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**HEALTH AND PSYCHO-SOCIAL CONDITIONS OF
ELDERLY LIVING IN SYLHET CITY CORPORATION:
A CASE STUDY**

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Abstract: Elderly is the emerging problem in Bangladesh with dependency, social, economic, physical and psychological problem. Old age is the hazardous and vulnerable situation when elderly face various physical, mental and social problems. The study tries to explore the health and psycho-social condition of elderly in Sylhet city. Aging cause's degradation of physical, mental health and social problem rises due to breaking down of joint family system, arising urbanization and modernization. The proportion of the population 60 years and elderly is rapidly increasing in this country. Currently elderly account for around 7% of the country's total population amounting to roughly 10 million people.

Key words: Elderly, Physical health problem, Psychological condition, Social condition

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1. INTRODUCTION

Elderly is the emerging problem in Bangladesh with dependency, social, economic, physical and psychological problem. Old age is the hazardous and vulnerable situation when elderly face various physical, mental and social problems. The study tries to explore the health and psycho-social condition of elderly in Sylhet city. Aging cause's degradation of physical, mental health and social problem rises due to breaking down of joint family system, arising urbanization and modernization. The

proportion of the population 60 years and elderly is rapidly increasing in this country. Currently elderly account for around 7% of the country's total population amounting to roughly 10 million people. (Masud, 2015).

Age discrimination creates social, physical, economic insecurity and negligence to elderly population. It is found by analyzing "Bangladesh Labor Force Survey 2013" data that only 18.3 working people had enjoyed pension. As a result above 80% elderly Bangladeshis are

excluded from pension support and social protection. Older people are considered as burden in family and society. Most of the people live in absolute poverty. Their sons do not support their old parents. (Rahman, 2017). Because of modernization and urbanization, joint families are breaking down and increased rural to urban migration rapidly. For this reason elderly often live alone or with his or her old spouse. Due to lack of close family bonding, aged people suffer from isolation, verbal assault, insecure living condition, lack of money and medicine. Elderly suffer from various physical health disease and they do not get adequate health service and family health care, because of various obstacles. The elderly needs not only financial help but also mental support and government should come forward to implemented national policy on aging effectively.

2.OBJECTIVES OF THE STUDY

The general objective of the study was to know health and psycho-social conditions of elderly living in Sylhet City Corporation.

The Specific objectives of the study are-

To know the difficulties of physical health condition of elderly.

To know the mental problem faced by aged people.

To know how health affect elderly by mental suffering.

To know the relationship of elderly with family members, relatives and neighbors.

To know economic status and

social participation of aged in the community.

3. Theoretical and Conceptual Framework

Theoretical framework

Theories reflect historically situated views of what the appropriate questions are and what subject matter should be focused on. (Ferraro, 1997). Theories furnish the boundaries for what we know and also create competing explanation and new kinds of questions that might be asked. The following theories are related to aging. To know better about health and psycho social situation of aged people requires the different theoretical approach.

Activity theory, biomedical theory, modernization theory and disengagement theory of aging was used to understand and explore the health and psycho-social condition of older people. The activity theory was developed by Cavan, Havinhurst and Albrecht. The theory pretends that older adults naturally gravitate toward and participate in community, society and social role. An increased activity level is associated with greater life satisfaction and well being in older adulthood. The theory associated with some factors such as socio-economic status, personality, life style etc.

The biomedical approach pretend to understand the epidemiological and biomedical factor related to disease with the objective to eliminate and control disease through screening and treatment.

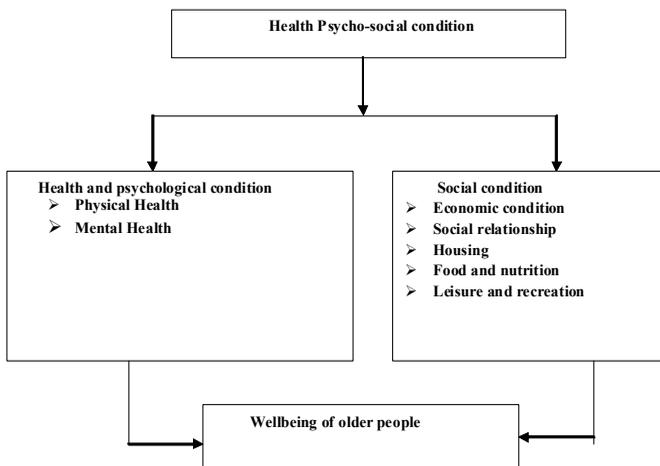
The modernization theory was developed by Cowgil and Holmes. The theory states that as society becomes more modern, the status of older people declines. The theory has been used to understand negative attitude toward aging as well as family relation. Modernization has affected older people in various ways. The theory has been used to understand negative attitude toward aging as well as family relation.

