



Centre for
Policy Dialogue



AGEING IN BANGLADESH: ISSUES AND CHALLENGES

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Centre for Policy Dialogue

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The Centre for Policy Dialogue (CPD), established in 1993, is an innovative initiative to promote an ongoing process of dialogue between the principal partners in the decision-making and implementing process. The dialogues are designed to address important policy issues and to seek constructive solutions to these problems. The Centre has already organised a series of such major dialogues at local, regional and national levels. These dialogues have brought together ministers, opposition frontbenchers, MPs, business leaders, NGOs, donors, professionals and other functional groups in civil society within a non-confrontational environment to promote focused discussions. The expectation of the CPD is to create a national policy consciousness where members of civil society will be made aware of critical policy issues affecting their lives and will come together in support of particular policy agendas which they feel are conducive to the well being of the country. The CPD has also organised a number of South Asian bilateral and regional dialogues as well as some international dialogues.

*In support of the dialogue process the Centre is engaged in research programmes which are both serviced by and are intended to serve as inputs for particular dialogues organised by the Centre throughout the year. Some of the major research programmes of CPD include **The Independent Review of Bangladesh's Development (IRBD), Governance and Development, Population and Sustainable Development, Trade Policy Analysis and Multilateral Trading System and Leadership Programme for the Youth.** The CPD also carries out periodic public perception surveys on policy issues and developmental concerns.*

*As was mentioned above, one of the major on going programmes of the CPD is entitled **Population and Sustainable Development.** The objective of this programme is to enhance national capacity to formulate and implement population and development policies and programmes in Bangladesh, and through close interaction with the various stakeholder groups, to promote advocacy on critical population related issues. The programme, supported by the United Nations Population Fund (UNFPA), is scheduled to be implemented by the CPD between 1999 and 2002. Research studies to be taken up under this programme, inter alia, such issues as population dynamics and population momentum and their implications for education and health services, the nexus between population correlates, poverty and environment, impacts of urbanisation and slummisation, migration, implications of demographic momentum, ageing and the broad spectrum of issues covering human rights. The programme also includes organisation of workshops and dialogues at division and national levels as also holding of international thematic conferences.*

*As part of CPD's publication activities, a CPD Dialogue Report series is brought out in order to widely disseminate the summary of the discussions organised by the Centre. The present report contains the highlights of the dialogue held at the Senate building of Rajshahi Univesrity on December 22, 1999 on the theme of **Ageing in Bangladesh: Issues and Challenges** which was jointly organised by the Centre for Policy Dialogue and the Department of Statistics, University of Rajshahi under the aforementioned CPD-UNFPA programme on **Population and Sustainable Development.***

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Seminar on
Ageing in Bangladesh: Issues and Challenges

i) The Seminar

The seminar on *Ageing in Bangladesh: Issues and Challenges*, jointly organised by the Centre for Policy Dialogue and the Department of Statistics, University of Rajshahi was held under the aegis of CPD - UNFPA programme on **Population and Sustainable Development**. The seminar was held in the Senate Building of the University on December 22, 1999. The Vice Chancellor of the University of Rajshahi, Professor M. Syeedur Rahman Khan inaugurated the seminar as *Chief Guest*; Professor M. Wazed Ali, Pro-Vice Chancellor of the University attended as *Special Guest*. Professor M. A. Razzaque, Dean, Faculty of Science chaired the discussion session which was moderated in collaboration with Dr. Debapriya Bhattacharya, Executive Director, CPD and Professor Mustafizur Rahman, Research Director, CPD. The seminar was participated by university teachers, government officials, representatives from organisations working with the aged, researchers working on issues related to ageing and a large number of students (list of participants is annexed). Two background papers were prepared for this seminar. Dr. M. Kabir, Professor, Department of Statistics, Jahangirnagar University presented a paper on *Demographic and Economic Consequences of Ageing in Bangladesh*. Professor Samad Abedin of Department of Statistics, University of Rajshahi presented a paper on *Social and Health Status of the Aged Population in Bangladesh*. Two designated discussants presented their comments on each of the two papers. The subsequent open discussion was actively participated by a number of participants.

ii) Resume of Keynote Presentations

**Presentation by Professor M. Kabir, Department of Statistics
Jahangirnagar University**

In his paper on *Demographic and Economic Consequences of Ageing in Bangladesh*, Professor M. Kabir investigated demographic and socio-economic issues which ought to be addressed to qualitatively improve the situation of the elderly people in Bangladesh. The paper emphasised that, with demographic transition and the consequent changes in population size and composition, household and family structure had been undergoing notable changes in most of the Asian societies. As a result, the thrust of the population discourse had shifted from high fertility and high mortality related issues to issues related to the ageing of populations, declining labour force, social security and other related correlates.

Defining ageing as an increase in the share of elderly population in total population, Professor Kabir stressed that elderly should not be viewed as a liability to be borne by the society but as a productive and valued asset. In this regard, he informed the participants that results of research on ageing has underscored the important role the elderly has been playing at local and community levels not to speak

about their valuable contribution to their own families. This contribution is being increasingly given recognition at different international fora, he pointed out.

In discussing *Demographic Trends and Processes*, Professor M. Kabir noted that ageing of population was the inevitable result of the demographic transition associated with declining birth and death rates. He defined 60 years and above as the cut off mark to demarkate the aged population and pointed out that the trends presented in various censuses between 1911 and 1991 were found to lack consistency despite the fact that there had been an upward trend in the proportion of aged population in the total population. He thought that the census figure was higher than other available estimates. According to him, this could be attributed to the reporting on age structure in the population. The higher census estimates could be due to the fact that populations aged 59 are likely to be recorded as 60 years and over, he informed participants. He stressed that the percentage of population between 60 years and above had increased because of decline in fertility and increase in the life expectancy. In this connection, he mentioned that a dramatic decline in fertility rates had occurred in Bangladesh where in a span of 20 years the total fertility rate fell from an average of 6.3 children per woman to just 3.3. However, he mentioned that improvements in life expectancy were not so dramatic as in case of fertility.

