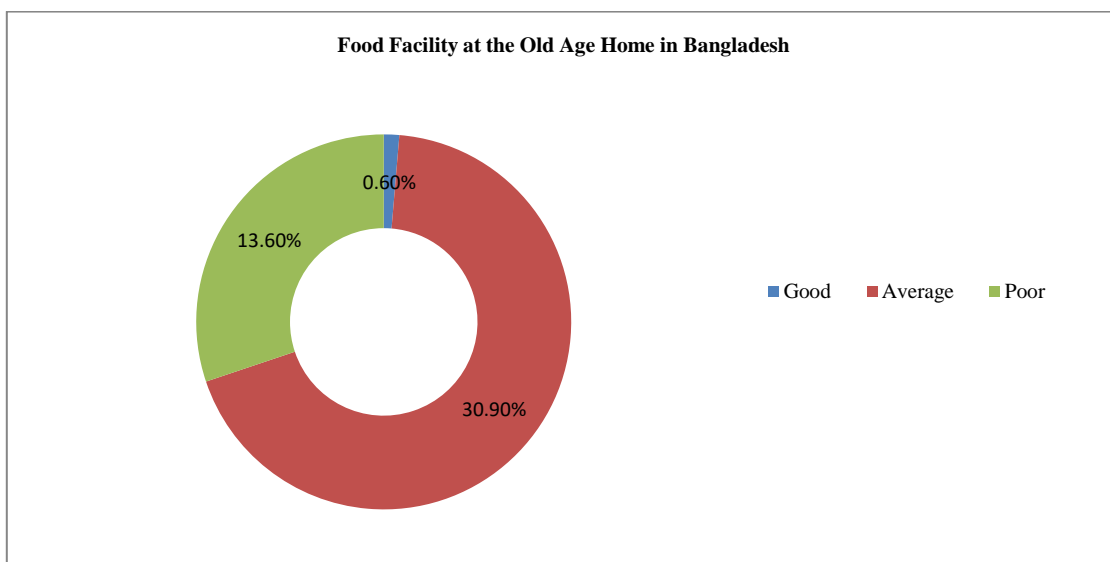
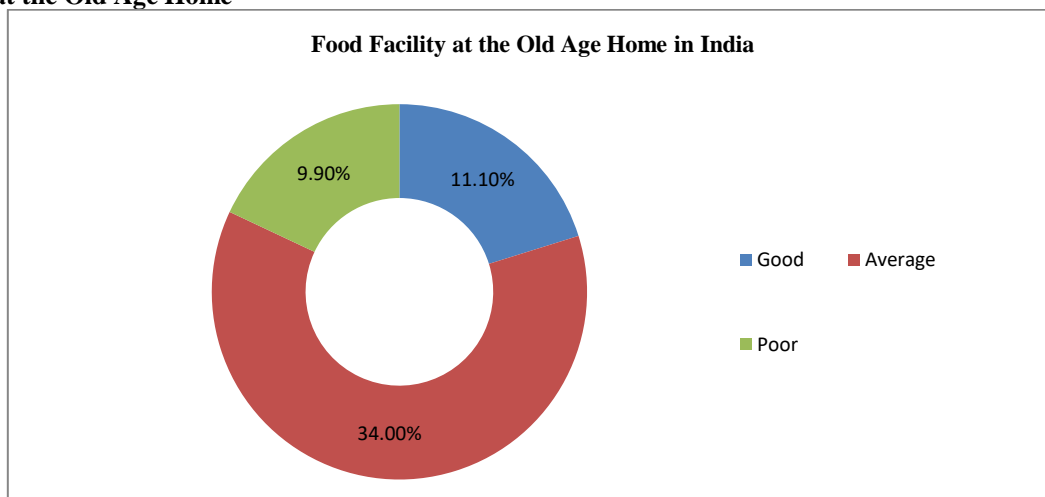
To Live Independently of Respondents

			Nation		Total
			India	Bangladesh	
To live independently	Yes	Number	58	34	92
		% of Total	35.8%	21.0%	56.8%
	No	Number	30	39	69
		% of Total	18.5%	24.1%	42.6%
	Do not know	Number	1	0	1
		% of Total	.6%	0.0%	.6%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

Since old men need some special care, it is advisable for them to stay at an old age home where they can receive better care and medical attention and also find either their old friends or congenial companions. Precisely for this reason many older people choose if they can afford it to stay at old age homes where they can live with dignity and honour. In fact, there are some who do want to live independently. So, they turn to homes for the aged voluntarily- of their own accord. However, it is important to note that this is applicable to those older people who are relatively well-off or affluent. The above table indicates that 56.8 percent of the respondents want to live independently with India accounting for 35.8 percent and Bangladesh 21.0 percent in this respect.

