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Ageing in Social and Cultural Context

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Abstract: This paper attempt to explore the social and cultural context of ageing in urban Bangladesh focusing on the perceptions about ageing, the limitations of the aged, the features and stereotypes of ageing, and their everyday experiences. Human life, from birth to death, has been divided into several stages depending on biological, social and cultural constructions. Childhood, adulthood and ageing are the parts of that. Ageing has been categorized again as the young old, the old, the old-old and the oldest old. The understandings of ageing differ on the basis of the physical, social and mental condition of the person as well as socioeconomic status and bonding, cultural values, familial and community network. Ageing is limited by health conditions. It is considered very potential as experienced and intergenerational connections.

1 Background and the Theoretical Perspective of the Study

Every society has an image of human life, from birth to death. Life is a continual process but for convenience, we have divided it into several stages depending on biological, social and cultural constructions. Every society has its own understanding about the role, work, status, taking care of the elders and constructs a socio-cultural image of personality, attitude towards ageing and sharing events with them. Though the process of ageing or senescence is evolutionary inertia of a complex biological system and universal but the environment, nutrition, social factors, and culture influence it. Life stages such as childhood, adulthood and old age vary from society to society and culture to culture. Similarly; elders have a different understanding of society, culture, family and tradition, health and community services.

The common characteristics of elders are not their physical activity rather a combination of physical, psychosocial and cultural perspectives. Erfaim Jaul and Jeremy Brron (2017) clarified that older people are into four categories: '(i) the young old, (ii) the old, (iii) the old-old and (iv) the oldest old' (Jaul and Brron 2017). The oldest-old had been described as the disabled and mostly unable to move and those who are close to death. Christin Hemann (2014) argued that elders have common characteristics about the understanding of discrimination. Erdman Palmore (2001) described that understanding of elders has a stereotype. They believe that their experience and wealth are not depicted or acknowledged well. Many of them think that their perceptions and feelings are not only present unrealistically but also their voices are ignored severely. Robert Butler (1960) criticized the term age and ageism because of its relevance with racism and sexism. Stuart Greenbaum (2010) argued that the ages should be defined with ideas, beliefs, practice and attitude.

Ageing has been analyzed from a different approach. In the active theory approach, Havighurst and Albrecht (1953) explained that the people's perception about the elders such as the retirees should remain in the community during their retired life. They

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conduct community activities, participate in the events and make a meaningful contribution. They believe that this will give them physical and mental fitness and will help to prolong their middle-age. Lemon and Peterson (1972) supported this approach and argued that activity will keep the middle age longer and give them physical and mental satisfaction. This approach was criticized by Birren and Schroof (2001) because of considering physical capabilities, financial involvement and the social resources available to middle-aged people. Schroof (1996) further emphasized the type rather than the frequency of the activities. Thus, the activity theory or approach has little impact on the ageing research in Social Sciences.

The second argument came from the disengagement approach by Cumming and Henry (1961). This approach emphasized the intergenerational connection through the disengagement of adults from regular activities and shifting duties to next adult generation. Gradually, the new adults will take responsibility and connect society forward. A larger group of scholars supported this idea because of adult contributions to society creating new scope and opportunities through their planning for the future. A possibility of increasing life expectancy could be created in this way (Baltes 1987, Back 1980, Birren and Schroof 1996, Adams 2004). On the other hand, Neumann (2000), and Lemon et. al. (19720) had opposed this idea with an argument that this could create an inconsistency in the society and it can make the individual helpless for the society because of socio-economic and other determinants.

The culture-based approach has been discussed by Rose (1965) who argued that aged people always prefer to interact with themselves within the society and their emphasis is on health and mobility than occupation, education and income. This group considered actions of the culture and understanding of the age group in society. McMullan (2000) also argued that older groups should be clearly addressed in the Social Science literature.

In response to previous theory, Havighurst, Newgarten and Tobin (1963) propose a hypothesis that said the satisfaction of quality living is very important for any age and it will help them to build up the personality at old age and consistent living for every adult. Havighurst (1972) considered the task of adulthood on the basis of ‘physical, financial and social decline, contemplating death, developing a personal perspective and their feeling for the end of life’ (Havighurst (1972). He added that finding own group in a new social environment and a comfortable living environment will provide a greater understanding of postretirement.

The perception of the quality of life is based on the positive attitude towards elders by others and that is closely related to demographic features, community and institutional behavioral patterns of the society. Riley (1972) and Riley, Johnson and Foner 1994) emphasized the stratification with an argument that role and status differences are defined on the basis of age group. A similar group has similar experiences, ideologies, attitude, values and social orientation and they understand their life transformation better than others. Life expectancy is very common among similar groups. Uhlenburg (1996), Yin and Lai (1983) supported this idea, as well as Hagestad and Dannefer (2002), expressed that the homogenous and mixed age group can help the society better than heterogeneous groups through the interaction within the family or within the community.

