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YPSA ageing survey 2000-2024

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# ***YPSA ageing survey 2000-2024***

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# Outline

- Introduction
- Methods
- Results
- Conclusion

# Introduction

- Bangladesh has witnessed a gradual increase in its elderly population. As of 2022, approximately 7% of the total population in Bangladesh was aged 60 and above (World Bank, 2022).
- According to recent census data, the elderly population (aged 60 years and above) in the selected union has been increasing steadily over the past decade, with projections indicating a further rise in the coming years (Bangladesh Bureau of Statistics, 2020).
- A significant portion of the elderly population in Bangladesh faces economic hardships. Many rely on meager pensions or support from family members, which may not be sufficient to cover their basic needs (Rahman & Chowdhury, 2018).

# Introduction

- Access to healthcare services remains a concern for the elderly. Limited healthcare facilities, especially in rural areas, and inadequate geriatric care training for healthcare professionals pose challenges (Khanam et al., 2019).
- Social isolation among the elderly is prevalent, particularly among those living in rural areas. Lack of mobility, limited social activities, and changing family structures contribute to this issue (Hossain & Iqbal, 2020).
- The socio-economic status of the elderly population in rural area is diverse. Many rely on pensions, savings, or support from family members, while others continue to work in informal sectors due to financial constraints (Rahman et al., 2021).

# Rationale of the Study

- The elderly population often faces various socio-economic challenges, including poverty, limited access to healthcare, and social isolation (Rahman & Chowdhury, 2018). A situation analysis helps identify these challenges, informing targeted interventions and policy formulations.
- Understanding the current situation of the elderly population is crucial for policymakers to develop effective policies, programmes, and services tailored to their needs (Islam et al., 2021). This can contribute to enhancing the quality of life, healthcare access, and social inclusion for the elderly in the selected union.
- Conducting a situation analysis helps identify gaps in existing research and knowledge, guiding future research endeavors and academic discussions on the elderly population in Bangladesh (Hasan & Ahmed, 2022).

# Research gap on sustainable ageing

- While economic challenges and healthcare access have been studied, there is a lack of comprehensive research focusing on the quality of life and overall well-being of the elderly population in rural areas (Haque & Akhter, 2022).
- Studies focusing on mental health issues, psychosocial support systems, and coping mechanisms among the elderly population in rural settings are scarce (Kabir & Rahman, 2022).
- Understanding the dynamics and quality of inter-generational relationships and support systems between the elderly and their families require further exploration (Hasan & Akhtar, 2020).

# Activity for elderly people in Bangladesh

YPSA is an NGO in Bangladesh has been implemented different activities for elderly issue in the rural Bangladesh. Such as

- Establishing social centres (Ageing –Friendly Spaces) for the elderly people in every Union.
- Providing old age allowances and assistive materials (walking sticks, commodes, blankets warm cloths, wheelchairs, umbrellas etc).
- Provision of Special Savings and Pension Fund.
- Recognising the contribution for the society made by the elderly persons.
- Awarding children for looking after their parents.
- Providing appropriate credit to the poor elderly people.
- Offering physiotherapy services & geriatric nursing to the elderly by organizing training for the Physiotherapy Aide.
- Rehabilitation of poor and distress elderly in community.