Professor Kabir noted that the issue of ageing in Bangladesh had not been a mainstream concern until recently. This was partially explained by demographic transition of the country's population which started to manifest only in recent years. He thought that in the coming decades, many Asian countries including Bangladesh will experience ageing of their population and that the size of the population will be increasingly large in absolute terms. For instance, in 1997 under the assumption that replacement fertility will be achieved in Bangladesh by 2005, the total number of people aged 60 years and above was 5.64 million (about 5 % of the total population). This number will increase to 14.6 million (about 9% of the total population) by the year 2025. On the other hand, if replacement fertility is attained 10 years later then the size of population aged 60 years above will reach 6.7 million in 2002 and this number is expected to rise to 12.5 million (about 7.4 % of the total population) by the year 2025. In the next 25 years, the decline in the share of young population and increase in the share of elderly population will continue, Professor Kabir projected. Between 1997 and 2010, the share of the population under fifteen years is expected to decline by about 19 percent under the assumption of replacement level fertility; whilst the share of elderly population during the same period will increase by about 50 percent. Similarly, the share of the working age population will increase by about 38 percent. The ageing process is expected to accelerate in the early next century, mainly because the large cohorts born in 1950s and 1960s respectively will be joining the ranks of 60 years and over during this period. The decline in mortality, particularly at young age, also meant that a higher proportion of the large cohorts will survive to old age, he informed participants.

Coming to the issue of *Social and Economic Implications of Ageing*, Professor Kabir informed that the process of development tends to bring rapid changes in social behaviour and institutions. Which might have adverse implications for the care and well being of the elderly persons. The process of population ageing may lead to considerable increases in expenses on social security with consequent rise in the

expenditure and their share in national income. As is known, the working-age population (aged 15-64), and the middle-age population (aged 40-54) form the core of the total labour force. With population ageing, the people in this middle core increasingly shoulder the double burden of simultaneously supporting their children and also their elderly parents. In Bangladesh, old age security or pensions do not cover the majority of the aged. Many elderly continue to work well beyond the age of 60. With the inflationary effects reducing the purchasing power of money, those with little savings and meagre earnings, the poorer segments of the population, have in many instances to sell their property to meet their ordinary day to day expenses. Pensions is often not adjusted correspondingly to cover the inflationary consequences. Most elderly persons, therefore, have to continue to work up to advanced ages, and depend almost entirely on family support during their later years. The care and the support provided to elderly parents in Bangladesh are usually in the form of shared housing, food and other necessities of life and less often in the form of direct transfers of income in the forms of transfers and/or remittances. The risk- insurance motive to high fertility depends critically on strong filial bonds, and institutions which encourage sons to support their parents in old age. In rural Bangladesh, sons are encouraged to fulfil their filial responsibilities through their economic dependence on their parent, and intergenerational transfer of property plays an important role here. However, this situation was also undergoing changes due to higher educational achievements of the younger generations, which could also lead to a decline in the role of the aged. Professor Kabir, however, pointed out that living arrangements were not indicative of the care and support given to the parents.

Professor Kabir informed the participants that urbanisation and population growth have reduced the proportion of families which had control over productive resources. With the shift from informal to a formal economy, the elderly are likely to face even fewer opportunities for productive engagement, he noted. Physical separation may also reduce the financial support in terms of remittances, partly because of the high cost of urban living or the loss of emotional ties between parents and children as a consequence of prolonged absence. Other factors include occupational and geographical mobility, urbanisation, and the increased proportion of women working outside the household. Although younger members of the family are leaving the home of their parents in increasing number, their economic responsibility towards the elderly does not wither away. They continue to provide support to their elderly, but find it increasingly difficult to live with elderly members in joint households. Such structural changes might make it increasingly difficult to care for the elderly. Professor Kabir further added that increasing rural/urban migration has also resulted in the development of squatter and shantytowns next to conglomerates in many of the big cities in Asia. The elderly in such situations have to be totally responsible for themselves and depend on external support since the living expenses are prohibitively high.

Drawing on the conceptual framework which he developed in his paper for understanding factors which affect the ageing process and its demographic and socio-economic consequences, Professor Kabir showed that well being of the elderly in terms of socio-economic level, physical and emotional health, living arrangements, pattern of exchange and support, and other intergenerational relations is a function of three interrelated factors. *First*, the political, socio-cultural and economic systems

(political structure, cultural and social dimensions and level of economic development) of a society. *Second*, demographic structures of the society (fertility, mortality, age structure, migration, urbanisation, marriage and divorce, and labour force dynamics). *Third*, policies and programs pursued by the governments. He opined that the main factors which are contributing to induce the ageing process in Bangladesh are the demographic factors: downward trend of fertility and mortality rates. Besides the demographic factors, economic factors, rapid urbanization, and the improvement of health care facilities also do, to some extent, directly or indirectly influence the process of ageing in Bangladesh. Professor Kabir noted that the broad cultural, socio-economic and demographic dimensions shift over time, and present opportunities and constraints which affect the development of programmes and impinge directly on the welfare of the elderly. He stressed that the framework of the policy support and the programs are shaped not only by the needs of the elderly but also by the economic and political power which the older segment of the population could exert on the society.

Professor Kabir drew attention to the demographic and economic consequences of ageing as they can be discerned from the current perspective and also in light of future scenarios presented in the paper. Professor Kabir informed participants that despite the smaller proportion of elderly population in Bangladesh compared to most of the South Asian countries, the absolute figure was large because of the sheer size of the population in Bangladesh. Given the dynamics of the ageing process, old age dependency ratio will increase significantly by the year 2025 if fertility decline continues as per target. Amongst the aged population about 50 percent will be of 70 years and above. Due to the changes in social structure including the transition from extended to nuclear and smaller families and different time dimensions, the future needs and demands of the elderly for recreation, medical facilities, transportation and housing may look quite different than what appears to be the case at present, he opined.

Pointing to the dangers of not putting due emphasis on the ageing issues and problems, especially in view of the fact that the cohorts are already born and their numbers and characteristics are known, Professor Kabir pointed out that Bangladesh should incorporate an ageing component into her long-term planning. This would help design appropriate social responses to the changing needs of the elderly. Research and policy analysis needs to be undertaken to arrive at an estimate on the physical and human resources which were required to service the growing needs of the elderly people in order to provide them with an appropriate combination of social and family support. Given that provident fund, pension and social security programs in Bangladesh which are allocated for the elderly are inadequate, have low coverage (and often do not exist at all), he recommended that GOB should give high priority to the establishment of a “safety net” for the elderly. Professor Kabir noted that in view of the prevailing unemployment situation in Bangladesh, extending the age of retirement and taking up initiatives towards generation of employment opportunities for elderly may not appear to be feasible options for Bangladesh. He stressed that long-term planning was required to cater to the changing needs over time of the young, elderly and working-age populations in order to ensure that adequate resources were available when and where they were needed.

Since the process of population ageing involves an increase in the *old-old* (70 years and over) share of the elderly population, and the consequences of ageing are different for *old-old* and the *young-old* (60-69) elderly, it becomes important to take account of the needs and concerns of both age groups in the formulation of policies and programs. Recognising that the family remained the central units in terms of supporting the elderly in rural Bangladesh, Professor Kabir stressed the need to complement this support with a wide variety of home care and community-based services, particularly for those with special needs and the *old-old* elderly. In this regard, he emphasised the need for establishing local level institutions which were sensitive to local conditions, which at the same time were not regimented and were dedicate to promotion of greater community involvement and participation for the betterment of the elderly.