Lawton (1982) placed an argument that successful aging and its function depends on the environment where they live. It is related to many factors such as strength, skill, capacity, and external conditions that are imposed by the environment. On the basis of those elements, the health condition and the satisfaction of old aged people can differ from each other. Wahl (2001) supported this view and he elaborated the relationship between ageing and the environment, institution, residence (home), etc. through his models. J. R. Logan, R. Ward and G. Spitze (1992) identified eight typical characters of ageism such as kindness, happiness, wisdom, dependability, affluence, freedom, internal feeling and political power. He added that some of the aged people enjoy happiness at the aged period than that of their younger period because of their cultural attitude and feelings of stronger mental abilities. Hemann (2014) has disagreed at this point and said ageism is embedded within the workplace, language, media and healthcare and there is a discrimination of Ideas, attitudes, beliefs and practices based on their age.

Katy Gardner (2002) gave an ethnographic description about the senior generation of the Bengali people settling in East London. She analyzed the real-life condition of the understanding of social and cultural boundaries between origin and host countries of the migrant people. Gergen et.al; (1988) explained that old age people generate different types of identities. This identity is based on symbolic, social and liminal. Hazan (1994) claimed that the universal knowledge about the imagery of aging is over contextualized through the circumstances of daily living and the availability of socio-political and economic resources (1994:91). On the other hand, it has been under contextualized the understanding of a *'boundary between life and death*' (1994:92). Thus, different kinds of representation about ageing are present in the policy-making documents, social workers' reports and newspaper features.

The number of the world population is increasing rapidly with the similar ratio of the old age population. Following the United Nations, most of the countries in the world set 65 as their old age line. In Bangladesh, this rate of gradual increase is accelerated by the development of medical facilities and people's consciousness. According to the statistics, 5.18% of the population are 65 years or older in Bangladesh. David Nygaard (1994) predicted that the significant representative of the world population by the year 2050 will be from South Asia. Following India and Pakistan, Bangladesh will be the leader of population density in the world. Following this trend, the public health analysts forecasted a *'older-older age wave*' (Nygraad 1994) in the developed world.

2. Findings and Discussion: Ageing in Context

The primary data sources of this paper were the selected respondents from three localities in Dhaka City; Mohammadpur, Mirpur and Rampura. A total of 21 persons from 21 households were the sources of primary data for this study. Seven (7) respondents had been selected from each of the three areas. The respondents have been categorized into three economic groups in each area. A total of 8 respondents have been found in the category of rich and seven responded were from middle economic status and another six were from the low earning households. In case of educational qualification, eight out of the 21 respondents had the graduation degree or above, four respondents had completed their either secondary or higher secondary schooling, six respondents completed or went to the elementary school only, and the rest three respondents had no educational

background but understand and were able to explain about their lifestyle and the society. In terms of occupation, they are from diversified fields. Three respondents were engaged in manual labor work since their adult ages. A women respondent works as a marketing associate in a company. One respondent retired from the government job and the rest 6 were Housewives throughout their life.

The gender distribution shows that, 8 out of 21 respondents were female. Five out of eight respondents are living with their spouse and family. Three women were widow and were living with the son, daughter, or other family members. Out of these 8 women, three live in Mohammadpur, another three women live in Mirpur and the rest two (02) live in Rampura area of the city. Seven of them are 61 to 65 years old and only one woman is 75 years old. In terms of education, only one woman was graduated from college and others have not completed their secondary school. In terms of health condition, all eight women had mild to severe arthritis problems and six are facing challenges of high blood pressure, three with diabetes and one with kidney disease. The age distribution was very close among the male respondents. The minimum age of the respondent was 62 and the maximum was 75. The male respondents have different diseases at different levels; few respondents have diabetes, 5 had blood pressure (high or low), one was diagnosed with kidney disease and five claimed that they have no severe problem with any disease. They face some minor health problems that are either ignored or not diagnosed.

2.1 Perception of Ageing

The respondents considered ageing as a parameter to classify old and young people. That is a little difference in their understandings in terms of physical activity, structures, and looking condition. They emphasized numerical age, physical structure and stamina. As Abdul (62) explained '*a person with 60 years of age could be assumed 40 or 50. The involvement of daily activities, enthusiasm, happiness and a peaceful mind could create an impression of younger than the real age'*. Ahmed (67), a physician, explained the relationship between the living condition of the seniors and their cognitive and psychological pressure. Limiting of the surroundings can affect mental health. His viewpoint is '*a healthy age rather than age with the disease is important and expected, and it is possible to keep a healthy age by maintaining physical fitness, active metabolic activities, well-planned daily life, a comfortable simple lifestyle and worry-free life*'. A common concern of the respondents was health vulnerability. A unanimous response from them was '*disease comes with age'*. The physical decay and imbalance come up gradually with the age. In some cases, according to their views, the functionality of the organs weakens with age, the function of the heart, liver, kidney, stomach and other parts loses its functional capacity and some of the organs are not viable at age.

