

Abuse and Neglect of the Elderly: Bangladesh Perspective

Mohammad Shariful Islam

Lecturer, Department of Social Work, Jagannath University, Dhaka

Abstract: *Aging is one of the emerging global social problems the world facing today. Improvement in basic health care and living standard are intensifying the problem. Elderly is the final stage of life when more care and support is required. The elderly depends on their caregivers for almost everything. It is evident that elderly people are victim of different sorts of abuse and neglect globally. Bangladesh is not an exception to that. Being recognised as senior citizen of the country this situation is undesirable. The major objective of this article is to examine the extent of elderly abuse and neglect in our society. Findings show that incidence of abuse and neglect of the elderly is all-encompassing and it is more in the rural areas and among the female. It is recommended that at the family level members of the families with elderly should be oriented about the dignity of the elderly and at the state level organised old age homes should be established throughout the country, particularly in rural areas and for female elderly.*

Introduction

Globally elderly population is growing at an annual rate of 2.6 percent, considerably faster than the annual population growth rate of 1.2 per cent. The proportion of the elderly has increased steadily from 8 percent in 1950 to 11 percent in 2009, and is expected to reach 22 per cent in 2050 (World Population Ageing, 2009). Progress in science and technology and improvement in living in last couple of decades has increased in life expectancy from 46.5 years in 1950 to 66.0 years in 2000-2005, and is expected to rise to 76 years by the year 2045-2050 (World Population Prospects, 2008). Elderly population in Bangladesh is also increasing extensively. According to the national census of 2011 (BBS, 2011), Bangladesh has a population about 150 million; 7.4% of this population is aged. This percentage of elderly population is projected to increase to 8.0% in 2020, 11.9% in 2035 and it will be an ageing nation when it reaches 17.0% in 2050. Therefore, undoubtedly, ageing is going to be one of the most critical problems in Bangladesh with its far-reaching consequences. According to Bangladesh Bureau of Statistics (BBS, 2001), the number of aged people (60+) will reach 14.6 million (about 9 percent of the total population) by the year 2025 (Concepcion, 1986; East-West Centre, 2002), and this percentage of aged population in Bangladesh is projected to increase 17 percent by the year 2050.

Traditionally, in almost all societies, the elderly people have been honoured. However, the transformation of society into industrialisation caused concern for elderly as the traditional social security system weakened. Developed countries have established the organised system for supporting the elderly while the elderly of the developing countries like Bangladesh is facing insecurity in absence of such system. In absence of organised services, the elderly people are to depend on caregivers, most likely in the family settings. So, family members are invariably the caregivers of the elderly in our

country. As the elderly suffers from various physical, social, and psychological limitations and needs more services, it is not unlikely that they face abuse or neglect from caregivers. In fact, the abuse of elderly by caregivers is a worldwide issue. In 2002, the work of the World Health Organization brought international attention to the issue of elderly abuse (Cook-Daniels, 2003). Over the years, government agencies and community professional groups, worldwide, have specified elder abuse as a social problem (Rinkler, 2009). In 2006, the International Network for Prevention of Elder Abuse (IPNEA) designated June 15 as World Elder Abuse Awareness Day (WEAAD) and an increasing number of events are held across the globe on this day to raise awareness of elder abuse, and highlight ways to challenge such abuse (IPNEA, 2007).

As stated, traditionally, elderly people have been revered in Bangladeshi society. However, along with changes to the traditional social institutions, these values of deference and respect of the elderly are also changing rapidly due to the effects of modernization and urbanization.

The number of nuclear families is increasing while the traditional status and role of the seniors have at the same time reduced (*The Daily Star*, 2015). In the patrilineal joint family, sons are expected to care for and provide assistance to parents at their elderly but the traditional joint family structure in rural Bangladesh (where majority of our elderly are living) is breaking down over last few decades due to poverty, attitude of self-interest, quarrels, maladjustment and so on and is gradually being replaced by nuclear families (UNESCO, 1992). Poverty, at the one hand and lack of social security, on the other hand makes older people a burden for their children. So, many do not want to take the responsibility of their old parents. Most of the elderly people in Bangladesh suffer from some basic human problems, viz. poor financial support, senile disease and absence of proper health and medical care facilities, exclusion and negligence, deprivation and socio-economic insecurity. About 80% of the aged of Bangladesh live in rural areas. Their sufferings are the cumulative effects of a lifetime (*The Daily Star*, 2011).

