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# Elderly People among the *Patra* Ethnic Group in Bangladesh: A Qualitative Study

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## **Abstract:**

Aging is a life span phenomenon in which biological and cultural factors play an important role. Ethnic backgrounds also affect the on the attitudes of older people in selecting their mechanism in dealing with the changes and problems in their lives. Different studies suggest that culture and ethnicity are central to older people's exclusion and poverty. Indigenous elders are more likely to experience discrimination, language barriers and difficulty in obtaining needed social services. Bangladesh is a culturally diverse country and many years ago with more than 45 ethnic communities lived in different parts of the country. The *Patra* community is one of them living in Sylhet region of Bangladesh. Based on a qualitative investigation this article presents a comprehensive picture of the aging situation among the *Patra* community in Bangladesh. The study found that the elderly people are respected and cared by their family members but due to poverty, traditional support system is under risk. On the other hand, they have poor or no access to government social safety nets, medical and other services mainly due to their vulnerable status in the society. Therefore, the elderly people in the *Patra* community are in a double-disadvantaged situation.

**Key Words:** *Elderly, Patra and Ethnic Group, Bangladesh, Qualitative study*

## **Introduction**

Nowadays aging is considered to be a demographic and social problem and is of great concern to both developed and developing countries. Population aging is gaining growing recognition as one of the most influential forces in any changing society. Specifically, aging deserves attention as a social problem because of increased visibility of the disadvantaged status of older people (Manuel, 1982). A major dimension of the problem of older people is the substantial increase in their number in recent years. This trend is largely attributed to better sanitation, improved public health and the control of life threatening diseases (Moody, 1998). If the present trend of growth of older people continues, it is projected that their worldwide number will more than double in the next twenty five years and the largest relative increase will occur in developing countries (Eyetsmitan and Gire, 2003; UNFPA, 2012). It has been projected that by 2025 over two thirds of those sixty-five years and older will be living in developing countries (US Census Bureau, 1999). Bangladesh, by contrast, has the youngest population of any major country in Asia, with 5 percent 65 or older in 2011. However this number is increasing rapidly and it might emerge as a serious social and

demographic issue.

In a life cycle, old age is considered to be the most difficult stage for an individual. The older population is in less demand in the labor market and unlikely to contribute a great deal because of their physical and mental vulnerability. The increased number, massive poverty, required service, an increasingly individualistic society, and changing value have introduced older people as a burden on their immediate relatives and problem to nation states. Governments and peoples across nations all over the world are struggling to find ways of meeting the challenges. Among the aged, few finds the prospect to be a pleasing experience as it is associated with a decline in their physical capabilities, economic status, and personal loneliness (Perlmutter and Hall, 1992). On the other hand, some development theorists argue that, instead of trying to stave off the aging process, we should welcome old age. According to David Gutmann (1987), successful aging is not a matter of adjustment to age related losses, but of developing new capacities and seeking new challenges. Our bodies may age, but our mental and spiritual capacities ripen (Perlmutter and Hall, 1992). Others consider old age as a form of second childhood that is the result of increased dependence on others (Kohl, 1996). Whatever the prognosis, old age is a critical phase of life. Researchers view older people as a homogenous group in which age is a leveler of all other characteristics. But along with age, other factors including gender, socio-economic background, family relationships and support, living situation, physical condition, and cultural practices that severely influence how a person will enjoy his/her later life (Gelfand, 1982).

A growing approach in the study of older people is found in comparative analyses between nations and within nations relative to specific cultural communities. In the context of Bangladesh, rapid socio-economic and demographic transformations, mass poverty, declining social and religious values, the influence of Western culture, and other similar factors have broken down the traditional extended family and community care systems of the majority society (Rahman, 2000). Most of the older people in Bangladesh including older people of tribal communities suffer from some basic human needs related problems like insufficient income and lack of employment opportunity, absolute poverty, chronic diseases that are more common in old age, an absence of proper health and medical facilities, exclusion and neglect, frustration, and deprivation. Indigenous communities have their own distinct culture and way of life but biological changes and the experience of death are similar with mainstream society (Manuel, 1982). Although the young generations of these groups still uphold positive attitudes towards their elders, the economic situation of indigenous older people is extremely vulnerable because the indigenous groups do not have an assured source of living (Kohli, 1996). Indigenous elders are more likely to experience discrimination, language barriers and difficulty in obtaining needed social services (Manuel, 1982). In his ranking of the least advantaged elderly groups according to vulnerability, Moody (1998) puts ethnic and indigenous elderly on the top of the list. He documented indigenous elderly problems as of an 'exclusive nature' as these groups are usually excluded from all development/welfare programs initiated by the governments of developing countries.