2.2 Physical Limitations

Respondents identified hearing problems (presbycusis) as a common physical limitation among the elders. Only two of the respondents had used hearing aids for their listening. In general, the elders have this problem very commonly followed by speaking. The hearing problem is a significant barrier to the quality of life. The speaking and listening problem limit their role in the public meeting and gathering where they are used to

interact. Socialization is very important for old people but the hearing and listening problem creates a difficult situation for them.

Vision loss is another problem for the oldest people.16 out of 21 respondents use spectacles for their vision correction. It is very common that people will lose visual capacity (*presbyopia*) with their age. Visual impairment is common in human life at an old age. They cannot go out and they cannot walk at night. Dizziness (*vestibular function*) is another symptom that has been found among the respondents. They cannot stand or walk in a place for a long time or they cannot do any work smoothly with their full physical capability due to infrequent dizziness. Most of the respondents acknowledged this problem and they try to overcome it with their sense of work.

Memory loss is common among the oldest respondents. They forget most of the daily routine and events in their lives. They even forget the people's names, navigation of any places, and confusion on common faces, mismatch social relations, forget the incidents, maintaining time, sequences of works, and forget to do a proper job at right time. On the other hand, many of the respondents remembered everything accurately and they have a sharp memory. Many can recall past experiences very quickly than others.

The respondents are facing challenges with their speaking capabilities. With the age, they are losing normal talking speed. In most cases, it is difficult to find out the proper word in the proper context and time. Two respondents found trying to continue talking but they were repeating words again and again, which means word-finding difficulty (*slower processing of vocabulary*). At the same time, it was found among the few respondents that they are talking too much and very frequently. They go out of context and start talking which is not totally contextual with the event or situation. Both phenomena are very common among elders. They believe that it will happen because of age and their physical features. The respondents very much care about that but they are accusing their ability which is very natural.

Common problems among the elders are falling and difficulties of daily activities, walking on an uneven walkway, moving at ups and downs, etc. The balance of the body is important at this age. Many elders are facing difficulties to move flexibly. Muscle and joint pain is a very common problem for them. 4 out of 20 of the respondents said that they had the experience of falling once or twice in their aged life. The other respondents said that they have fallen more than twice in the last year which created their problem. They went to the doctor because of some physical problems from those incidents such as losing sense (faint). The stair is another problem for the seniors. Most of the apartments or personal houses have stairs but those are uncomfortable. Going to the mosque five times a day means that they had to go through the stairs many times. A common feeling is that the stairs are not familiar to them. Most evidently they claimed that in many of the houses there are tiles on the stairs that are really difficult for them to climb up or go down because the tiles are very slippery for them.

The respondents identified the decline of muscle mass and decreasing strength. According to their views, immunity, food habits and changes in diet are responsible for it. As Altaf (65) expressed his condition by saying '*due to decaying physical conditions, I am not able to eat anything as I wish, food habits depend on my physical condition, the type of sickness and the medicine I take. The immunity system does not work as it was at*

my young and adulthood'. He added '*the digestive system is not working well. It is difficult to digest any kind of food especially with different types of masala. The quantity of food reduces as well'*. Among other respondents, food restrictions are very common and defined in most cases. Hard and nutritious food reduced considerably. On the other hand, many supplements are added to their daily intake as needed. Vitamins are very common for them. It is very common to reduce the appetite because of taking different types of medicine for diseases and physical difficulties. Lutfa (62) expressed her frustration over the supplement and medicine, '*my stomach became a pharmacy; I am taking 12 to 15 medicine a day in addition to vitamin and calcium supplements. There is no way to take food that I like to eat*'.

The healing process is very slow for seniors. If there is any wound or injury at this time, it is difficult to recover quickly from that illness. Most of the seniors reported that they are very careful about being injured. If they injure once, it takes a long time to recover because of the slow immune and digestive system. Recovery process takes a longer time than that of the young and usual adult people can take. In many cases, they have to take medicine for increasing acidity besides other medicines. Taking different types of medicine creates problems in their digestive and immune system, influences their hormonal conditions and physical activities. At the same time, this has definitely impacted their healing process of any wound or illness from injury.

Respondents expressed that their walking capability has been reduced at a significant level. While they were young and adults, they did their job to distant places but now they cannot go anywhere except walking around the house or very close to the house. Altaf (62) said, '*my walking capability has been decreased gradually in terms of both speed and distance. I need some help if I want to walk for a long time. Even I try to walk slowly but cannot walk much. I walk less than a mile per day. I calculated this distance by going to the mosque and shopping areas from their house. I cannot even think to go to the park or any other place because of a lack of transportation. If I want to go there I need transportation*'.