Although, the percentage of the elderly population is increasing their participation in the labour force is decreasing. Participation of elderly in labour force decreased from 62.5% in 1950 to 46.6% in 2000 and expected to decrease further to 42.9% by 2010 (WPP, 2009). This may demand a sound economic security at the later stage of life. Illiteracy, unhealthy physical condition, utmost economic dependence of the already poverty-stricken family makes the elderly susceptible to elder neglect and abuse (Rahman, et al. 2010). Bangladesh is one of the developing countries in the world characterized by an increasing population growth and high density of population, low per capita income, low literacy rate, low status of women and girls and lack of economic and social security for all. But recently there has been a noticeably high increase in the elderly population which is a new phenomenon for today's Bangladesh. Now Bangladesh is one of the 20 countries with largest number of elderly population. By 2025 Bangladesh, along with four other Asian countries, will account for about half of the world's total elderly population (Rahman, 2012). Again the older section of the population is increasing much faster than the total population along with their vulnerability, thereby multiplying the dimension of the problem (Rahman, 2012).

So far any organised system of holistic support for the elderly is absent in Bangladesh. Though a considerable proportion of elderly in Bangladesh receive token old age allowance (BDT 300/ per month) (Karim et al., 2013). All of them live with family and in some cases alone. Family members are the caregiver of this huge elderly population throughout the country. As stated the elderly of Bangladesh is also likely to face various abuse and neglect. In the meantime, a number of studies have been conducted on different elderly issues in Bangladesh. However, these studies mainly focused on social security issue of the elderly such as. Impact of Old Age Allowance on Social Relations of the Elderly in Rural Bangladesh (Karim et al., 2013). population Ageing in Bangladesh: problems and prospects (Islam, 2012) Elder Abuse and Neglect: Evidence from Bangladeshi older women (Rahman, 2013), A socio-Economic insight of the Rural-Urban Elderly in Bangladesh (Islam, 2012), and so on. So far, there is no study looked at the abuse and neglect of the elderly exclusively in Bangladesh. But undoubtedly, it is important to identify the extent and nature of abuse and neglect the elderly facing in our society. It is also important because we have recognised the elderly as senior citizen of our country and above all, we want to revere our elderly people. In this context the present article focuses on abuse and neglect of elderly people are facing in the society. As an adults grow older they may become more physically frail, unable to work their sensory organ as well as they used to, and may develop cognitive problems. As a result, they become increasingly vulnerable to depend on others and, subjected to increase abuse and neglect.

Objectives

- To know the extent of abuses and types of abuse the elderly faced;
- To know the extent of neglect and types of neglect the elderly faced; and
- To prescribe some recommendations on the basis of findings of the present study for ensuring the wellbeing of elderly during their old age.

Theoretical Framework

Population ageing is defined as an increase in the proportion of population, which is elderly. There is no universally accepted definition of the elderly but in most gerontological literature, people above 60 years of age are considered as 'old' and taken to be the 'elderly' segment of the population of a country. In Bangladesh, persons aged 60 or above are considered to be elderly who has been adopted in the present article. Elder abuse and neglect is a growing problem as already presented. Elder abuse is defined as a knowing, intentional, or negligent act to a vulnerable adult. Laws to protect and prosecute the elderly may vary from place to place (Siddika, 2015). Elder abuse covers two broad categories abuse and neglect. Abuse is a positive act, commonly an act of commission, and there is active involvement or interaction on the part of the abuser (James, 1994).

The easiest and most obvious type of abuse is physical abuse (Wu, 2010), while others being psychological abuse, financial/material abuse, sexual abuse, and neglect.