The disengagement theory was developed by Cummings and Henry. According to theory aging is

characterized by gradual disengagement from social relationship and society. From theoretical perspective, older people willingly give up roles and disengage from society as they age. This theory is helpful to explore role change in later life such as widowhood. This theory is helpful to explore role change in later life such as widowhood.

Conceptual framework

Concept: Psycho-social conditions of older people. The following dimensions represent the wellbeing of older people



4. RESEARCH METHODS

4.1 Research Design

Qualitative research design was used in the study. In qualitative research we closely examine the data to find the meaning that lie within them. The qualitative research design was followed various step like data

collection, data analysis and data interpretation in the study. Qualitative research design is an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic

picture, analyze words, reports detailed view of informants and conduct the study in a natural setting. (Creswell, 1994).

4.2 Research Method

Qualitative case study method was developed to conduct the study. Case study is defined as the intensive and detailed description and analysis of one or more cases. Some features of case study research are research begins with the identification of a specific case. This case may be concrete entity. Case study researcher study real life cases and collects extensive data on the individuals, program or events. In the study the data often include in-depth interview, document, past record and observational materials. The purpose of case study method in the study is to explore and understand the health and psychosocial situation of elderly.

4.3 Study Area

I have selected Sylhet City Corporation (SCC) area of the Sylhet district purposely for conducting the study. I have collected qualitative data from older people who live in Sylhet City Corporation. To know their overall condition I met with the respondent at several time take their interview for my study

4.4 Sampling Technique and Sample Size

In the study purposive method was used to gathered data to explore the research objectives. Through purposive sampling technique, a researcher selects the samples based on some appropriate characteristic

of sample members to serve specific purpose. It has importance to select unique cases that are especially informative and when a researcher wants to identify particular types of cases for in-depth-investigation. For the qualitative case study method 16 cases selected from 3 words among 27 words of Sylhet City Corporation. The sample size of study is 16.

4.5 Data Collection Technique, Data Collection Tools and Data Analysis

For the study the data was collected from primary sources. The primary data was collected from the research participants through the interviewing and a semi structured interview was used in the study. Some data collection tools were used for collecting data in the study such as interview schedule, audio recorder and note-book

Interview Schedule:

A semi structured interview schedule with open ended question used for data collection. This tool of data collection is considered more appropriate to capture subtle meaning of respondent's real life experiences. In interview session verbal interview was taken because of most of the participant do not know how to write.

Audio-recorder:

In data collection duration audio recorder used to record the conversation of the respondent as if is not being skipping any information. To get all information accurately and coding the data audio record is necessary

Note-book:

Note-book used to write some information of respondent and besides point out some meaningful word during interview session delivered by research participant.

Transcribing data and thematic analysis was used for data analysis in this study. In thematic analysis these step such as familiarization with data, general initial codes, reviewing theme and defining and naming themes were followed.

5. FINDINGS AND DISCUSSION

5.1 Health Condition

Health is a state of complete physical, mental and social wellbeing and not merely the absences of disease or infirmity. It means the condition of sound in body, mind or sprit and condition of adjustment and balance of personality.

Individuals of 60 years and above age are prone to develop certain diseases and ailments which are uncommon in younger age groups. The disorders are of two types: Age dependent, which occurs as a direct consequence of physiological senescence with least possibility of treatment or control, and age related, which are more prevalent in the advanced life which can be prevented. (Flora, 2011).

5.1.1 Physical Health Conditions

It is reported that around 95% of the elderly people in Bangladesh had experienced health problems among them mostly had multiple health problems. (Rahman, 2017). The study demonstrate that that majority of the

respondents have experienced of major disease such as hypertension, heart attack, diabetes, body burning, lung infection, arthritis, back pain, eye cataracts problem.

One participant narrates his physical condition:

What can I say about my physical condition? I feel really weak, I cannot get strength. There are some days I feel drowsy and vomit. In these days I cannot even stand or walk. Chest pain is started when gastric problem risen. (Male, 67 years)

Another respondent share her physical problem the following way:

He suffered from two major heart attacks last year. He also had lung infection after the heart attack. He had physical problems since then.