Aging is presented by Eytsemitan and Gire as a life span phenomenon in which biological and cultural factors play an important role (Eytsemitan and Gire, 2003). Expanding on that model, Bronfenbrenners (1979) describes how the family environment, including workplace and external (mainstream society) environment (in which indigenous people never enters but are none-the-less impacted) influence a person's attitude. Bronfenbrenners further explains how culture, sub culture or other extended social

structures influence the belief systems, resources, hazards, lifestyle, opportunity structure, life course options and patterns of social interchange influence the development of human attitudes (Bronfenbrenners, 1993). Gelfand (1982) points to the influence of ethnic backgrounds on the attitudes of older people in selecting their mechanism in dealing with the changes and problems in their lives. Religious and cultural backgrounds also influence family and social care systems for the older people. Culture and ethnicity are central to older people's exclusion and poverty (Scobie, Jane and Graham, 2002). Considering the adverse economic condition, cultural aggression, exclusion from national policy and so on, it can be inferred that the indigenous elderly are much more vulnerable than the majority older people of Bangladesh.

Bangladesh is a country with cultural diversity. Along with majority Muslim and Hindu population different ethnic minority and indigenous groups have been living here from time immemorial. The Government has recognized twenty-seven ethnic communities throughout the country who belong to this group. This number is highly disputable and indigenous leaders reject such statistics because of its inadequacy and lack of clarity. Bangladesh Indigenous People Forum, an organization working for the rights of the tribal people, provided a list of 45 ethnic groups (commonly called adivasis) existing in the country. These people are culturally and socially distinct from the majority of people (Ahmmmed, 2010). The *Patra* ethnic community is one of them who are living in Sylhet, a north-eastern district of Bangladesh. The historical evidences suggest that this community started to settle their habitat in this region before the fourteenth century (Miah, 2008). Ethnological investigations explore that once Sylhet was ruled by the King Gour Gobinda who was the member of *Patra* ethnic group (Miah, 2008). Then the *Patra* people lived in city areas or closer to city areas. But soon after 1303, the king was defeated by a Muslim invasion led by Hazrat Shahjalal and left Sylhet along with his community people and settled in India. A group of *Patra* people took shelter in hilly areas of Sylhet district and this is where the ancestors of the *Patra* lived, only ten to twelve kilometers away from Sylhet town (PASKAP, 2006). Religiously this indigenous group has close affinity with the majority Hindu community. However, they have distinct pattern of rituals, festivals and ways of life that are even different from other indigenous groups of Sylhet region. This community is known as *Laleng* to themselves and *Patra* or *Pathor* to the majority population (Risely, 1872). As there are relationships among aging, race and ethnicity; aging experience among *Patra* community is distinct from majority people. Although research on the needs and problems are conducted in the community, no study on aging is found. Government has welfare programs for older people, which are designed considering the needs of majority people. Thus, the older people of different ethnic groups are automatically excluded from government support and services. This might be because of a lack of information about the distinct needs of the community. Based on the above information, it was considered important to conduct research on aging people found in this ethnic group.

### **Objectives of the Study**

The general objective of this study was to develop a comprehensive picture of the aging situation among the *Patra* indigenous group in Bangladesh. The specific objectives of the study were as follows:

- 1) To identify the socio-economic situation of the *Patra* indigenous older people.
- 2) To explore the indigenous systems of care-giving, health support seeking behavior and nature of access to mainstream services.

- 3) To explore the values and traditions of *Patra* indigenous community towards older people.
- 4) To delineate the problems encountered by the *Patra* indigenous older people.
- 5) To explore suggestions of the older people for their betterment.

