



Research Article

A Study on Quality of Life Among Elderly People Living in Old Age Homes in Bangladesh

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Keywords: Elderly people; Old age home; Quality of life

Abstract

Institutional care and support for a portion of the elderly people has become a new reality in the social setting of Bangladesh. This study aimed to explore the quality of life among elderly people living in old age homes in Bangladesh. A sample of 60 elderly people (40 from free type of old age home and 20 from paid type of old age home) were included for the study in purposive manner. Survey and observation method were conducted among elderly living in old age homes of Old Rehabilitation Centre, Gazipur, Amena-Bashar Old Rehabilitation Center, Chattogram and ProbinNibash, Dhaka. The study examined the facilities offered at old age homes. The study found that negligence of the family members is the most important reason for shifting to the old age homes of elderly people. The study also found that the facilities like medical care, recreational facilities, spiritual facilities, safety, facilities for physical exercise and funeral arrangements were significantly better among elderly living in old age homes, while the facilities like food, accommodation and service of caregivers/staffs were average in the level of satisfaction among elderly living in old age homes. It is important to note that the elderly people have the scope to contribute for the welfare of the society in paid type of old age homes. This paper recommends that institutional facilities and participation in different social activities should be increased to improve the quality of life for the elderly people living in old age homes.

Introduction

The improvements of the past 30 years in Bangladesh in the field of medical science and technology are extending life expectancy so that we can anticipate longer lives. Improved life expectancy dramatically increased the number of elderly people of Bangladesh. The age group of 60+ was only about 5.7 million in 1991 that rose to about 7.6 million in 2001. In accordance with population projection, the number of elderly people (60+) will rise to about 13.50

million in 2021 and alarmingly about 40 million in 2050 (Islam, 2015). A sizeable increase of the elderly people in Bangladesh is increasingly perceived as a problem. They experience various forms of deprivations and feel a sense of worthlessness and loneliness. Their children treat them as unwanted burden and tend to form a nuclear family. As C.N. Sankar Rao (2006: 559) have remarked, "It is true that the experience of an older person seems to have little relevance

to the problems of younger generations.” He is deprived of active participation and decision making in both occupational and family setting. The elderly adapts to changes in their living arrangements, health and safety (Lindgren, 1988). Poverty, role activity and differences on values lead to conflict in a family. The younger generation is not interested to reside with the older generation in urban areas. The valuable experiences of older generation are not getting importance for the higher level of education of the younger generation. Thus the change in cultural traditions adversely affect the older people. As Carroll E. Kennedy (1978: 4) remarked, “As the percentage of older persons in our society increases the experience of being older is also changing. These changes come about through new technologies and values characteristic of a new historical period.”

In 1960, late Dr. A.K.M Abdul wahed played a vital role to establish the Bangladesh Association for the Aged and Institute of Geriatric Medicine. This institution runs an old home in Dhaka’s Agargaon which is popularly known as *ProbinNibash* (Rahman, 2011). In recent years, the concept of old age homes in Bangladesh is gradually gaining recognition. The mass media presents the story of sufferings experienced by elderly people living in the old age homes emphasizing the traditional family ties of Bangladesh. On the other hand, the institutions of old age homes advertise in their brochure as a better alternative than living as undesirable burden in a son’s home. Both presentations are contradictory and ignore the social reality (Atiq, 2014). As Nazma Siddiqui (2003: 447) mentioned, “By old people’s homes, we usually mean institutional shelters for older men and women who have no family to support them, and who do not have the financial resources to live by themselves.”

In Bangladesh, many elderly people are not financially burden for the ability of savings and assets, but institutions are not necessarily created for the care of elderly people. Actions are needed to overcome the problems of care for the older people. This will increase the enormous potential for the older people in the twenty first century (Rahman, 2020).

The satisfaction and dissatisfaction with institutional facilities signify quality of life among elderly living in old age homes. As a constant process, quality of life changes

over time (Parshad and Tufail, 2014). The ability to maintain self-sufficiency and freedom is the cornerstone to determine the quality of life (Lokare *et al.*, 2015). Hence, the sense of wellbeing of the elderly people at old age homes is the thought-provoking field of inquiry. In this context, the present study is an attempt to explore the quality of life among elderly people living in old age homes in Bangladesh.

Objectives

1. To understand the socio-economic background of the elderly people living in old age homes.
2. To find out the causes of living in old age homes.
3. To examine the facilities offered in old age homes.

