
Population Ageing in a Selected Region of Bangladesh : Socio-economic and Health Perspectives

M. Mujibur Rahman*

This paper is an attempt to examine the socio-economic-demographic characteristics and health status of the aged (60 years and above) in rural Bangladesh. The median ages of males and females are 68.5 and 66.4 years respectively. About 87 percent of males are currently married as against only half of the females. On the contrary, a large proportion (50 percent) of females are widowed while only 12 percent are widowers. The educational status of males is much better than that of females. So far as the occupational composition is concerned, about half of the females are found unemployed as against only one-third of males. As regards the annual income, the condition of Hindus is better than that of Muslims. The majority of the older people are living in large households of more than five members.

About 79 percent of the respondents were found sick at the time of interview. The major complaints reported were (i) Muscular pains (ii) Asthma and other respiratory diseases (iii) Gastric & other abdominal diseases and (iv) Paralysis. In spite of this high prevalence and incidence of diseases, a majority of the aged reported of their health status as good or moderate.

I. Introduction

In recent years, there has been an increasing

interest in the study of 'ageing' in both developed and less developed countries. The term 'ageing' refers to the process of changes in the age structure that makes older age groups proportionately larger and younger age groups smaller. This process starts

* Department of Statistics, University of Chittagong, Chittagong, Bangladesh.

as a result of declining fertility and mortality and thus a significant by-product of the so called demographic transition.

Since there are indications of faster declines of fertility in many third world countries, the phenomenon of population ageing has become relevant in the third world as well, especially in the South Asian Region. Within the next few decades, the most dramatic increase in the number and proportions of older people will be in developing countries, where, about 70 percent of the world population 60 years and above will reside by 2025 [1]. Table 1 provides a glimpse of the prospects of the growth of aged population in the SAARC region and some other regions as well.

Although the proportions over a specific age such as 65 years are not yet high enough in most countries, the proportions will increase rapidly in the twenty-first century. The percentage over 65 in 1980 ranged from 2.9 percent in Pakistan to 9.0 percent in Japan [2]. By 2025, the range is projected to be from 4.3 in Bangladesh to 20.3 percent in Japan, with all the countries of East Asia plus Singapore and Sri Lanka expected to have over 10.0 percent. Perhaps of greater concern to policy makers than the increase in the percentage elderly is the fact that in nearly all Asian countries the absolute number of elderly persons will double between 1980 and 2000 and double again by 2025. Furthermore, population ageing is occurring at a lower level

of economic development in many Asian countries than was the case in the West [3].

With a reasonable and feasible prospect of declining fertility and a seemingly decelerated mortality decline, the population of Bangladesh is also beginning to age. The percentage over 60 in 1985 was 5.0 which has been projected to be 7.7 by 2000 and 10.2 again by 2025 [4]. Although the proportional growth of aged in Bangladesh may not be so alarming, its numerical dimension is quite tremendous. The magnitude of population aged 60+ could reach around 435 lacs in 2025 adding about 123 lacs over that of 1981. In this context, it is expected that (a) the proportion of aged population will be more in rural areas and (b) female will outnumber males in these ages. With this background, this paper is aimed to study the health profile and some of the socio-economic problems confronted by the aged in the rural areas of Bangladesh. It is based on field enquiry conducted in February 1990 in the rural population of four eastern districts of Chittagong Division in Bangladesh, viz., Chittagong, Comilla, Noakhali and Feni.

