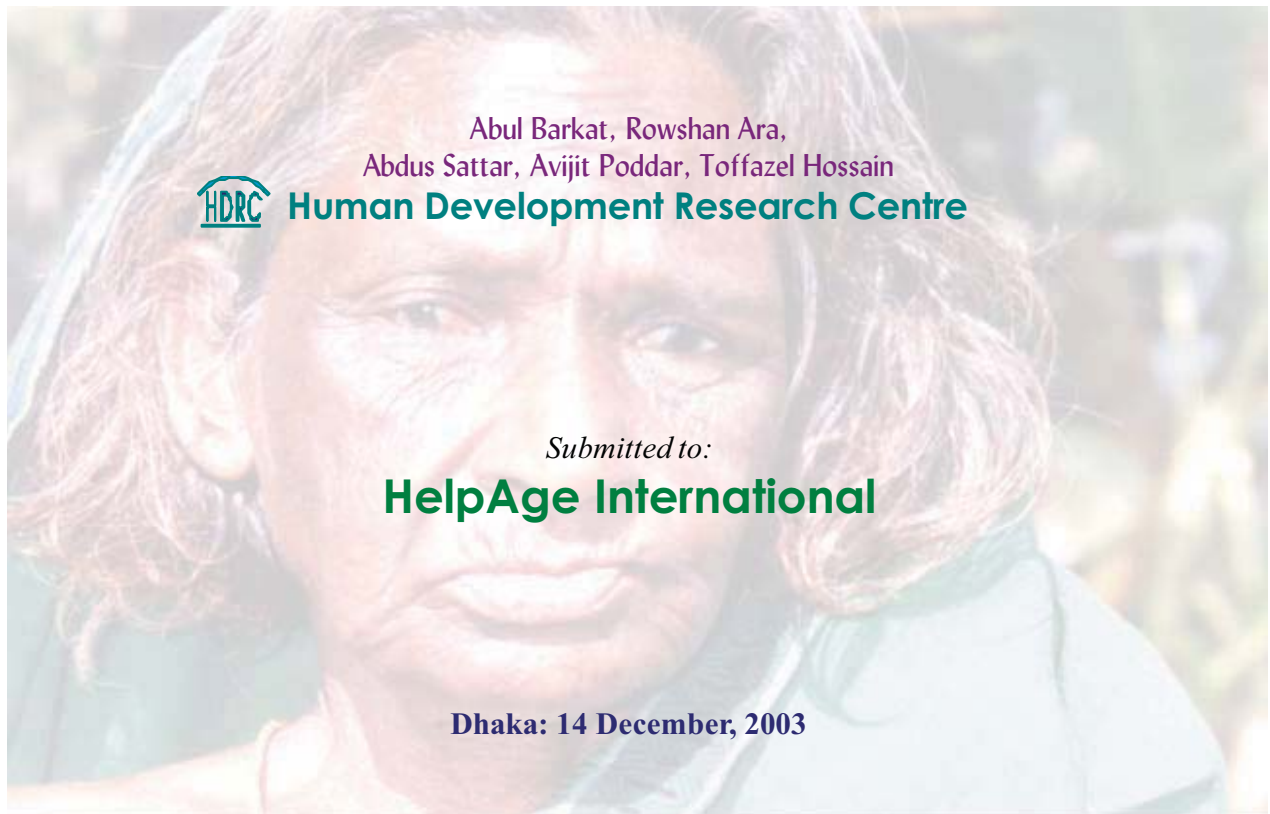


*Final Draft*

# CHRONIC POVERTY AMONG OLDER PEOPLE IN BANGLADESH



Abul Barkat, Rowshan Ara,  
Abdus Sattar, Avijit Poddar, Toffazel Hossain



**Human Development Research Centre**

*Submitted to:*

**HelpAge International**

**Dhaka: 14 December, 2003**

## EXECUTIVE SUMMARY

### Background

Ageing of population in Bangladesh is a recent phenomenon. The number of old age persons – age 60 years and above – is increasing as a result of the transition from high levels to lower levels of both fertility and mortality. In the coming decades Bangladesh will experience rapid growth of old age population. As young wage earners become a smaller proportion of the population they will have to take responsibility for a growing number of old age population – both in terms of its absolute size and relative share. A weak support system coupled with a higher dependency ratio has the potential to increase the existing vulnerability of the older population to poverty conditions. Poverty has been observed as one of the most important reasons for weakening the traditional form of family support within extended family for the older population.