# YPSA Works with Elderly People



Awareness-on-Diabetes-control



Eye-Camp-Registration-Male



Glass-distributed-to-OP



Disability friendly device distribution



Recreation-Female



Recognition of Elderly people

## Project Activities



Monthly meeting of the old village committee



Leadership and communication training of senior leaders



Rally of International Day of the Year 2012



Deliverable aids to the elderly

## Project Activities

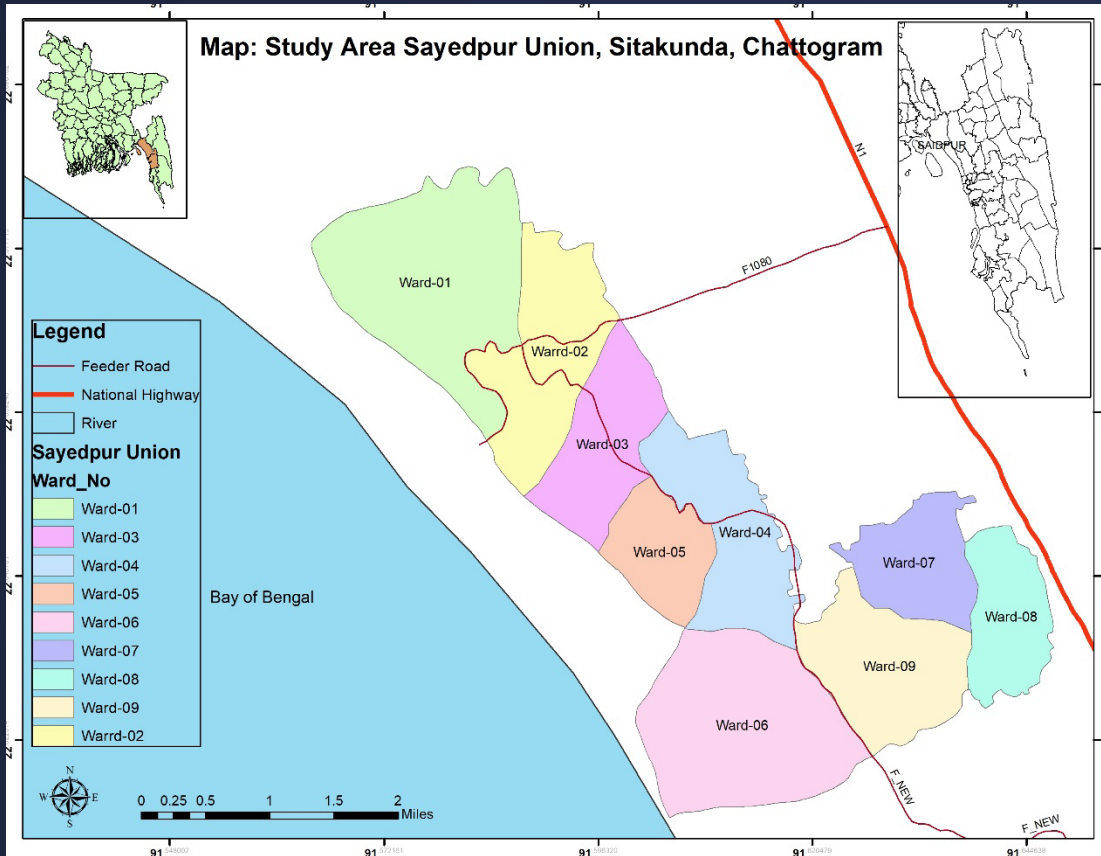


**Professor Hafiz T.A. Khan has distributed warm blankets and elderly people allowance to poor elderly people**



# GIS mapping showing healthcare services for elderly in Sitakunda

As per the Ministry of Health, People's Republic of Bangladesh and to ensure healthcare facilities for marginalized people, one community healthcare center (community clinic) has been established to cover three wards (the last administrative union in Bangladesh) in a Union (a union consists of nine wards). A registered physician has visited three times in this health care center. It is a joint partnership (private and public) approach initiative at the local level. This healthcare center provides healthcare to all aside elderly people.



This map presented the study area along with the statistics of the total population and elderly population. Also proposed the potential place of a health care center in a union.

Name of Ward	No. Elderly People	No of total population	Total percentage
Ward no -1	173	7843	2.2
Ward no-2	158	5500	2.9
Ward no-3	162	4510	3.6
Ward no-4	132	5500	2.4
Ward no-5	156	4900	3.2
Ward no-6	250	10000	2.5
Ward no-7	131	4980	2.6
Ward no-8	129	3870	3.3
Ward no-9	177	4379	4.0
<b>Total Nine Words</b>	<b>1468</b>	<b>51482</b>	<b>2.9</b>