The walking capability and speed is declining due to the structure and function of the muscles, bones and stamina changed by the age. If aging is correlated with the diseases, then these problems are enhancing much higher. If they walk speedily then there is a possibility to fall down or dizziness, risk of imbalance. Ahmed (65) said, '*if I go longer, it creates some problems in breathing and pain in muscles. It is logical for me to go to the mosque or to the shopping areas and walk around there but I cannot go for walk as exercise because that creates leg and muscle pain*'. To consider the difference between walking for a shorter and longer time, according to the responses, after working a few minutes, they feel uncomfortable and become unable to walk more. Only two female respondents have the experience to walk to distances very frequently because of visiting their relatives. They live in Dhaka and visit relatives each year. After arriving at their hometown, they walk for a long time.

The incapability of going here and there, walking, moving from one place to another, etc. are very infrequent mobility problems at old age. It is common among the elders that the mobility problems increase gradually with their ages. On the other hand, it is expected that people will walk more to keep them capable, physically fit and active. A common complaint from older people is that they are not getting any scope and space to walk. This

has a negative impact on their healthy life with physical fitness. Many respondents were blaming and complaining that their relatives and family members are not inspiring them to walk more because of their afraid of falling problems. Thus, they get a little help from the family members in this case. The family members inspire seniors to do physical exercise. Most of the older males said that the family members are thinking of going to the mosque and return from there is enough walking for them at their age. The distance between the mosque and home in many cases is less than 100 to 200 meters. So, if they go to the mosque five times a day, from 500 to 1000 meters distance they can complete.

In case of the desire of walking or mobility, the elders said they want to walk more especially every afternoon to visit their friends of the same age and meet others such as relatives and their friends. They want to go to the restaurant, tea stalls and parks nearby or even open spaces or they can talk with their friends. The problem with the family members is that they are not sure about the security and the risk of their health there. So, the family members do not approve them moving from here and there without the consent.

Visiting doctors due to personal problems such as physical injury, internal problems, etc. are very common among old people. Few elders said that they have visited physicians only two to four times a year. Six respondents went to the hospital for treatment or taking a prescription from the physicians about 4 to 6 times a year. It was very common to visit a hospital, clinic, or doctor's chamber about 10 to 20 times a year by old person. Two rich elder visited clinics or hospitals more than 25 times the last year. Visiting hospitals is a very tough job in the context of Dhaka city where the patient cannot move alone. They have to take one or more than one assistant as an attendant with them. Sometimes, they need a person who can talk to the physician, has little knowledge to understand that disease, instructions of the physicians, can conduct the medication procedures. Visiting a physician, clinic, or a hospital is not a separate incident but it is followed by several laboratory tests and buying prescribed medicines. Considering time, visiting a doctor takes more than 2 hours at least which can take up to 4 hours. It is commonly said that taking an old person to the hospital or clinic is a matter of day including talking to the physician, taking laboratory tests, showing test results to doctors, getting prescriptions for medicine and buying medicine, and returning home. Traffic, money and time management become more expensive in a single visit. Sometimes, there are follow-up visits as well. If there is a follow-up visit, it makes a terrible situation for the family where there is an older person with sickness. Among the respondents, 8 out of 21 had the experience of being hospitalized for a long time. Everyone had been hospitalized at least once. 4 had been hospitalized more than 3 times in the last year and four others were hospitalized twice in the same year. Two older people visited the hospital and stayed there for more than a week last year but the others have not been hospitalized recently.

2.3 Diseases and Disorders

The male respondents opinioned that most elders are affected by urinary problems, especially, their prostate and bladders are not sterile urine accordingly. *Euromax (tamsulosin hydrochloride)* is a common medicine is taken by seniors. Bacterial infection is very common among men and women. Besides, they need to take different types of antibiotics and antibacterial medicines.

The seniors are very much frustrated over their cardiovascular diseases. It is a common complain that the rate of this disease increased very quickly and they are suffering severely. Two or three decades earlier, they hardly heard that the seniors are affected by cardiovascular disease. Now, it is very common among seniors and in some cases, many adults and young people are suffering from this disease. They are complaining about food and other facilities. The food they are taking is not appropriate to keep them healthy from cardiovascular disease. A 73 years old respondent, Rahman said, '*My parents and grandparents were not affected by this disease even I did not hear that there is a disease named cardiovascular disease (Hridrog) and which is taking people's lives in a significant number. Nowadays, it is very common and I and other sufferers are taking the medicine for high blood pressure, hypertension and cholesterol*'.

Hypertension is one of the common chronic diseases among urban seniors. It creates problems for their mental strength and everyday workability. Most of the seniors are suffering from hypertension. Not only everyday activities of the seniors are affected by hypertension, this also contributes to the decay of bones and creates many other problems which are considered a common disease among old people. The experience a very stressful life for their everyday dealings most of which is created by hypertension among themselves. After all, the least of their thinking is considered reasonable and the social reality does not approve it. It was observed that the seniors do not want to wait for anything after ordering or saying something. Tolerance has been reduced at a significant level. That is why; they become very hypertensive every day. Usually, most of the seniors are waking very early in the morning and they want everyone to wake up in the house at the same time. Besides, they want everyone to do their duties as quickly as the seniors are thinking about it. But the reality is that other members of the family are not thinking in the similar way the seniors are thinking. That is why; the difference in thinking between these two groups is very common.