In identifying priority research areas, Professor Kabir pointed out that the importance of cultural change, the interdependency between age groups, and the benefit of providing opportunities for elderly population needed to be investigated within the cultural context of the country. The multidimensional implications of the ageing population interrelated with important and dynamic process of demographic and socio-cultural changes affecting all age groups at the family, community and national levels needed to be studied indepth. Noting that there had been little research on the socio-economic and physical wellbeing of the elderly and factors affecting their status in Bangladesh context, Professor Kabir thought that research should address the demographic, social, and economic characteristics of the elderly population in Bangladesh and their implications for public policy. He, however, opined that surveys of elderly must move beyond the narrow confines of the household, and information should be obtained about the characteristics and location of all the respondent's children and other close relatives, such as parents and other siblings. This mapping of kin availability, he thought, provides a measure of respondent's potential support network and adds considerable insight beyond the simple fact of co-residence. Other areas of research may include monitoring the evolving interrelationships between cultural and socio-economic shifts and the status of the elderly, and identifying current family arrangements and social, health and economic characteristics to capture the shifts in attitudes, beliefs, and expectations that presage future norms and behaviours. Since a minority of the population in Bangladesh enjoys pension or provident fund benefits, research on the status of self-employed and those who have retired from jobs could throw important insights in terms of designing appropriate strategies for the welfare of the elderly population. Similarly, research on the situation of elderly by urban and rural divide and by occupation could provide indication about the need for differential policy packages for elderly. Professor Kabir concluded by saying that both quantitative and qualitative researches which trace changing norms and attitudes and emerging needs of the aged population will be valuable for designing and implementing appropriate programmes for the elderly in Bangladesh.

**Presentation by Professor Samad Abedin, Department of Statistics
University of Rajshahi**

In his keynote presentation on *Social and Health Status of the Aged Population in Bangladesh* Professor Samad Abedin identified some critical social and health related issues which needed to be addressed in order to qualitatively improve the well being of the elderly in Bangladesh. Professor Abedin in his paper considered population aged 60 years and over as *aged population* and categorised as *young-olds*-those who belong to 60-69 years group, *old-olds* who were between 70-79 years and *extremely olds* as those who were 80 years and over. He informed the participants that the population of Bangladesh had already (in mid-1999) reached the mark of 127 million and the share of the aged (population age 60 and over) in the population was about 6.35 million. Referring to a recent population projection, he informed that the population of Bangladesh is projected to be about 142.5 million by the year 2005 based on the estimated growth rate of 1.75 percent for the period 1991-2005. All such estimates and projections showed that the numbers and the proportion of the elderly were on the increase. The projected changes for age structure involved a rise in the share of the elderly and a decline in the share of the youth. He was of the opinion that ageing of population was not primarily due to increase in life expectancy, but mostly on account of reductions in birth rates and reduced proportion of population belonging to the young age cohorts. However, improvement in overall life expectancy was leading to a situation where the elderly people were becoming the fastest growing age group in the population, he added.

In dealing with issues related to status, roles and functions of the aged population, Professor Abedin referred to a household survey and informed that 91 percent of people aged 60 years or above lived either with, or adjacent to, a mature son. The kinship network allowed the elderly to maintain their status within the household. The study showed that the traditional familial structure was prevalent and served as strong livelihood strategy. He pointed out that older men played a strong role as household heads whilst older women, including widows, tended to rely more on their sons. There were, however, a growing number of female-headed households which constituted about 6-7% of total households; some of these households were supported by a non-resident household member.

As regards household decision and authority, Professor Abedin referred to one of his earlier researches and informed the participants that 49.6% of older males in rural areas had a dominant role in making major or most household decisions. Older females from rural areas reported that 34.7% of the major decisions were made by their sons, and 37.5% reported that no one was the main decision-maker in the household (63.2% of urban males, and 76.1% of urban females). He argued that this was indicative of a pattern of communal decision making which informed the culture of many extended households and required attention. Though the young olds and particularly male aged had a say in most of the household decision making the role of urban elderly as key decision makers was not clear from the finding. This suggested a break down of traditional male-female roles within the household. Since the authority of the older populations might be challenged by changes in household composition, Professor Abedin argued that maintaining traditional household structure of authority was thus significant to the status of elderly, particularly for men.

Focusing on the issue of *economic activity and household chores*, Professor Abedin informed the participants that men and women had separate work

responsibilities and economic activities. Citing one of his previous works, he quoted that 44.5 percent of females versus 7.6 percent of males had no income. Furthermore, he reported that in rural areas 62.5% of male and 26.8% female elderly were the main breadwinners whereas 31.8% and 52.5% of male and female elderly respectively reported their children as the main breadwinner. Similarly, in urban areas 65.7% of male and 31.8% of female elderly were observed to be the main breadwinner, whilst 26.5% male and 62.5% female reported their sons to be the main breadwinner. Once again older women were reliant on their sons for economic and old age security. He argued that the motivation of the elderly to live with their children was not due to the difficulties in maintaining their own household but mainly originated from the Bangladeshi tradition that valued living in joint or extended family. As regards economic activities performed by the elderly, he noted that the majority of activities done by the elderly in Bangladesh were related to agricultural works and household chores. These were not directly income generating and for the most part, these activities were performed by women.

Addressing the issue of *health status and care*, Professor Abedin informed the participants that in old age some of the most common health problems which aged people in Bangladesh faced quite frequently included stomach ache and diarrhoea, followed by asthma, peptic ulcer, blood pressure, diabetes, cardiac, dental and eye problems. He pointed out that the perception about health problems in terms of the principal chronic diseases did not vary between the male and female within the elderly age cohort. Referring to a survey which reported that a greater proportion of older females reported sickness, or having suffered from one or more diseases (79% females versus 67% males), he opined that there was no conclusive data which showed that women suffered more than men, except perhaps in case of the mortality data.

According to Professor Abedin, the mortality data indicated that the health status of female elderly was reportedly worse than male elderly, which was in fact consistent with their shorter life expectancy. Hence, having adjusted for gender-specific mortality selection, gender differences in health status were still prevalent and significant. Older women had been reported to have suffered relatively poor health compared to older men in each old age group. In addition, pattern of living could also influence the health status of the elderly. Studies indicated that the elderly suffered from tension and anxiety for a variety of socio-psychological reasons including the death of spouse, presence of an unmarried daughter of marriageable age, and increasing tendency of indifference and disobedience towards them by younger generations. Loneliness and worry are serious emotional problems facing the older population, mostly *young-olds* and elderly women which lived apart from their children and/or spouse.