In Bangladesh, a meagre proportion of the old age persons are protected by old age security or pensions (those who were in government, semi-government, autonomous body, and large-scale private sector/ non-governmental formal institutions); many are forced to continue doing physically demanding heavy and hard work well beyond the age of 60.

It is therefore, in Bangladesh, people in old age, in general, are insecure, and those in poverty are more insecure and excluded – economically, socially and physically. However, there is no nation-wide representative data and information about the various dimensions of poverty among older persons in Bangladesh. Responding to this demand, an attempt has been made in this study to explore the various relevant issues about the poverty characteristics of older people in Bangladesh. In view of the lack of relevant national level data, the study bases strongly on the in-depth analysis of the available literature including micro level studies, and discussion meetings with old age people as well as various civil society bodies including government officials.

There are about 12,000 NGOs working in Bangladesh. A very few of them have programs directed towards old age population. Access to Micro-credit and low interest loans from NGOs and Government programs along with other economic opportunities are almost universally denied to older people in Bangladesh because of explicit age barriers, lack of training, skills or confidence.

### Age of Old Age

There is no internationally accepted age bracket for defining the older population cohort. US Census Bureau, European literature and other relevant literatures defines older population as those aged 65 years or above. Older population in the context of Bangladesh has been defined as those who have completed 60 years of age.

### Poverty and Human Development of Old Age People

The measurement of poverty based on household income or expenditure reflect a *static* concept, offering only a limited picture of household wellbeing. *Vulnerability* and *livelihood strategy* approaches to poverty assessment offer a more *dynamic* conception of poverty. Measures that focus on capability poverty incorporate access to public services, assets and employment, as well as money-metric measures, which reflect the ability to 'purchase' food, clothing and shelter. The issue of poverty of older people needs to be viewed in relation to deprivation. In many societies, the older poor people are caught into the deprivation trap, and the human development in the truest sense of the term requires breaking that trap by empowering all who are excluded including the old aged.

## **Objective**

The **overall objective** of the study was to understand the chronic poverty among older people in Bangladesh through examining existing literature and make recommendations for future primary research to facilitate development, designing and measurement of impact of policies and programmes towards reduction of chronic poverty among old age people in Bangladesh.

The **Specific Objectives** of the study were as follows:

1. To review and examine existing information and data about the poverty and older persons.
2. To produce a data-base from the existing secondary data about the older people in Bangladesh desegregated by age and gender.
3. To identify the existing data and evidence gaps to understand nature and extend of poverty among older persons, and to formulate poverty reduction strategy for the older people in Bangladesh.
4. To focus immediate research needs to minimize data and information deficiency on chronic poverty among older people.

## **Methodology**

The study has concentrated on the following broad areas: (i) review of population data, (ii) secondary analysis of research and study findings on poverty among older people, (iii) understanding of various dimensions of poverty among older men and women through face-to-face interviews, (iv) status of relevant policies and welfare interventions, and (v) formulate a basis for future primary research on chronic poverty among the older people.

The study dealt with two types of data and information: (i) quantitative, and (ii) qualitative data on poverty as such, and that among older people. National database like Population Census and Household Income and Expenditure Survey, Bangladesh Labour Force Survey and other relevant publications of Bangladesh Bureau of Statistics (BBS) were explored in the study to extract relevant quantitative data. For qualitative information, the study explored the content and findings of the available micro studies like participatory situation analysis, village studies, case studies, evaluation studies and other exploratory studies. Qualitative information were also collected by conducting case studies through face to face interaction with 30 older persons. Moreover, Key Informant Interviews were conducted with relevant personnel in the Directorate of Social Welfare, Directorate of Women Affairs, Directorate General of Health Services, Directorate of Youth Development, and with some NGOs to explore various relevant dimensions of the existing policies and program activities related to older people and pertinent to them issues.