Neglect, by comparison is used to describe acts of omission, specifically those with a passive involvement of the abuser (McCullum, 1993). Neglect is defined as the refusal or failure to fulfil any part of a person's obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder or the failure on the part of an in-home service provider to provide necessary care. Neglect typically means the refusal or failure to provide an elderly person with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials included in an implied or agreed upon responsibility to an elder. There are mainly two types of neglect and these are: 1) active neglect and 2) passive neglect. With active neglect the caregiver intentionally fails to meet his/her obligations towards the older persons. With passive neglect, the failure is unintentional. With the both neglect the caregiver fails to meet the physical, social and emotional needs of the older person.

There are other types of neglect which is called self neglect. With that neglect the older person fails to meet their own physical, psychological and social needs (Farhana, 2015). Although these are discrete entities, they are often closely related and interdependent. Studies conducted have shown that neglect was the most common form of abuse, followed by psychological abuse, financial exploitation, physical abuse, abandonment, and sexual abuse (Sherman, Rosenblatt and Antonucci, 2008). Elder abuse has been recorded since the 19th century, and highlighted in the 1980's. Mistreatment of older people—referred to as 'elder abuse'—was first described in the British scientific journals in 1975 under the term 'granny battering' (Baker, 1975; Burston, 1975). However, there is no universally accepted definition of elder abuse although in general, it is understood to include actions of violence or mistreatment committed intentionally or unintentionally, physically or emotionally arising from physical abuse or through forms of neglect (Hudson, 1999).

According to the National Centre on Elder Abuse (NCEA, 2008), elder abuse is a term referring to any knowing, intentional, or negligent act by caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. In form, elder abuse may be intentional (active) or unintentional (passive) (Wolf, 1997). In the 2002 Toronto Declaration on the Global Prevention of Elder Abuse, elder abuse was defined as "...a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person." It can be of various forms: physical, psychological, emotional, sexual, and financial or simply reflect intentional or unintentional neglect (WHO, 2002). This definition originated in 1995 with a United Kingdom non-governmental organization, Action on Elder Abuse (Biggs & Haapala, 2010).

Underlying theoretical frameworks include social exchange (Phillips, 1986), environmental stress (Steinmetz, 1988), caregiver stress (Wolf, 2000), cycle of violence (Korbin and others, 1995), and abuser impairment (Pillemer & Finkelhor, 1985). Most recently, ecological theory has been used to framework research on older women and mistreatment (Luoma et al. 2011). Abuse of vulnerable older adults refers to "intentional

actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder, or failure by a caregiver to satisfy the elder's basic needs or protect the elder from harm" (NRC, 2003: 40). In the present article mainly two types of abuse (physical & mental) and neglect has been considered to see the extent and types of abuse and neglect the elderly facing in terms of their residence (urban and rural area) and gender (male & female). The article also prescribes some recommendations towards ensuring the well-being of senior citizens (elderly) of our country.

Data and Methods

Data used in this article were collected from purposively selected 84 elderly people aged 60 years and above of both gender and of both rural (five districts i.e. Mymensingh, Netrokona, Neelfamari, Khulna and Kurigram) and urban (different places of Dhaka city, i.e. Badda, Malibagh, Shajanpur, Mugda, Greenroad, Mirpur, Lakshibazar, Ramna Park) areas. The numbers of selected male and female elderly were 41 and 43 respectively and rural and urban areas were 42 each. To have representative sample, different socio-economic characteristics of the respondents were considered. A semi-structured interview schedule was developed and used for data collection. Analysing the above theoretical presentation, five indicators related to physical and mental abuse (forced work, material exploitation, scolding, threat, and physical assault) and seven indicators related to neglect (attend well in need, needs fulfilled properly, arrange treatment if fall sick, attend well during sickness, family members eat together, family members behave well, and family members accompany during visit outside) were included in the questionnaire and asked the respondents whether they have experience those or not. The answers were scored as '1 (one)' if positive to abuse and neglect and '0 (zero)' if negative to abuse and neglect. The results have been examined with the gender and residence of the elderly.