Materials and Methods

The study was conducted on three old age homes in Gazipur, Chattogram and Dhaka. The basic facilities of two old age homes (Old Rehabilitation Center, Gazipur and Amena-Bashar Old Rehabilitation Center, Chattogram) are provided free of cost. The *ProbinNibash*, Dhaka is being run on payment. In this study, we have used purposive sampling. The sample size for this study is 60 (see Table 1).

Primary data have been collected through survey and observation method. Research books, research papers, encyclopedia, and newspapers have been used in supporting primary data. Data were collected by administering an interview schedule which contained mainly both structured and unstructured questions. The interview schedule was pre-tested on three respondents in Gazipur and one respondent in Chattogram for necessary corrections. A team of four interviewers was selected to collect information. Various statistical techniques were used to analyse the collected data. Data collection was conducted between November and December of 2021. The authors took permission from the concerned authority to interview the elderly people of the old age homes and they interviewed the elderly people after obtaining their consent. The study had some limitations. Firstly, the study was conducted only with three old age homes for the pandemic situation. Secondly, the sample size was small. So, it was difficult to generalize appropriately the overall picture of the old age homes of the country.

Table 1: Composition of Sample Respondents

| Areas | Male | Female | Total |
|--|-----------|-----------|-----------|
| Old Rehabilitation Center, Gazipur | 17 | 13 | 30 |
| Amena-Bashar Old Rehabilitation Center, Chattogram | 6 | 4 | 10 |
| ProbinNibash, Dhaka | 10 | 10 | 20 |
| Total | 33 | 27 | 60 |

Source: Fieldwork, 2021

Results and Discussion

Age, Sex and Educational Condition

The study showed that majority (55.0%) of the elderly were male and 45.0% were female with mean age of 71 years. It was found that 93.3% of the elderly were educated and only 6.7% were illiterate. Among elderly living in paid type of old age home (OAH), 50.0% were graduate/diploma and in free type of OAH, 10.0% were graduate/diploma (see Table 2).

Marital Status, Religion and Previous Occupational Status

Majority of elderly in OAH were widowed (56.7%) followed by married (18.3%) and more than two-third were

Muslim (78.3%) followed by Hindu (15.0%). Data revealed that the previous occupation of the most of the respondents in free type of OAH were businessman (42.5%) followed by housewife (35.0%) and in paid type of OAH were service holder (50.0%) followed by teacher (20.0%) (see Table 2).

Communication with Family Members

Among elderly living in OAH, majority (78.3%) of them had communication with their family members. The elderly people who had no communication with their family members, they (32.5%) were in free type of OAH (see Table 2).

Table 2: Socio-economic profiles of elderly people living in old age home

| Socio-economic profiles | Type of old age home | | Total (n=60) (%) |
|--|----------------------|-----------------|------------------|
| | Free* (n=40) (%) | Paid (n=20) (%) | |
| Age (Years) | | | |
| 60-69 | 18 (45.0) | 11 (55.0) | 29 (48.3) |
| 70-79 | 17 (42.5) | 8 (40.0) | 25 (41.7) |
| 80-89 | 3 (7.5) | 1 (5.0) | 4 (6.7) |
| 90-99 | 2 (5.0) | - | 2 (3.3) |
| Sex | | | |
| Male | 23 (57.5) | 10 (50.0) | 33 (55.0) |
| Female | 17 (42.5) | 10 (50.0) | 27 (45.0) |
| Educational level | | | |
| Illiterate | 4 (10.0) | - | 4 (6.7) |
| Primary | 12 (30.0) | - | 12 (20.0) |
| Secondary | 11 (27.5) | 1 (5.0) | 12 (20.0) |
| Higher secondary | 7 (17.5) | 2 (10.0) | 9 (15.0) |
| Graduate/Diploma | 4 (10.0) | 10 (50.0) | 14 (23.3) |
| Postgraduate | 2 (5.0) | 7 (35.0) | 9 (15.0) |
| Religion | | | |
| Muslim | 27 (67.5) | 20 (100.0) | 47 (78.3) |
| Hindu | 9 (22.5) | - | 9 (15.0) |
| Buddhist | 3 (7.5) | - | 3 (5.0) |
| Christian | 1 (2.5) | - | 1 (1.7) |
| Marital status | | | |
| Married | 7 (17.5) | 4 (20.0) | 11 (18.3) |
| Unmarried | 5 (12.5) | 2 (10.0) | 7 (11.7) |
| Widow/Widower | 23 (57.5) | 11 (55.0) | 34 (56.7) |
| Separated | 5 (12.5) | 2 (10.0) | 7 (11.7) |
| Divorced | - | 1 (5.0) | 1 (1.7) |
| Previous occupational status | | | |
| Housewife | 14 (35.0) | 3 (15.0) | 17 (28.3) |
| Service holder | 1 (2.5) | 10 (50.0) | 11 (18.3) |
| Businessman | 17 (42.5) | 3 (15.0) | 20 (33.3) |
| Day laborer | 2 (5.0) | - | 2 (3.3) |
| Domestic worker | 2 (5.0) | - | 2 (3.3) |
| Teacher | 3 (7.5) | 4 (20.0) | 7 (11.7) |
| Fisherman | 1 (2.5) | - | 1 (1.7) |
| Communication with family members | | | |
| Yes | 27 (67.5) | 20 (100.0) | 47 (78.3) |
| No | 13 (32.5) | - | 13 (21.7) |

