



FAMILIAL AND SOCIAL SECURITY FOR THE RURAL ELDERLY: A STUDY OF SHATOIL VILLAGE IN NAOGAON DISTRICT

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Abstract

In this study, efforts have been made to explore familial and social security for the rural elderly in Naogaon district. The main objective of this study was to learn about the familial and social security they enjoyed in the study area. The social survey method has been employed for data collection in this research. The research area of this study was the Shatoil village of Naogaon district in Bangladesh. Purposive sampling has been used in this research work. The sample size was 100. The findings of the study show that the highest number of the respondents lived in nuclear families. A majority of them were illiterate and poor with an average income of less than 50,000 Taka per year. Most of them could not avail good health services for treatment owing to poverty. Their socio-economic condition was not satisfactory. Familial security was strong. The social security they received in terms of old age allowance was not sufficient. Only 12 percent of the elderly received a monthly allowance. About half of the remaining respondents informed that they did not get any old age allowance because of corruption. Member and Chairman want 3000-4000 taka as a bribe for creating an old age allowance card. None of the widows received widowhood allowance. The government should ensure the access and extend of financial help such as old age allowance, widowhood allowance, and health insurance for the welfare of deprived elderly.

Keywords: Familial security, social security, rural elderly, Bangladesh.

Introduction

“There is a natural movement of individuals from the family of orientation to the family of procreation and this movement represents the beginning of a new generation (Decker, 1980, p. 209).” The aged population is defined in this paper as defined by the Bangladesh Association of Gerontology (2003) -- “the group of the population who belong to the age group of 60 years or more.” McNicoll (2002) studied that the old age (60+) population has tripled in 50 years since 1950, and it is expected to triple again by 2050. The elderly population in Asia is projected to reach 922.7 million by the year 2050 putting Asia at risk to become one of the oldest regions in the world in the next few decades (Asian Development Bank, 2013). In the Rajshahi division, the elderly population projection was 1.7 million for 2015, 1.8 million for 2020, and 2.3 million will be in 2025 based on 2011 census data. In this division, the number of elderly is expected to increase gradually over time (Bangladesh Bureau of Statistics, 2015).

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At the time of the disaster, sickness, and old age, adult children (especially sons) are deliberated to be the major source of security and economic support to their parents (Cain, 1986). The highest number of elderly people in Bangladesh suffer from some elementary human problems, such as poor senile diseases, economical support, exclusion, negligence, deprivation, socio-economic insecurity, deficiency of proper health care and medicine facilities (Nath & Islam 2009; Islam & Nath 2013; Rhaman, 2000).

In this study, familial security means that the elderly will get proper care from their family, especially from their children. Social security is any government system that provides old-age allowance, shelters, health insurance, and subsidized services to elderly persons. In this study, the rural elderly are the group of the population who belong to the age group of 60 years or more and live in a rural area.

Most of the previous research in this field focused on global, African, or Asian contexts. Some studies have been conducted in Bangladesh's national context. Nonetheless, sociological research on the familial and social security for the rural elderly in North Bengal is scant. No comprehensive research on this topic was found in the Naogaon district. Nowadays due to a lack of adequate family support or a formal social support system, elderly people are now seeking alternative financial and health care support from the government. The present study would be a good resource for the government and non-government policymakers considering the pension, old age allowance program, national elderly policy, and others like microcredit, health, population sector program, and community empowerment. Nevertheless, this study has focused on familial and social security for the rural elderly in Naogaon district only, which covers a specific area of Bangladesh, and therefore, findings cannot be generalized for all areas of Bangladesh.