Results and Discussion

Age, gender and marital status of the elderly

There are significant gender variations between elderly men and women regarding the presence of their spouse at present. Data presented in table 1 show that female elderly are more likely to be single in their old age. Almost all (95.3%) of the elderly women are either widow or deserted by their husband or single compared to less than half (48.8%) of the elderly men. That is, elderly women are compelled to lead singlehood in the critical stage of life which is full of hazards and difficulties. Majority of the elderly men live with their wives indicates that they might have got married after widowhood or divorced and living relatively a secure life than elderly women. Again, the proportion of being single of female elderly increases as their age increases. Most significant is that after 70 years of age all elderly women are single compared to 50 percent of male. Findings indicate that gender discrimination is evident in favour of men even in the later stage of life like all other spheres of life.

Table 1: Age, gender and marital status of elderly (in percent)

Age	Gender	Marital status		Total (%)
		Single	Couple	
<70	Male	46.7	53.3	100 (15)
	Female	90.9	9.1	100 (22)
	Total	73.0	27.0	100 (37)
70-79	Male	42.9	57.1	100 (21)
	Female	100	-	100 (13)
	Total	64.7	35.3	100 (34)
80 & more	Male	80.0	20.0	100 (5)
	Female	100	-	100 (8)
	Total	92.3	7.7	100 (13)
Total	Male	48.8	51.2	100 (41)
	Female	95.3	4.7	100 (43)
	Total (%)	72.6 (61)	27.4 (23)	100 (84)

*Figures in parentheses indicate number of elderly

Residential Arrangement of the Elderly

In the patrilineal joint family in our society, sons are expected to care for and provide assistance to parents at their elderly as discussed in theoretical framework. Still the scenario is prevailing in Bangladesh. From table 2, it is apparent that more than three fourth (76.2%) of the elderly people reside with their sons whereas, only (11.9%) of elderly people live with their daughters and the rest (10.7%) of the elderly live separate or by their own. It is evident that only 7.3 percent male elderly resides with their daughter whereas 16.3% of female elderly reside with their daughter. The proportion of female elderly is almost two third higher than the male elderly in terms of residing with their daughters. This is an indication of gender discrimination as daughters (female) are to take the burden of mothers (female). Another interesting finding is that none of the male elderly resides with 'other people' except their children but a few numbers (2.3%) of female elderly reside with other people who are not their children.

Table 2: Elderly by present residential arrangement (in percent)

Gender of the elderly	Elderly residing with children at present				Total (%)
	Son	Daughter	Separate	Others	
Male	80.5	7.3	12.2	0.0	100 (41)
Female	72.1	16.3	9.3	2.3	100 (43)
Total	76.2	11.9	10.7	1.2	100 (84)

*Figures in parentheses indicate number of elderly

Extent of Elderly Abuse

Table 3 presents the number of abuse among the five indicators (forced work, material exploitation, scolding, threat, and physical assault) considered in the present study faced by the elderly. On an average, among five abuses considered, each elderly

faces 2.80 abuses. The average number of abuse faced by male elderly is slightly higher (2.83) than that of female elderly (2.77). The rural elderly faces more number of abuses in comparison to the urban elderly. The average number of abuse faced by rural elderly and urban elderly is respectively 3.14 and 2.45 among the five abuses considered. More than one third of the elderly (34.5%) faces 3 abuses, 29.8 percent elderly faces 2, 21.4 percent faces 4, 7.1 percent faces 1, and 4.8 percent faces 5 abuses of the five types of abuse considered. Among the elderly only 2.4 percent did not face any kind of abuse indicating the all-encompassing incidence of elderly abuse occurs in the society. The Highest proportion of the rural female elderly (40%) faces 4 abuses while the highest proportion of rural male elderly (45.5%) faces 3 abuses among 5 abuses considered here. On the other hand, the highest proportion of the urban female elderly (43.5%) faces 2 abuses whereas the highest proportion of urban male elderly (31.6%) faces 3 abuses among 5 abuses considered. But it is notable that all rural elderly face at least one abuse among the five considered in the present article.