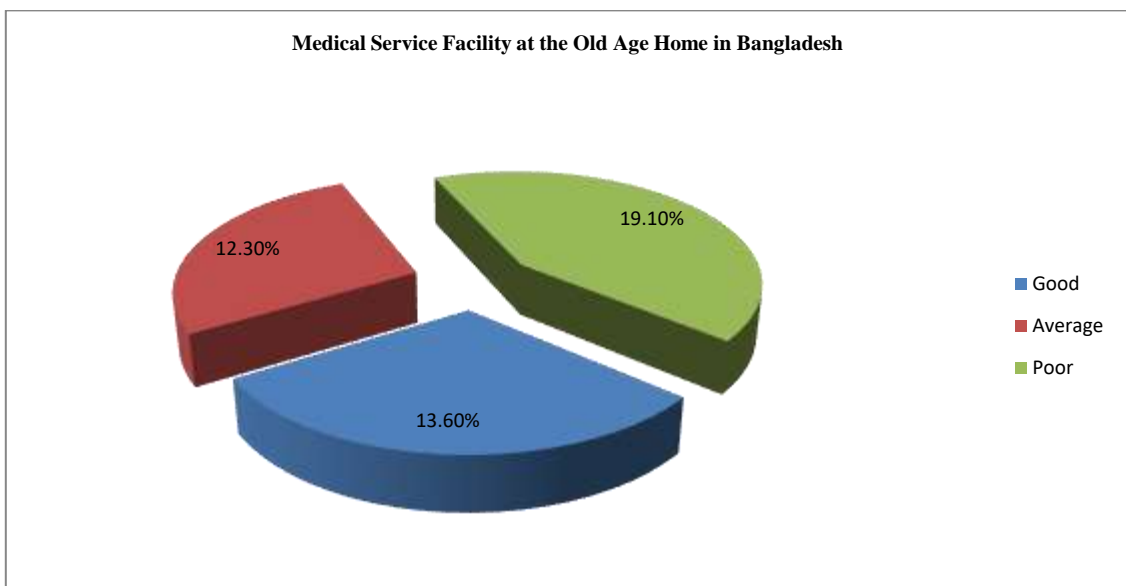
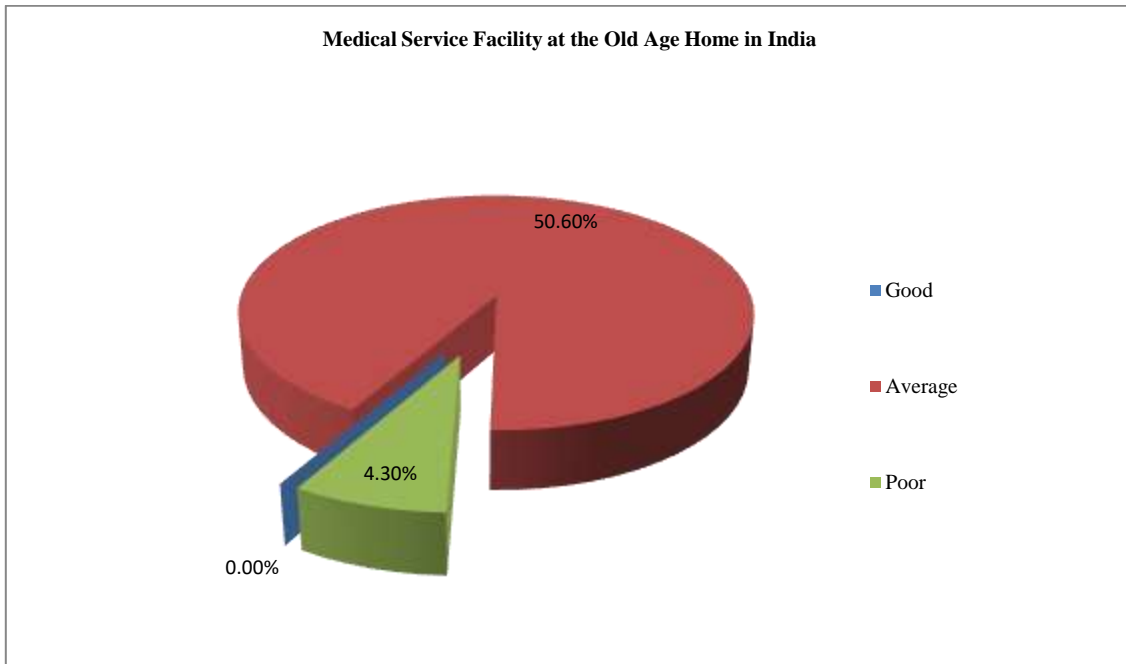
To examine and compare the available facilities of residents at the homes for the elderly in the selected countries.

Food Facility at the Old Age Home



As per the above figures, 11.7percent of the respondents get food of good quality. In India this is 11.1 percent and in Bangladesh 0.6 percent. 64.8percent of the respondents get average quality of food. In India it is 34.0percent and in Bangladesh 30.9percent in this regard. As per the findings, 23.5percent of the respondents get poor quality of food with India accounting for 9.9percent and Bangladesh 13.6 percent in this respect.

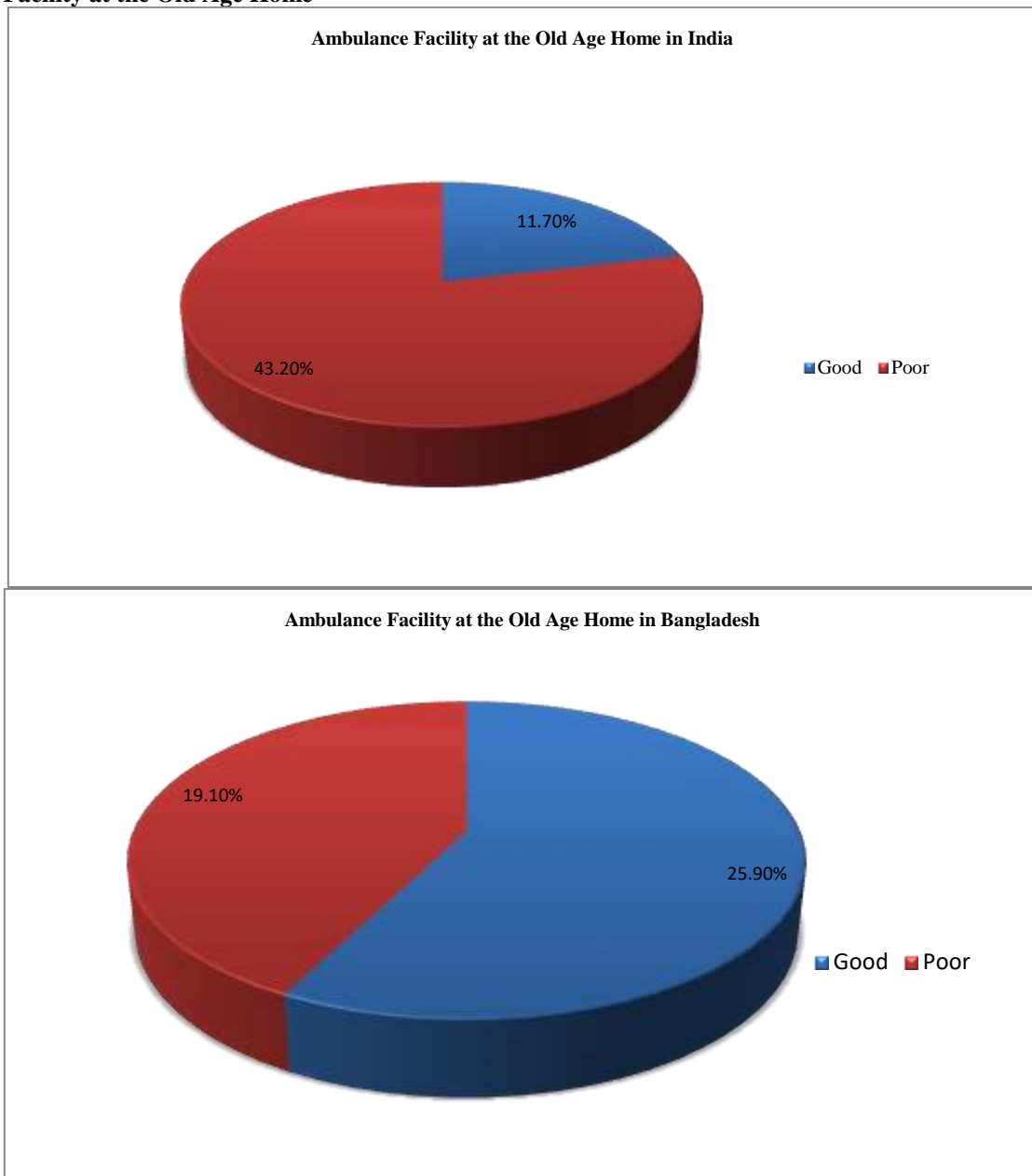
Medical Service Facility at the Old Age Home