II. Study Design

For data collection, a multistage sampling procedure was adopted. First, from each of the four districts mentioned earlier, viz., Chittagong, Comilla, Noakhali and Feni, two

Table 1. Percentage Increase of Aged (65 years and over) and Other Age Groups :
Selected Asian Countries and Areas, 1980~2000

Country/Area	Age Group(years)				Absolute Increase of Population 65+ (in thousands)
	0~14	15~64	0~64	65+	
World	0.8	2.0	1.5	2.3	149,027
More Developed Regions	0.07	0.6	0.5	1.3	38,522
Less Developed Regions	0.9	2.4	1.9	3.2	110,505
SAARC Countries					
India	0.4	2.3	1.6	3.8	24,150
Bangladesh	1.9	3.1	2.6	1.6	2,430
Pakistan	1.8	3.0	2.5	2.7	1,759
Sri Lanka	0.4	2.3	1.6	3.6	623
Nepal	1.8	2.6	2.3	3.0	358
Bhutan	1.5	2.3	1.9	2.7	29
Maldives	-	-	-	-	-
Other Countries					
China	-1.0	2.0	1.0	3.1	38,923
Burma	1.8	2.7	2.3	2.9	1,012
Afghanistan	2.4	2.8	2.5	2.8	248
Rep. of Korea	-0.09	1.7	1.2	3.9	1,742
Malaysia	0.8	2.7	2.0	3.1	426
Philippines	1.1	2.8	2.1	4.1	1,703
Thailand	0.2	2.6	1.7	3.6	1,496
Vietnam					
Indonesia	-0.07	2.4	1.5	3.1	4,321
Japan	-0.01	0.5	0.1	3.0	8,451
Hong Kong	2.7	3.1	2.9	3.4	47

Source : Calculated from World Population Prospects : Estimates and Projections as Assessed in 1982,
pp.145~150 : 372~449

upazillas were selected at random. All the villages from each upazilla were then classified into two categories according to varying population size. Finally one village from each category was selected randomly and those men and women who have crossed the age 60, were canvassed for the study. The interviews were conducted by trained male investigators who had an educational level not below graduation. A total of 815 persons(511 males and 304 females) was interviewed and included in the analysis.

III. Results

The demographic characteristics of the sample population are shown in Table 2. The majority of the respondents, 80.1 percent, was in the age group 60~74 years. The proportion of males was 77.6 percent as against 85.6 percent of females. The median ages of the males and females were 68.5 and 66.4 years respectively. It is observed from the table that a vast majority of the Muslims(87.3 percent) and the Hindus(85.6 percent)are currently married with respect to males while the distribution is different with respect to females (51.1 percent in case of Muslims and 34.3 percent in case of Hindus). On the contrary, a large proportion(65.7 percent) of Hindu females are widowed as against 48.5 percent of Muslim females. Again, when compared between the sexes, it is worthwhile to note

that a large proportion(50.0 percent) of females are widowed as against only 12.1 percent of the males.

So far as the number of living children is concerned, the majority of them have four or more children surviving at the time of the survey. No significant variation is observed with respect to Muslims and Hindus.

With regard to the multiple marriages, about 31 percent of the Muslim males are married more than once as against only about 18 percent of the Hindus. No such differential exists between Muslim and Hindu females. In each case, about 10 percent of them are married more than once.

1. Socio-economic Characteristics

Levels of education, occupation, annual income and household size of the respondents are considered for assessing their socio-economic status. These are presented in Table 3.

The majority(about 53 percent)of the surveyed population was able to sign their names. The educational status of males is comparatively much better than that of females. Among females, only 25 percent were able to sign and had gone to school.

Others are all illiterate. In contrast, about 67 percent of males were able to sign and have some schooling

So far as the occupational composition is concerned, about 45 percent of females were

Table 2. Demographic Characteristics of the Aged by Sex and Religion
(Percentage figures are given)

(i) Age

	Muslim		Hindu		Total	
	M	F	M	F	M	F
N	400	244	111	60	511	304
60~64	32.3	42.6	36.9	43.3	33.3	42.8
65~69	24.3	27.5	23.4	18.3	24.1	25.7
70~74	21.0	17.2	17.2	16.7	20.2	17.1
75~79	10.8	5.7	10.8	6.8	10.8	5.9
80~84	6.2	4.1	4.5	8.3	5.8	4.9
85~89	2.7	0.8	3.6	3.3	2.9	1.3
90 & Over	2.7	2.1	3.6	3.3	2.9	2.3
Median					68.5	66.4