Materials and Methods

The area selected for this study was the Shatoil village of Manda Upazila under the district of Naogaon in the division of Rajshahi, Bangladesh. The survey method was used to collect data from both males and females aged 60 and above. Purposive sampling has been used in this research work. Generally, Purposive sampling is used in qualitative analysis. But the researcher has used it in quantitative analysis. It may be a limitation/weakness of the study. But the researcher has chosen this sampling based on some arguments. Ma. Dolores C. Tongco (2007) said "purposive sampling may be used with both qualitative and quantitative research techniques" (p.147). Bryman (2012) also said, "a quantitative research approach can be employed for the analysis of qualitative studies and a qualitative research approach can be employed to examine the rhetoric of quantitative researchers. Some qualitative researchers employ quantification in their work" (p. 25). Besides, Purposive sampling is one kind of time and cost-effective sampling method. Since this work has been completed by the researcher's financial support, the researcher has chosen this sampling for saving time and money. Moreover, in this study area, there is only a limited number of elderly respondents who can contribute to this study. So, the researcher has chosen this sampling. The sample size was 100. A semi-structured interview schedule containing both open and closed-ended questions was used to collect the data from 04-06-2017 to 16-06-2017. The questionnaire in English was used to collect the data but during data collection, the questions were translated into Bengali. Each interview lasted for 20-25 minutes to complete in a face-to-face situation, initiated with rapport build-up. For any logical error or incompleteness, collected data were checked by the authors. All the data were tabulated and analyzed using descriptive statistical methods. Statistical procedures, such as tabulation, frequency distribution, percentage, mean, ratio, graphs have been used.

Results

Socio-Economic Conditions of the Rural Elderly

Table 1 indicates that 51 percent of the elderly belonged to the age group 60-69 years, where male elderly was 23 and female elderly was 28. Almost one-fourth (24%) of the elderly belonged to the age group 70-79 years,

where the number of male elderlies was 14 and the number of female elderlies was 10. Thus, almost three-fourths (75%) of the elderly were under 80 years of age. However, in the age category of 80-89 years women (9) outnumbered the men (5). The number of men and women aged 90 years or more were more or less the same (6 males and 5 females).

Table 1. Age categories of the elderly respondents

Age categories (Years)	Frequency of the respondents (male)	Percentage	Frequency of the respondents (female)	Percentage	Total number of respondents	Percentage
60-69	23	47.92	28	53.85	51	51
70-79	14	29.17	10	19.23	24	24
80-89	5	10.41	9	17.30	14	14
90-99	5	10.41	4	7.70	9	9
100-109	1	2.09	1	1.92	2	2
Total	48	100	52	100	N=100	100

Figure 1 indicates that the highest (67%) of the respondents belonged to a nuclear family and the remaining 33 percent lived in a joint family.

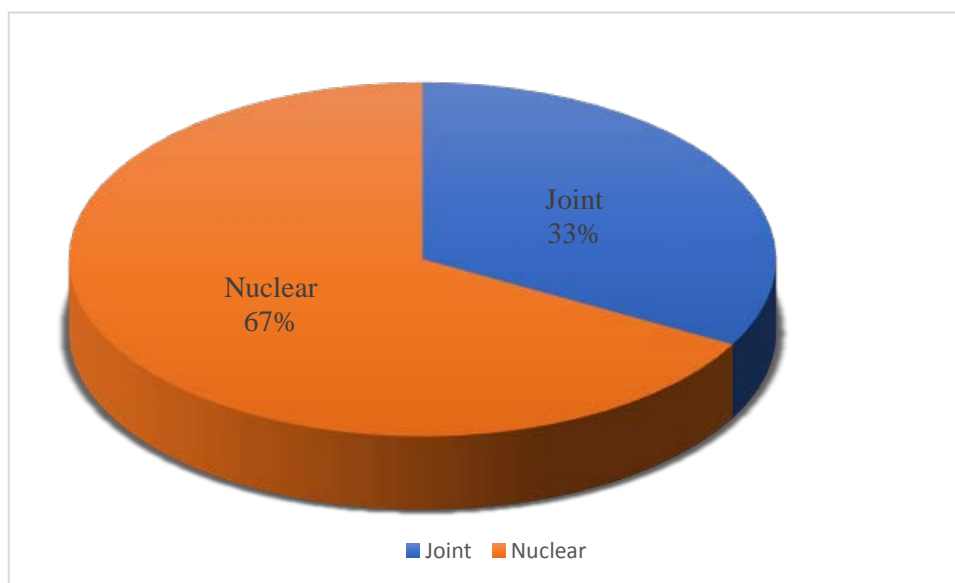


Figure 1. The pattern of respondents' family

Table 2. Educational qualification

Educational qualification	Frequency
Illiterate	71
Primary	16
Secondary	12
Higher secondary	1
Tertiary	0
Total	N=100