With advancing years, the elderly have to contend with many health –related challenges. They face problems in terms of doing their daily activities and other chores. Inadequate health service is a big challenge for the elderly. The availability of medical service facilities in old age homes leaves much to be desired. Even the minimum standard in this respect has not been attained, especially in India. The state of affairs in Bangladesh is somewhat better as the relevant data indicate. The above figures pertain to the medical service facilities available at the old age homes. It has been observed that 13.6percent of the respondents get good medical services facility. In India it is null and in Bangladesh 13.6 percent in this regard. 63.0 percent of the respondents get the average medical service facility with India accounting for 50.6 percent and Bangladesh 12.3 percent. Overall, 23.5percent of the respondents get

poor medical service facility with 4.3percent in India and 19.1percent in Bangladesh. It is, however, found that the level of medical service facility prevailing at the Old age homes for elderly in Bangladesh is much better than that in India.

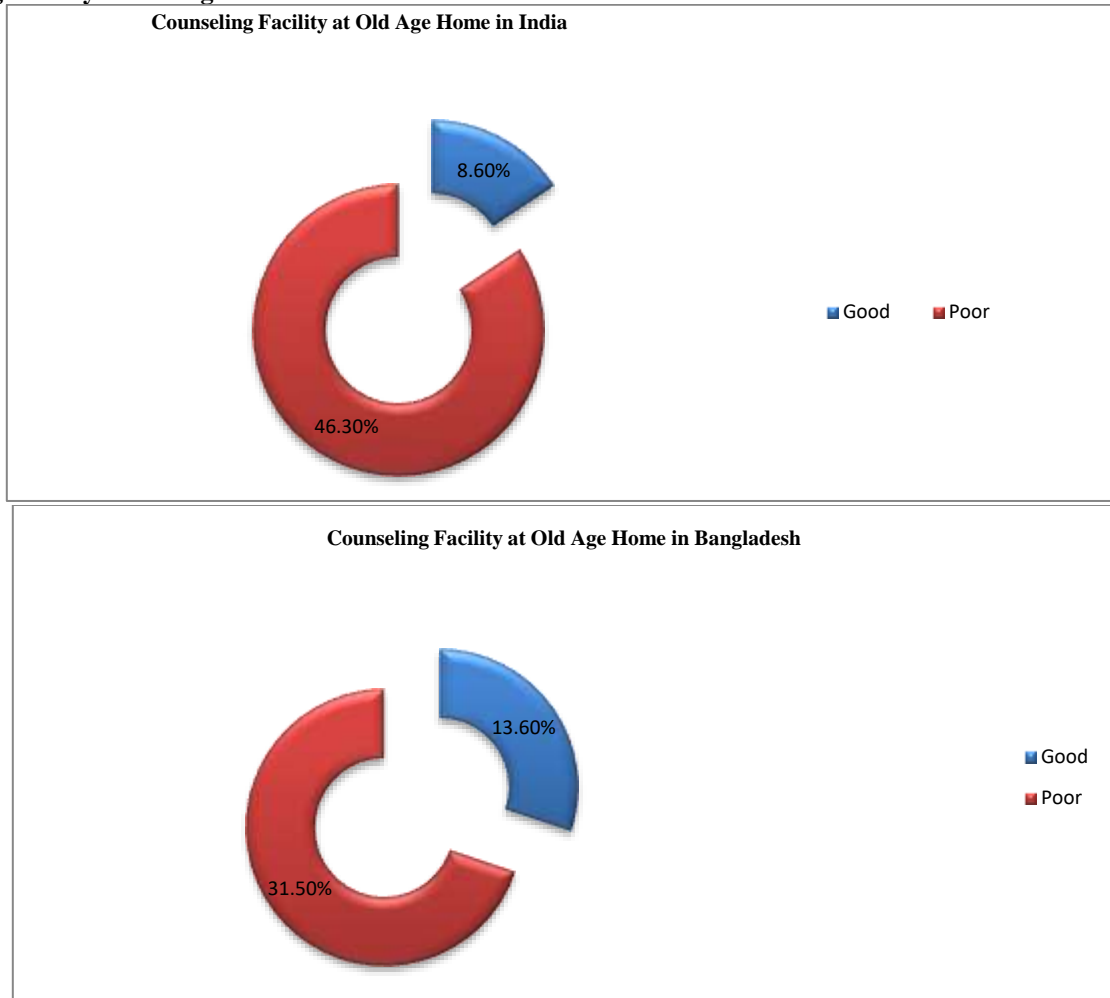
Ambulance Facility at the Old Age Home



The above figure-4.7 highlights the ambulance facilities made available by the OAH authorities. The majority of the residents-62.3percent opined that the available ambulance facility is poor, with India accounting for 43.2percent and Bangladesh 19.1percent in this regard. 37.7percent of the respondents expressed the view that the facility of ambulance is good. In India this is 11.7percent and in Bangladesh 25.9percent. Therefore, it is found in Bangladesh that, most of the old age homes have their own ambulance. So, it is a big facility for the residents during their emergency illness and also in terms of admission to the hospital. But in India, (Kolkata) only one old age home arranges its own ambulance but the remaining old age homes do not have their own ambulance and, they always depend on ambulance facilities from outside. In this connection one must remember that many of the residents of

the homes for the aged are afflicted with arthritis, gout, muscular pain, spondylitis etc. Which make their movements extremely difficult and painful. Even worse is the plight of paralytic patients.