(ii) Marital Status

Single	0.5	—	—	—	0.4	—
Married	87.3	51.1	85.6	34.3	87.1	49.3
Widowed	11.7	48.5	14.4	65.7	12.1	50.0
Divorced	0.5	1.4	—	—	0.4	0.7

(iii) No. of Living Children

0~	1.5	0.8	0.9	6.7	1.4	2.0
1~3	18.8	32.4	20.7	30.0	19.2	31.9
4~6	50.3	46.7	41.5	33.3	48.5	44.1
7+	29.4	20.1	36.9	30.0	30.9	22.0

(iv) No. of Times Married

0~	0.5	—	—	—	0.4	—
1	68.7	89.6	82.0	90.0	71.4	89.7
2	26.5	10.2	15.3	10.0	24.6	10.1
3+	4.3	0.2	2.7	—	4.1	0.2

found unemployed as against only one-third of males. Religion differential of occupational composition indicates that about half of the Muslim females do not have any avenue for employment and they have to be dependent entirely on others for their daily bread. This proportion is only about one-fourth among Hindu females. Among the Muslim females who have some employment, the majority are engaged in household work which is not remunerative. This is also true in case of Hindu females. The table also indicates that there is a significant variation in the proportion of males who are employed between Muslims (35.6 percent) and Hindus (22.2 percent).

When we look into the level of annual income (panel iii of Table 3) a highly depressing feature of the aged segment of the population emerges. At the outset, 82 percent of females and 40 percent of males were reportedly devoid of any regular income. Of course, there are variations in these proportions with respect to Muslims and Hindus. The percentage of Muslims who have some regular income is only about 40 as against 60 percent of the Hindus. Among the females who have some independent source of income, the majority is having an annual income of less than TK. 3500; the average being TK. 2514. The condition of males is obviously better. The average annual income works out to be about TK. 6166. The Hindus earn more

(TK. 7245 in case of males and TK. 2500 in case of females) than the Muslims (TK. 5850 in case of males and TK. 2430 in case of females).

Further it has been observed in the sample population that most of the aged males, 89 percent, who have an independent source of income, depend entirely on their sons. The corresponding proportion for females is about 72 percent. For about 15 percent of females, joint family provides some economic support. Again the marital status differentials on the availability of an independent source of income show that about two-thirds of the widows have no source of income at all. Among the widowers, the percentage is less i.e., 43 percent.

Household size is, perhaps, an indicator of the normal support (socially, economically and psychologically) a person can derive especially in the evening of life. In that perspective, we have looked into the distribution of respondents according to varying household size. As we see in panel iv (Table 3), the majority of the respondents (75.7 percent in case of males; 74.0 percent in case of females) are living in large households of more than five members. There is absolutely no religion differential observed in this regard.

2. Health Status

As one would expect, incidence of illness during one year reference period, is quite

Table 3. Socio-economic Characteristics : (Percentage figures are given)

(i) Education

	Muslim		Hindu		Total	
	M	F	M	F	M	F
N	400	244	111	60	511	304
Illiterate	32.8	76.0	35.7	73.2	33.2	75.0
Primary	48.3	23.1	53.4	22.6	49.2	22.9
High School	13.2	0.7	7.6	3.1	12.7	1.6
Matric & Over	5.7	0.2	3.3	1.1	4.9	0.5

(ii) Occupation

Unemployed	35.6	49.3	22.2	25.0	32.5	44.6
Manual Labour	3.1	0.8	5.4	1.7	3.7	1.0
Cultivation	30.5	1.6	45.9	3.3	33.9	2.0
Buisiness	10.8	0.8	15.4	1.7	11.7	1.0
Household Works	10.8	46.3	5.4	61.7	9.6	49.3
Others	9.2	1.2	5.7	6.6	8.6	2.1