In Table 2 we see that 71 percent of the elderly were illiterate, 16 percent completed primary level education, 12 percent completed secondary education, and only 1 respondent completed higher secondary education. None had tertiary education. Respondents opined that during their childhood the respondents did not have enough opportunity to receive an education. There were very few schools at the time of their education. The distance of these schools was so high that they could not continue their study.

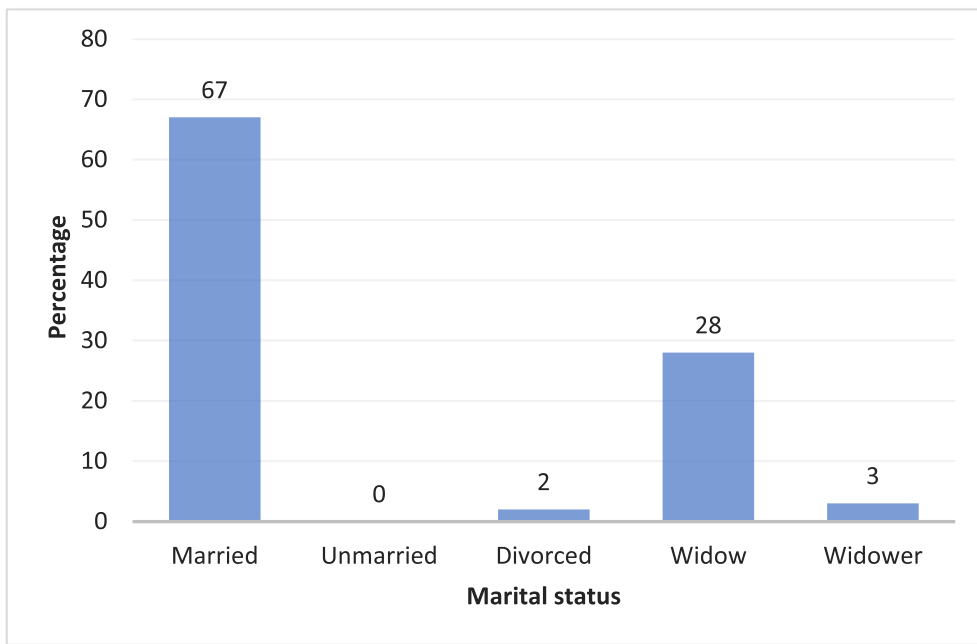


Figure 2. Marital information

Figure 2 shows that 67 percent of the respondents were married, 2 percent were divorced, 28 percent were widows, and 3 percent were widowers. None of the elderly was unmarried. This figure indicates a significant variation between widows and widowers.

Table 3. Individual Savings

Individual savings	Frequency
Yes	25
No	75
Total	N=100

Table 3 portrays that 25 percent of the elderly had individual savings and 75 percent did not. Most of them were poor and illiterate; they were not aware of their future life. For this reason, a majority of the elderly had no individual savings.