One respondent said that there are many kinds of problems in her body. She is suffering from diabetes. Sometimes the head is shaky and headache starts. After sleeping the throat dried up. The body feels bad and perceives the turmoil in the body.

These diseases seriously affect the physical and mental health of aged people which has bad impact on wellbeing of aged. The most of the respondents lead a deplorable life with above serious health disease.

One participant shares her experience:

Besides eye problem, I have no other major physical problem. I am blind 1 or 1.5 years ago, when I was collecting firewood pricked my eyes. Then I had cataract in my eyes and water used to fell from my eyes continually. Gradually I became blind. (Female, 65 years).

5.1.2 Treatment and difficulties towards treatment

The study finding showed that most of the participants are very poor. Their financial condition is not good so that they can bear cost for their treatment. Some respondent I found who went to government hospital to receive health treatment. But they did not get proper treatment. They demonstrated that Government health services are very poor and doctor did not provide proper treatment. As a result some older people compelled to go to take private health service. But these are expensive for them.

One participant point out the statement:

I cannot get treatment from any reputed private doctor. I do not even have the capacities to have medicine of high pressure as well I need 500 or 100 taka minimum to visit a private doctor. How will I manage the amount of money? I cannot manage the household expenses in a good way. That is why I sometimes try to tolerate the illness with patients. When I go to visit the government doctor in government hospital, they just to treat me in seconds, do not give me the time. I need and sometimes prescribe me to buy medicine from the outside, which I cannot afford. (Male, 67 years)

Another respondent share from where she receives treatment. She said that she does not take treatment from government hospital because she knows that the hospital authority never provide better treatment. So

she consults with private doctor when she feels sick. For checking up diabetes she gets treatment from diabetes hospital. Most of the interviewers said that they had experience to take proper treatment. Receiving health services or treatment they face difficulties hence their financial conditions and others.

Other participant narrates the following issue:

I consulted with the doctor who sits the pharmacy. He checked my pressure and said that I have high blood pressure. I feel better after having the medicine given by him. After some days the sickness comes back. But I cannot continue medicine because of my limitations.

The study clarify that maximum respondents belong to inadequate medical care such as doctor's visit, eye care, physical therapy and psychiatric therapy if needed. Consequently they did not continue their treatment and did not buy medicine regularly. They blame the bias system of hospital health care services and apathy of doctor to provide appropriate care to patient. The study reveal that only some common medicine such as Paracetamol, Napa and Omeprazol etc. which are cheaper provided by hospital. And rest of other medicine buy from pharmacy which cost is very high. Therefore elderly patient do not want to take health treatment from government hospital.

5.2 Psychological conditions

About 69.3% percent of the respondents had memory problem and 64% feel anxiety or loneliness.

(Flora, 2011). Psychological conditions mean mental condition of individual who is functioning at a satisfactory level of emotional and behavioral adjustment. It also reflected on how people effectively function to sudden change of his or her life and when they faced emotional and psychological problem. Mental disorders are very much related with aging. The study reveals that utmost elderly suffer from depression, poor memory, insomnia, weakness, fatigue, heightened irritability etc.

5.2.2 Facing tension, stress or anxiety

The study express that all of respondent have anxiety, stress or tension. Because of financial crisis, physical health problem or family conflict and lacking of family care which pretend them to be frustrated. One respondent share his psychological problem the following way:

Stress! I have the tendency to stress about every little thing. I sometimes forget as well. I cannot remember things properly. If I enter a room, I cannot remember, why I entered that room. (Male, 70 years)

Tension, stress, frustration and aging are strongly associated with serious consequence and risk factors.

Other respondent narrated that Stress and tension is very common in our daily life. How is he going manage his family expenses? He cannot work regularly because of my illness. He gets worried about his children. He has three children who live with him. Rest three son got

married and they stay separately. But they have children too. So he worries about them as well. He does not have any property for them except the ancestral land. There is nothing with the help of which my children will do anything in their life.

One female participant said that her younger daughter lives in Chittagong. Her daughter is married and pregnant of eight months. She constantly worries about her. And the miserable condition of her younger son also worried her. The whole day she worries about how she is going to bathroom. She has to do every little thing with the help of her granddaughter. If she becomes busy with games or something, then do it alone somehow.

