

Bangladeshi elderly immigrant in Southern Ontario: perspectives on family roles and intergenerational relations

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The purpose of this descriptive qualitative study was to examine and understand elderly immigrant's role within the family in a changing family structure and context particularly the nature and quality of intergenerational relations within the family. The research focused on how family roles and relationships have changed as a result of immigration and with what impact. Six elderly who immigrated to Canada sponsored by their children were interviewed. The analysis of interview data involved iterative process, through which five themes were identified. These themes were loss of status, economic dependence, lack of mobility, intergenerational conflict, and social isolation and loneliness. The findings of this study reveal that the Bangladeshi elderly immigrants are living on the fringes of both Canadian society and the Bangladeshi society in Canada. The participants experience loss of role and status, as well as poorer social and economic adjustment. The participants willingly take an active role in child care and housework. With increasing age, however, some participants can no longer cope with these demands and complain about the burden of housekeeping in their sons/daughters' homes. The findings of the research suggest that better family relations are likely to decrease elderly immigrants stress and improve their emotional well-being. Learning English may help elderly to adjust with the new society. However, English classes for elderly immigrants may need to be designed with particular need and preferences of the elderly.

Demography of aging in Bangladesh-2005

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This paper makes an attempt to investigate the pattern of aging in Bangladesh. It is based on the primary data obtained from a survey on elderly people and their life style conducted by me in January-2005

in collaboration with World Health Organization and Ministry of Health and Family Welfare, Government of Bangladesh. The characteristics include in the survey are population, age and sex, household size, literacy, dwelling household type by structure, toilet facility, source of drinking water, living arrangement, morbidity, mortality and health risk behavior. It has been found in the survey that household size of the elderly is 5.75 and total population is 4343. Out of this population 2367 are male and 1976 are female literacy is 39.14%, highest percentage (54.90%) of elderly household live in tin shed. 63.37% of elderly people live with married son whereas 34.70% live in living space of 200sq. ft. sanitary latrine is used by 60.07% of elderly households. Tube well is the main source of drinking water for elderly households (77.94%), rheumatism (14.38%), asthma (14.20%), waist pain (13.19), peptic ulcer (12.78%) and diabetes (11.15%) are the main chronic diseases of the elderly people whereas weakness (33.56%), fever (21.18%), others 18.71% and jaundice (13.25%) are the main acute diseases as revealed in the survey. It is also noted from the survey that 26.62% of males and 20.70% of females reported to have good health. There are some differences between morbidity of 2 sexes in respect of chronic diseases. Only 22 elderly people died during last one year among 3767 households under consideration. About health risk, smoking explains for 33.38% of males and only 2.07% of female. Next hazardous cause is unhealthy foods like fat, beef, sweets etc, which explain 26.45% of males and 25.51% of females. For keeping good health, only 3.68% of elderly males and 2.10% of elderly females are practicing regular exercises.

Arsenicosis and successful ageing- A study in Bangladesh

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Arsenicosis is a kind of fatal disease causing appearance of dark or white patches on and hardening of the skin as a result of excessive accumulation of arsenic in blood. Underground drinking water pumped by tube wells is the usual source of such arsenic toxicity. It is suspected that excessive lifting of underground water for irrigation purposes has been the major cause of arsenic contamination in drinking water. Bangladesh faces serious problems of arsenic

contamination in groundwater. It has been estimated that about two-thirds of the districts of Bangladesh are now being confronted with arsenic contamination in water and arsenic related diseases. In Bangladesh the problem of arsenicosis was first detected in the late 1980s following similar problems found in the neighboring Indian State of West Bengal a few years earlier. The first information on arsenicosis problem was reported by the Department of Public Health Engineering on testing a few wells from Baragharia mauza of Nawabganj in 1993. Following a seminar at the school of Environmental Sciences (SOES), Jadavpur University, Kolkata in 1995 the issue on the problem became more public. Being alarmed with the emerging danger of ensuing arsenic contamination of drinking water many organizations – Government, Non-Government and International became active in arsenic related studies. Of the 51, 000 tests conducted, about one-third were found to be positive. Clinical manifestation of arsenicosis reveals melanosis (dark patches on the skin), leukomelanosis (white patches) and keratosis (hardening of skin) including death due to cancer. In the new millennium population all over the world is now living longer than ever before. The proponents of successful ageing characterized by no risk of diseases and disease related disability hold the prophecy that human beings may even enjoy practical immortality. The prophecy refers to a message on active life expectancy in a population possessing disease free and disability free life. Based on secondary data this paper demonstrates that the prospect of successful ageing in Bangladesh is likely to be aggravated further because of acute shortage of safe water. It is apprehended that the prospect of successful ageing would be bleak in future due to arsenicosis.

Age and sex differentials in senile dementia of the elderly in Bangladesh

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The term dementia is used for syndrome in which there is progressive decline of previously acquired cognitive skills of the brain in three of the five categories such as memory, language, concept, personality and executive function. The condition is distressing for close relatives, friends and family but the individual who is affected may not realize that there is anything wrong. Dementia syndrome has been classified into: 1) senile dementia-Alzheimer's disease and 2) secondary to

diseases of the brain, deficiency of vitamins such as B12, drugs such as anti-convulsants, infection with HIV and trauma. Diagnosis of dementia is done by tests to exclude causative factors and to depression and delirium. Care of the demented person is very important. It is a team work of physician nurse and various care givers such as trained family members, social organization and special nursing homes for the demented persons. This paper makes an attempt to investigate problems of dementia in older persons after sixty years of age. The paper is based on empirical data which are obtained from reports regarding patients' problems at the Prabin Hospital (Bangladesh Geriatric Hospital). The data obtained as noted above are tabulated according to the common causes, age and sex. In the Prabin Hospital 45 dementia patients reported during January 2005 to July 2006. Usually family members brought the patients suffering from memory loss, behavioral changes, personality changes etc. There were 20 women and 25 male patients. Among these patients 75% belonged to old age group.