Professor Abedin observed that whatever care and whenever care was required this was provided for by the kins of the elderly. Mostly females are the caregivers who provided care to both male and female elderly. He further stressed that the medical facilities were not adequate to meet the health care requirements of 120 million people in Bangladesh, let alone the 7 million elderly. Differential care was received by those who had greater mobility. There was difference between men and women, and between those who were socio-economically advantaged compared to

those who were not. 75% of those who have reported having consulted a physician at one time or other reported difficulty in getting proper treatment due to lack of financial resources to pay for the medicines and related expenses.

Whilst addressing the issue *living arrangements and supports exchanges* Professor Abedin informed the participants that the responsibility of caring for the older population is predominately under taken by the children or spouse (in the case of men). Women were burdened with increased responsibility because they were, for their spouses, the primary care takers. Children generally care for older women, particularly the daughters. Women would, however, still rely on their sons for financial support.

With regard to support exchange, Professor Abedin referred to the results of a previous survey and explained that the flow of support is from the elderly parents to their children since *younger elderly* are more likely to co-reside with children. Many elderly continue to play a parental role by providing economic and other support to dependent children. This puts pressure on the elderly in terms of the need to maintain economic productivity. Also, because married children would often have other kins to support (spouse, children, in-laws), they too are not the best source of support for their elderly parents. Economically productive unmarried children would seem to be the best source of support. The older persons not only receive support from their children and kins but also provide support to their kins and sibling. Elderly also make contributions to their families in care giving, household tasks and other daily activities. Professor Abedin further added that as the survey showed, the majority of the aged population received physical care from their children and the elderly also provided physical care to their grand children. They helped take care of children of other relatives, helped their children financially, and gave material support to their children and siblings in the form of food, clothes and other materials. He emphasised that social support should be conceptualised as a multidimensional entity and as a function of socio-economic characteristics of the elderly.

Professor Abedin mentioned about three kinds of on going activities which were available in Bangladesh for the elderly. These were: (a) government programmes including formal pension scheme, old age pension schemes, schemes under the annual development programme(ADP), poverty alleviation programme under the fifth-five year plan, formation of the National Committee on Ageing; (b) non-government initiatives including the activities of the Probin Hitoishi Sangha (PHS), Elders Rehabilitation Centre, Resource Integration Centre (RIC), Service Centre for Elderly People (SCEP), Elderly Development Initiatives (EDI), Bangladesh Retired Government Employees Welfare Association, Bangladesh Retired Officers Welfare Association, Defense Personnel Welfare Trust and (c) the role of religious teaching and practices. However, in view of the above multi-dimensional problems, Professor Abedin observed that number of organisations actually dedicated to the welfare of the elderly was very limited in Bangladesh.

In terms of drawing policy implications from what he has presented, Professor Abedin said that the emotional, social, physical and economic supports provided by the family are indispensable to the aged population and can not be replaced by other institutions. Family as an institution still continues to remain strong notwithstanding

the cultural changes and migratory movements. He thought that the family will continue to play the critical support role in future as well. Policy makers and planners, community leaders as well as government should pay more attention to issues which have adverse impact on capacity of the family to support and care for older persons. Shrinking family size, increasing number of women joining the work force, diminishing importance of extended family arrangements and the geographic mobility of family members are some of the contributing factors in this respect. These factors reduce the number of potential caregivers within the family and reduce the options for burden sharing. Given these changes, it becomes an imperative on the part of the government to take necessary steps to enhance the care-giving capability of family by introducing appropriate programs. The programs, according to Professor Abedin, include, as suggested in the Macau Plan of Action (held in Macau in 1998), the following elements-(i) promotion of co-residence through housing policies and financial incentives; (ii) provision of home nursing services for the older persons; (iii) provision of facilities for care; (iv) provision of programs on counseling, professional guidance and emotional support and (v) strengthening the inter-generational relationships.

The aged requires direct humanitarian assistance and they should receive special attention and be adequately covered by the social safety net. Government should identify and assess the size of these groups and the extent to which assistance is required. In this regard, widows, one of the most vulnerable groups, should receive special attention to meet their special needs.

The overall level of health of older persons is not good. They are prone to age related diseases. They need proper medicare to maintain their good health. Maintenance of good health can be achieved through proper nutrition, early diagnosis, preventive care, healthy life style, including harmonious family life, health and physical education and social participation. The promotion and implementation of these low costs, prevention-based initiatives could significantly enhance the possibility of maintaining good health of the elderly. Health needs of the older persons are multidimensional. Not only physical health but also mental and emotional health of the older persons is equally important for their well being. A system of coordinated care needs to be provided instead of person oriented intervention. Health education program should be introduced that will help understand and create awareness about the health problems amongst the elderly, and help adoption of a healthy life style, Professor Abedin added. He urged that the preparation for a productive and meaningful role at old age should be undertaken at both individual as well as societal levels. At the individual level the satisfaction must be associated with personal satisfaction and fulfillment achieved through involvement in family, community and work place activities. He added that the 1994 ICPD adopted a 20 years Programme of Action which covered a range of population and development activities bearing in mind the crucial role that early stabilization of global population growth could play in achieving sustainable development.

Noting that the situation of the elderly in Bangladesh is yet to be fully understood Professor Abedin observed that the research in this area is still underdeveloped. Many aspects of elderly's life style, their needs and demands remain under researched. Paucity of nationally representative data makes it impossible to

have a clear understanding on the livelihood and well being of the elderly. There is a need to conduct research on questions related to demographic, social, health and economic characteristics of the aged population and implications of finding for formulating public policy. There is very little information available on the well being of the elderly population, specially on whether or not the situation was improving, stagnant or deteriorating with development and modernization. Establishing the state of the current levels of well being amongst the elderly and tracking the direction of change should be an important research priority.

Concluding his presentation, Professor Abedin informed the participants that public concern as regards population ageing was a very recent one. Government as policy makers, and society at large, as advocates are not probably adequately prepared right at present to respond to the newly emerging issues in the area of ageing. The challenge lie in discovering new and innovative ways of providing necessary support for the well being of the elderly, develop ways for identifying their potential use to the society and providing adequate services to improve their quality of life. Perhaps the greatest challenge to the ageing of population is to ensure that those who are young now do not forget the aged one because of individualistic set of values which dominates present days thinking. Finally, continued comprehensive research is needed to expand our knowledge on the ageing process and on the circumstances in which ageing is taking place in Bangladesh. Carefully conducted representative surveys will provide us with an opportunity to understand the full range of determinants of the consequences of ageing which, in turn, will help to formulate appropriate policies and programmes for the aged of Bangladesh, he concluded.

iii) Remarks by Designated Discussants

Remarks by Dr. M. A. Hamid, Department of Economics University of Rajshahi

Commenting on the paper, “*Demographic and Economic Consequences of Aging in Bangladesh*” prepared by Dr. M. Kabir, Dr. M.A. Hamid stated that the paper has had very successfully traced the demographic trends and processes and had been able to capture their policy implications. The suggestions and identified research priorities presented in the paper, would not only serve as guidelines for the policy makers but also will be able to help future researchers.