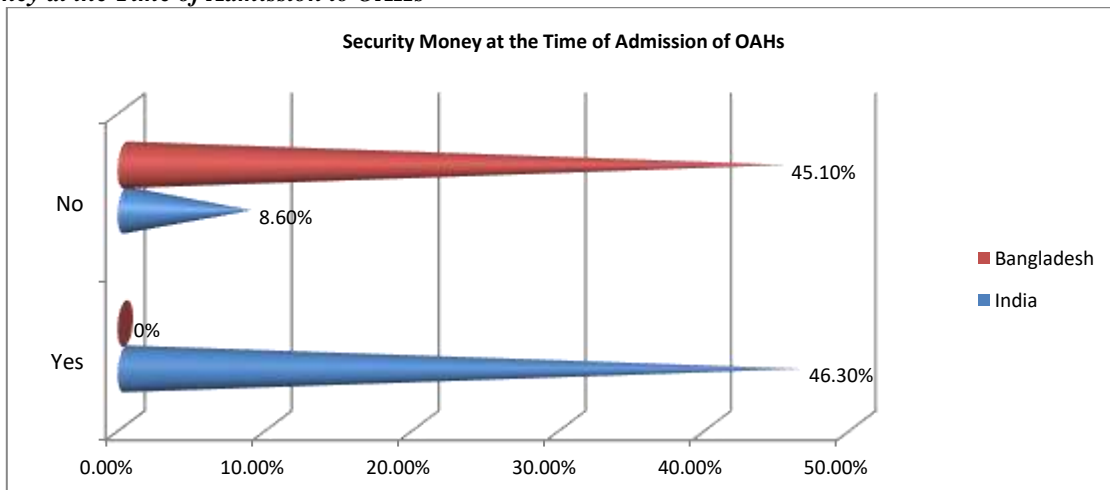
Counselling Facility at Old Age Homes



The above figure-4.8 indicates that most of the respondents 77.8percent are not able to avail the counselling facility. In this regard, in India this is 46.3percent and in Bangladesh 31.5percent. 22.2 percent of the respondents opined that they get good counselling facility. In this respect in India this is 8.6percent and in Bangladesh 13.6percent. Counselling facilities in both India one home for the aged in Kolkata and Bangladesh one old age home in Dhaka are hardly available at the OAHs. Most of the homes for the elderly in both the countries have no program or facilities for mental health care of the residents.

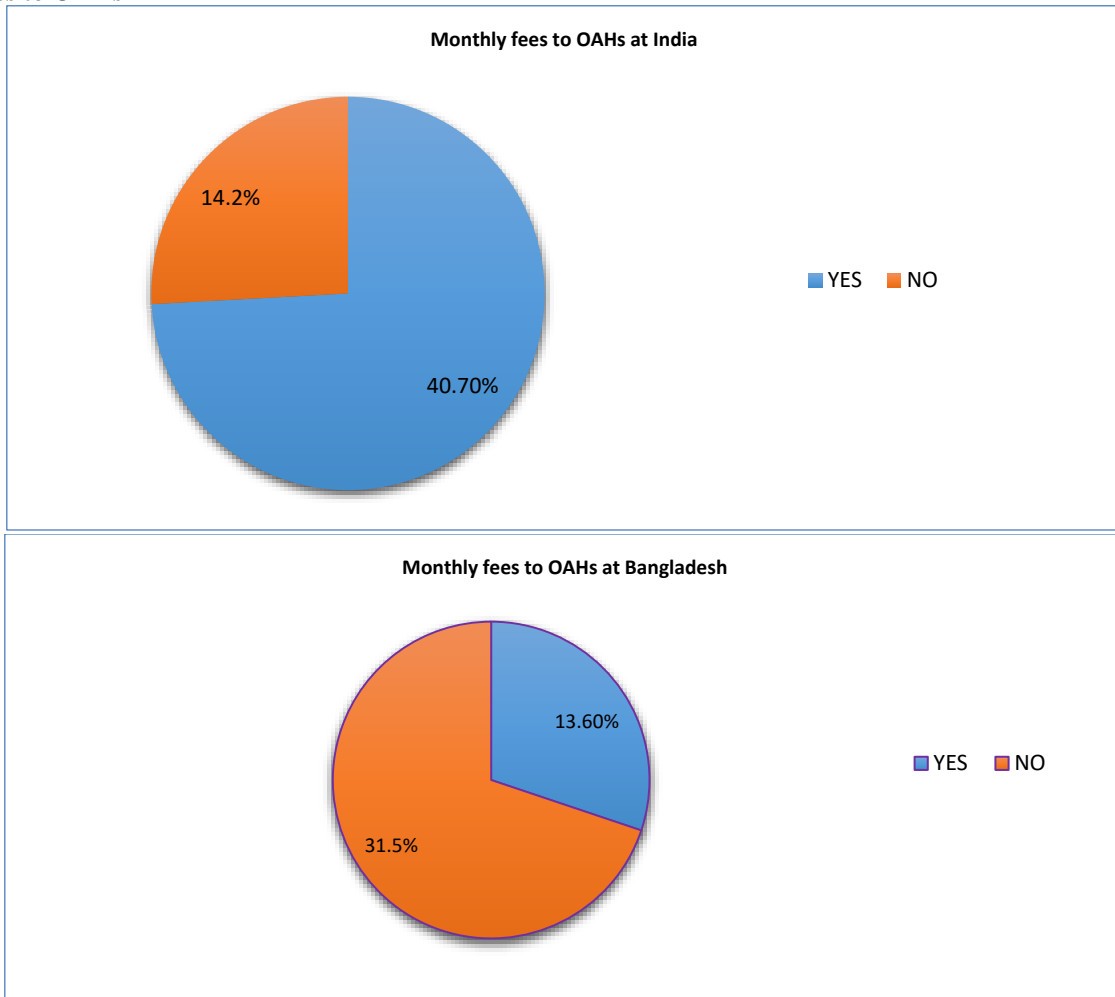
To study the various issues of the elderly residents under the study area.

Security Money at the Time of Admission to OAHs



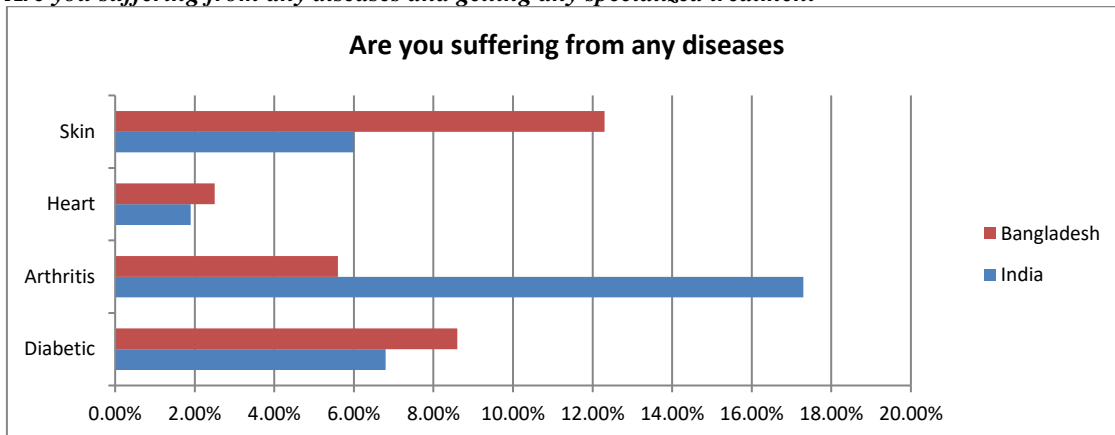
As per the above figures most of the respondents 53.7percentage are not required to deposit any security money at the time of admission. In this regard India accounts for 8.6percentage and Bangladesh 45.1percent.46.3percent of the respondents said that they deposited security money at the time of admission, with India accounting for 46.3percentage and Bangladesh accounting for nothing. So, it is found that at the time of admission, in Bangladesh the OAH authorities do not demand any security money, but the situation is different in Kolkata (India). In India, the amount of security deposit is very high, so it becomes a serious burden for the residents at the time of admission.