Most of the seniors are suffering from osteoarthritis or arthritis. It seemed a common chronic condition among elders to have joint pain, knees and ankle pain. A common trend is increasing bone decay. They claimed about the poor habit and the quality of food. They assume that the lower quality of the dairy products they intake is not working for their body properly and they are getting the worst bone density. Among 21 respondents, 18 are suffered from mild to severe osteoarthritis. They take it as their usual complaint of age or seniority. They are very much afraid of moving from one place to another, going through the outside roads and walking through pavements. They are also afraid of walking in a low-light situation. If they become affected once it is very difficult to recover for their age and proper treatment.

It was very common among the respondents that they are not getting proper supplement extracts of calcium tablets from the doctors as medicine to recover from the arthritis problem. The alternative treatment is physiotherapy which is given very common but very expensive. Most of the seniors are unable to take this therapy because of the cost. 30 minutes of physiotherapy costs 400 to 600 taka. If an older person takes therapy 3 times a week, the physiographic cost is 1200 a week and more. Sometimes, it goes up to 5000 a month. Considering the problem and importance in the family, everyone wished to expend the money but it limits by the total income of the family. That is why; calcium supplement becomes their best alternative in most cases. Ironically, it is the common

complaint of the seniors that calcium supplements are the poor treatment for this arthritic problem.

Most of the respondents are suffering from osteoporosis. Osteoporosis is represented by bone decay and loss of bone density with aging. Usually, this starts at 65 years of age but in the case of the respondents, less than 60 years or even young are also suffering from this disease. 7 out of 21 respondents are severely suffering from this. Only four respondents said they have no problem or they are facing the mild problem of osteoporosis (*osteopenia*). The medicine they are taking is very common such as calcium and different vitamins from the different pharmaceutical companies. Most of the respondents are taking one tablet a day and a few of them are taking two tablets a day.

Diabetic is a common disease in Bangladesh. Most of the seniors are suffering from diabetes. It is commonly understood among the people of Bangladesh because there are many hospitals for the treatment of diabetes. A general understanding has been established that now it is very common for older people. It is related to the lack of insulin which regulates blood sugar levels. To manage blood sugar levels, diabetic patients need to take insulin.

2.4 Mental Health Status: The Seniors at Home

Mental health status is a determinant for old people. Without it, it is difficult for them to survive in everyday life. Most of the respondents expressed their frustration over this. Even if they have confidence in their mental ability and understanding with other people, they face confusion among the people around them. Many things are happening around the old people in the family and in the community which influences them to keep their minds peaceful. A respondent named Kasem (62) said, '*my mentality is influenced by the incidents regarding my work, health and earning, wellbeing, health condition of other members of my family, the economic situation of my family, problems with the other families and neighbors, socially unstable situations, etc'*. They face good psychological pressure from their own problems. The problem arises from the sharing condition in their daily life. Lutfa (62) expressed her opinion as '*I cannot share my opinion and feelings with others including family members and community friends. My voice is always undermined by others. Nobody wants to listen to the experiences and examples that I gained and explain from the real experience of society. It is common that I cannot visit my relatives very frequently whenever I want. I have to depend on others' opinions, time and will'*. Few elders faced problems with household appliances and devices. Using cell phones, remotes, washrooms with modern facilities give them difficulties. Altaf (65), Barek (72) and Islam (61) said the common words, '*we are not familiar with the new technology and new stylish washrooms. Traditional devices are better for us. But the family does maintain both together. It is difficult for us to use a remote-controlled TV, smartphone, and we need to ask others very frequently*'.

Staying home for a long time is another problem for seniors. If the family members are going for an outing, shopping, or any other activities then they keep the seniors at home. Thus, seniors have limited access to go to different places. This is a health risk. Staying home situations gives them mental stress and they feel it as a barrier to their everyday life. The seniors are not accompanied by family members during visiting relatives. Ahmed (61) said about his condition, '*it is my family members who decide about me that*

I should go or not, this gives me pain and depression. My family members never wanted to listen to my feelings and attitude. Sometimes, my movements are strictly controlled. It is not an expected experience at old age'. Though, the family members are expressed their concern about the health risks of Ahmed in his late 60s. Another phemeron of the seniors is that they are feeling stress when the family members are thinking of them as a dependent. A respondent Islam (61) said in this context, '*considering a dependent means respect is not enough. When I was an adult, I did everything and earned a lot of money; even I had the house by my name. Now, they are thinking it was my duty to provide all facilities'*.

Seniors are disappointed about ignoring their idea and direction by the family members who are very beloved to them. Sometimes, he is considered as the least evaluated person or his suggestions are not taken into consideration by the other members that give a good pressure on his understanding of society and culture. Seniors used to do everything as quickly as possible and his temper becomes much impassionate unless that is done. It is very difficult for seniors to be tolerant all the time and understand the problems of the society which they did not face at an early stage. They cannot think that change is so quick according to their values and customs. The obeyed social regulations have been changed which is not expected of them.