Professor Hamid thought that the most important finding of the paper was that, in recent years owing to important demographic transition, changes were happening to the size and composition of population, and also household and family structures in Bangladesh. The paper has stated that the proportion of population below 15 years would decline from 43% in 1997 to 22% in 2025 and that of above 60 years would increase from 4% to 9% during the same time period (assuming NRR=1, in 2010). Keeping this in view the author appeared to have concentrated his discussions on the issue of very high rate in the number of the elderly population in Bangladesh.

In this connection Dr. Hamid enquired if the population of the elderly people as defined in the paper remained within the boundary “3.2%-5.7%” during the last 80

years (1911-1990), how was it that it would jump to 9% during the next 25 years or so? Recognising that the proportion of elderly people and the levels of education and income are positively correlated, he asked whether this also implied that the Asian countries (including Bangladesh) would reach the same levels of education and income as is currently the case in such developed countries as USA, UK and Japan? Incidentally, these countries were now having a similar proportion of the elderly people in their total populations, he noted.

According to Professor Hamid, one important issue emerging out of the demographic transition in Bangladesh was the increasing number of people joining the already over-crowded job-market. He pointed out that the number of working-aged people is projected to increase from 72 lakhs (53%) in 1997 to 118 lakhs (69%) by the year 2025. According to him, the greatest challenge before the country was how to provide enough opportunities for work for these people. He also pointed out that if those working-age people were not provided with remunerative work, they would not only fail to pay due attention to people who already belonged to the elderly group, but would also need to be prepared to face a more hard life when they themselves join the elderly group. To avoid such a fate, the best strategy for the government would be to provide more opportunities for self-employment, rather than to strive to create wage-employment for all of them.

As regards the conceptual framework of the paper by Dr. Kabir, Professor Hamid accepted that the framework was indeed able to grasp the interrelationships between the well being of the elderly people and the selected variables. However, he found the approach somewhat confusing. There were two conceptual issues, first, the process of being elderly and its consequences; and second, the well-being of the elderly. He thought that the status and well-being of the elderly people could not be determined by such factors as fertility or marriage and divorce. He argued that the status and well-being of the elderly people would depend on such variables as “socio-economic” levels (the higher is the socio-economic level, the higher would be the level of expected well being), physical and emotional health, living arrangements, etc. Accepting that the variables such as societal systems and policies and programmes would of course have impact on the process of the “status and well-being in the elderly”, Professor Hamid added that the status and well being of the elderly would also depend upon the *level and quality of training* instilled by the current elderly during their working lives to their children and younger ones. A well-trained son (known as ‘worthy son’) is expected to ensure better well-being for his parents than an ill-trained (known as “mastan”) one. Religious education can play a very important role in this regard, he thought.

**Remarks by Dr. M. A. Basher Mian, Professor of Statistics
University of Rajshahi**

Commenting on the paper, “*Demographic and Economic Consequences of Aging in Bangladesh*” prepared by Dr. M. Kabir, Dr. M.A. Basher Mian thought that the paper has given a comprehensive and clear description of the demographic causes behind the increasing number of aged people in Bangladesh and the changing socio-economic and cultural scenario of modern urbanised society because of which ageing has become a problem. Referring to some of the recommendations made in the paper

which were taken from declarations of some conventions organised by international organisations such as United Nations (UN), he noted that the recommendations were mostly of a general kind which did not have particular relevance to the Bangladesh scenario. In this context, he referred to the Asian population studies series No. 131-A (1992-94) of ESCAP and the proceedings of the international seminar on “Ageing in SAARC Countries” organized by the Department of Statistics, University of Rajshahi, on 18-19 October, 1996 and noted that these have put forward a number of recommendations in order to tackle the problem of ageing in Bangladesh. Strengthening of family bonds through code of ethics and religion was one of the recommendations for poor but religious minded societies such as Bangladesh, he informed.

Referring to the section on *Demographic Trends and Processes* where the percentage of aged population in various censuses of Bangladesh between 1911-1991 was presented, Dr. Mian noted that the trend was a J-shaped one. No explanation of this J-shape trend was available in the paper, he noted. In explaining the over estimation of census figures, mis-reporting of age was claimed as the major factor. The trends were observed to be decreasing during 1911-31 and then increasing from 1931 onwards with some minor irregularities. According to Professor Mian, the minor irregularities may be due to misreporting of age but the increasing trend from 1931 may not be due to decline in fertility and increase in life expectancy as is claimed by the author but because of some other reasons.

He acknowledged that it was true that life expectancy at birth showed a decreasing trend in Bangladesh during the period between 1901 and 1921 but this particular indicator had a lagged impact on the proportion of the aged people, the lagged period being 60 years. In this context, he noted that the influenza epidemic of 1918-19, the economic crisis originating in World War I which resulted in a sizeable migration from Bangal to Assam, and the non-corporation movement of 1920-21 which affected the census enumeration of 1921 should perhaps be taken into consideration for explaining the decreasing trends in the percentage of aged population during the period between 1921 and 1931. Import of western medical devices between 1921 and 1931, had a considerable impact on the death rates at all ages as well as life expectancy at birth. According to professor Mian the fertility scenario in Bangladesh, remained more or less unchanged during 1901-1971 with certain irregularities arising out of various causes. Crude birth rate per 1000 population was 59.8 during 1901-11 while it was 50 during 1961-71 life expectancy at birth in 1901 was 23.7 years and in 1962-63 it was 48.1 years. Fertility began to fall only after the liberation of Bangladesh. He thought that further investigation was necessary to explain the trends in the growth of aged population in Bangladesh. He thought that in his view, extended medicare facilities were mainly responsible for the dramatic growth of the aged people in Bangladesh.

Dr. Mian noted that over the last 20 years the total fertility rate has fallen from an average of 6.3 children per woman to just 3.3, and life expectancy has increased on an average 0.5 years per year. While the keynote presenter showed that percentage of 60⁺ population has declined during this period from 5.7 in 1974 to 5.4 in 1991, the estimated figures for 1997 and 2002 were 4.6 and 5.0. During this period, even if there was no visible improvement, mortality status had not declined. Thus, he thought

that it was not only declining fertility but also other factors such as medicare facilities which was also responsible for the increase in the proportion of aged people. This issue required further investigation.