Monthly fees to OAHs

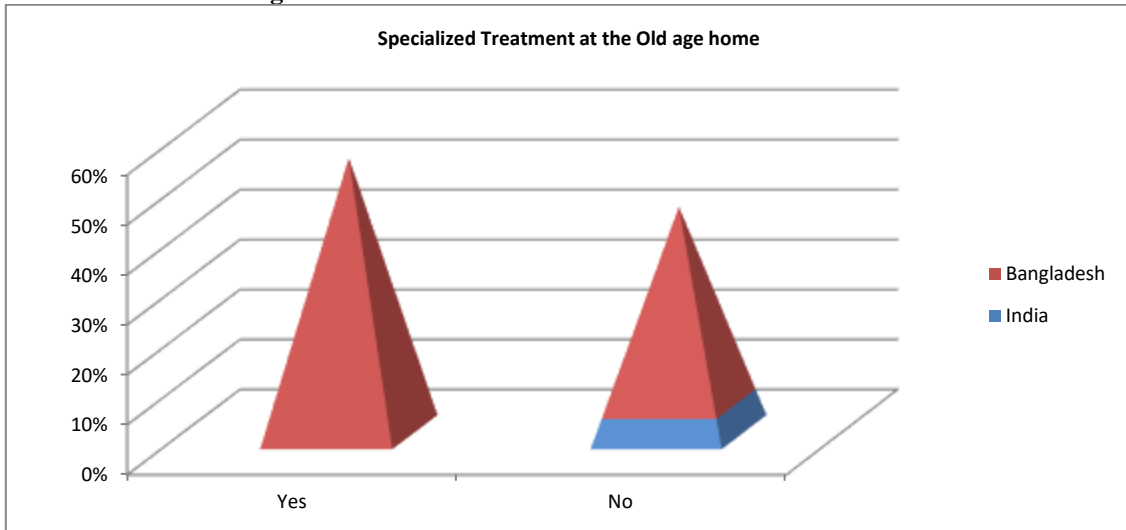


The figures deal with the monthly fees payable to the homes for the elderly. Majority of the respondents 54.3 percent stated that they have to pay monthly fees to old age homes, with India accounting for 40.7 percent and Bangladesh 13.6percent. 45.7percent of the respondents opined that they do not have to pay monthly fees to the OAHs. In India, this is 14.2percent and in Bangladesh 31.5percent in this regard. The above figure shows that in Bangladesh most of the OAHs are free of cost. So naturally there is no question about the monthly pay. Only one or two old age home authorities demand monthly fees in Bangladesh. But in Kolkata (India) most of the old age home are paid up, while only two old age homes are completely free of cost, where there is no question of any monthly fees.

Are you suffering from any diseases and getting any specialized treatment



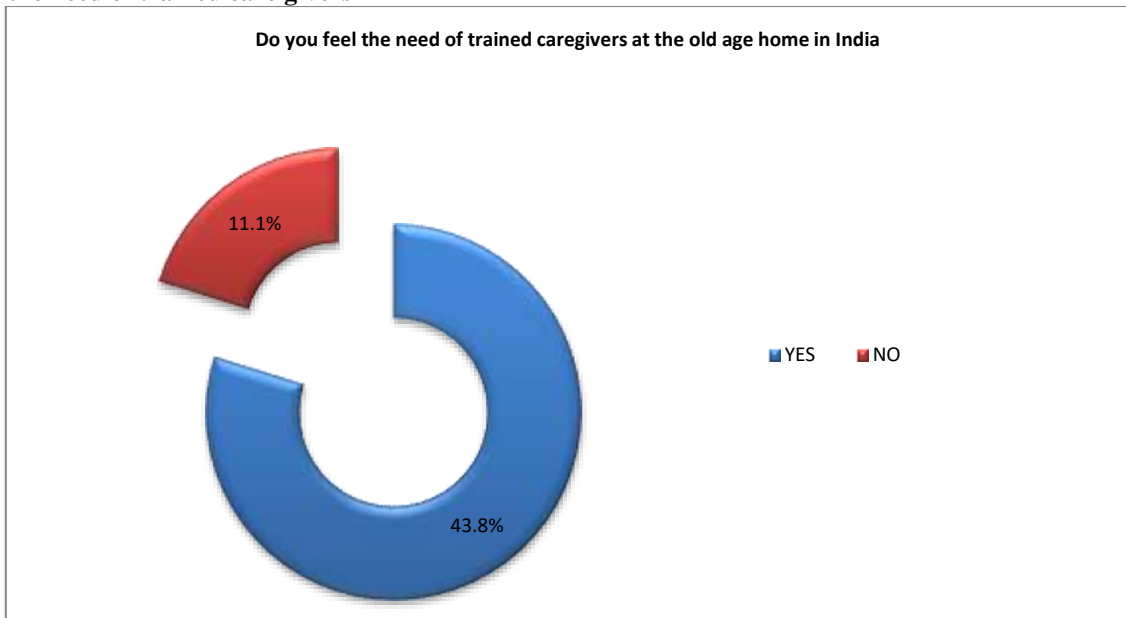
Specialized Treatment at the Old age home