Source: Fieldwork, 2021

* Free: Free of cost

Area of Origin

The study found that a maximum of 51.7 % elderly were from Chattogram division (Chattogram, Noakhali, Cox’s Bazar, Rangamati, Khagrachari, Chandpur, Brahmanbaria, Cumilla, Lakshmipur, Feni). In *Amena-Bashar Old Rehabilitation Center, Chattogram*, all the elderly people are from Chattogram division (Chattogram, Noakhali, Cox’s Bazar, Rangamati, Khagrachari). This may be due to the lack of advertisement regarding the OAH (see Table 3).

Physical Fitness to Perform Daily Activities

Majority (96.7%) of the elderly were physically fit to perform daily activities for their living. In *Amena-Bashar Old Rehabilitation Center, Chattogram* and *ProbinNibash, Dhaka*, all the elderly people were physically fit for performing their daily activities, whereas in *Old Rehabilitation Centre, Gazipur*, 6.7% were not physically fit for performing their daily activities. It was the basic criteria for admission in the free and paid type of old age

homes that the elderly people are capable to do their daily activities for living (see Table 4).

Use of Personal Mobile Phone

Among 60 elderly people living in OAH, more than half (56.7%) of them used personal mobile phone at old age home. In paid type of old age home, all the elderly people used personal mobile phone at old age home, whereas in free type of old age home, only 15.0% used personal mobile phone. In *Amena-Bashar Old Rehabilitation Center, Chattogram*, a maximum of 60.0% used personal mobile phone, whereas in *Old Rehabilitation Centre, Gazipur*, all the elderly people did not use personal mobile phone. In *Old Rehabilitation Centre, Gazipur*, it was a criterion that the elderly people are not allowed to use personal mobile phone. Moreover, it was observed that the residents use personal mobile phone of Manager employed in *Old Rehabilitation Centre, Gazipur* to communicate with family members (see Table 5).

Table 3: Area of origin of the elderly people

| Area of origin (District) | Type of old age home | | | Total (n=60) (%) |
|---------------------------|---------------------------|-------------------------------|-----------------|------------------|
| | Free (n=40) (%) | | Paid (n=20) (%) | |
| | ORC, Gazipur * (n=30) (%) | ABORC, Chattogram* (n=10) (%) | PN, Dhaka* | |
| Chattogram | 2 (6.7) | 4 (40.0) | 1 (5.0) | 7 (11.7) |
| Noakhali | 6 (20.0) | 1 (10.0) | 2 (10.0) | 9 (15.0) |
| Cumilla | 2 (6.7) | - | 3 (15.0) | 5 (8.3) |
| Barishal | 5 (16.7) | - | 1 (5.0) | 6 (10.0) |
| Dhaka | - | - | 4 (20.0) | 4 (6.7) |
| Cox’s Bazar | - | 1 (10.0) | - | 1 (1.7) |
| Rangamati | - | 3 (30.0) | - | 3 (5.0) |
| Khagrachari | - | 1 (10.0) | - | 1 (1.7) |
| Kushtia | 2 (6.7) | - | 2 (10.0) | 4 (6.7) |
| Rajshahi | 1 (3.3) | - | 1 (10.0) | 2 (3.3) |
| Feni | 2 (6.7) | - | - | 2 (3.3) |
| Tangail | 2 (6.7) | - | 1 (10.0) | 3 (5.0) |
| Lakshmipur | 1 (3.3) | - | - | 1 (1.7) |
| Mymensingh | 1 (3.3) | - | 1 (10.0) | 2 (3.3) |
| Rangpur | 1 (3.3) | - | - | 1 (1.7) |
| Pabna | 1 (3.3) | - | 1 (10.0) | 2 (3.3) |
| Dinajpur | 1 (3.3) | - | 1 (10.0) | 2 (3.3) |
| Chandpur | 1 (3.3) | - | - | 1 (1.7) |
| Brahmanbaria | - | - | 1 (10.0) | 1 (1.7) |
| Bhola | 1 (3.3) | - | - | 1 (1.7) |
| Narsingdi | 1 (3.3) | - | 1 (10.0) | 2 (3.3) |