Many of the seniors expressed their pleasure in the family environment. This is not only a matter of earning or economic solvency. Irrespective of cases of rich middle or poor families, happiness is present among the seniors where they get respect from the family members or the family members are valuing seniors as their guardian and used to listen to advice keenly. They share their views with the seniors at home and every day they explained and expresses the incidents that they observe, examples from their workplace or from the places they travel and move around. A respondent named Islam (61) said, '*I am happy because the family members are asking me for the decision and accept my views mostly'*. Two respondents expressed their confidence that they can take decisions solely and the family is maintained by their own decision. Nobody denies their decision until now.

As senior citizens, many respondents expressed their pride according to their age. They believe that it is better that they got seniority over the other family members and their position in their family is as a respected person. Amin (61) said, '*it is a cycle of human life and the role I play in the family is obvious and it should be as is. I am proud of my family and my current position as a senior. I believe that the family I have formed and taken up to this shape is one of my good deeds in this world. I am happy with this and believe that this system will continue up to the end of this world. As long as society remains, the family will continue in this space'*. On the other hand, many seniors are thinking this age is the last part of their life. It is painful for them because they think the age limits their scope of contribution to the family. If they would get more time, they would contribute more to the family. They had a lot of things to do for the family but they did not reach the target. This situation gives them a little frustration for the age.

Most respondents were found very depressive after thinking about their past including the scope and opportunity that they had to develop their life and contribute to their family, country, or society. As Motin (68), a rich person in the locality said, '*I did not use full stamina, ability, and confidence for society and the family. Now, I understand the value*

of time. I cannot back to the past. I am depressed about the past because I lost a good time that could be utilized for me, family and the community'. Latif (65), another respondent expressed, '*I have nothing to do now rather the witness of the incidents in society. I lost physical, social and psychological confidence and ability to do better in society*'. Very few of the respondents (only two) had expressed their view that they had done enough for their family, society, and the community and they are satisfied with their activities. The other respondent reacted on this that they could do far better if they would utilize their time, though they are not unhappy after believing their fate as a part of life. They believe that even they would try more; they could not do better than this.

The respondents are agreed on happiness and wealth. There is a contrasting relationship between these two categories. There is a difference between rich and poor but there is no difference between happiness and wealthiest. Many poor elders explained their life well, full of joy and happiness. Many rich seniors had expressed their satisfaction over financial solvency and unhappiness. Few respondents expressed their concern and position over their past earning and now their position did not make them happy. Earning a lot of money by the primary members and expensed by others is common. The seniors get less attention from the rich children and members of these families. Most of the family members are busy with their future and work on expanding wealth. One respondent, Monirul (77) expressed his depression, '*I earned a lot of money and have many houses in the city, but now my children and wife are thinking about expanding their wealth but they are not taking care of me or even they do not have any time to talk to me at all. My money and wealth are not working for me rather isolated in the family'*. Barek (72) belongs to a poor family who has five children and lives with his sons. He expressed his happiness, '*children are always waiting for me at the food table/(dine) and discuss for every decision over their livelihood*'. By comparing those two examples of two opposite economic status groups, it is difficult to say which one confirms happiness among people.

Isolation and loneliness are found a greater problem for elders. It is a crucial time when they need accompany of family members, relatives and friends, but the elders stay out of enough contact with the members of their own community. Interaction with others becomes very rare. It creates socio-psychological stress. Views and ideas cannot be shared with others. In some cases, it was observed that the family members try to ignore an elder continuously that could fall the senior into loneliness. Simultaneously, the gaps with friends and community members can create such conditions. Interaction is part of everyday living in society is a necessity for human beings. An elder keeps firsthand interaction with the family members. It is important for elders to talk and share their feeling with the family members every day and each moment. Integrating the social surroundings can help the elders to get rid of isolation. Jahanara (75) narrated her situation as '*the members keep themselves apart from elders with difficulties during family time. This is significant isolation from the family. They do not share the pains with me on time but I come to know it later, it becomes more painful'*. An absence of cooperative interaction between elders and the young members of the family creates a definite isolating situation for the elders. The contact among the elders especially males is welcomed by themselves. The concept of an age-friendly community is found as a vital social need of the older members of society to keep them healthy and active both physically and mentally.

The rich are at the top where seniors are isolated from the family in terms of their economic status because the young boys and girls are busy with their works, economic solvency, and the future of their future generations. In the case of poor families, their vision is not too far and they are not thinking much about their future, rather they rely on fortune. That is why; they have a close tie with their senior members of the family. The case the isolation is happening in the case of the middle class because they do not have enough space to reside all members of the family together. They are always job-oriented and running here and there. They also live in different places, thus, their physical existence is isolated from the part of the family members but their social bond is stronger than others.