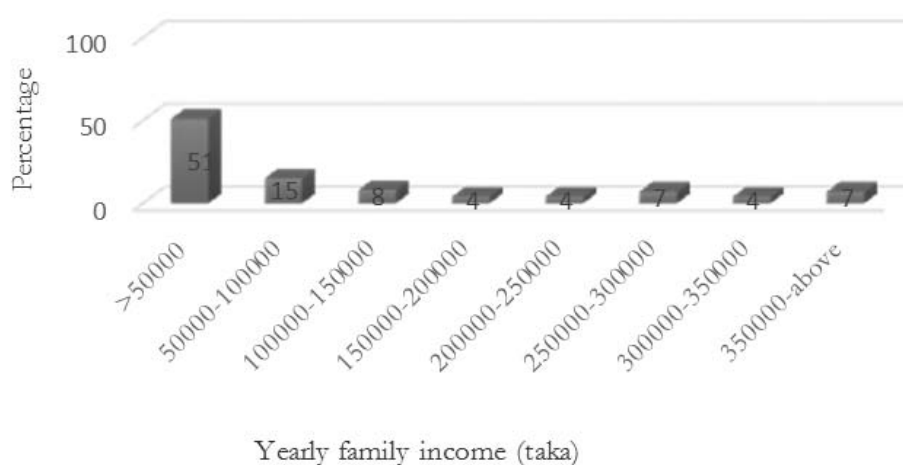


Figure 3. Yearly family income of the respondents

Figure 3 shows that 51 percent of the respondents' yearly family income was less than 50,000 Taka. In this figure, we find that 23 percent of the respondents' families earned between 50,000-150,000 Taka and 26 percent earned more than 150,000 Taka per year. It indicates that a majority of the respondents' families were poor in rural areas. They did not have enough income to maintain their families.

Familial Security for the Rural Elderly

Table 4 points out that 79 percent of the respondents got choiceful food and necessary clothing timely but the remaining 21 percent of the respondents did not. This data indicates that a majority of the respondents' children had taken care of them.

Table 4. Respondents' children provide them choiceful food and necessary clothing timely

Respondents' children provide them choiceful food and necessary clothing timely	Frequency
Yes	79
No	21
Total	N=100

Table 5. Interest pattern in accepting suggestions of parents' in decision making

Interest in accepting suggestions	Frequency
Very much interested	37
Interested	18
Neutral	5
Not interested	8
Not interested at all	32
Total	N=100

Table 5 portrays that 37 percent of the respondents' children were very much interested, 18 percent were interested, 5 percent were neutral, 8 percent were not interested and 32 percent were not at all interested in accepting their suggestions in decision making. According to this table, we can surmise that almost 55 percent of the respondents' children were interested in accepting their suggestions in decision-making. It conveys that the highest of the respondents get priority of their family.

Almost 64 percent of the respondents were sick in the study area. Table 6 shows that 72 percent of the respondents' children were interested and 28 percent of the respondents' children were not interested in spending money for their treatment during sickness time. So, we can say that the highest of the respondents' belonged to a suitable environment in the family as their children were willing to spend money at the time of their sickness.

Figure 4 indicates that 64 percent of the respondents' children considered them as important honorable persons, 22 percent did not, and another 14 percent of the respondents' children partially considered them as important honorable persons. By this data, we can interpret that a majority of the respondent's honored by their family members.

Table 6. Children's interest in spending money for respondents' treatment

Children's interest in spending money for respondents' treatment	Frequency
Yes	72
No	28
Total	N=100

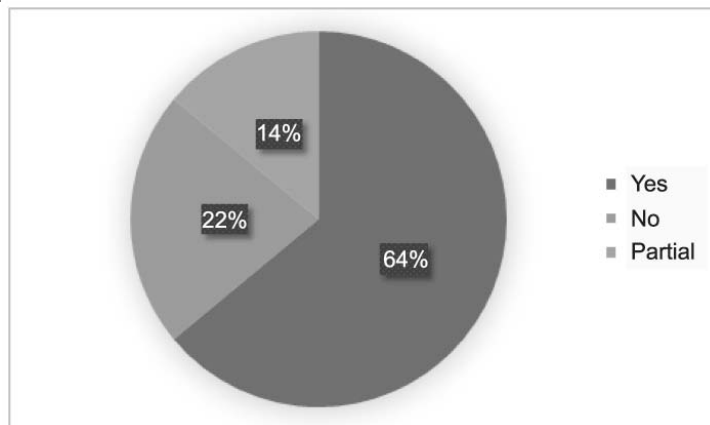


Figure 4. Children's considered them as important honourable persons

Table 7. Pattern of behavior of family members towards the elderly

Pattern of behavior	Frequency
Very good	46
Good	18
So-so	17
Bad	9
Very bad	10
Total	N=100