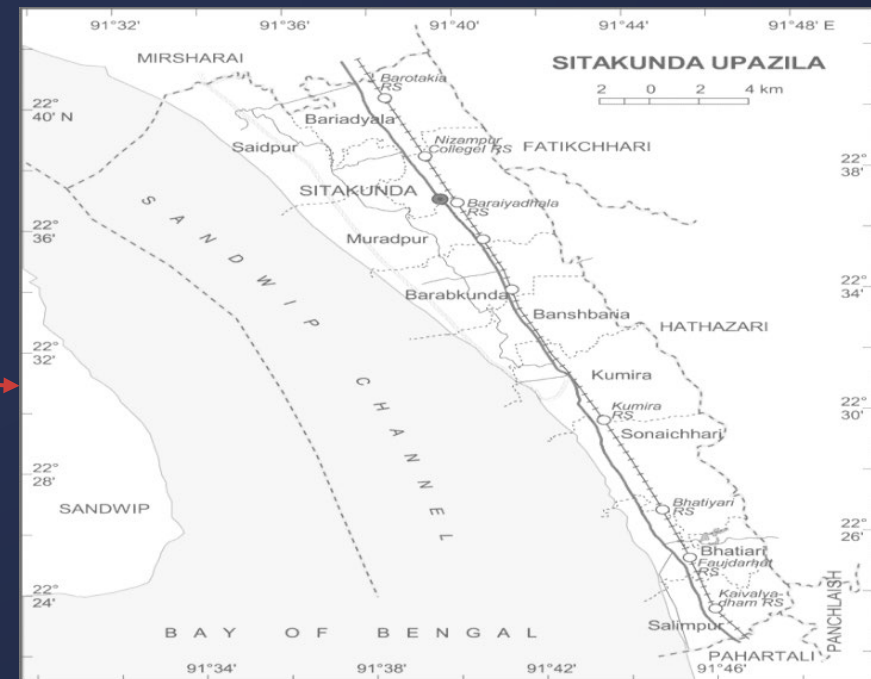
## Objectives of the ageing study

The study focuses on different things of elderly people, namely demographic conditions of the respondent, living arrangements, care and support information, physical health condition, mental health condition, family and social engagement, abuse and exploitation, control over life and resources , social safety net, gender perspective and issues during disasters respectively. The specific objectives of the study are as follows;

- Exploring conditions of elderly people in the study area;
- Investigating the living arrangements in the family;
- Finding out the care and support related information of their family;
- Knowing the physical health condition;
- Studying their engagement in family and in social level;
- Observing the exploitation of elderly people at family and society level;
- Exploring the elderly issue in gender perspective;
- Examining 'Dementia' of elderly people in the study area.

# Methodology: Selection of the Study Area

The research will be conducted at Syedpur Union at Sitakund Upazila in Chattogram district. Geographically, this location bears a big significance as populations are mixed with ethnic identities (some are native Bengali and some portion have indigenous community). The area is selected for heavy industrial hub in this region.





## Methods

### Study Population

Anyone aged 60 years living in the geographical proximity.

Data was collected cross-sectionally from all aged residence. Organizational staff (those who are well-oriented about the present study) have collected the household data through the door-to-door household survey. A total of 886 respondents were finally interviewed for the study.

### Study Period:

January 2020 to April 2024. There was a disruption due to Covid-19.

### Factors in study

The variable of the questionnaire has been arranged based on the study objectives and divided into eleven sections such as demographic conditions, living arrangements, care and support information, physical health condition, mental health condition, family and social engagement, abuse and exploitation, control over life and resources, social safety net, gender perspective, and issues during disasters.

# Socio-demographic characteristics of respondents

		Age group			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	60-64	291	32.8	32.8	32.8
	65-69	235	26.5	26.5	59.4
	70-74	158	17.8	17.8	77.2
	75-79	105	11.9	11.9	89.1
	80-84	64	7.2	7.2	96.3
	85+	33	3.7	3.7	100.0
	Total	886	100.0	100.0	

		Gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	385	43.5	43.5	43.5
	Female	501	56.5	56.5	100.0
	Total	886	100.0	100.0	

		Marital Status			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	739	83.4	83.4	83.4
	Unmarried	2	.2	.2	83.6
	Divorced	9	1.0	1.0	84.7
	Widow/Widower	130	14.7	14.7	99.3
	2nd Marraige	1	.1	.1	99.4
	Not Applicable	5	.6	.6	100.0
	Total	886	100.0	100.0	

# Live alone/Nighbours' visit

## You always have to live alone

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	23	2.6	2.6	2.6
	No	863	97.4	97.4	100.0
	Total	886	100.0	100.0	

## Nighbors come to visit you

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	874	98.6	98.6	98.6
	No	12	1.4	1.4	100.0
	Total	886	100.0	100.0	