## **Trends in Older Persons Distribution**

Bangladesh is still continuing a high annual average population growth. The average annual growth rate during ninety years period preceding the last census (2001) was 1.6%. The same during the periods 1974-1981, 1981-1991 and 1991-2001 were 2.33%, 2.15% and 1.54% respectively. Demographic transition in Bangladesh is a recent phenomenon; so is the case of population ageing. The annual average growth rate of older population during 1911-2001 was 1.9%, with negative figures in the three decades (1911-1921, 1921-1931 and 1974-1981). However, the rate ranged between 2.3% and 3.8% in other decades. During the inter-censal period 1981-1991, the same was observed at 3.8%, and during 1991-2001, 3.0%. The absolute number of older people has increased during the inter-

censal periods. The absolute (physical number of older people in the country was 7.6 million in 2001 (6.2% of total population) up from 5.6 million in 1991 (5.3% of the total population). It is projected that by 2025, the same will rise to about 14.6 million persons (around 9% of the total population).

The age distribution of 7.6 million old age population in 2001 was as follows: 37% in the age cohort of 60-64, 19% in the cohort of 65-69, and 44% in 70 years and above. Among all old age people women constitute 46%. The share of older women in 70+age bracket is 1.2 percentage point higher than the older males.

Sex ratios (males per 100 females) of older persons for the years 1951-1991 depicts that in each census year the older male population figured from 225 to 299 persons more per 1000 older women. In 2001, there were 244 more persons among the older man per 1000 older women. This indicates higher old-age mortality in female as compared to that of men.

### **Head of Household**

In 1991, 15.6% households were headed by older persons (60+). For the age group 60 and above 13.4% households were headed by males and only 2.2% by females. In the rural areas more households are headed by older persons than in the urban areas: 16% in the rural as against 11% in the urban areas.

### **Marital Status**

Marriage in Bangladesh is universal, 99.4% of older persons are either currently married or widowed. The majority of older aged men remain currently married longer than women. National statistics reveal that mortality rates for men are higher than women through the older ages. Consequently older women are at higher risk of widowhood than are men. Moreover, in Bangladesh society older men who experience the loss of a spouse are more likely to remarry than in cases of older women. In contrast to the currently married old-aged men, the widow population dominates in older age groups. More than half of the old aged women are widowed divorced or separated. The proportion of currently married older persons for both male and female has been increasing steadily.

### **Literacy**

To days old age people (aged 60 and over) were of school age when the scopes for formal education was very limited. More than two-thirds of the older population are illiterate. The urban and rural populations also differ substantially. In terms of education, the older women are clearly disadvantaged compared to the older men. Very rarely older women have any secondary education. Among the older women aged 70 + years no one have graduation degree. Among the older people, the gender-gap in both literacy and schooling increases with age.

### **Disability and Morbidity**

Among the disabled population 65+ years of age, around 23% is blind, 8% each are mentally retarded, deaf and dumb. Various micro studies show that a large portion of the old age population is suffering from various chronic diseases. One out of three patients suffering from rheumatism belongs to old age cohort. One in four are either diabetic or chronic heart patients. Similarly, a significant number of asthmatics and other respiratory disease sufferers belong to this age group. Among other diseases hypertension, peptic-ulcer/gastritis, chronic fever, ophthalmic diseases are prominent. However, the available data is grossly inadequate to construct disease profile of older people by their poverty status.

