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Current Situation of Older Adults in Sayedpur Union, Sitakund  
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# Current Situation of Older Adults in Sayedpur Union, Sitakund Upazila, Chattogram, Bangladesh

*YPSA Ageing Project 2020-2024*



Young Power in Social Action (YPSA)  
CHATTOGRAM, BANGLADESH

## EXECUTIVE SUMMARY

This study focuses on older adults in Sayedpur Union, Sitakund Upazila, Chattogram Division, Bangladesh. The aim is to understand their current situation, living arrangements, health conditions, social engagement, and experiences with abuse, exploitation, and social safety nets. The study will investigate the impact of demographic changes, urbanization, and migration on older adults in this rural setting. By examining these factors, the study seeks to identify the specific needs and challenges faced by older adults in Sayedpur Union and inform policies and interventions to improve their well-being.

The study primarily employed quantitative data collection technique. Primary data was collected through door-to-door household surveys using a structured questionnaire, targeting all older adults (aged 60 and above) in Sayedpur Union, Sitakund Upazila, Chattogram. Snowball sampling was used to identify households with older adults/ Data were collected from 866 older adults during June 2023 – April 2024. The questionnaire covered demographic information, health conditions, social engagement, and experiences with abuse and exploitation. This is the first survey/complete enumeration of its kind in Bangladesh to capture the fuller understanding of a specific rural setting about sustainability of ageing populations.

Ethical approval was obtained from the Bangladesh Medical Research Council (BMRC) in 2020, and informed consent was secured from all participants. The research was funded by a local NGO in Bangladesh called Young Power in Social Action (YPSA). The quantitative data was analyzed using IBM SPSS Statistics 28. Data quality check was done carefully before conducting an exploratory data analysis (EDA) on socio-economic and health conditions of older adults.

Key findings reveal a complex picture of older adults. Demographically, most older adults fall within the 60-65 age group, with women increasingly represented in older age brackets. Gender disparities are evident in land ownership, education, and income levels, with women facing greater disadvantages. Most older adults reside with their sons, reflecting strong family ties, especially for women.

Regarding social care and support, most older adults receive adequate food and medical care, but support for social activities is limited. Sons are the primary caregivers, providing both financial and emotional support.

Neighborhood visits are found to be very strong and play a crucial role in reducing loneliness, particularly for women.

In terms of health and well-being, most older adults rate their health as fair and rely heavily on their sons for financial support. Health perceptions are influenced by factors such as age, gender, housing, and education.

Despite high life satisfaction, there are gender and religious disparities. Social participation and daily activities are limited among older adults.

Only a small percentage engage in domestic, social, and community activities. Participation varies by age, health, education, and economic status. Gender disparities exist in social participation, with men engaging more.

While nearly all respondents are covered by safety net programs, many are dissatisfied with the amount of financial assistance received. Awareness of and access to pensions and medical allowances are low, highlighting the need for better outreach and accessibility to support programs.

A significant public health concern is the diagnosis of dementia among 14.6% of older adults. The prevalence is higher among women and the wealthiest group. Access to treatment for dementia is limited, revealing a critical gap in healthcare services.

Overall, the study underscores the need for targeted interventions to address the socio-economic and health challenges faced by older adults in rural Bangladesh. These interventions should focus on expanding social protection programs, improving healthcare access, promoting social engagement, and raising awareness about dementia. Additionally, addressing gender disparities, empowering older women, and strengthening data collection systems are crucial for effective policymaking.

## Key Findings of the Study

### *Characteristics of the respondents*

- Among 866 respondents, the largest age group is 60-65 years, with a notable increase in female representation in older age brackets.
- A significant majority of females (72.4%) do not own land compared to 27.6% of males. Housing conditions reveal that 46.5% of males and 53.5% of females live in pucca or semi-pucca homes.
- There is a marked gender disparity in education, with 72.3% of the illiterate population being female. Additionally, 69.6% of females have no income, while a larger proportion of males fall into higher income brackets.

### *Social care and support for older adults*

- The older adults live with their sons, with significant gender differences; many feel scared to live alone, indicating strong family ties, especially for older women.
- While most receive adequate food (76.1%) and timely medical care (77.8%), only a minority receive their favorite food regularly (32.4%), and support for social activities is limited (34.5%).
- Sons are the primary providers of financial and emotional assistance, while daughters offer less support, particularly to males. Neighbor visits also play a crucial role in reducing loneliness.

### *Health and well-being of the respondents*

- Most older adults in rural Bangladesh rate their health as fair and rely heavily on their sons for financial support (82.8%)
- Health perceptions are significantly affected by age, gender, housing conditions, and education, with better housing and education linked to improved health outcomes.
- Despite high life satisfaction (89.2%), which varies by age, religion, land ownership, and income, there are notable differences by sex and religious affiliation, with Hindus reporting higher satisfaction (98.6%) compared to Muslims (88.3%).

### ***Social Participation and daily activities of older adults***

- Only 12.8% of older adults engage in domestic tasks, 19.0% in social work outside the home, and 12.3% in community activities, indicating limited social engagement overall.
- Participation is higher among individuals aged 71-75 and those in better health, with 13.0% of males and 12.6% of females involved in household tasks.
- Educational attainment and economic necessity influence participation levels, with poorer individuals showing greater involvement in activities.
- Participation in social work differs by gender (22.1% of males vs. 16.6% of females).

### ***Social Pension on the well-being of older adults***

- While nearly all respondents are covered by safety net programs, only 74.5% receive financial assistance and 84.8% express dissatisfaction with the amount.
- Awareness and receipt of pensions and medical allowances are low, underscoring the need for better outreach and accessibility to support programs for older adults in rural Bangladesh.

### ***Prevalence of dementia in rural Bangladesh***

- A notable public health concern in rural Bangladesh is the diagnosis of dementia among 14.6% of older adults in this demographic.
- The prevalence of dementia is higher among females (16.6%) compared to males (11.9%), and intriguingly, the wealthiest group also shows a high prevalence (25.3%).
- Despite the diagnosis, only 6.9% of those affected receive treatment, revealing a significant gap in healthcare access, with 93.1% not receiving any form of care.

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