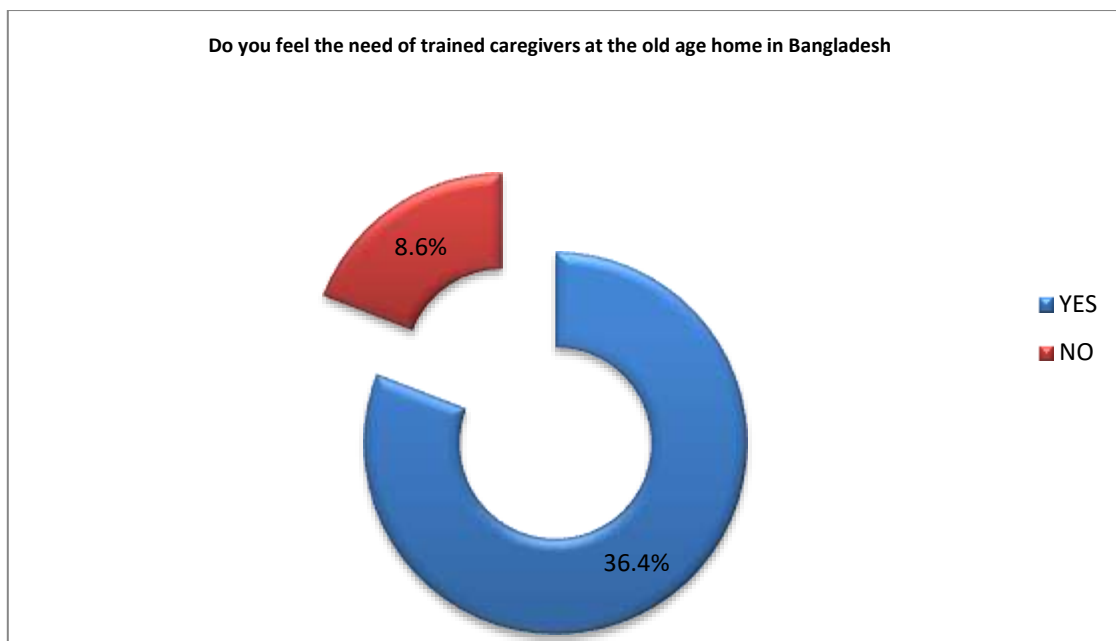


It is seen that in both India and Bangladesh, the elderly residents are affected with some kinds of diseases or health problems. To make matters worse, they don't get any kind of specialized medical treatment. Thus, they have to spend the twilight years of their life in extreme agony and distress.

It is revealed that the majority of the respondents 94.4 percent do not receive specialized treatment at OAHs, in India it is 54.9percent and in Bangladesh 39.5percent. Inadequate health service is a big challenge for the residents in both the countries. Most of the residents stated that since they do not get specialized treatment at the old age homes, they are bound to go outside for receiving specialized treatment. Hence this is a worrisome matter for the residents. Financial insecurity caused by decrease in earnings is a serious problem and escalating medical expenses make matters worse for them. Most of the homes for the elderly do not arrange for specialized treatment for their residents, but the most important issue is a proper medical system for the survival and physical well-being of the residents. But unfortunately, the old age homes do not address this issue in right earnest. In this respect India is worse than Bangladesh.

Do you feel the need of trained care givers





The above figure show that the majority of the residents 80.2percentage opined that they need trained caregivers at the homes for the aged. In this regard India accounts for 43.8 percent while Bangladesh accounts for 36.4 percent, 19.8percent of the residents' state that they do not need trained caregivers at the old age home, with India accounting for 11.1percentage and Bangladesh 8.6percent. Thus, it is clear that most of the residents are not able to do their own work at the old age home. That is why they need trained caregivers, but the old age homes fail to cater to this important need.

Relationship of residents with Care Givers

			Nation		Total
			India	Bangladesh	
Relationship of residents with Care Givers	Good	Number	19	6	25
		% of Total	11.7%	3.7%	15.4%
	Average	Number	70	54	124
		% of Total	43.2%	33.3%	76.5%
	Poor	Number	0	13	13
		% of Total	0.0%	8.0%	8.0%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

The relevant data mentioned above showed that majority of residents with 76.5percent opined that they have average relationship with the caregivers at old age home. In this respect India accounts for 43.2percent and Bangladesh 33.3percent. 15.4percent of the respondents opined that they have a good relationship with the caregivers at OAHs. The percentage in India is 11.7 and that in Bangladesh is 3.7 in this respect. 8.0percent of the respondents opined that they have poor relationship with caregiver at OAHs, in India it is null and in Bangladesh it is 8.0percent. So, it is found that most of the residents expressed the view that they have average relationship with the care giver at the old age home and this percentage is higher in India than in Bangladesh.

To understand the role of government and non-governmental organizations for the elderly at old age homes under the study area.

Have you got any benefit from Old Age Pension Allowance

			Nation		Total
			India	Bangladesh	
Have you got any benefit from Old Age Pension Allowance	No	Number	89	73	162
		% of Total	54.9%	45.1%	100.0%
	Total		Number	89	73
		% of Total	54.9%	45.1%	100.0%

The above table shows that 100.0percent of the residents opined that they do not get old age pension allowance programe benefit .In this regard in India this is 54.9 percentage and in Bangladesh 45.1percentage. The OAH residents in both the countries especially those in the free of cost old age home have said that they do not get any benefit of the old age pension allowance scheme. They have opined that being aware of this scheme would have helped them a lot as they are financially very weak. They also stated that the old age home authorities have not taken any steps to make them aware of the scheme. So, in both countries the residents of the