3. Conclusive Remarks

Ageing is the constructed phase of human life beyond a numerical figure in years. The aged evaluate their deeds and performances in past with the hope of healthy and peaceful life. The social environment they lived in becomes different from their usual understanding. They are facing challenges of vision, hearing, movement, immunity as well health problems created by diseases. Many aged can make new friends at this stage and share their views and ideas and some find other ways such as engaging in community works, working for religious institutions, social work, local politics, etc. Most elders recall the memories of their childhood and try to share the joys of their earlier ages, recall their parents and beloved whom they lost and have their emotions with them. The most memory concerns with the remarkable events of human life: the birth of a new member, losing family members, memorable days, crucial life turning incidents, sickness, loss of parents, siblings and spouse, and worldly events. Considering the above discussion and information of the respondents, some policy issues is considered very relevant to the senior citizens such as creating easier access to physical exercise, managing healthcare facilities of older adults/seniors, establishing a community or home-based care for the health and social needs, creating social engagement opportunities and arrange community-based cultural activities. The opportunity shoul be increased to the new connections with the ageing communities, new institutions that are serving them, and new activities that are advised, inspired and permitted them to do.

The elders try to share their ideas about life and society, socialization and people's behavior, the future of the children, works, and experiences during their adulthood. In many cases, the successful elders try to adapt to every new situation, enjoy the new setting. On the basis of economic conditions, social status and cultural traits, the images and experiences differ from each other within the society. There is a definite difference between rich and poor elder persons. The sharing and caring of the social work according to their personality is the basis of class, rank, power and dominance in society. Society is very much careful about its members but there is an unequal performance in the case of the aged, for example, there are some special foods for children but no special food for seniors except the physician's diet prescription and restriction. Similarly, there is no geriatric hospital in the country though the number of aged population is a significant portion of the society. Some of the aged are invisible workforce, experienced in agriculture and environmental issues, caregiver of the younger family member through storytelling, caring and helping in their brain development, developing a connection between the childhood and other generations as well as between the family and the community.

References

Adams, K. B., 2004. Changing Investment in Activities and Interests in Elders Lives, *Ageing and Human Development*, 58 (2): 87-108

Back, K., 1980. *Life Course: Integrated Theory and Exemplary Populations*, Boulder: Westview Press

Baltes, P. B., 1987. Tgheoretical Propositions of Life Span Developmental Psychology, *Developmental Psychology*, 23:611-26

Biggs, S., 2001. Toward Critical Normativity: Stories of Aging in Contemporary Social Policy. *Journal of Aging Studies*, 15(4):303-16

Birren, J. E. and Schroots, J., 2001. *History in Gero-psychology*, San Diego: Academic Press

Butler, R. N., 1960. *Ageing and Mental Health: Positive Psychosocial and Biomedical Approaches*, USA: Lewis and Trey

Butler, R. N., 1969. Age-ism: Another form of bigotry. *The Gerontologist, 9*, 243–46.

Butler, R. N. (1982). The Triumph of Age: Science, Gerontology, and Ageism. *Bulletin of the New York Academy of Medicine, 58*(4), 347–61.

Cumming, E. and Henry, W.,1961. *Growing Old*, New York: Basic Books

Dossa, P. A., 1994. Critical Anthropology and Life Stories: Case Study of Elderly Ismaili Canadians. *Journal of Cross-cultural Gerontology*, 9(3):335-5

Estes, C., 1986. The Politics of Ageing in America. In Phillipson, C., Bernard, M. and Strang, P. (eds), *Dependency and Interdependency in Later Life*. Croom Helm, London,

Pp.15-29

Gergen, K., and Gergen, Mary A. et.al; 1988. Narrative and Self as a Relationship, *Advances in Experimental Social Psychology*, 21:17-56

Guglani, S., Coleman, P. G. and Sonuga-Barke, E. J. S., 2000. Mental Health of Elderly Asians in Britain, *International Journal of Geriatric Psychiatry*, 15(11): 131-47

Gardner, K., 2002. Narrating Location: Space Age and Gender among Bengali Elders in East London, *Oral History Migration* 27(1):65-74

Gardner, K., 2002. 'Walking Sticks and Wheelchairs' in N. Alam (ed.), *Contemporary Anthropology*, JU, Pp. 211-242

Greenbaum, S., 2010, *Longevity Rules*, California: Eskaton

Havighurst, R., 1972. *Developmental Tasks and Education*, NY: David McKay

Hagestad, G. O. and Dannefer, D. 2002. Concepts and Theories of Ageing, , in In R.H. Binstock and L.K.. George eds. *Handbook of Aging and the Social Sciences*, San Diego, Academic Press, Pp.3-21

Havighurst, R. J. and Albrecht, R. 1953. *Older People*, Oxford: Longmans

Christin Hemann, 2014. *'How People Aged Sixty and Older Perceive Prejudice and Discrimination'*, MA Thesis, California State University 2014