Dr. Mian accepted that the major causes responsible for the erosion of social position of the senior citizens of the society was the changing attitude of the children as regards the duty towards parents. Development, urbanisation, new gender roles outside of home and economic reasons have encouraged this changing attitude in favour of nuclear form family structure where elderly parents have little or no authority and their care and support is neglected. He was not sure whether he should not criticise the school system and the so-called 'development' which teaches people to disregard and neglect their parents. He thought that in many instances sons could not perform their duty towards their elderly parents because of the negative attitude of their wives.

Dr. Mian thought that invasion of western culture in our social life, erosion of our traditional social and religious values and norms are responsible for the changing attitude of children in supporting elderly parents. Proper attention to ethical and religious education in our school system could enable us to uphold these values, he remarked. Mass media could play an important role in this context, he added. Socio-economic and cultural status of bride and bridegroom may be a critical indicator since in many instances different socio-economic and cultural background of the couple is responsible for many of the problems in the family which leads to neglect in the family. Further investigation and research could throw important insights in this respect, he observed.

Commenting on the *Social and Economic Implications* of ageing Dr. Mian said that the author had stressed the importance of economic factors as determinant of the position of the elderly in the family and in the society. He thought that in a poor country such as Bangladesh, it was not possible for any national Government to implement any programme in support of senior citizens of the country unless it received the backing of the general masses. He said that not only the senior citizens, there was a large number of orphans and a substantial number of oppressed, distressed and shelterless women who can render valuable services to the society if proper environment was ensured. He would like to propose an integrated approach which included these three categories of helpless who needed care and support of the society. In such an integrated approach each could render services which he or she was capable of.

Remarks by Dr. Sultan Ahmed, President, Prabin Hitsuishi Sangha(PHS)

Commenting on the paper, *Social and Health Status of the Aged in Bangladesh* presented by Professor Samad Abedin, Dr. Sultan Ahmed thought that the issue of ageing in Bangladesh was a new phenomenon. He pointed out that as of now very little was known about the overall situation of the elderly. We lack adequate data, he said. Despite the fact that the issue of ageing of population and its implications had recently drawn attention of the researchers, planners and policy makers not only in the developed countries but also in the developing countries, he was of the opinion that the level of awareness as regards the consequences of ageing

of population was very low. He thought that the paper has added value to our knowledge about the roles and status of the elderly in family and households, their health status, care and living arrangements and related issues. However he was of the opinion that the situation of the aged in our country remained to be explored to the fullest.

As regards *Ageing Forecast*, Dr. Ahmed informed the participants that the size of the population will continue to increase rapidly in coming years and the age dependency ratio will increase to nearly 27 in 2016 from 9 in 1996 (per 100 working age population). This implied a three-fold increase of the older persons over the next 15 years or so. Thus, according to him, the emergent challenge would be to provide necessary care and support to this growing number, of aged population.

Agreeing with Professor Abedin's point of view that all sorts of care for the older persons should come from the family, Dr. Ahmed observed that traditionally this had indeed been the case in Bangladesh. However he doubted the possibility of continuity of the traditional role of the family. The suggestions presented in the keynote presentation that the life style of the family members was changing was true, the adult members of the households were forming nuclear families following their marriage, women who were the principal carers of the older persons in the family were coming out of their homes for jobs. The women have less and less time to care for their older parents, and parent-in-laws. He also pointed out that the inter-generational and inter-personal relationships are undergoing important changes. These, according to him, among others, have created a lot of problems in terms of caring and living arrangements for the aged in our country, and also had important implications for their livelihood and well being.

Agreeing with Dr. Abedin's point that the problems with the elderly were somewhat different in many respects from the problems faced by other segments of population, Dr. Ahmed observed that there was considerable inter-age variations in the needs and demands of older persons. He thought that the issue of ageing should be looked upon from a different perspective. Caring of the elderly is largely age dependent. Bed-ridden elderly people, particularly bed-ridden elderly women need special care and nursing. He opined that only young family members' co-residence with such elderly for example, with daughter(s) and daughter-in-law(s) could be helpful in terms of caring for such persons. He suggested on the basis of this observation that living arrangements of such aged persons should be made within the family as far as possible. In cases where it was not possible, arrangements should be made so that some near relatives could take care of them. He also stressed the important role the society could play in term of looking after the disabled and distressed olds particularly those who are not cared for by their children and other relatives. He, however, noted that fortunately olds are highly respected in Bangladesh and a large number of elderly men and women are living within their immediate family.

Noting that the keynote presentation has pointed out several initiatives to enhance the welfare of the elderly, Dr. Ahmed thought that it was not clear from the presentation which one(s) of those need to be given priority. Noting that only a few non-government agencies were working for the welfare of the elderly, he observed

that such agencies tended to stress physical health care of the elderly. But elderly people needed special care for their emotional and mental health. He thought that it was important to find avenues to keep the older people busy with various activities which were suitable for them. This was important since it would help them overcome loneliness. He also suggested that all encouragement should be given to stimulate good inter spousal and inter-personal and inter-generational relationships. Solutions to problems faced by the elderly should be found out on the basis of love and affection. They should be given proper respect in every sphere of their lives for as long as they live.

Dr. Ahmed also noted that the paper has spoken about three schools of thought in terms of economic development and their impact on wellbeing of the elderly. He opined that the approach was perhaps based on western experience and this was yet to be tested in the context of Bangladesh. He observed that her economic progress was also not very remarkable. The country is beset with poverty, malnutrition etc. inspite of this family and kinship bonds are very close. He was of the opinion that wellbeing of the elderly did not only depend on economic development but also on the care and services which the society was ready to provide to its elderly.

**Remarks by Dr. M. Ali Akbar, Professor of Social Work
University of Rajshahi**

Commenting on the paper, *Social and Health Status of the Aged in Bangladesh* Dr. Akbar made the remark that the paper has reiterated the well known demographic fact that the ageing population would continue to grow as natural corollary of the on-going demographic transition in Bangladesh. This inevitable process, according to him, would continue to accelerate both the size and the proportion of the elderly population of the country. He pointed out that the implication of this phenomenon was clear: society should be aware and be prepared to meet the needs for social interventions for the increasing number of her elderly population. He also pointed out that if economic development does not happen at an accelerated pace and the family system fails to take care of the older generation, then without social provisions for their welfare and support the elderly population will be facing increasingly serious difficulties.