## **Overall Poverty Situation: Difficult to Portray Older People's Poverty**

All relevant nation-wide data available in the Population Census Reports are presented in such an aggregated form which do not permit disaggregating the same according to older people's poverty status. Therefore, it has been reported to the research team by the relevant policy planners, program implementers, NGOs, and specialists in the academia that without having adequate information on different aspects of older people disaggregated by their economic status especially by various poverty dimensions including the chronic poverty status it would be impossible to include the excluded – the older poor people – in the human development arena of Bangladesh.

The Household Income and Expenditure Survey (HIES) of Bangladesh conducted by BBS in 2000 provides measurement of extent of poverty based on Direct Calorie Intake and Cost of Basic Needs methods. In Bangladesh, 44% of the population lives below the absolutely poverty line, and 20 % below the hard core poverty line. Poverty is highly pronounced in both the urban and rural areas with relatively more acute in the urban. More than 52% of urban population (compared to 42.3% in rural) is living below the absolute poverty line and one out of four are hard core poor. The HIES provides some limited information on incidence of poverty by age of head of household. Highest incidence of poverty, using the lower poverty line, stands at 42.1% is found to be associated with the households whose heads are in the age group 30-39. Lowest incidence of poverty (24.9%) using the lower poverty line is found to be in the households whose heads belong to the age group 60+.

The national poverty data, as it is presented in the HIE Survey, is grossly inadequate to estimate incidences of poverty among the older people. According to the survey methodology, information on calorie-intake was gathered using household as an unit of primary source of information and not disaggregated by the individual members of household by their age group. This prompts one to conclude the urgent need to explore the poverty levels among the older people for constructing a comprehensive profile.

## **Factors Influencing Poverty among Older People**

The available micro level research studies show that poverty among older people is exacerbated by many factors. The factors are as follows: (i) poor health of older people resulting in reduced involvement in paid work, (ii) lack of employment opportunities for sons/daughters, (iii) loss of land due to reduced fertility of soil or river erosion, (iv) selling of land and animals to pay dowry-related costs or health costs, (v) disaster/emergency situations such as floods and drought, and (vi) high interest loans. However, the extent of individual factors' weight (relative share) in aggravating older persons poverty could not be ascertained based on the available research studies.

## **Economic Activity and Household Chores**

Economic activities and household chores are related with old age poverty. So long as the old man/women is active in earning s/he has some control over lives. A large part of the older population (42%) is engaged in economic activity to support themselves. Among older persons 66% of men are active as against only about 10% women. Participation in economic activity decreases substantially with age among both older men and women; gender gap in participation is highly pronounced. Economic activity rates among older persons do not much differ between urban and rural areas. Older men aged 65+ in rural areas are almost twice as likely as their urban counterparts to be active. Even among older aged urban residents, almost one-third reported agriculture as their main work. Only 5.8% of all older persons reported of being engaged in unpaid household work as their major activity.

Older people earn income in a variety of ways. The nature of income earning varies in rural and urban areas. Income earning activities of the older people can be categorized into three broader groups: (a) common for all independent of sex, (b) activities done by older women only, and (c) activities of older men.

Income earning opportunities are more difficult for older people due to various barriers including physical limitations/poor health, age discrimination, lack of access to capital and skill development, lack of land and other assets, lack of decision making authority in the household, social constraints on freedom of movement, culturally defined role as caretaker, seasonal/*ad hoc* nature of work available etc. It is more difficult for the older women. While older men can continue to work outside the home more easily than older women, they do face age barriers to employment opportunities. Older women face both age and gender barriers in finding income generating opportunities. They are limited by social and cultural constraints in their activities and lack opportunities for employment/income generating activities. In rural area, social norms discourage women from going to the market to purchase/sell goods that increases their dependence on family members to sale crafts/goods in the market. Older women are responsible for household chores such as cooking, fetching water, caring for grandchildren. Besides, the prevailing gender discrimination in wage payment in informal sectors act as a major barrier for having equal earning for older women compared to the older men.

In urban areas, older women face difficulty in getting suitable household employment. For all older women, especially old-old women, physical limitation is a major barrier.