# Health condition by age and sex

**Describe your health condition**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Bad	30	3.4	3.4	3.4
	Bad	89	10.0	10.0	13.4
	Fair	711	80.2	80.2	93.7
	Good	55	6.2	6.2	99.9
	Very good	1	.1	.1	100.0
	Total	886	100.0	100.0	

**Age group \* Describe your health condition Crosstabulation**

		Describe your health condition					Total	
		Very Bad	Bad	Fair	Good	Very good		
Age group	60-64	Count	6	25	240	20	0	291
		% within Age group	2.1%	8.6%	82.5%	6.9%	0.0%	100.0%
65-69	Count	5	28	192	9	1	235	
		% within Age group	2.1%	11.9%	81.7%	3.8%	0.4%	100.0%
70-74	Count	6	18	120	14	0	158	
		% within Age group	3.8%	11.4%	75.9%	8.9%	0.0%	100.0%
75-79	Count	3	10	84	8	0	105	
		% within Age group	2.9%	9.5%	80.0%	7.6%	0.0%	100.0%
80-84	Count	8	7	47	2	0	64	
		% within Age group	12.5%	10.9%	73.4%	3.1%	0.0%	100.0%
85+	Count	2	1	28	2	0	33	
		% within Age group	6.1%	3.0%	84.8%	6.1%	0.0%	100.0%
Total	Count	30	89	711	55	1	886	
		% within Age group	3.4%	10.0%	80.2%	6.2%	0.1%	100.0%

**Gender \* Describe your health condition Crosstabulation**

		Describe your health condition					Total	
		Very Bad	Bad	Fair	Good	Very good		
Gender	Male	Count	18	35	299	33	0	385
		% within Gender	4.7%	9.1%	77.7%	8.6%	0.0%	100.0%
Female	Count	12	54	412	22	1	501	
		% within Gender	2.4%	10.8%	82.2%	4.4%	0.2%	100.0%
Total	Count	30	89	711	55	1	886	
		% within Gender	3.4%	10.0%	80.2%	6.2%	0.1%	100.0%

# Who bearded the expenses last time of your illness

## Bear the expenses when you had fallen sick last time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Self-funded	63	7.1	7.1	7.1
	Spouse	20	2.3	2.3	9.4
	Daughter	26	2.9	2.9	12.3
	Son	734	82.8	82.8	95.1
	Daughter in law	22	2.5	2.5	97.6
	Son in law	3	.3	.3	98.0
	Brother/sister	3	.3	.3	98.3
	Grandson/daughter	6	.7	.7	99.0
	Relatives	4	.5	.5	99.4
	Neighbors	1	.1	.1	99.5
	No one	4	.5	.5	100.0
	Total	886	100.0	100.0	

# Taking Medication

**Taking medication**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	858	96.8	96.8	96.8
	No	28	3.2	3.2	100.0
Total		886	100.0	100.0	

**Gender \* Taking medication Crosstabulation**

Gender			Taking medication		Total
			Yes	No	
Male	Count		376	9	385
	% within Gender		97.7%	2.3%	100.0%
Female	Count		482	19	501
	% within Gender		96.2%	3.8%	100.0%
Total	Count		858	28	886
	% within Gender		96.8%	3.2%	100.0%

**Age group \* Taking medication Crosstabulation**

Age group			Taking medication		Total
			Yes	No	
60-64	Count		286	5	291
	% within Age group		98.3%	1.7%	100.0%
65-69	Count		229	6	235
	% within Age group		97.4%	2.6%	100.0%
70-74	Count		150	8	158
	% within Age group		94.9%	5.1%	100.0%
75-79	Count		101	4	105
	% within Age group		96.2%	3.8%	100.0%
80-84	Count		61	3	64
	% within Age group		95.3%	4.7%	100.0%
85+	Count		31	2	33
	% within Age group		93.9%	6.1%	100.0%
Total	Count		858	28	886
	% within Age group		96.8%	3.2%	100.0%

# Disability

## Any type of disability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	201	22.7	22.7	22.7
	No	685	77.3	77.3	100.0
	Total	886	100.0	100.0	

Type	Number	%
Physically disable	51	5.8
Speech disability	16	1.8
Hearing disability	6	0.7
Mental illness	5	0.6
Intellectual disability	1	0.1

# Suffering from dementia

## Respondent suffering from dementia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	129	14.6	14.6	14.6
	No	757	85.4	85.4	100.0
Total		886	100.0	100.0	