Source: Fieldwork, 2021

* ORC, Gazipur: Old Rehabilitation Center, Gazipur
 ABORC, Chattogram: Amena-Bashar Old Rehabilitation Center, Chattogram
 PN, Dhaka: Probin Nibash, Dhaka

Table 4: Physical fitness to perform daily activities for living of the elderly people

| Physical fitness | Type of old age home | | | Total (n=60) (%) | |
|------------------|-------------------------|------------------------------|----------------------|------------------|-----------|
| | Free | | Paid | | |
| | ORC, Gazipur (n=30) (%) | ABORC, Chattogram (n=10) (%) | PN, Dhaka (n=20) (%) | | |
| Yes | 28 (93.3) | 10 (100.0) | 38 (95.0) | 20 (100.0) | 58 (96.7) |
| No | 2 (6.7) | - | 2 (5.0) | - | 2 (3.3) |

Source: Fieldwork, 2021

Table 5: Use of personal mobile phone of the elderly people at old age home

| Use of personal mobile phone | Type of old age home | | | | Total (n=60) (%) |
|------------------------------|-------------------------|------------------------------|------------------|----------------------|------------------|
| | Free | | | Paid | |
| | ORC, Gazipur (n=30) (%) | ABORC, Chattogram (n=10) (%) | Total (n=40) (%) | PN, Dhaka (n=20) (%) | |
| Yes | - | 6 (60.0) | 6 (15.0) | 20 (100.0) | 26 (43.3) |
| No | 30 (100.0) | 4 (40.0) | 34 (85.0) | - | 34 (56.7) |

Source: Fieldwork, 2021

Table 6: Involvement with various social activities of the elderly people outside the old age home

| Involvement | Type of old age home | | | | Total (n=60) (%) |
|-------------|-------------------------|------------------------------|------------------|----------------------|------------------|
| | Free | | | Paid | |
| | ORC, Gazipur (n=30) (%) | ABORC, Chattogram (n=10) (%) | Total (n=40) (%) | PN, Dhaka (n=20) (%) | |
| Yes | - | - | - | 14 (70.0) | 14 (23.3) |
| No | 30 (100.0) | 10 (100.0) | 40 (100.0) | 6 (30.0) | 46 (76.7) |

Source: Fieldwork, 2021

Table 7: Reasons of elderly people for residing at old age home

| Reasons* | Type of old age home | | Total (n=60) (%) |
|----------------------------------|----------------------|-----------------|------------------|
| | Free (n=40) (%) | Paid (n=20) (%) | |
| Negligence of the family members | 25 (62.5) | 9 (45.0) | 34 (56.7) |
| No care taking person at home | 15 (37.5) | 11 (55.0) | 26 (43.3) |
| Health problem | 8 (20.0) | 1 (5.0) | 9 (15.0) |
| Homeless | 3 (7.5) | - | 3 (5.0) |
| Lack of financial resources | 9 (22.5) | - | 9 (15.0) |
| Quarrel with family members | 13 (32.5) | 3 (15.0) | 16 (26.7) |
| Death of spouse | 8 (20.0) | 2 (10.0) | 10 (16.7) |
| Personal freedom | 2 (5.0) | 9 (45.0) | 11 (18.3) |

Source: Fieldwork, 2021

* Multiple responses

Involvement with Various Social Activities

Among elderly living in OAH, more than two-third (76.7%) of them were not involved with various social activities outside the old age home. In free type of old age home, all the elderly people were not involved with various social activities outside the old age home, whereas in paid type of old age home, a maximum (70.0%) of elderly people were involved with various social activities outside the old age home. This was anticipated as the strict rule to go outside the old age home in free type of old age home. It was a conception in free type of old age homes that they will be secured if they do not go outside the old age homes (see Table 6).