Kaufman, S. R., 1994. The Social Construction of Frailty: an Anthropological Perspective. *Journal of Aging Studies*, 8(1):45-58

Lawton, M.P., 1982. Competence, Environmental Press, and the Adaptation of Older people, in Lawton, M.P.,Windley P.G. Byerts, T.O eds. *Ageing and the Environment*, NY: Springer, Pp. 33-59

Lemon, B.W., Bengston, V. L. and Peterson, J. A . 1972. An Exploration of the Activity Theory of Ageing, *Journal of Gerontology*, 27: 511-523

Logan, J. R., R Ward and G. Spitze, 1992. As Old as You Feel: Age Identity at Middle and Later Life, *Sociological Forces*, 71:451-67

Marshall, V.W., 1996. The stage Theory in Aging and the Social Sciences, In R. Binstock and L.K.. George eds. *Handbook of Aging and the Social Sciences*, San Diego, Academic Press, Pp. 12-26

McMullen, J. A., 2000. Diversity and the State of Sociological Aging Theory, *Gerontologist*, 40: 517-30

Narayan, C., 2008. Is there a Double Standard of aging?: Older Men and Women and Ageism. *Educational Gerontology, 34*(9), 782–787.

Nazroo, J. Y., 2006. Ethnicity and Old Age. In Vincent, J. A., Phillipson, C. and Downs, M. (eds), *The Futures of Old Age*. Sage, London, 62-72

Neumann, C. V., 2000. *Sources of Meaning and Energy in the Chronically ill Frail Elders*, Milwaukee: University of Wisconsin

Nygaard, D. 1994. *World Population Projected 2020*, 2020 Vision Brief 5, International Food Policy Research Institute (IFPRI)

Palmore, Erdman, 2001. *The Ageism Survey: First Survey*, The Gerontologist, 41:572

Phillipson, C., 1982. *Capitalism and the Construction of Old Age*. Macmillan, London.

Phillipson, C., Alhaq, E., Ullah, S. and Ogg, J., 2000. Bangladeshi families in Bethnal Green, London: Older People, Ethnicity and Social Exclusion. In Warnes, A. M., Warren, L. and Nolan, M. (eds), *Care Services for Later Life*, Jessica Kingsley, London, 273-90

Qureshi, T., 1998. *Living in Britain, Growing Old in Britain: A Study of Bangladeshi Elders in London*. Centre for Policy on Ageing, London

Rose, A. M., 1965. The Subculture of Ageing, , in A. M. Rose and W Peterson (eds.) *Older People and their Social Words,* Philadelphia: Davis, Pp. 3-16

Riley, .M.W., 1972. Age Integration and the Lives of Older People, *Gerontologist*, 34:110-15

Riley, M.W., Johnson, M., and Foner,A., 1994. *Ageing and Society*, NY: Russell Sage

Russell, C., 1999. Interviewing Vulnerable Old People: Ethical and Methodological Implications of Imagining Our Subjects. *Journal of Aging Studies*, 24(4): 403-17

Sargeant, M., 2013. Legal Aspects of Age Discrimination. In J. Field, R. J. Burke, & C. L. Cooper (Eds.), *The SAGE Handbook of Aging, Work and Society* (pp. 514–529). Washington, DC: SAGE

Schwall, A. R., 2012. Defining Age, and Using Age-relevant Constructs. In J. W. Hedge & W. C. Borman (Eds.), *The Oxford Handbook of Work and Aging*, Pp. 169-186. New York: Oxford University Press.

Schroots, J. J. F., 1996. Theoretical Development in the Psychology of Aging, *Gerontology*, 36:742-48

Sin, C. H., 2004. Sampling Minority Ethnic Older People in Britain. *Ageing & Society*, 24(2): 257-77

Sweiry, D., Willitts, M.,2012. *Attitudes to Age in Britain*. In-House Research No. 7. London.

Tormstam, L., 1994. Gerotransendence: A Theoretical and Empirical Exploration, in Thpmas ed. *Ageing and Religious Dimension*, Westport: Greenwood, Pp. 203-206

Truxillo, D. M., Fraccaroli, F., Yaldiz, L. M., & Zaniboni, S., 2017. Age Discrimination at Work. In E. Parry & J. McCarthy (Eds.), *The Palgrave Handbook of Age Diversity and Work* (pp. 447–472). London: Palgrave Macmillan UK

Uhlenberg, P., 1996THe Burden of Ageing, *Gerontologist*, 36:761-67

United Nation, 2020. *United Nations Report on Ageing* 2020, UN

Woodward, K., 2003. Against Wisdom: the Social Politics of Anger and Aging. *Journal of Aging Studies*, 17(1):55-67

Yin, P. and LaiK.H., 1983. A Conceptualization of Age Stratification in China, , *Journal of Gerontology*, 38:608-13

Zubair M. and Norris, M, 2015. Perspective on Ageing, Later Life and Ethnicity, *Ageing and Society*, 35:897-916