Professor Akbar informed the participants that the elderly people are viewed as a special target group even in developed countries which have comprehensive social security and other special programmes for them. The elderly people are considered as *senior citizens*. They are not burdens on the society but deserving citizens having just claim on social care and support. He then enquired what should be our response and how we should treat our senior citizens. He called for a better understanding of their needs and problems and added that the keynote paper was an important contribution to that effect.

According to Professor Akbar, irrespective of whether they resided in urban or rural areas, a significant portion of the elderly men lived a solitary life, singly. More than two-thirds of the elderly men lived in nuclear families where they were likely to be the main breadwinners. Again, two-thirds of the elderly women lived in extended

families. He commented that it was difficult to comment on inter-personal relationships in the family; this could either be harmonious or acrimonious. The nature of inter-personal relationships in the family profoundly affects the care and the support they may receive, he argued. This issue should be investigated, he proposed. Professor Akbar further stressed the need to collect information on the qualitative transformation of the family system and on incidence of negative attitudes to senior members of the family. Often, rich parents send their children abroad and buy loneliness when their children get settled in developed countries, he observed.

Professor Akbar thought that parents long for association and tend to prefer living with their children. Parents feel hurt when the children they had raised deliberately ignore them when they are old. The demand for old age security is an important factor for son preference in our society. This, in turn, contributed to higher fertility in the country. Observing that there was a lack of empirical data on this particular issue, he mentioned that we currently do not know the real extent of old age support parents received from their sons.

Professor Akbar further informed the participants that the pattern of family in Bangladesh is an ergonomic unit which traditionally had a specific division of labour, and structure of authority. Increasing participation of women in out side work, and changes in the life style had transformed the traditional family system. Older people seldom want to give up the activities they are accustomed to and do not want to sit idle or be dependent on their families. Most of them would like to continue contributing to the wellbeing and livelihood of their respective families. They also perform various household tasks. It is natural to expect that the old age roles will follow the gender-based division of household activities, he thought.

Further commenting on the various household tasks performed by the elderly, Professor Akbar informed the participants that their personal experiences indicate that most of the elderly people love to be involved in household tasks whilst some others may have to work to justify the support they receive. Sometimes, he added, the elderly people have no alternative but to work even though they are not physically fit to do so or may not like the nature of work they are burdened with.

Commenting on the illness and the disability of the elderly, Professor Akbar pointed out that the old age ailments require special treatment, care and nursing. But the treatment facilities were not easily accessible in our countries and this which may cause serious after effects under different circumstances, could have been avoided. In this regard, he stressed the need for adequate and improved access to health care facilities for the elderly population in Bangladesh. Commenting on the need for supportive services for the elderly, Professor Akbar pointed out that the keynote presentation should have included a more concrete set of suggestions as regards the need for new services in the context of our changing socio-economic conditions and should have prioritised those.

iv) Discussion

Multidimensional Problems of the Aged

During the discussion at the seminar, there was a lively debate on the various dimensions of the ageing issues in Bangladesh – the nature of the problem, definition and size, share, and trends in the aged population. Dr. Bhattacharya observed that there was a demographic transition and the share was increasing, and consequently the size was becoming very large. In addition to that, the share of the vulnerable women group was increasing within the group of the aged population which he noted, accentuated the problem.

Noting that the problems associated with the aged was multidimensional, Professor Mizanuddin thought that one of the most important problems was that of *association*. In a joint-family environment, the aged could get company from other members. But that system was fast disappearing, often they have none to talk to and none to mix with. They also have hardly any role to play in the family. In the joint-family, they performed an important function by looking after the children.

Professor Mizanuddin thought that problems associated with ageing was a social issue. He thought that the variables that have been discussed in the paper were intermediary and left, the relevant social variables unexplored. If we become nostalgic about the joint-family and the feudalistic social structure, which it represented we deviate from the scientific perspective, he opined. The process of social changes follows certain norms. Since the very mode of production was changing, and with it a process of urbanisation ushered in, the social relations belonging to the feudal systems can no longer be suitable. Quoting Fardin Antonies, he noted, " when we move from a simple to a urbanized society, we move from communal society to associational society; when urbanization takes place, we no longer remain a communal society". A lot depends on association, which is a formal one and inevitable process. We uphold the values of the social system in which we were born; however, this has very little appeal to the urban people in the present context. Current problems appeared in particular contexts. So, in order to solve the problems of the elderly, institutional capacity should be built taking cognisance of this ever-changing context. This required scientific reasoning, which again required a proper theoretical framework, Professor Mizanuddin observed.

Addressing the debate concerning the dependent and independent variables and the conceptual framework to explore the related issues, Professor Kabir informed the participants that the variables were inter-dependent, which gave rise to divergence of opinions amongst the discussants.

In this regard, Professor Abedin pointed out that the problems of the aged are both “intra” and “inter” in nature. He noted that the multidimensional perspectives of ageing made it a very difficult issue to deal with. However, he admitted that the inter-generational as well as the inter-personal relationships were less emphasised in his paper and accepted the need to highlight these particular issues in future.

Contributing Factors of Ageing in Bangladesh

There has been a lively debate over "fertility versus mortality and other factors" contributing to ageing of the populations. The papers pointed out that the slow down of the fertility rate was the major contributing factor to ageing. As a result, the momentum of the 1960s was still exerting an influence on the present population dynamics. A number of discussants pointed out that non-demographic factors such as the epidemic and the fact that people avoided census were also some of the contributing factors. Dr. Bhattacharya in this regard observed that identification of the contributing factors and the role these factors play should be given more attention in the future.

Identification of the Aged

A number of participants engaged themselves in a debate over the "60 years and above" definition of the aged adopted by the authors. Mr. Shafikul Islam thought that the meaning of the term, "ageing" used in the keynote presentations was very simple. He informed that ageing was the central topic of the study of "genealogy" and the most generally accepted definition of ageing is as follows, "it is a time of inevitable deterioration in health with consequent problems for the individual and society". So, a number of additional variables need to be put under scrutiny. Identifying the aged in terms of people of more than 60 years of age should not be followed in the particular context of Bangladesh. Priority should be given in identifying the real aged of the society. The definition had important policy implications. According to him, the problem of ageing is still to be very acute in Bangladesh. So the researchers should first decide on proper identification of the criteria for selection of the aged.

Professor Kabir differed with the comments made by Mr. Shafikul Islam on the grounds that the ideas and issues addressed by "genealogy" must be different from that of the social science. He stressed that the methodology clearly differs since the definitions differed substantially. In this regard, Professor S. Abedin argued that one had to take some sort of standards to make comparison and classification, and defining the aged as people over and above 60 years was one of those.

However, in line with Mr. Islam's argument, some of the participants including Professor Altaf Hossain thought that the definition of 'aged' should be contingent upon life expectancy in a society and has to be subjected to upward revisions in view of the consequent demographic momentum. He was of the opinion that the retirement age limit of the service holders should be increased from 57 years to 60 years.