Reasons of Elderly People for Residing at Old Age Home

Among elderly for residing in OAH, majority of them mentioned about negligence of the family members (56.7%) followed by no care taking person at home (43.3%). Under the financial reasons for settlement in OAH, it was only 15.0%. In Free type of OAH, negligence of the family members (62.5%) was the main reason for settlement. Other significant reasons were no care taking person at home (37.5%), quarrel with family members (32.5%) and lack of financial resources (22.5%). On the other hand, no care

taking person at home (55.0%) was the main reason for settlement in paid type of OAH. Other significant reasons were negligence of the family members (45.0%), personal freedom (45.0%) and quarrel with family members (15.0%) (see Table 7).

Satisfaction of the Elderly People about Institutional Facilities

Food: Data reveals that the level of satisfaction of more than half (61.7%) of the elderly people in OAH was average. In *Amena-Bashar Old Rehabilitation Center, Chattogram*, all the residents are neither satisfied nor dissatisfied, while in *ProbinNibash, Dhaka*, only 10.0% of the residents are satisfied. However, in *Old Rehabilitation Centre, Gazipur*, a maximum of 70.0% of the dwellers are satisfied. It was observed that more than two-third of the food items are produced in the area of *Old Rehabilitation Centre, Gazipur* (see Table 8).

Recreational facilities: Data shows that a little more than half (53.3%) of the elderly people were satisfied. In *Amena-Bashar Old Rehabilitation Center, Chattogram*, majority (80.0%) of the residents are dissatisfied. In *Old Rehabilitation Centre, Gazipur* and *ProbinNibash, Dhaka*,

more than half (63.3% and 65.0% respectively) of the residents are satisfied (see Table 8).

Medical care: Among elderly living in OAH, majority (58.3%) of the residents are satisfied. In *Amena-Bashar Old Rehabilitation Center, Chattogram*, all the residents are dissatisfied. In *Old Rehabilitation Centre, Gazipur*, more than two-third (76.7%) of the residents are satisfied and in *ProbinNibash, Dhaka*, more than half (60.0%) of the residents are satisfied. It was observed that *Old Rehabilitation Centre, Gazipur* and *ProbinNibash, Dhaka* have own medical center/hospital in their area, while *Amena-Bashar Old Rehabilitation Center, Chattogram* has no own medical center/hospital (see Table 8).

Accommodation: Data demonstrates that the level of satisfaction of a little more than half (53.3%) of the

residents was average. In free type of old age home, only 12.5% of the residents were satisfied, while majority (80%) of the residents were satisfied in paid type of old age home. It was observed that an elderly people use a single room in *ProbinNibash, Dhaka*, while in *Old Rehabilitation Centre, Gazipur* and *Amena-Bashar Old Rehabilitation Center, Chattogram*, a room was used by 8 persons and 6 persons respectively (see Table 8).

Service of caregivers/staffs: Among 60 elderly living in OAH, the level of satisfaction of a little more than half (53.3%) of the residents was average. In free type of old age home, majority (57.5%) of the residents were satisfied, while a little more than one-tenth (15.0%) of the residents were satisfied in paid type of old age home (see Table 8).