Table 7 points out that the behavior of children and other family members of 46 percent and 18 percent of the respondents were very good and good respectively. Only 9 percent and 10 percent of the respondents' family members behaved badly or very badly with them respectively. So, we can say that a majority of the respondents' children and family members' behavior was either good or very good towards them which indicates strong familial security of the elderly.

Table 8. "Family members consider them as a burden"- agreement pattern with this statement

Agreement pattern	Frequency
Perfectly agree	20
Agree	13
Neutral	10
Disagree	30
Perfectly disagree	27
Total	N=100

Table 8 points out that 20 percent of the respondents are perfectly agreed, 13 percent elderly are agreed, 10 percent are neutral, 30 percent disagree and 27 percent of the respondents perfectly disagree with the statement on family members consider them as a burden. By these data, we can interpret that the highest of the respondent's positions in the family was auspicious, so they disagree with that statement.

Social Security for the Rural Elderly

In this study area, a majority of the villagers were illiterate and had no adult education program. This area had no adult center/ club. They did not get proper treatment from the community clinic. Table 9 shows that only 12 percent of the respondents received an old-age allowance and the remaining 88 percent of the elderly did not get any old-age allowance. Among the 28 widows, none of the widows received widowhood allowance and among the 2 divorced women, none received divorcee allowance.

Table 9. Type of allowance received by the respondents

Allowance received	Frequency
Received old age allowance	12
Received Widowhood Allowance	0
Received Divorcee allowance	0
Did not get any allowance	88
Total	N=100

Table 10. Causes of not getting old age allowance

Causes of not getting old age allowance	Frequency	Percentage
Unwillingness	13	14.78
Good economic condition	18	20.46
Corruption of Member/Chairman of union parishad	45	51.13
Could not communicate with Member/Chairman	2	2.28
Husband gets	6	6.81
Other's (Specify)	4	4.54
Total	88	100

Table 10 indicates that 14.78 percent of the respondents opined that they did not get old age allowance because of their unwillingness, 20.46 percent enjoyed good economic conditions in their families, 51.13 percent did not get the allowance due to corruption of Member/Chairman of their Union Parishad, 2.28 percent did not get an allowance because they did not communicate with Member/Chairman, 6.81 percent did not get because their husband got old age allowance, and 4.54 percent did not get old age allowance because of other causes. Through analyzing this table, we can conclude that a majority of the respondents (51.13%) did not get an old age allowance because of the corruption of the Member/Chairman of the union parishad. Respondents' have also informed that Member/Chairman of union parishad wants 3000-4000 taka as a bribe for issuing an old age allowance card. Most of the elderly could not provide them with 3000-4000 Taka as a bribe for that purpose. For this reason, they did not get an old-age allowance. Even among 28 widows, 57.15 percent informed that they did not get widowhood allowance because of the negligence of union parishad Member/Chairman. These data indicate that the elderly are deprived of social security in Bangladesh for various reasons.