## Age group \* Respondent suffering from dementia Crosstabulation

			Respondent suffering from dementia		Total
			Yes	No	
Age group	60-64	Count	46	245	291
		% within Age group	15.8%	84.2%	100.0%
	65-69	Count	35	200	235
		% within Age group	14.9%	85.1%	100.0%
	70-74	Count	18	140	158
		% within Age group	11.4%	88.6%	100.0%
	75-79	Count	16	89	105
		% within Age group	15.2%	84.8%	100.0%
	80-84	Count	11	53	64
		% within Age group	17.2%	82.8%	100.0%
	85+	Count	3	30	33
		% within Age group	9.1%	90.9%	100.0%
Total		Count	129	757	886
		% within Age group	14.6%	85.4%	100.0%

## Gender \* Respondent suffering from dementia Crosstabulation

			Respondent suffering from dementia		Total
			Yes	No	
Gender	Male	Count	46	339	385
		% within Gender	11.9%	88.1%	100.0%
	Female	Count	83	418	501
		% within Gender	16.6%	83.4%	100.0%
Total		Count	129	757	886
		% within Gender	14.6%	85.4%	100.0%

# Getting care due to sickness

## Receives or received healthcare from the family

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	61	6.9	6.9	6.9
	No	825	93.1	93.1	100.0
	Total	886	100.0	100.0	

## Getting care due to sickness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	529	59.7	59.7	59.7
	Sometimes	327	36.9	36.9	96.6
	Never	28	3.2	3.2	99.8
	Not applicable	2	.2	.2	100.0
	Total	886	100.0	100.0	

## Getting care due to sickness (Source Code)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Spouse	82	9.3	9.3	9.3
	Daughter	35	4.0	4.0	13.2
	Son	725	81.8	81.8	95.0
	Daughter in law	19	2.1	2.1	97.2
	Son in law	10	1.1	1.1	98.3
	Brother/sister	5	.6	.6	98.9
	Grandson/daughter	3	.3	.3	99.2
	Relatives	2	.2	.2	99.4
	Neighbors	1	.1	.1	99.5
	Do not want t	4	.5	.5	100.0
	Total	886	100.0	100.0	

# Happiness among older people

**Crosstab**

		Satisfied about your life		Total	
		Yes	No		
Gender	Male	Count	242	143	385
		% within Gender	62.9%	37.1%	100.0%
	Female	Count	266	235	501
		% within Gender	53.1%	46.9%	100.0%
Total		Count	508	378	886
		% within Gender	57.3%	42.7%	100.0%

**Chi-Square Tests**

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.483 <sup>a</sup>	1	.004		
Continuity Correction <sup>b</sup>	8.089	1	.004		
Likelihood Ratio	8.521	1	.004		
Fisher's Exact Test				.004	.002
Linear-by-Linear Association	8.474	1	.004		
N of Valid Cases	886				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 164.26.

b. Computed only for a 2x2 table

**Crosstab**

		Satisfied about your life		Total	
		Yes	No		
Age group	60-64	Count	172	119	291
		% within Age group	59.1%	40.9%	100.0%
	65-69	Count	138	97	235
		% within Age group	58.7%	41.3%	100.0%
	70-74	Count	86	72	158
		% within Age group	54.4%	45.6%	100.0%
	75-79	Count	60	45	105
		% within Age group	57.1%	42.9%	100.0%
	80-84	Count	37	27	64
		% within Age group	57.8%	42.2%	100.0%
	85+	Count	15	18	33
		% within Age group	45.5%	54.5%	100.0%
Total		Count	508	378	886
		% within Age group	57.3%	42.7%	100.0%

**Chi-Square Tests**

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	3.015 <sup>a</sup>	5	.698
Likelihood Ratio	2.988	5	.702
Linear-by-Linear Association	1.415	1	.234
N of Valid Cases	886		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 14.08.

# Conclusion

- The study provides evidence on life of older adults in a rural area of Bangladesh.
- The health situation is generally declining by age, and it is worsened for women.
- There is a good social capital in rural areas where neighbours often visit older people.
- Women are suffering more from dementia than men in rural areas.
- Males are more satisfied about their life than females. However, there is no significant association between life satisfaction and age groups.

# *Thanks*

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