Table 3: Elderly by number of physical and mental abuse faced by residence and gender (in percent)

Residence	Gender	Number of abuses faced						Total (%)	Average
		0	1	2	3	4	5		
Rural	Male	-	0.0	27.3	45.5	18.2	9.1	100 (22)	3.09
	Female	-	5.0	20.0	30.0	40.0	5.0	100 (20)	3.20
	Total	-	2.4	23.8	38.1	28.6	7.1	100 (42)	3.14
Urban	Male	5.3	15.8	26.3	31.6	15.8	5.3	100 (19)	2.53
	Female	4.3	8.7	43.5	30.4	13.0	0.0	100 (23)	2.39
	Total	4.8	11.9	35.7	31.0	14.3	2.4	100 (42)	2.45
Total	Male	2.4	7.3	26.8	39.0	17.1	7.3	100 (41)	2.83
	Female	2.3	7.0	32.6	30.2	25.6	2.3	100 (43)	2.77
	Total	2.4	7.1	29.8	34.5	21.4	4.8	100 (84)	2.80

*Figures in parentheses indicate number of elderly

Types of Abuse Faced by the Elderly

Abuse of elders can take many forms as discussed in the theoretical section. In this study, almost all elderly face one or more abuses among the five types of physical and mental abuse considered. Experience of elderly in different types of abuse has been presented in table 4. It is seen that most of the elderly people (90.5%) faces 'scolding' and 61.9 percent elderly faces 'threat' by their family members. More than half (54.8%) of the elderly is somehow forced to do different types of work by their family members. A significant observation is that more than one-fourth (27.4%) of elderly people are physically assaulted by their family members, more in rural areas (38.1%) than urban areas ((16.7%) for both gender together. If gender is considered, more female (55.0%) compared to male (22.7%) in rural areas and more male (21.1%) compared to female (13.0%) in urban area face physical assault. Male elderly are more likely to be scolded,

threatened and forced to work by their family members than female elderly. On the other hand, the incidence of material exploitation and physical assault are higher among female elderly than their male counterpart. Overall, rural elderly faces different types of mental and physical abuse more in comparison to the urban elderly. Another significant finding is that all elderly (both male and female) are scolded by their family member in rural areas compared to 81.0 percent in urban areas (Table 4).

Table 4: Elderly by whether faced different types of physical and mental abuse by residence and gender (in percent)

Residence	Gender	Types of physical and mental abuse & whether the elderly faced										Total respondent (elderly)
		Forced work		Material exploitation		Scolding		Threat		Physical assault		
		No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	
Rural	Male	18.2	81.8	72.7	27.3	0.0	100	22.7	77.3	77.3	22.7	100 (22)
	Female	65.0	35.0	35.0	65.0	0.0	100	35.0	65.0	45.0	55.0	100 (20)
	Total	40.5	59.5	54.8	45.2	0.0	100	28.6	71.4	61.9	38.1	100 (42)
Urban	Male	52.6	47.4	57.9	42.1	10.5	89.5	47.4	52.6	78.9	21.1	100 (19)
	Female	47.8	52.2	52.2	47.8	26.1	73.9	47.8	52.2	87.0	13.0	100 (23)
	Total	50.0	50.0	54.8	45.2	19.0	81.0	47.6	52.4	83.3	16.7	100 (42)
Total	Male	34.1	65.9	65.9	34.1	4.9	95.1	34.1	65.9	78.0	22.0	100 (41)
	Female	55.8	44.2	44.2	55.8	14.0	86.0	41.9	58.1	67.4	32.6	100 (43)
	Total	45.2	54.8	54.8	45.2	9.5	90.5	38.1	61.9	72.6	27.4	100 (84)