Table 8: Satisfaction of the elderly people about institutional facilities

| Satisfaction regarding facilities | Type of old age home | | | | Total (n=60)(%) |
|---|-------------------------|------------------------------|------------------|----------------------|-----------------|
| | Free | | | Paid | |
| | ORC, Gazipur (n=30) (%) | ABORC, Chattogram (n=10) (%) | Total (n=40) (%) | PN, Dhaka (n=20) (%) | |
| Food | | | | | |
| Satisfied | 21 (70.0) | - | 21 (52.5) | 2 (10.0) | 23 (38.3) |
| Average | 9 (30.0) | 10 (100.0) | 19 (47.5) | 18 (90.0) | 37 (61.7) |
| Dissatisfied | - | - | - | - | - |
| Recreational facilities | | | | | |
| Satisfied | 19 (63.3) | - | 19 (47.5) | 13 (65.0) | 32 (53.3) |
| Average | 11 (36.7) | 2 (20.0) | 13 (32.5) | 7 (35.0) | 20 (33.3) |
| Dissatisfied | - | 8 (80.0) | 8 (20.0) | - | 8 (13.3) |
| Medical care | | | | | |
| Satisfied | 23 (76.7) | - | 23 (57.5) | 12 (60.0) | 35 (58.3) |
| Average | 7 (23.3) | - | 7 (17.5) | 8 (40.0) | 15 (25.0) |
| Dissatisfied | - | 10 (100.0) | 10 (25.0) | - | 10 (16.7) |
| Accommodation | | | | | |
| Satisfied | 4 (13.3) | 1 (10.0) | 5 (12.5) | 16 (80.0) | 21 (35.0) |
| Average | 21 (70.0) | 7 (70.0) | 28 (70.0) | 4 (20.0) | 32 (53.3) |
| Dissatisfied | 5 (16.7) | 2 (20.0) | 7 (17.5) | - | 7 (11.7) |
| Service of caregivers/staffs | | | | | |
| Satisfied | 21 (70.0) | 2 (20.0) | 23 (57.5) | 3 (15.0) | 26 (43.3) |
| Average | 9 (30.0) | 8 (80.0) | 17 (42.5) | 15 (75.0) | 32 (53.3) |
| Dissatisfied | - | - | - | 2 (10.0) | 2 (3.3) |
| Spiritual facilities | | | | | |
| Satisfied | 22 (73.3) | 6 (60.0) | 28 (70.0) | 13 (65.0) | 41 (68.3) |
| Average | 8 (26.7) | 4 (40.0) | 12 (30.0) | 7 (35.0) | 19(31.7) |
| Dissatisfied | - | - | - | - | - |
| Safety | | | | | |
| Satisfied | 30 (100.0) | 8 (80.0) | 38 (95.0) | 17 (85.0) | 55 (91.7) |
| Average | - | 2 (20.0) | 2 (5.0) | 3 (15.0) | 5 (8.3) |
| Dissatisfied | - | - | - | - | - |
| Facilities for physical exercise | | | | | |
| Satisfied | 30 (100.0) | 7 (70.0) | 37 (92.5) | 15 (75.0) | 52 (86.7) |
| Average | - | 3 (30.0) | 3 (7.5) | 4 (20.0) | 7 (11.7) |
| Dissatisfied | - | - | - | 1 (5.0) | 1 (1.7) |
| Funeral arrangements | | | | | |
| Satisfied | 30 (100.0) | 10 (100.0) | 40 (100.0) | 18 (90.0) | 58 (96.7) |
| Average | - | - | - | 2 (10.0) | 2 (3.3) |
| Dissatisfied | - | - | - | - | - |

Source: Fieldwork, 2021

Spiritual facilities: Data shows that a little more than two-third (68.3%) of the residents in OAH was satisfied. It was observed that the facilities for the religious practices were available in free and paid type old age homes (see Table 8).

Safety: Among 60 elderly living in OAH, a vast majority (91.7%) of the residents was satisfied. It was observed that outsiders are strictly prohibited to enter into the old age home without the permission of the concerned authority. The residents are also not allowed to go outside without the permission of the authority (see Table 8).

Facilities for physical exercise: Data reveals that most (86.7%) of the residents were satisfied. In free type of OAH, a vast majority (92.5%) of the residents were satisfied, while more than two-third (75.0%) of the residents were satisfied in paid type of OAH. It was observed that the size of the area in free type of OAH was more as compared to the paid type of OAH (see Table 8).

Funeral arrangements: Data shows that a vast majority (96.7%) of the residents were satisfied. It was observed that in *Old Rehabilitation Centre, Gazipur and Amena-Bashar Old Rehabilitation Center, Chattogram*, they have own graveyard in the area, whereas in *ProbinNibash, Dhaka*, they send the death body to the relatives or established graveyard in Dhaka (see Table 8).

Conclusion

Based on the findings of this study, it could be concluded that old age homes are the best alternative for those who have no family support. The reasons for settlement and quality of life vary from old age home to old age home. In free type of old age home, negligence of the family members was the main reason for settlement, whereas in paid type of old age home, no care taking person at home was the main reason for settlement. In paid type of old age home, the elderly people have the scope to the contribution for the welfare of the society, whereas in free type of old age home, the elderly people have no scope to contribute for the welfare of the society due to the strict rule to go outside the old age home. The facilities like recreational facilities, medical care, spiritual facilities, safety, facilities for physical exercise and funeral arrangements were significantly better among elderly living in OAH, while the facilities like food, accommodation and service of caregivers/staffs were average in the level of satisfaction

among elderly living in OAH. The facilities like recreational facilities, medical care, and accommodation in paid type of OAH were significantly better than free type of OAH. On the other hand, the facilities like food, spiritual facilities, safety, facilities for physical exercise and funeral arrangements were significantly better in free type of OAH than paid type of OAH. The study recommends that institutional facilities should be increased to improve the quality of life for the elderly people living in old age homes. Furthermore, various scopes should be created for them to participate in different social activities to ensure their sound health.

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