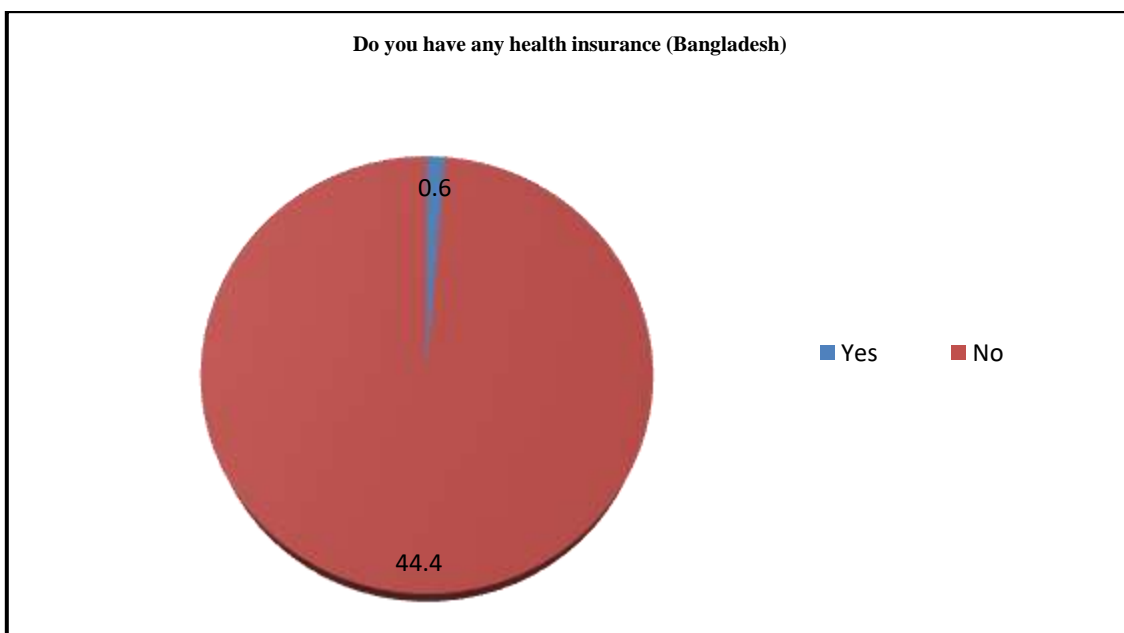
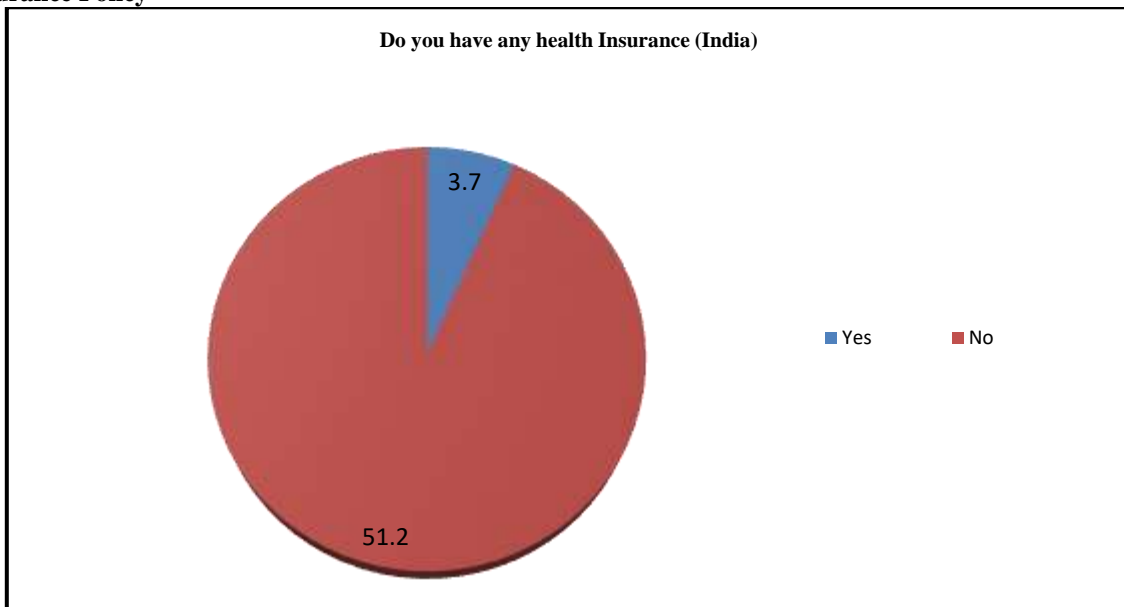
old age homes should be made aware of this scheme as most of them are financially very unsound. So, the awareness of this scheme will be very useful. One of the important findings of the study is that a large number of the lower class and middle-class respondents remain uncovered by government support and policy measures. Therefore, these elderly OAH residents must first be made aware of the benefits they can derive from various government policies and schemes. They must also be acquainted with rules and procedures related thereto. Hence, adequate exposure is necessary.

Widow Pension

			Nation		Total
			India	Bangladesh	
Are you receiving Widow Pension	No	Number	89	73	162
		% of Total	54.9%	45.1%	100.0%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

The above table it is seen that 100.0% respondents opined that they are not receiving the widow pension. In this regard India accounts for 54.9% and Bangladesh 45.1%. This indeed, is a dismal scenario. In both the countries the majority of the (female) elderly widows is illiterate, poor, and completely exploited by their family members. In this respect, the respondents stated that they do not have any bank account because they are completely bankrupt. That is why they are not eligible to get the widow pension from the government. Alongside the campaigns appropriate official initiatives must be taken to extend the admissible benefits of widow pension to all eligible widows in both the countries.

Health Insurance Policy



The above figures show that the majority of the respondents 95.7% do not have any health insurance policy of their own. In this respect India accounts for 51.2% and Bangladesh 44.4%. 4.3% of the respondents stated that they do have health insurance policy of their own. In India it is 3.7% and in Bangladesh 0.6%. Those residents who had health insurance policy did government jobs and the majority of these residents belong to the homes for the elderly in Kolkata(India). In both the countries in the surveyed old age homes most of the residents stated that they do not have any health insurance policy because they belong to the ultra-poor level. They also have been afflicted with various disease and so they need to avail of some health related policy measures.

Major Findings and Suggestions :

Important Findings of the Study:

According to the research study findings the following factors are primarily responsible for the terrible plight of the elderly in both India and Bangladesh:- a) Erosion of the traditional norms and values associated with the extended family system b) The financial crunch plaguing the elderly themselves and the inability of their children to provide adequate financial support c) Neglect, abuse and exploitation the elderly suffer at the hands of their kin and d) The unsatisfactory condition prevailing at old age homes and the woefully inadequate facilities especially healthcare facilities provided to the elderly residents at the OAHs.

Old age is characterized by severe medical problems which are compounded by the financial constraints faced by the elderly. They are unable to cope with spiraling prices and mounting medical expenses. As such sheer survival becomes a tremendous challenge for them and they are compelled to seek refuge in Old Age Homes. While the OAHs assure them of food and shelter in most cases they fail to provide adequate healthcare/ medical facilities.

Further, in both India and Bangladesh most of the Old Age Home residents have to go without any specialized medical treatment since most of the OAHs are unable to arrange for such treatment. Nor can the elderly OAH residents afford such specialized treatment (owing to sheer paucity of funds). As per the research study findings, the elderly widows are the worst sufferers in this respect as most of them find themselves in an abysmal financial crisis. Very few eligible widows have been provided with widow pension benefits. Nor have they been made aware of such benefits or of any govt- related schemes meant for the welfare of the elderly. Hence, their misery continues unabated.

Research study findings such as these imply that there is a pressing need for an appropriate health insurance policy in India and Bangladesh for the benefit of senior citizens including old age home residents. A suitable health insurance policy can stand them in good stead in times of dire need. In the surveyed Old Age Homes (in both countries) the residents stated that they do not have any health insurance policy because most of them belong to the ultra-poor level. As they have been afflicted with various diseases or geriatric disorders. They badly need to avail themselves of some health-related policy measures. This is one of the major findings of the research study.