*Figures in parentheses indicate number of elderly

Extent of Elderly Neglect

Like abuse, neglect of elderly in this article has been examined by seven indicators. These are: attend well in need, needs fulfilled properly, arrange treatment if fall sick, attend well during sickness, family members eat together, family members behave well, and family members accompany during visit outside. Data in this regard presented in table 5 shows that each elderly people face on an average 3.52 neglect among the seven considered. The numbers of neglect face by male elderly and female elderly are average respectively 3.76 and 3.30 among the seven considered. Rural elderly (average 3.88 among seven) faces neglect slightly higher than urban elderly (average 3.17 among seven). Equal proportion of male elderly (31.7%) faces four neglect and five neglect whereas only 2.4 percent male elderly do not face any kind of neglect. Most of the female elderly face 3 neglect. All female elderly irrespective of their residence and all male elderly of urban areas face one or more neglect considered. In rural areas most of the

male elderly face five or more neglect and most of the female elderly faces three neglect almost equally of both areas. On the other hand, in urban area, 26.3 percent male elderly faces two and four neglect compared to most of the female elderly (34.8%) face three neglect among the seven indicators of neglect considered.

Table 5: Extent of neglect elderly faced by residence and gender (in percent)

Residence	Gender	Number of neglect							Total (%)	Average
		0	1	2	3	4	5	6		
Rural	Male	4.5	0.0	4.5	9.1	36.4	40.9	4.5	100 (22)	4.14
	Female	0.0	10.0	5.0	30.0	25.0	30.0	0.0	100 (20)	3.60
	Total	2.4	4.8	4.8	19.0	31.0	35.7	2.4	100 (42)	3.88
Urban	Male	0.0	5.3	26.3	21.1	26.3	21.1	0.0	100 (19)	3.32
	Female	0.0	13.0	21.7	34.8	8.7	21.7	0.0	100 (23)	3.04
	Total	0.0	9.5	23.8	28.6	16.7	21.4	0.0	100 (42)	3.17
Total	Male	2.4	2.4	14.6	14.6	31.7	31.7	2.4	100 (41)	3.76
	Female	0.0	11.6	14.0	32.6	16.3	25.6	0.0	100 (43)	3.30
	Total	1.2	7.1	14.3	23.8	23.8	28.6	1.2	100 (84)	3.52

*Figures in parentheses indicate number of elderly

Types of Elderly Neglect

Neglect is considered intentional when an older person is abandoned, not provided with adequate food, clothing, shelter, medical attention. With that neglect the older person fails to meet their own physical, psychological and social needs. Data presented in table 6 show that 86.9 percent of elderly people are neglected by family member during their sickness. The proportion of elderly living in rural areas (95.2%) is more neglected during their sickness than the elderly living in urban areas (78.6%). Two-third of the elderly people does not get treatment facilities during their sickness. Family members of (69.0%) elderly do not eat with them. More than half of the elderly peoples' needs are not fulfilled properly. 38.1% family doesn't attend the elderly well in need. Family members of (20.2%) elderly do not take them outside for a visit. And family members of 7.1% elderly do not behave well with them. Except unwanted behaviour, all of the incidences of neglecting elderly people are higher in rural areas than that of urban areas. Elderly living in urban area faces more unwell behaviour than rural elderly.

Table 6: Types of neglect elderly by faced by residence & gender

Residence	Gender	Types of neglect and whether the elderly faced														Total (elderly)
		Attend well in need		Needs fulfil properly		Arrange treatment if fall sick		Attend well during sickness		Family members eat together		Family members behave well		Family members accompany during visit outside		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Rural	Male	50.0	50.0	31.8	68.2	9.1	90.9	4.5	95.5	13.6	86.4	95.5	4.5	81.8	18.2	100 (22)
	Female	75.0	25.0	35.0	65.0	15.0	85.0	5.0	95.0	45.0	55.0	100	0.0	65.0	35.0	100 (20)
	Total	61.9	38.1	33.3	66.7	11.9	88.1	4.8	95.2	28.6	71.4	97.6	2.4	73.8	26.2	100 (42)
Urban	Male	57.9	42.1	42.1	57.9	36.8	63.2	31.6	68.4	31.6	68.4	78.9	21.1	89.5	10.5	100 (19)
	Female	65.2	34.8	65.2	34.8	39.1	60.9	13.0	87.0	34.8	65.2	95.7	4.3	82.6	17.4	100 (23)
	Total	61.9	38.1	54.8	45.2	38.1	61.9	21.4	78.6	33.3	66.7	88.1	11.9	85.7	14.3	100 (42)
Total	Male	53.7	46.3	36.6	63.4	22.0	78.0	17.1	82.9	22.0	78.0	87.8	12.2	85.4	14.6	100 (41)
	Female	69.8	30.2	51.2	48.8	27.9	72.1	9.3	90.7	39.5	60.5	97.7	2.3	74.4	25.6	100 (43)
	Total	61.9	38.1	44.0	56.0	25.0	75.0	13.1	86.9	31.0	69.0	92.9	7.1	79.8	20.2	100 (84)