5.2.2 Sleeping Problem

The study finding demonstrates that sleeping problem is a common problem for older people. In the study every elderly found that who suffer from sleeping problem which affects physical and psychological health of older people. Some cases found even they take continue sleeping pill but they do not sleep properly. Some respondent express that their sever tension is one of the causes of sleeping problem which affect their health extremely. As a result their wellbeing is hampered.

One participant explains her sleeping problem the following way:

I often face problem with sleeping. After taking medicine there is no action. I fell my whole body is burning while thinking about my grandson, I cannot sleep well. (Female, 70 years).

One respondent consider that sleeping problem is great health problem. He has sleeping problem. Sometimes he just keeps changing his side and it becomes morning. He has many sleepless nights. According to one male informant, he suffers from sleeping problems. He could not sleep for hours at night even after having sleeping medicines. As He does not get enough sleep, I cannot sleep at night as a result there is a sense of burning in my head. He also suffers from hypertension as well.

Another participant said-

Almost time the hands and feet are irritated and pain. Last night I could not sleep until midnight. Then came to sleep late in the night. But it is to wake up in the morning. After the prayers and breakfast, I have to work out. (Female, 62 years)

5.2.3 Mental problems affect physical health

The study demonstrate that all of respondent suffering from mental problems such as anxiety, frustration, dementia, sleeping problem , depressed mood, feeling worthlessness, memory loss especially recent or short term memory problems, trouble handling finances , loss of interest in things that use to enjoyable. Their mental sufferings affect their physical health that barrier to ensure wellbeing of elderly.

One respondent explain how health affect by mental suffering. He echoes the issue:

I often sick by worrying too much. Hypertension arises due to the tension. I face and when pressure

arises I cannot sleep. Due to sleeplessness at night, I cannot eat properly which result in the problems of gastric. (Male, 67 years)

One female informant said that when she get scarred, she cannot sleep anymore and something like that the body is burning with a high temperature and the gastric problem also grow up as well as cannot take meal properly. She feels weak and like that she is thirsty. Other respondent stated that he is heart patient. He is doing not supposed to be awake at night. He wants to relax. But he cannot relax as he cannot get enough sleep. Whenever he goes to doctor they tell him if he wants to healthy again he needs to sleep and relax.

5.3 Social Condition

The majority of older people in Bangladesh are living in absolute poverty. The present report highlights poor older people's basic needs; how they survive and the contributions they make to the family. Elderly men and women lack access to land and agricultural resources. Access to resources, and therefore livelihood strategies, have changed for both older men and women. Most of the elderly populations are landless and they earn very little from land. Many elderly persons have only homestead land but no agricultural land. Again, some elderly persons even do not have homestead land. (Nesa, 2013). Social conditions mean the social situation of person holds in society. Social conditions represent some factors like social position, education, housing, food and nutrition, recreation and

leisure, financial conditions such as income and assets.

5.3.1 Saving, property or family income

The study found that most of respondents suffer from financial problem. Female aged are very suffering from male aged people for various social and economic bindings. Although I have found some different experiences. Who are economically capable their mental health is better than other. In the study that majority of respondent have no saving or economic property rest of some case. Majority aged people do not get sufficient financial support. They lives in poverty line and belong to deplorable life.

One informant shares her economic condition the following way:

The economic condition is very miserable. My son and daughter-in-law work in the construction from dawn to dusk. We manage somehow with their earnings. We do not have any property or savings. When my husband was alive, I had a home and land. After his death my brother-in-law occupied everything. Now I have no place to live. (Female, 65 years)

One participant experienced that she has no any property or savings. The income of the family which she earns is spent. I cannot keep any savings as I can use it in times of danger. How much salary as a maidservant I get. The condition is that there is no capacity to deposit 200/300 taka every month. One elderly explains his economic

condition. He narrated that he does not have any property except our ancestral land. When he works he get some money. If he does not work he does not get money. He has 5 members in the family. His son works in a shop; he earns 100 taka per day. He manages family through this money somehow. And after every 6 months He gets 3000 taka as old aged allowance. He cannot work as he is already aged. And people do not even hire him as he is old.