### **Older People's Social and Health Aspects**

Studies are scarce in which various social dimensions of aging are addressed. About two-thirds of the old age population in the urban areas are physically too weak to participate in income earning activities. Health status of an older person largely depends upon the economic capabilities of the person as well as the family. Many young members reported that older people are very much fussy about their health, needs and personal services. Furthermore, due to the high cost, many older people delay seeking medical attention care and until they are extremely ill, thereby prolonging illness. The information available in the studies about the health aspects is not segregated by economic cohorts and/or poverty status of the old aged respondents.

### **Old Widow: Nature of Poverty and Insecurity**

The relevant social research in Bangladesh observed that widowhood in old age means the loss, reorganization, and acquisition of social roles specially for women. Most of the poor old widow have a miserable life. They have to live their life on the mercy of the brothers, sons – daughter and in-laws. Old widows suffer not only from economic poverty but also from physical and psychological isolation, insecurity, incapability, and deprivation of resources, low self-esteem, and negligence.

Poverty of old widow is multi-dimensional. Older women are twice as likely as men to be widowed due to their greater longevity. Practice of men marrying young women is much pronounced. The number of old widow is more than the widowers. Among currently married older women, around one fourth remarried some times after the death of their husbands. However, the questions about at which age the older males and females got remarried and inter spousal age difference in case of such marriages have not been studied so far. The relationship between poverty and remarriage of older people in Bangladesh is yet to be studied.

Some studies have identified prevalence of high levels of deprivation among the widows in rural Bangladesh. It becomes severe at the old age. They become "extreme poorest among the poor". The old widows have a highly insecure livelihood and living arrangements. A recent study on the older widows observed that most of them are totally dependent on near relatives: 34% live with their sons, only 20% live on their own earning, 12% live on the property of their husband, only 6% persons live with their in-laws. Poor old widows have no status in the family, prolonged period of multi-generation family life creates economic hardship and financial burden on the young children; widow tend to have significantly higher mortality rates than married women in the same age group. On the whole, older widows of Bangladesh are the victims of worst chronic poverty-economically, physically, socially and psychologically.

## **Dimensions of Well-being and Ill-being of Older Persons**

### **Dependency in old age**

Dependency is closely associated with old age. Now-a-days many people assume that old people will inevitably become a burden upon the family members. For many old poor people, the worst aspects of economic dependence are reflected in the violation of human rights, individual freedom, and human dignity. Dependence of aging people is humiliating. The problems of loss in old age are often more bitter and intense. The old age dependency ratio is increasing and its burden is likely to be felt more because of low per capita income, and major erosion of traditional norms of a close-knit-family (extended family) structure. Normal social attitude considers the old people as handicapped incapable of living their lives without sound support, and totally dependent upon the assistance of family members. This link between old age and dependence is structured by social taboos and organization.

### **Old is gold but poverty makes life meaningless**

Old are the senior citizens of the country. Young Bangladeshis has the feeling of socio-cultural, religious and moral obligations to pay respect to the older people. Age long experience, skill, values, traditions, heritage of the old age people may be a unique positive factor in making healthy life style of the younger generation. Old people engage more time in religious activities and also attending funeral of the relatives. The old woman never retires from her work. Unpaid domestic work goes on. Being the 'poorest of poor' an old poor woman becomes the most 'unfortunate burden' of the family and society. The research team's interactions with older women revealed, that the loss of the parental role is one of the crucial problems in many older people's life. The grown up children who earn takes the active parental role whereas the old parents become the passive members of the family.

### **Social Isolation due to lack of social mobility**

An old person may gradually fail to develop and maintain social relationship with friends and relatives. The younger groups do not feel the need to bring old people in social gathering. The ego needs of the older person remain as it was. Ageism can be a prejudice that can severely affect the old people, lowering the quality of their lives. It reduces the self-esteem of the old people. Other factors that influence the reaction time of the older people are motivation, depression, and anxiety response strategies. Empathetic attitude and behavior of the family member can reduce these psychological problems. The issue needs careful investigation of the magnitude and their reflection by socio-economic cohorts of old age people.