Discussion

Rahman et al. (2007) studied in Naogaon district and showed that 87.70 percent of the elderly have sanitary toilets and 12.30 percent have no sanitary toilet but in the present study, the percentage is not the same. The present study shows that 97 percent of the elderly have sanitary toilets and only 3 percent of respondents have no sanitary toilet. On the other hand, they found that 60.70 percent of respondents lived in a joint family and the rest of 39.30 percent lived in nuclear families in rural Naogaon but in the present study almost 67 percent elderly live in a nuclear family and the rest of 33 percent live in a joint family. In the patrilineal joint family, sons are regarded as the preserver of parents in old age (Ghuman and Ofstedal, 2004). Nevertheless, over the last few decades the traditional joint family structure in rural Bangladesh is breaking down because of poverty, attitudes of self-interest, quarrels, and maladjustment (UNESCO, 1992). Since in the present study the highest of 67 percent of respondents live in the nuclear family, the present study resembles the study of (Ghuman and Ofstedal, 2004) and (UNESCO, 1992). In the present study, a majority of the respondents were Muslim. It is also supported by Nolan et al. (2002) and Baumbusch et al. (2016) who said about the religious majority in certain countries.

Elderlies are vulnerable to disregard, absorption, and abuse (Datta, 2006). The highest number of elderly people in Bangladesh suffer from some elementary human problems, such as poor senile diseases, economical support, exclusion, negligence, deprivation, socio-economic insecurity, deficiency of proper health care and medicine facilities (Nath and Islam 2009; Islam and Nath 2013; and Rhaman 2000). Family provides care to older persons to assist and help in different physical tasks such as dressing, bathing, giving medication, and feeding (Morgan and Kunkel, 2006). At the time of the disaster, sickness, and old age, adult children (especially sons) are deliberated to be the major source of security and economic support to their parents (Cain, 1986). The present study resembles the study of Morgan and Kunkel (2006) and Cain (1986).

The findings of the present study did not reveal the study of Datta (2006) and do not resemble the point of exclusion and negligence which is provided by the study of Nath and Islam (2009), Islam and Nath (2013), and Rhaman (2000). Because almost three-fourths of the elderly were not forced by family members to work. Eighty percent of the elderly have expressed that their children provided them food of their choice and necessary clothing timely. Most of the elderly said that their sons and daughter-in-law showed honor to them, accepted their suggestions in decision making, and interacted well with them. More than 72 percent of them said that their children were willing to spend money at the time of their sickness. A majority of the elderly felt that family members did not consider them as a burden.

Findings of the present study resemble another point of the study of Nath and Islam (2009), Islam and Nath (2013), and Rhaman (2000) and fully support the findings of the study carried out by Eoken (2008); Abedin (2003); Laidmäe et al. (2012). UNFPA Representative Eoken (2008) mentioned that the elderly population of Bangladesh suffers from manifold problems concerning health and socio-economic issues. Abedin (2003) studied that older women, especially widows and those without sons, face economic vulnerability. In the present study, the highest of the elderly were very unhealthy and suffered from Arthritis. The yearly family income of a majority of the respondents was less than 50000 Taka. So, their socio-economic condition was not well. Because of insufficient family income, the respondents' children could not provide them good health service despite their earnest desire to do so. They took health services from the village doctors. The houses of the majority of the respondents were made of mud. Three of the respondents had no particular latrine for their use. Among these three elderlies, one of the widow respondent's sanitary conditions was so much piteous. Her husband died. She had a few sons. But after her husband's death, they did not take care of her. She lived alone in a house made of corrugated iron sheets. She had no sanitary latrine because her sons and daughter-in-law did not permit her to use their latrine. They told her— "*Tumi thikhabey toilet babobar kortey parona, tumi aparishkar*" (You are not able to use sanitary latrine properly, you are unclean).

The present research observed that the elderly who had distributed their land among their son and those who had no land to distribute did not have sufficient power, authority, and status in their family. On the other hand, the elderly who had not distributed their land among their sons, had sufficient power, authority, and status in their families. Since a majority of the respondents did not distribute their land among sons, the highest number of the elderly had sufficient power, authority, and status in their families. In this study, more than half of the elderlies' age was between 60 and 69 years. Most of the respondents were married, illiterate, and had no individual savings. A majority of the respondents' families were depending on agriculture but had no sufficient cultivable land. So, they had to pass their life with the economic crisis.