Some different cases were found who are economically solvent comparatively other informant. Another respondent echoes the issue-

I was a government primary school teacher so I get monthly pension. I have a savings account. I have some and I also spend on my family. Sometimes I bought things for my grandchild. (Male, 70 years)

One respondent narrates the economic condition-

I have property. I have got from my father- in-law at the time of my marriage. And my family financial condition is good mercy of Allah. (Female, 70 years)

5.3.2 Housing Environment

The study reveals that majority of respondent have no good housing environment. Housing condition of some aged is fairly good .Some is huddle, small considering to family member, frowsy and dirty therein do not enter sufficient air and light. Because of family crisis their family cannot capable to manage better housing environment.

One respondent raise the housing condition the following way:

We live in two small rooms. Eight member lives in the two single rooms. We are four people sleep in a small bed in difficult way. (Female, 65 years)

One informant said that they rent a small two rooms. They are seven family member but the rooms are much smaller that. The rooms are not open and there is no more space as a result enough light and air does not enter the rooms. Many times the housing environment becomes dampish.

One respondent describes his housing condition. They are five people live in the same room, rain drops from the roof during monsoon. They all live in two small bed, they cannot even stretch their legs. They do not have the capacities to buy new tin or new bed. In the monsoon days they struggle a lot. They do not have the space to widen the room or to build new room. In the study different experience was found.

One respondent echoes the issue-

I live in a tin shade house. Last year I extended my house a bit. The environment is not so bad. (Male, 70 years).

Other informant narrates the issue-

I do not face any trouble in my housing environment. It is quite frankly to me. (Female, 70 years)

5.3.3 Social Relationship

The study demonstrates that most of the respondents especially male have good social relation than female aged people. In every program or marriage they are invited but female aged deprived of the facilities.

In which family financial condition is good their relatives communicates well to them.

One respondent share about social relationship the following way:

I live with my younger son. Rest my other children's stay separately. My relatives stay in different places. Some lives in Chittagong, some in Dhaka. We do not meet so often because of money and communication problem. And as you can see, I cannot go anywhere alone because of my handicap. My elder son is too busy with his family. He has no tension to take care of me. My younger son because of his poor economic condition he cannot help me with my treatment. Despite of his poor condition he helps me his best level. (Female, 65 years)

One said that he has cordial relationship with his relatives and neighborhood. They share a good bond. They come to his house and he also goes to theirs. Other informant share negative experience. She said that she is poor people. How she is going to be engaged in the social activities? Sometimes she begs because of poverty. Some people help her and some people neglect her as well. People do not treat poor people like her in respectful manner.

Other respondent had positive experiences. He state that:

I have brothers, nephew, nieces and grandchildren. I have good relation with them. I sometimes go to my sister's house. It has been one year, my sister husband had died. I have nine nephews. They call me when they have quarrel between

them. All relatives' financial condition is almost same. We all struggle to survive because of our financial condition. We cannot help each other. When there is marriage or occasion in the family, everyone helping with each other as much as they can. (Male, 72 years).

5.3.4 Food and nutrition's

The study explore that aged are deprived of nutritious food because of miserable economic condition. In the study female are deprived of good food than male aged. The study found that gender discrimination occurred to get well food. Although I found two female respondents which is different from other case because of they have property and power in the family

One participant describe that what type of food she get from family. She stated that-

We eat food according to my son capability. He bought whatever he can. Expenses are more than income. I eat whatever is cooked. To eat nutritious food money is needed.

One respondent said that her family arranged food according to the financial capacity. They don't always have to buy good and nutritious food. Another tells that he gets proper meal. He does not face any problem because his daughter-in-law served the food proper time and take proper care of me.

One informant share negative experience:

We are a poor family. We need money to buy nutritious food or healthy food. If the daughter-in-law

cooked some good then they send it for me sometimes. We do not have financial ability to eat well food. (Male)

5.3.5 Leisure time

The finding reveal that elderly do not get proper facility to spend leisure time. Some respondents do not get time for rest because of engaging in activities. Again some respondent have much time but they do not get appropriate way to spend it. As a result they feel lonely and bored.

One female respondent had negative experience. She said that-

I am maid servant and have to work all day long. Where is the time of leisure? At the end of the work I reached home at noon. Then relax a bit and if it is time then watch a television. When I am at home, grandchildren are busy studying. It does not have time to talk or gossip with them

Another said he has retired already. So he has enough leisure time. He spent the time reading newspaper, watching talk shows in the television. He has enough time he does not have anyone to talk to me.