### **Care of old parents**

Old people identify them as adult children, when they have them, as the primary helper in their lives when these people have both an adult son and an adult daughter. Poor old people

most often name the son as the primary helper. If there is a sympathetic daughter-in-law life becomes enjoyable. The lack of sympathy from the children makes most of the old people unhappy, and has been found to have serious effects on both mental and physical health.

A close analysis of the case studies conducted with the poor old men and women reveals that they are most vulnerable group due to many factors: lack of basic resources, non-inheritance of productive assets, limited employment and low wages, loss of land due to river erosion, selling of land for dowry in marrying daughter. Their sons and daughters being poor cannot support the old parents. Poor health and physical incapability of old people is a constraint to their involvement in paid work. Their life time deprivation make them totally isolated from mainstream life. Analysis also reveals that the old aged rural people live in ultra-poverty, malnutrition, ill-health, landlessness, and lack regular source of minimum income. Most of the urban old poor people come to the cities from rural area to earn their livelihood. Some unfortunate older persons are compelled to beg and doing risky works despite their broken health and chronic diseases.

It is therefore, to form the solid foundation for a true knowledge-base about the various dimensions of chronic poverty among old age people of Bangladesh, undertaking of a nationally representative comprehensive research work is urgently needed.

### **National Policy on Ageing**

There is no National Policy on Ageing in Bangladesh, though Bangladesh is one of the countries that have signed the Madrid Convention. There exists no specially designed government program provisioning constitutionally declared services to the older people. A draft of the National Policy for the Older People was prepared twenty years back, in 1982. A National Council was formed for drafting the ageing policy by the Directorate of Social Welfare, Ministry of Social Welfare.

In the financial year 1997-98, the Government of Bangladesh, for the first time introduced *Boishka Bhata* (old age pension scheme) amounting Tk.100/ (around US \$ 2.00) per month per extremely destitute older person in the rural areas. In 2002-03, the amount per older person per month was increased to Tk.125/- (US \$ 2.15) with an increased coverage of upto half a million older people. During the financial year 2003-04, the amount has been increased further to Tk. 150/- (US \$ 2.58) per month with a planned increase in coverage of upto 1 million older people (around 14% of all older people in the country).

The Directorate of Youth Development (Ministry of Youth and Sports) has launched a Family Based Employment Project aiming at comprehensive reduction of poverty in the family to help old age groups through providing income generation training to the youth members and providing access to credit facility to family group headed by the old aged parent.

In the non-governmental sector, an "Ageing Resource Centre" (ARC – Bangladesh) was formed consisting of representative from BRAC, RIC and BAIGAAM with the collaboration of Help Age International (HAI). The centre is a coordinated network of the organizations working for the older people. Special advocacy program along with some welfare interventions at a limited scale has been undertaken.

Uptill now Bangladesh has no official National Policy on Ageing. However, the Ageing Resource Centre - Bangladesh (ARCB) in collaboration with RIC, PHS, BWHC and BRAC has produced a **Draft National Policy on Ageing (NPA)** (date marked 18 March 2003). This suggested Draft National Policy on Ageing bases firmly on the commitments and principles agreed upon in the Vienna Assembly in 1982 and the Second World Assembly on Ageing in 2002. The central premises rest upon the principles of secure ageing (through ensuring basic rights of the older population), combating age-based discrimination,



empowering older persons and alike. The proposed Draft National Policy on Ageing has set five broad objectives for the older persons: (1) Dignity, (2) Participation, (3) Self-dependence, (4) Self-attainment, and (5) Services. It has proposed the formation of a National Committee on Ageing (to be chaired by the Hon'ble Minister, Ministry of Social Welfare); delineated the scope of work for the National Committee; and to ensure welfare of the older persons has suggested three sets of general recommendations and 19 very specific recommendations (in congruence with the recommendations of the 2002 Second World Assembly of Ageing and socio-economic realities of Bangladesh). As for the **working strategy**, the draft National Policy on Ageing have suggested five principles, namely Partnership, Networking, Diversity, Flexibility, and Skill Development and Capacity Enhancement. This Draft National Policy on Ageing can be treated by the Government and the civil society as a pioneering guiding document to expedite the process of developing a comprehensive National Policy on Ageing in Bangladesh.