Elderly people suffer most from loneliness (Tomstad et al., 2012) but in this study, most of the elderly people had one to three children and grandchildren in their family; so, they did not face such kind of loneliness. The findings of the present study do not fully support the findings of the study carried out by Shanas (1979), Saha (2005), and Mason (1992). Saha (2005) found that the trend to take care of the elderly at the family level was declining. Mason (1992) showed the traditional family-based systems of care for older people seem likely to erode in Asian countries. But these trends were not observed in the present study area. Shanas (1979) found that perhaps 80 percent of elderly respondents' maintenance is furnished by families and other private individuals. But in the present study, the percentage is not the same. The present study revealed that 97.25 percent of respondents' maintenance is furnished by families (either husband or wife, either son/daughter-in-law or grandchildren) and only 2.75 percent is furnished by private individuals.

Rahman (2000) found that 44.3 percent of elderly people get involved in beggary to maintain their living expenses and family needs. Roy (2002) showed that modern society has failed to ensure honor as well as the dignity of the elders. The present study has a difference from the study of Rahman (2000) and Roy (2002). Because in the present study, none of the elderly involved in beggary and almost all of them informed that their family, neighbors, and relatives showed dignity and honor of them. A majority of the elderly attended social and religious gatherings and were shown respect when they rode on vehicles.

In Bangladesh, numerous organizations work for elderly people. There are many initiatives taken by the government, NGOs, and social organizations for the elderly but it is not enough to cover the whole elderly population of Bangladesh. In this study area, the highest number of respondents (71%) were illiterate. But this village had no adult education center. This village had no arrangement for the recreation of the elderly. There was no club for them where they can get together and had no old home. They did not get proper treatment from the community clinic. This village had no standard hospital for the elderly and had no free health care service programmed. So, most of the elderly face health problems.

Hossain (2014) studied that the elderly are not satisfied in terms of the socio-economic parameter like age, marital status, education, occupation, monthly income, the recipients of old age allowance. The present study's findings resemble the findings of Hossain (2014). In the present study, researchers found that their social security (especially at government and non-government levels) was not sufficient. Only 12 percent of the elderly got an old-age allowance. Among the remaining 88 percent, 51.13 percent have said that they did not get an old age allowance because of the negligence and corruption of the Member/ Chairman of the local government. Member and Chairman want 3000-4000 taka as a bribe for creating an old age allowance card. None of the widow respondents received widowhood allowance.

Policy Recommendations for the Welfare of the Elderly

The policy recommendation is an important issue in research work. In this research work, some policy recommendations have been derived from the analysis of the researchers for the welfare of the elderly:

1. The government should extend different kinds of financial help such as old age allowance, widowhood allowance, health insurance for the welfare of deprived elderly.
2. A majority of the respondents opined that they did not get proper treatment from the community clinic. So, the establishment of an elderly hospital in rural areas and providing free health care services to them was very important. Researchers think GOs and NGOs should increase health care services such as outdoor and indoor health care for the elderly.
3. GOs and NGOs should build up adult education and recreation centers.
4. GOs and NGOs should build up old homes at the upazila level to take care of the rural elderly who have no family.
5. The Government should take proper steps to reduce corruption in the union and upazila parishad.

If the above-mentioned steps are implemented, we can expect that the socio-economic condition of rural elderly will improve and they will get proper familial and social security.

Conclusion

In this study locale, the socio-economic condition of rural elderly was not satisfactory. The highest of the respondents' familial security was strong but social security was insufficient. Kofi Anan said that "Trees grow stronger over the years, rivers wider. Likewise, with age, human beings gain immeasurable depth and breadth of experience and wisdom. That is why older persons should not only be respected and revered; they should be utilized as the rich source to society that they are". It is the responsibility of everyone to take care of them and to utilize this asset. We should honor them. Government should take proper steps to reduce corruption in the union and upazila parishad and ensure different kinds of financial help such as old age allowance, widowhood allowance, and health insurance for the welfare of the elderly. Furthermore, more empirical studies should be conducted covering the entire rural society of Bangladesh to portray their condition.

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