There is no denying the need for an appropriate health insurance policy as far as the senior citizens including the (homes for the elderly) residents in India and Bangladesh are concerned. A suitable health insurance policy can stand them in good stead in times of dire need. In both the countries in the surveyed old age homes the residents stated that they do not have any health insurance policy because most of them belong to the ultra-poor level. They also have been afflicted with various diseases and so they need to avail of some health related policy measures. In India there is the '*RashtryaSwasthyaBimaYojana*'. This policy was launched in 2008. The eligibility criterion for this policy is to be an Indian citizen and to be below poverty level. This will provide health insurance to the family including children and dependent parents. The West Bengal government funded the '*SwasthyaSathi*' scheme (2016) and announced that every family (child, older people) in West Bengal irrespective of their religion will be covered under this scheme. This scheme is applicable to all hospitals (including the private ones) covering all diseases including Covid-19. The treatment provided in the hospital will be entirely cashless under this scheme (Rs.5 lakh per annum per family to cover the basic health). In Bangladesh, the '*National Policy on Older Person 2013*' declared that in every public medical hospital there will be a separate geriatric department. For the female elderly there will be a separate unit and they will be given first priority during service. However, it was found that most of the old age home residents do not know about this scheme and are not being made aware of this scheme. But this policy is essential for their survival during the twilight years of their life.

To sum up as per the findings of the research study, the problems of the elderly at old age homes are financial crisis, health-related issues, lack of family support system, lack of proper healthcare/ medical facilities, lack of specialized medical treatment and unavailability of government schemes intended to benefit the elderly – especially the needy among them.

Suggestions:

The process of ageing involves a steady decline of the physical and mental health of the elderly. This gives rise to worries, fears, tension etc. which in turn hasten the process of (physical and mental) deterioration. To tackle these problems and ameliorate the plight of the elderly Old Age Home residents in India and Bangladesh the following remedial measures are suggested in the light of the findings of this research study.

1) Making emergency treatment and specialized medical treatment available to the elderly OAH residents, especially the needy among them whose health problems are aggravated by paucity of funds:

Since old persons are more likely to fall ill than others, emergency treatment is called for what is needed for their survival and well-being is a proper medical infrastructure. The old age home authorities in India and Bangladesh should have arrangements for emergency health funding and oxygen cylinder facilities. So as to ensure prompt medical attention. Since most of the OAH

residents are not covered by any health insurance policy (as per the findings of the study), the issue of old age homes having an emergency health funding system (for providing treatment to the residents) has assumed special importance. If this emergency health funding system properly put in place , it will be a great boon for most of the OAH residents who are ultra-poor or below poverty level (according to the findings) and are, therefore , unable to afford the specialized medical treatment they badly need.

2) **Introducing counseling facilities:**

As per the findings of the research study , only one OAH each in India and Bangladesh makes counselling facilities available to the residents. Away from their home and kin , many elderly residents find it very difficult to adjust themselves to the old age home- a a strange , unfamiliar environment . Consequently ,they suffer from a sense of loneliness and depression . Hence, to address such mental health issues , a kind of family environment should be created in the old age homes as far as practicable . And , to deal with their psychological problems proper counselling arrangements should be made. Counselling here does not merely mean mental and psychological evaluation but engaging the residents in certain activities like dance therapy, music therapy ,painting, yoga etc. which can help reduce their trauma, stress and depression. In this respect the family , NGOS and the general public should act in close co-ordination to apply the healing touch to the psychological and mental wounds of the hapless OAH residents . Their collective efforts could go a long way towards reviving the drooping spirits of the elderly.

3) **Facilities in respect of meals:**

A proper diet schedule is very , very important for the old age home residents in India and Bangladesh . The findings of the research study indicate that most of the OAHs do not serve meals according to the elderly residents' state of health and needs. Hence, they should follow the food chart prescribed by dieticians – the food chart tailored to the special needs of the elderly.

4) **Introducing an adequate government health scheme**

The most worrisome factor for the ageing population is the lack of a proper government policy for the elderly. This is one area where the government must take some specific steps to put in place a medical support system for the poor residents so as to ensure reasonable healthcare in the final phase of their life. The elderly also should be made properly aware of the government medical schemes both in India and Bangladesh. The first and foremost demand of the aged residents is proper medical care. So, the idea is to enable the elderly to access health service easily. The government should provide free-of-cost medical treatment at every hospital, and clinic for the elderly and also take steps to establish a separate geriatric ward in every hospital where the elderly can receive proper treatment. The amount of old age allowance should be enhanced in both the countries. And there is a crying need for a universal health insurance for all the aged persons who live in not only old age homes but also other habitations. Just like the health scheme, the issue of Bank account is also very, important. As most of the residents do not have any bank account ,they are rendered ineligible for government schemes like old age allowance ,widow pension etc. Needless to say, it is very, necessary for their survival. Therefore, the NGOs and old age home authorities should take proper initiatives to enable the poor elderly residents to avail themselves of the bank account facility and the various government schemes. This is applicable to the old age home residents of both the countries. However, it is heartening to note that the government of Bangladesh launched the '*BayaskaBhata*' scheme in 2013 and this scheme will benefit only those elderly who satisfy the eligibility criteria for it they have to be Bangladesh citizen, they have to be disabled to do any work . Those who are widowed or divorced or have no child will get first priority. In this case ,the age of the male and the female elderly have to be 65 and 62 years respectively. The monthly BayaskaBhata for 2020-2021 is 500 taka (BD). In India the '*Indira Gandhi National Old Age Pension Scheme*' was launched in 1995. This scheme is applicable to all Indian elderly citizens above 60 years of age who belong to below poverty line. The elderly who are between 60 and 79 years get Rs.200 per month and those who are above 80 years of age get Rs. 500 per month. The OAH residents in both the countries have said that they do not get any benefit of the old age pension allowance scheme. They have opined that being aware of this scheme would have helped them a lot as they are financially very weak. Therefore, the old age home authorities of both the countries should take steps to help these financially bankrupt elderly residents so that they can obtain much needed support from the government.

5) **Introducing the emblematic admission money or monthly fees**

Since most of the elderly in both the countries seeking admission to the old age homes belong to the lower middle-income groups or are below poverty level the old age home authorities should charge smaller amounts of money at the time of admission than at present. Otherwise, the very purpose of setting up old age homes could be defeated.

6) **Introducing the Ambulance feature**

The ambulance is very necessary in the homes for the aged in both countries. But most of these homes do not have their own ambulance in their own premises. In both the countries only a handful of old age homes can boast of their own ambulance. So, the old age home authorities should arrange for their own ambulance and not depend on the on-call ambulance service. This would save time and in emergency situations could be a key factor in saving the lives of the elderly.

Effective action on the basis of the aforesaid suggestions could make the life of the elderly a little more endurable and even enjoyable. Admittedly , the myriad problems associated with old age can never be totally eliminated . But steps should undeniably be taken to mitigate them.

Limitations of the study:

The study is confined to the elderly living in old age homes in Kolkata city of India and Dhaka city of Bangladesh. Merely on this basis no generalization can be made about the entire aged population of both the countries. So, the study is limited to the older people living in the old age homes in Dhaka Bangladesh and Kolkata West Bengal. However, in both the countries many old age home residents kept mum on their experience.

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