5.3.6 Decision making

The study demonstrates that among all male respondent play a role to taking decision in family where situation of female is different. In the study two female aged has power rest female respondent has no power to take decision in the family.

One participant narrates the role of decision making in the family the following way-

Family decision is taken by son and daughter-in-law. Sometimes my son asks me, "Mother, I want to do this". Then I say, "Do whatever you find right." (Female, 65 years)

One male respondent has positive experience. He tells that in his family, his decision is final. He takes decision everything about his family matter. They listen to whatever decision he makes.

5.3.7 Suggestion from respondents

The study found that every respondent expect better life. They wish that if government or any authority takes initiative service for elderly they would really grateful. They have Future expectation and aspiration from family, society and government.

These are-

Proper access to get old age allowance.

Getting proper care from family and to get proper health treatment from government hospital.

Increasing facility in public and private hospital for older people.

Taking initiative and sufficient services of government for elderly.

Increasing accountability and transparency in service sector of elderly.

One respondent give suggestion to improve her life the following way-

I could do my eye operation if someone or the government would help me with the money. I would be better if my elder son could help me. It would be really good for me. If someone would link me up with the agencies that provide the old age

and allowances for person with disability. (Female).

Another said that-

If someone helped me to get old age allowance would have benefited greatly. I still have to work in this old age. If I got an old allowance it is helpful to manage my treatment cost at least. It reduces the pressure from me to some extent.

6. CONCLUSION

Population aging brings a change in demographic trends. At present elderly is the emerging issue in Bangladesh. Elderly is the acute reality and last stage of life span. Aging is an inevitable socialization process that starts at birth and ends at death. Aging causes a functional deterioration and vulnerability that emerge physical and mental health problem. As well as changing pattern of family structure, urbanization and modernization, various social problems belong to elderly.. In the study elderly are suffering from serious health disease likely physical weakness, hypertension, gastric problem, lung infection, heart disease, diabetes arthritis, back pain, burning body and eye cataracts. They faced difficulties toward health treatment. These barriers are poverty, poor care services of government hospital, expensive cost to consult with private doctor, cannot continue medicine because of expensive cost apathy of doctor to provide proper health service. Practitioner blames the elderly patient and judge mental attitude toward them. The study concludes that elderly are suffering of mental health problem severely.

Psychological problems like stress, tension and anxiety, dementia, sleeping problems, frustration and loneliness which affect their physical health. Those have bad impact on wellbeing of elderly. Even some respondent do not understand that they are suffering from chronic illness. Financial condition is miserable so that they cannot survive a better life. Even elderly are deprived of their rights which are provided by government. To provide old age allowance service and elderly service related information authority are not transparent and accountable.

At last we can conclude that elderly are the asset of any nation. They have experience wisdom and knowledge that can be used for the national reconstruction. For their better life we should change our negative outlook toward elderly and proper policy should be formulated in considering the needs and expectations of elderly. Besides publicity of elderly services such as old age allowance, hospital social services should be increased. Family support and care is most important to lead better life of aged which are helpful to ensure wellbeing of elderly with physical and mental health improvement.

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[N.B- In above reference some paper have been used in literature review part]

Appendix

A semi-structured interview schedule on
Health and Psycho-Social Conditions of Elderly in Sylhet City: A Case Study
(All these data will be used for research only)

1. Personal Information of Respondents

- a) Name:.....
- b) Age:.....
- c) Sex:.....
- d) Family Type:.....
- e) Religion:.....

2. Health Condition

- a) Please tell your overall health condition?

I. Do you face any health problem?

.....

II. What types of treatment do you receive?

.....

III. What difficulties do you face regarding treatment?

.....

3. Psychological Condition

- a) Please tell your psychological condition?

I. Do you face tension, stress or anxiety about anything?

.....

II. Do you have sleeping problem?

.....

III. Does your health affect you by mental sufferings? Please Explain.

.....

IV. Can you point out any other factor that affects your Psychology?

.....

4. Social Condition

- a) Please tell your overall social condition?

I. Do you have saving, property, income or family income?

.....

II. Please tell about relationship with family members, relatives and neighbors?

.....

III. Do you engage in social activities and what kinds of attitude society's show toward you?

.....

IV. Do you get sufficient food and nutrition from the family?

.....

v. How do you spend your leisure time?

.....

5. Suggestion from Respondents

Do you have any suggestions to improve your living conditions? If yes, Please describe.