(iii) Annual Income

< TK. 3500	45.0	86.1	29.7	83.3	41.7	85.5
3500~ 6999	16.8	9.4	23.4	9.5	18.2	9.4
7000~10499	22.2	4.5	18.9	1.2	21.7	3.1
10500~13999	7.0	—	14.5	6.0	8.6	2.0
14000+	9.0	—	13.5	—	9.8	—
Mean Income	5850	2430	7245	2500	6166	2514
N					306	55

(iv) Household Size

1~5	24.6	25.4	23.7	27.3	24.3	26.0
6~9	48.2	54.5	54.1	49.3	49.3	53.3
10+	27.2	20.1	22.2	23.4	26.4	20.7

substantial. 91.0 percent of the respondents have suffered from some illness of at least one week's duration including those who are still suffering. The major complaints reported were (i) Muscular pains (ii) Asthma & other respiratory diseases (iii) Gastric & other abdominal diseases (iv) Paralysis and (v) Deaf & cripples(see Table 4).

So far as the chronic illness is concerned, more than two-thirds of the respondents were found affected at the time of survey. The major diseases are (i) Muscular pains (ii) Asthma & other respiratory diseases (iii)

Gastric & other abdominal diseases.

A sizable proportion (31.0 percent) of the patients were suffering for a duration of more than 5 years. The majority (79.0 percent) of the patients are still suffering from diseases.

Inspite of a high level of incidence and prevalence of chronic illness, a majority (about 58 percent) of the aged feel that their health status is good or moderate (see Table 5). This depicts, perhaps, the typical fatalistic attitude of the traditional rural society especially the aged to live with the problems including a deteriorated health status.

Table 4. Number of Aged by Current Diseases and Duration(Years) of Diseases

Diseases	Duration(Years)of Diseases				Total	
	<1	1~4	5~9	10+	N	%
Asthma & Other Respiratory Diseases	12	53	23	14	102	15.9
Tuberculosis	1	5	3	—	9	1.3
Muscular Pains	23	75	44	14	156	24.3
Blood Pressure	—	22	17	3	42	6.5
Diabetese	3	14	10	5	32	5.0
Paralysis	7	38	16	7	68	10.5
Blindness	1	24	17	7	49	7.8
Gastric & Other Abdominal Dis.	11	33	25	19	88	13.7
Fever	14	24	1	—	39	6.0
Deaf, Cripples & Others	3	28	16	11	58	9.0
Total	75	316	172	80	643	100

Table 5. No. of Respondents by Sex and Health Status, 1990

Sex	Health Status			
	Good	Medium	Poor	Very Poor
Male	107	200	161	43
Female	40	124	116	24

IV. Conclusion

This paper has presented an empirical study on the socio-economic-demographic characteristics and health status of the aged in the rural areas of Bangladesh. In a society characterised by low per capita income, it is no wonder to find that a sizable proportion of the elderly do not have any independent source of income. However, the case of the females is extremely worse. The problem of economic dependency is accentuated by the fact that the majority of the elderly females

are widows.

The incidence and prevalence of chronic as well as non-chronic diseases is obviously high among the elderly. It is unfortunate that almost all of the aged have availed of treatment from private physicians.

In view of the social and health related problems and needs of the elderly and also considering the growing magnitude of the aged, a national policy should be formulated for a huge infrastructural development to take care of their physical and emotional stability.

References

- Martin, L. G., "The Ageing of Asia", *Journal of Gerontology: Social Science*, Vol. 43, No. 4, 1988.
- Rogers, A., "Ageing and Changing Life Styles", Working Paper, International Institute for Applied System Analysis, Luxembourg, Austria, 1982.
- United Nations, "World Population Prospects: Estimates and Projections as Assessed in 1984", *Population Studies*, No. 98, New York: United Nations, 1986.
- United Nations Population Chart, New York, 1988.