## Methodology

With the objectives of in-depth exploration of conditions and problems associated with ethnic aging, this research project used qualitative methodology. According to Babbie (1998:5), qualitative methodology is suitable “for the purpose of discovering underlying meanings and a patterns of relationships” in ethnic social life. The goal of the qualitative design was to represent the participants’ reality as faithfully as possible from their points of view (Morgan and Kunkel, 2001). In order to obtain a profound understanding about ethnic older people and their special world, the qualitative design helped the researchers to gather information through the use of ordinary conversation and observation. The design followed the guidelines of ethnographic research. Ethnographic research as Cuelar (1974) points out enables the researcher to gain knowledge about a specific population, such as ethnic communities of different areas. Since the findings of a research are heavily dependent on reliable data sets and their analysis (Patton, 1990); this research paid special attention to the fieldwork phase. This participatory design provided an opportunity to capture the landscape of the aging situation among the *Patra* indigenous peoples in Bangladesh that had never been explored before this intervention.

It is evident from literature that most of the *Patra* indigenous people are living in Sylhet District. Thus, four villages of Sylhet district namely Phoringura, Sidiargul, Alaibahor, Bhararhat were selected purposively. Easy access, personal connection with community people and relationship with NGO working in the areas were the basis for selection of those villages. Then all older (age of 60 years and above) people of the selected villages were identified by village census survey and all of them were included as participants of the research. The study team found 31 elderly people age of 60 and above. Focus group discussions and in-depth interviews as well as unstructured observations were employed in gathering data from the elderly people.

## Findings

### **Demographic Information**

Age was a difficult indicator to identify accurately because of the lack of birth registration or any other valid document indicating the participants’ age. In most cases participants were unable to figure out the year they were born, yet alone the day. They were only able to determine some memorable moments or events (year of marriage, year of first child born, significant social/political events etc.) and relate these events to their approximate age. These approximations were vindicated by circumstantial evidence especially by physical appearance and peer support. Along with these, the researcher used his personal assumption to determine an age-structure of the Manipuri elderly people. Thus, the participants were divided into three broader categories: a) young old age between sixty to sixty nine years (twenty eight participants) and characterized by good physical condition and an active personal life; b) old age- between seventy to seventy nine years (sixteen participants) and are physically feeble with a relatively less active personal life; and c)

very old- between eighty to eighty nine (seven participants) years and in extremely vulnerable physical condition with almost total dependency.

The number of male participants was higher than female participants. Among 31 participants, only 9 were female. This data is not consistent with the national statistics where the number of male elderly people is higher than that of their counterparts. Among 9 female participants, 7 were found to be widowed compared to only 3 out of 22 were widowers. Among 31 participants, 22 had no education. The rest of them had some degree of education but none of the participants completed secondary school certificate. Among our 31 participants, only 9 reported that they were living in joint family along with their children, grand children and daughter-in-laws. In addition, they viewed that the family system in *Patra* community is changing and the younger generation prefers to have nuclear family. This tendency is increasing the number of nuclear families.

Child and infant mortality rates are very high in the *Patra* community. All of the members live in a miserable plight when it comes to access to health care. Lack of available modern treatment, ignorance, and a virtually non-existent transport system makes pregnancy a potential hazardous experience. All of these adversities result in a typical trend of high birth rate and high child mortality. Agricultural economy of the *Patra* is mainly dependent on physical labor. The widespread belief is that if someone has many children it becomes easier to cultivate more land which will bring more economic success to the family. Additionally, most of the *Patra* people are not aware of the concept of family planning and contraception. These factors result in large numbers of children in a family.

### **Family System and Family Life**

The joint family system is changing due to the preference of the younger generation to live away from relatives. Despite the declining numbers of joint families, large families still dominate the *Patra* community. Most of the *Patra* families of the participants (19 out of 31) consist of 8 to 15 members. Nine of our participants had very large size families with 14 to 15 members. Most of the participants reported that the family functions and attitudes are changing in their community. According to the participants, the influences of the majority culture in their community now prefer to maintain a family with a husband, wife and children. The younger generation does not like to stay along with their parents once they get married. Due to a lack of job opportunities in the community, a large number of *Patra* males work outside the community while wife and children remain in the community.

Traditionally older people have a high position in the *Patra* family. Within the family, older people enjoy a high status on the basis of their cultural base, socially constructed rules and social norms. Without exception, family members treat older people with deep respect and honor. Along with tradition, property ownership as well as lifelong engagement of elderly people works positively on maintaining such practices. Household activities in *Patra* homes are considered to be women's work. Along with agricultural activities older women have to do household chores including cooking, cleaning, guest entertainment, collecting cooking wood, water and so on until they are physically capable of doing all of those activities. Take care of grand children was found another important responsibility of elderly people in the family. *Patra* elderly people have the opportunity to participate in family decision-making process. It appears that older men enjoy higher authority in family decision-making. All of the male participants stated that they actively participate in family matters. In most cases, they are the key decision makers. However,

female participants noticed that they do not have opportunity to make decisions directly but rather they participate in the process like all other members in the family. A few participants were also found to have no opportunity to participate in family decision-making due to their physical disability and a lack of trust and respect by respective family members.