Educational Status and Well-being of Elderly

A number of participants highlighted the interconnection between education and well-being, particularly in case of the elderly. They were of the opinion that aged people who had a good educational background did face less hardship compared to the aged people who had little or no education.

Stressing the importance of education for the welfare of the elderly, Professor Kabir pointed out that education could play an important role in terms of resolving many of the problems associated with the aged population. He further observed that it

may even have positive influence over the demographic variables under consideration.

Need for a Differential Approach

Dr. Bhattacharya pointed out that among many of the attendant dimensions, the seminar stressed the “health aspect” with some emphasis on the “inter-household problems” and community level aspects of the problem. According to him, a major issue which was identified, was that *there is a differential approach to be pursued since there was standard nature of the problem*. The issue has often been defined through the socio-economic variables, and initial conditions often exerted influence on the nature of the problematic. Consequently there was no stereotype format of the problem, although there are some general issues which could inform the discourse. The problem was, in effect, very diversified, Dr. Bhattacharya felt.

Need for Context Specific Analysis

Professor Solaiman Mandal pointed out that the ageing issue should be considered with the Bangladeshi scenario in mind. Since the country was subjected to influence by elements of the western culture which infiltrated through the global media, a change in the social structure and attitudes was to be expected as a natural corollary. According to him, some of the important dimensions to be careful about were: (a) the issue of environment which was important to both young and old. In order to increase longevity, the environment has to be pollution free, which required initiatives from both the public and the private sector; (b) food habit plays an important role in ensuring active life which in turn affect longevity; (c) religion also played an important role for ensuring care and support for the elderly since the concept of "after life" may influence and induce family members to undertake adequate care of their elderly.

Some of the participants also highlighted the need to analyse the ageing process taking into account the *gender differentiation* and *spatial differentiation* between rural and urban.

Implications of the Ageing Problem

Two major issues were highlighted in this regard. First, *what can we do about the ageing problem?* It was well documented that the numbers of the aged population was increasing and consequently there was demand for the society to make provisions for their care, which in turn leads to more resource allocation both at the household as well as the national levels. Second, *what about general economic development?* If the active labour force do not have employment opportunities, economic growth would be retarded. The issue of economic development in the broader sense is a very important factor in terms of out generating the resources to cater for the aged population was specially highlighted by Dr. Bhattacharya. He also proposed that the inter-relationships between the two aspects should be more thoroughly analysed.

Policy Responses

Policy recommendations to address attendant issues related to ageing was discussed at four levels in the seminar: government and public policies, NGO initiatives, community level initiatives and associations (CBOs), and household level initiatives. Dr. Bhattacharya pointed out that the present discussion emphasised mainly on the household level and community level initiatives. This could be because people have reduced their expectation from the government or most of the seminar participants were pension-holders, he quipped. But the majority of the aged lives outside of pension coverage or the network of state support. This is very important because household initiatives cannot alone address such an important problem, he felt.

Dr. Bhattacharya pointed out that participants emphasised the social values and educational background, and to some extent, religious values. However, the inter relationships between economic development and ageing did not receive adequate attention. He thought that if resources were not available, additional and proper care for the aged could not be arranged. So the necessary condition is to have more resources and more wealth. If society was able to allocate sufficient resources more equitable and humane distribution could be possible which was commensurate with our social values. From this perspective the inter-relationships call for more in depth treatment.

Professor Solaiman Mandal drew attention of the participatory to the need for prioritisation of the issues and allocation of resources accordingly. This was important specially in view of the fact that the problems of the aged in the low level income groups are relatively severe. Since resource was limited, there had to be distributed in a way that allocative efficiency was ensured, he felt.

Future Research Needs

The issue of the need for future research received heightened attention in the seminar, followings are some of the suggestions made by a number of participants: (a) there was a need to have a more rigorous framework for analysing the issues; (b) there was a need to go beyond the quantitative approach and to apply qualitative methods of analysis; and (c) there was a need to go beyond the demographic variables in addressing the issues.

Future research should take into account a *differential approach* and should look at rural-urban, men-women, pensionable and non-pensionable dimensions of the aged population. Regional and inter-regional disparities should also receive adequate attention in future research. The issue of "institutional efforts" should also be adequately addressed.

Dr. Bhattacharya in his concluding remarks observed that there was need to look at the issue of *compliance with our international conventions and governance*. This was specially important since Bangladesh was a signatory in many of the international conventions, which deal with the rights of the aged population. There was also a need for investigating the state of adherence to those conventions by Bangladesh and to examine whether our laws and regulations conformed to the requirements of those conventions.

List of Participants

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Samad Abedin	Professor	Department of Statistics, R.U.
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Dr. Asaduzzaman Shah	Associate Professor	Department of Statistics, R.U.
Dr. Nurul Islam	Associate Professor	Department of Statistics, R.U.
Mr. Sayedur Rahman	Associate Professor	Department of Statistics, R.U.
Mr. Dulal C. Roy	Assistant Professor	Department of Statistics, R.U.
Mr. Ripter Hossain	Assistant Professor	Department of Statistics, R.U.
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Dr. Anjuman Ara Begum	Assistant Professor	Department of Statistics, R.U.
Mr. A.B.M.S. Rahman	Assistant Professor	Department of Statistics, R.U.
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Mr. Saroj K. Sarker	Assistant Professor	Department of Statistics, R.U.
Mr. Mesbahul Alam	Lecturer	Department of Statistics, R.U.
Mr. Jahanur Rahman	Lecturer	Department of Statistics, R.U.
Mr. Pravash K. Karmakar	Lecturer	Department of Statistics, R.U.
Mr. Jakir Hossain	Research Associate	CPD
Mr. Sahabuddin Sarker	Assistant Registrar	R.U.
Professor M. Eunos	Registrar	R,U.
Dr. Jabaida	President	SCEP. Rajshahi
Mr. M. Kabir	Professor	J.U.
Mr. Sahdat Hossain Mondal	Professor	IBSc, R.U.
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Mr. Mizanwddin	Professor	Sociology, R.U.
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Professor Mustafizur Rahman	Research Director	CPD
Dr. Debapriya Bhattacharya	Executive Director	CPD
Mr. Samsul Alam	Professor	Geography, R.U.
Dr. Zihadul Karim	Professor	Anthropology, R.U.
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Dr. Sultan Ahmed	President	PHS, Rajshahi
A.Q.M. Fazlul Haque	Secretary	PHS, Rajshahi
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Professor M. Wajed Ali	Pro. V.C.	R.U.
Ali Akbar	Professor	Social Work, R.U.
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