*Figures in parentheses indicate number of elderly

Conclusion and Recommendations

Ageing is inevitable, marked by stages of life like infancy, childhood, adolescence and adulthood and it is the last part of life cycle. None can escape this stage. The elderly are being considered as an asset of any country. They have prolonged experience, wisdom and knowledge which can be used for the national growth and development. That is why they are recognised as senior citizen of the country. It should be our prime responsibility to pamper our national asset and utilize their experiences in country's development. However, findings of the present article have become able to divulge that most of the elderly are facing abuse and neglect rampantly during the old age. Among the abuses, physical and mental abuse as well as various forms of neglect such as, unmet needs and misbehaviour is predominant. Findings also demonstrate that both abuse and neglect is higher in rural than urban areas and women is being faced more than male irrespective of residence. This article could not focus on the reasons and effects of such a rampant elderly abuse and neglect. But it has become evident through the findings of the present study that a separate study is necessary to see the reasons and effects of such a rampant scenario of elderly abuse and neglect. The overall findings suggest that family members should show more love, care and attention to the elderly, bearing in mind that they too would one day become older. A social consciousness among the caregivers should be created by the government, NGOs, civil societies and other stake holders. Government should ensure social security and legal protection and set up adequate old age homes for female elderly particularly in rural areas where those without homes or person to take care of them can go for refuge.

In fine, it can be said that older persons in our society are abused and neglected continuously and they pass their life with hardship. Now the time has come to begin working towards an effective change in attitude towards older people and to restore to them their rightful place in the human community and also to restore their valuable existence.

References:

- Baker, A. A. G. (1975). Battering, *Modern Geriatrics*, Vol. 5, pp. 20-24.
- BBS (Bangladesh Bureau of Statistics) (2003). *Bangladesh Population Census 2001, National Reports (provisional)*, Dhaka.
- Burston, G. R. (1975). Granny battering, *British Medical Journal*, Vol. 3, p. 592.
- Concepcion, M.B. (1986). *The elderly in Asia, population Research leads No.23*, Bangkok: United Nations Economic and social commission for Asia and Pacific.
- Cook-Daniels, L. (2003b, January/February). 2003 is the year elder abuse hits the international State, *Victimization of the elderly and Disabled*. 5, pp. 65-66, 76.
- Help Age International. (2010). *No country for old women*, Retrieved on November 25, 2010.
- Hudson, M. F. (1991). Elder mistreatment: taxonomy with definitions by Delphi, *Journal of Elder Abuse and Neglect*, No. 3, pp. 1-20.
- Islam, A. B. M. S. (2012). Socio-economic Insight of the rural- urban elderly in Bangladesh, Vol.47, *Bangladesh Journal of Geriatric*, October 2012.
- Islam, M. R. (2012). Population Ageing in Bangladesh and prospects, *Bangladesh Journal of Geriatric* Vol. 47 October 2012.
- Islam, M. N. & Nath, D. C. (2012). A future journey to the Elderly support in Bangladesh. *Journal of Anthology*, pp. 1-6.
- Jamaluddin, S. Z. B., Chuan, G. C., & Taher, M. A. (2010). *Strategies in the prevention or reduction of elder Abuse in Bangladesh and Malaysia*.
- Karim, M. R. & Hossain, M. F. (2013). Impact of Old Age Allowance on Social Relations of the Elderly in Rural Bangladesh. *Jagannath University Journal of Social Sciences*, Vol-1, No 1-2, Jan. 2013.
- McCallum, J. (1993). Elder Abuse: The new social problem? *Modern Medicine of Australia*, Sept. pp. 74-83.
- Munsur, A. M., Tareque, M. I. & Rahman, K. M. M. (2010). Determinants of Living Arrangement, Health Status and Abuse among Elderly Women: A Study of Rural Naogaon District. *Bangladesh Journal of International Women's Studies*, 11(4), pp. 162-176.
- National Centre on Elder Abuse (NCEA). (2005). *Fact Sheet: Elder Abuse Prevalence and Incidence*, Washington D.C. National Association of State Units on Aging.
- NCEA (*Nationa Center for Elder Abuse*). (2006). The basice, retrieved on 15 september 2015, from [http://www.ncca.aoa.gov/NCEA root/ Main site/index.aspx](http://www.ncca.aoa.gov/NCEA%20root/Main%20site/index.aspx).
- Palmore, E. B. (1998). *The facts on Ageing Quiz: A handbook of uses and results*. pp. 48-50. New York: Springer.
- Phillips, I. R. (1983). Abuse and neglect of the frail elderly at home: an exploration of theoretical relationship, *Advanced Nursing*, No. 8, p. 37.
- Population and housing Census Report (2011)*. Bangladesh Bureau of Statistics Source: Projections as per previous Report.
- Rahman, K. M. M., Tareque, M. I., Munsur, A. M. & Rahman, M. I. (2010). Elderly Abuse: Causes and Determinants in Rural Naogaon District of Bangladesh. *Journal of Population and Social Studies*, 19(1), pp. 25-36.

- Rahman, K. M. M. (2010). Unnayan Onneshan policy brief on *Present Social Context and Elderly Population in Bangladesh*. Centre for Research and Action Development, Dhaka.
- Rahman, M. I. (2013). Elder Abuse and Neglect: Evidence from Bangladeshi Women, *Bangladesh Journal of Geriatrics*, Vol. 48, October 2013, Dhaka; Bangladesh Association for the Aged and institute of Geriatric Medicine.
- Pillemer, K & Finkelhor, K. (1985). *Domestic Violence Against the Elderly: A Discussion Paper*. Presented at the Surgeons' General Workshop on Violence and Public Health, Leesburg, VA, Varginia.
- Rinkler, A. G. (2009). Recognition and perception old elder abuse by pre hospital and hospital-based care providers. *Archives of Gerontology and Geriatrics* 48, pp. 110-115.
- Siddika, F. (2015). Elder Abuse and Neglect: A Study on Sribordi Upazila in Sherpur District, *Dhaka University Intuitional Repository*, Institute of Social Welfare and Research University of Dhaka.
- Sherman, C. W., Rosenblatt D. E. & Antonucci, T. C. (2008). Elder Abuse and Mistreatment: A life span and cultural context, *Indian Journal of Gerontology*, 22 (4), pp. 319-39.
- Taher, M. A. (2015). Elderly Abuse in Search for Leagal Strategies. *The Daily Star*, 02 May, 2015.
- UNESCO (United Nations Educational, Scientific and Cultural Organization) (1992). The changing Family in ASIA, *Social and Human Sciences in Asia and the Pacific*. RUSHSAP series on Monographs and Occasions Papers 35, Bangkok.
- UN (United Nations) (2001). *World Population Projections*. Population division, DESA, New York.
- UN (United Nations) (2002). *Report of the Second World Assembly on Ageing*. Madrid 8-12 April, 2002. Publication A/CONF, 197/9. New York.
- WPP (*World Population Prospects*) (2009). Department of Economic and Social Affairs, Population Division, United Nations Secretariat.
- Wu, T. H. (2010). *The Prevention of Financial Elder Abuse*, available online at www.lawgazette.com (accessed on 14 June, 2015).