### **Economic Activities and Status of Elderly People in the Community**

The *Patra* community is mainly dependent upon agriculture. However household income is under constant threat from different quarters. Landownership is the greatest threat. Although most *Patra* people have been living in the same areas for decades, most of them have lost their land. They have sold their land and in many occasions their lands are grabbed by making fake documents by the majority people. Due to not owning their land, agriculture becomes less profitable and many of them have given up agricultural activities. Due to this, their income is decreasing and the safety and security issues during old age are becoming a constant threat. Few elderly people in the community is found to be engaged in small business, factory work and selling firewood. Physically capable elderly people are found to be income earners and are enjoying better status than the elderly people with full family dependency. Due to massive poverty, the participants viewed that traditional family support system for the elderly has been declining.

### **Ways of Mitigating Regular Needs**

Despite the fact that the older people have their own income, their income declines due to their declining capacity to sacrifice hard labor. Almost all of the elderly people reported that their body is getting weak and they cannot work like they did in their youth. Due to this, elderly people suffer from economic crisis frequently. But they can survive as family members support them to meet their regular needs. Beyond regular needs, sons, daughters and close relatives provide monetary support for food. Though older women do not have their personal income, husbands, sons, daughters and close relatives give them money to spend as per their capacity. Although the government provides social safety nets and allowances for elderly people, research found only 2 elderly people who were receiving these support from the government. Their marginal status as ethnic minority people, not having access to the selection process of those beneficiaries as well as lack of their self-consciousness were identified as major reasons for such exclusion from government benefits.

### **Nature of Problems**

#### ***Physical Ailment***

There are many factors which influence the physical condition of the older people. Health behavior such as food habit, exercise, nature of work, medical treatment and access to health care, exposure to occupational and environmental hazards as well as heredity and social environment affect one's health throughout the life cycle (Morgan and Kunkel, 2001). The *Patras* are no exception. They have lived in isolated territories for many years without having any link with modern ways of life. They enjoy their lives in their own ways. The manner in which they lead their life might be deemed as primitive to a modernist. The level of

awareness of their own health and hygiene was found to be very low. Only 31 persons were found in four villages who have reached sixty years or older. None of the participants were in good physical condition and disease free. They are suffering from both chronic and acute illness. Chronic illness, considered as non-curable, are one of the major physical difficulties the *Patra* older people are struggling with. Physical weakness, senility, poor eyesight, movement problem and rheumatic disorder were the main chronic illnesses among the participants. Low blood pressure was another illness that has affected nearly thirty percent of the participants. Among those in the age group of seventy years and above, cognitive impairment was mentioned as a problem. Back pain, knee pain, poor eyesight etc. are aggressively restricting their movement, work and other activities.

### ***Economic Hardship***

It has already been mentioned that material poverty was wide spread among the *Patra* community. In many occasions they are more vulnerable than mainstream elderly people. Economic hardship was often mentioned by the elderly. Due to physical restrictions in their old age, their earning ability is significantly reduced and in most cases they had to depend upon their family members who are also poor. Poverty was identified as a major reason for the declining traditional family and community based support for the elderly.

### ***Transportation problem***

Although transport is a community problem, it bears particular significance for the older people of the *Patra* community. As mentioned earlier, road communication is almost absent to *Patra* villages. Due to not having road communication, people use muddy pathways that are narrow and unusable for any vehicle. In rainy season, water flows on these paths. Such type of communication systems restricts older people from going outside of their residences for any purposes. At the time of their illness, they cannot move on such bad pathways. Consequently, seeking proper treatment at the proper time becomes impossible for them. If an older person gets sick at night, she/he has to wait until morning to go for treatment. Due to these circumstances, in many cases the older people's health condition deteriorates dangerously. A lack of available quick treatment was considered one of the major problems to almost all participants. They mentioned that many of their members died because it was not possible to reach hospitals quickly. Poor transportation creates not only treatment problems but also restricts older people's free movement. One of the development activists in the community opined that despite having closer distance from Sylhet city area, they are isolated mainly because of the poor road communication. Most of their villages are not connected with roads and therefore they seem like a separate island.