### **Need for a Countrywide Comprehensive Study**

Based on the scrutiny and analyses of the relevant data and information the research team concludes that the existing knowledge -base about chronic poverty among the older people (age 60 years and more) in Bangladesh is still at the embryonic stage. The available literature on poverty in Bangladesh provides information about crude measures of poverty with head count indicators- without much detail about the poverty among older people. However, due to the fact that the absolute number of old age poor people is on the rise, in the one hand, and the disintegration of extended family and rise of nuclear families and lack of public welfare measures for the old poor men and women constitute crude realities of life, on the other, a large-scale comprehensive survey research on poverty (chronic and otherwise) of older age people shall be undertaken without any further delay. Such nationwide survey should be seen as one of urgent national priorities within the framework of Bangladesh Poverty Reduction Strategy (PRSP).

Such survey and research results will provide a baseline on poverty among older people which is critical to influence the poverty reduction plan and to develop measures of poverty that include older people and address the intergenerational nature of chronic poverty among older people.

As has already been stated that at present no national age desegregated data on older people's poverty are available in Bangladesh. The proportion of the population considered poor in Bangladesh, stands at 44.6% (population below absolute poverty line). The proportion of older persons (age 60 years and above) who are poor (hard core or absolute) is not known. Available micro level studies provide some information about the older persons social and health status, and sometimes about their economic problems. All these micro level studies give indication about the poverty of older persons; but almost all these studies suffer from a common drawback to draw national level conclusions about the nature and extent of poverty among older people.

The research team suggests that the overall objective of the suggested study with nationally representative sample should be to prepare a comprehensive baseline covering various dimensions of poverty including the chronic poverty among older people in Bangladesh. The study should concentrate, among others, on the following broad areas: (i) segmentation of old age population data by their economic status, especially emphasizing on various poverty dimensions by residence (rural and urban) and by sex (men and women), (ii) analyze study findings in line with chronic poverty framework, (iii) recommend policies and interventions to accelerate the process of institutionalization of well-being of the poor deprived and excluded old age population.

The study should be aimed at broadening the understanding of the policy makers, implementers researchers, and all relevant members of the civil society about the linkages between chronic poverty and old age as well as about the all necessary doables to ensure old age of poor men and women secured and empower them. In line with the framework stated above, the specific objectives of the study might be formulated as follows:

- 1) to conduct a nationally representative survey for collecting and collating data about the older persons and their multidimensional poverty (including chronic poverty),
- 2) to institute a data bank through large-scale, comprehensive survey about the older people in Bangladesh disaggregated by geographic-administrative divisions, age, sex, residence (rural and urban) and by poverty dimensions including economic and social aspects of poverty,
- 3) to institute a system to regularly update the data bank about the older people and their poverty status,
- 4) to provide the relevant policy planners, advocacy and human right activists, and all other stakeholders to formulate appropriate poverty reduction strategy for the older people in Bangladesh, and
- 5) to identify further in-depth research needs and/or secondary analysis of the primary data on various economic and human developmental aspects of chronic poverty among older persons.

This proposed survey about the poverty of older people will be the first ever to be conducted in Bangladesh. This survey will provide basic raw materials for the proposed data bank about the poverty situation among older people in Bangladesh. In addition to the quantitative survey, the qualitative assessment should be cluster around the mechanism of operation of poverty among older people, and finding-out possible effective strategies to transform poor older people's life dignified, meaningful and enjoyable.