### ***Problem Coping Mechanism***

#### ***Access to Governmental Services***

Lack of access to social services is one of the major concerns among the older *Patra* people. Although the "Old Age Allowance" (*Boisko Bhata*) program of the government has gained recognition as a welcome initiative, the scheme has failed to cover most of the older people throughout the country. In tribal concentrations the beneficiaries of this program are almost absent. Only 2 of the 31 older persons were found to have received benefit from the program. Not a single person was found who revealed in the 'Widowhood

Allowance.’ Only one person noticed that he received allowance as a freedom fighter. Even the names of both of the schemes were unknown to half of the older participants.

The government’s old age allowance and widowhood allowance target the very poor older people of the country. However, *Patra* elderly people are mostly excluded from this benefit mainly because of their status as a marginalized community. They do not have a representative in local government who is responsible to select appropriate candidate for the allowance. One of our respondents viewed that,

*“Local chairman and members do not want to include our name in the list of old age allowance recipients. They select their own people. Sometimes rich people get the allowance but Patra elderly people are excluded as we do not have chairman and members.”*

Ignorance and unconsciousness of the community people was found to be another reason for not getting government allowance. Though most of the elderly were supported by their family members, the support systems sometimes become insufficient for many elderly people and they suffer from acute economic crisis. Government support could make their lives easier and as the citizens of the country they deserve to obtain all available government services.

#### **Access to Non-Government Programs**

Unlike government programs, services from any non-government agencies were available in the *Patra* community. Some organizations like Association for Social Advancement (ASA), Friends in Village Development Bangladesh (FIVDB) and Grameen Bank provide them loan for income earning activities but few elderly people received loan from them. *Patro Samprodai Kallayan Parishad (PASKOP)*, a local NGO run by *Patra* community people, also provides some support to the people and older people get some benefits from them. However, none of those supports were designed for elderly people and did not address the needs of elderly people. In Bangladesh, there are few non-government organizations working for the wellbeing of the older people. In reality, all of them are urban based and their target areas cover only urban centers. As a result, rural older people who are in most need with services and supports are often left out from any NGO efforts. Quite naturally, older people in remote areas never get exposed to activities. None of the older people of the *Patra* community seemed even know about any of the programs operated by the NGOs for the wellbeing of the older people.

#### **Access to Health Services**

Existing medical facilities and necessary infrastructures cannot meet the needs of a rapidly growing number of older people of the country. In government hospitals, there is neither provision of health care for the older people nor any separate arrangement to address their special needs. There is no initiative for physicians to get specialized training in geriatrics. Furthermore, almost all of the government hospitals are designed for ‘able-bodied patients’ who can travel to urban towns and can bear the expenses. As the *Patra* people live far from any urban centers, their health situation is worse than mainstream elderly people. When they become sick, they have to travel long muddy paths on foot before getting a vehicle to reach city area. Once they get there, they still have to face many other problems. Participants mentioned some of their experiences that include complicated formalities to be admitted in health centers and

hospitals, uneasiness to contact physicians due to language barriers, and other expenses to have free service. Therefore, a strong trend was found that the *Patra* people usually avoid government hospitals or health centers for treatment. Very few of the older participants mentioned that they received treatment from the private practitioners by paying a high price. There were no NGOs working on health care for the older people in the research sites.

### Conclusion and Recommendation

The study reveals that although the indigenous older people have their own system of survival, they have many problems to solve. Loosing income sources the *Patra* community is getting poorer day by day. If their economic crisis continues or be more acute over time, traditional support systems might be threatened. Additionally, the influence of modernization may have a negative impact on the existing traditional support systems. Policy makers, planners, government and non-governmental service agencies should seek to develop an understanding of the difficulties that the older people of this community encounter. Culturally sensitive programs for indigenous elderly should be developed on the basis of their distinct needs. The services should be acceptable to the elders and their families and consistent with community value. As the government's contemporary old age allowance scheme does not benefit the studied indigenous older people, steps should be taken so that they can be included within the scheme. It is recommended that medical facilities should be created in a way so that elderly people of any ethnic minority community can have easy access to and they feel comfortable in receiving services from the facilities.

### Notes

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