

Impact of Old Age Allowance on Social Relations of the Elderly in Rural Bangladesh

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Abstract: *Old Age Allowance (OAA) is a cash transfer programme for providing social protection to the destitute elderly of Bangladesh. It was initiated by the Government of Bangladesh in 1997 as one of the safety net programmes meant for reducing poverty of the vulnerable elderly group in the society. Studies have shown that, in general, the OAA programme has been able to reduce the miseries of the destitute elderly of rural Bangladesh. The present article has intended to explore whether a small amount of cash benefit has any impact on social relations of the elderly. Using the data collected from male and female OAA recipients through face to face interview it is found that the social relations of the elderly has been improved significantly after receiving OAA. It is suggested that OAA should be continued and both coverage and rate should be increased. If both are not possible, the coverage should be increased keeping the present rate as it helps the elderly recipients improve the social relations vital for their survival.*

Introduction

The Context

The size of Bangladesh population was 144.8 million in 2008 (BBS, 2009). Accordingly, Bangladesh is the home of about 2.16 percent of the world population. But the country possesses only 0.03 percent of the surface of earth¹. The country ranks 94th in terms of possession of surface area of the world and 7th in terms of population size in the world². As a result Bangladesh is the most densely populated country of the world with a population density of 979 per square kilometer. With frequently hit natural disasters Bangladesh is also remaining as one of the poorest countries of the world. The poverty rate has been

¹ The surface area of earth and Bangladesh are 510,072,000 km² and 147,570 km² respectively.

Retrieved from <http://en.wikipedia.org/wiki/Earth>

² <http://www.indexmundi.com/g/r.aspx?c=bg&v=21>

estimated at 38.0 percent in 2008 (GoB, 2008); accordingly Bangladesh ranks 30th among 146 countries in the world in terms of poverty³. With these adverse facts another emerging issue for Bangladesh is the increasing number of older population. There is a steady increase in the proportion of the population aged 60 years and above. According to the 2001 population census, 6.2 percent or about 7.2 million of the population was more than 60 years' of age. Approximately 80,000 new elderly people are added to this cohort every year. It is projected that by 2025 population aged above 60 years will be more than 17 million (UN, 2007).

Need for Social Security of the Elderly of Bangladesh

Traditionally, Bangladesh society has a culture of honouring and caring the elderly. The family and related institutions played a key role in this regard. However, in the wake of rapid change in the family structure from joint to nuclear and weakening kinship ties due to poverty, attitudes of self-interest, quarrels, maladjustments, economic hardship, and so on, the family systems of Bangladesh have failed to provide necessary security to its older members. There was no private or state measure to provide security to the elderly except for a tiny proportion of government employees who entitled to pension after retirement⁴. The contributory insurance system is also beyond the capacity of the destitute elderly as they did not have the economic ability to provide contributions needed to be included in the system. As a result, majority of the aged people live in extreme poverty without having any support. Helpless destitute elderly begging in the roads and door to door is a common scenario in Bangladesh. It is estimated that 40 percent of the elderly of Bangladesh live below the poverty line. As about three-fourth of the population of Bangladesh live in rural areas⁵, majority of these elderly people are also living in rural areas with limited access to health, water and sanitation and other basic services. In a recent study it is found that 50 per cent of older people in rural Bangladesh suffered chronic energy deficiency and 62 per cent were at risk of malnutrition (HelpAge, 2007).

The Old Age Allowance Scheme (OAAS) of Bangladesh

It is evident that the elderly people of Bangladesh are facing severe destitution. The situation demands social security measures for this extremely vulnerable population group of Bangladesh. In response to this demand the government of Bangladesh adopted the policy to protect the destitute elderly through providing cash help for the first time in 1997. The goal of this policy was accordance with

³ CIA World Factbook 2011. Retrieved from http://www.photius.com/rankings/economy/population_below_poverty_line_2011_0.html

⁴ Government has a pension system for its retired employees since the British rule in 1924 (Miah, 2005).

⁵ The percentage of urban population was 25.4 while that of rural 74.4 (BBS, 2009).

the goal of Poverty Reduction Strategy Paper (PRSP) as well as Millennium Development Goals (MDGs), where sustainable improvement in health, nutrition and family welfare status of the people, particularly of the poor and vulnerable groups including women, children and the elderly were addressed along with their economic and social emancipation. Under this policy the GoB introduced the 'Old Age Allowance Scheme' (OAAS) during the financial year 1997-98 (GoB, 1999). A small amount (initially it was BDT 100/- gradually increased to BDT 300/- at present) of monthly cash help is given to destitute male and female elderly at Ward (lowest administrative unit) levels in rural Bangladesh through the OAAS. This type programme is termed as noncontributory social pension in the welfare regime. The main feature that distinguishes social pensions from other types of pensions is that the eligibility criteria do not include a history of earmarked contributions having been made by the individual in question or his employer. They are pure cash transfers rather than savings or insurance schemes (Palacios & Oleksiy, 2006). In the absence of any security measure the OAAS, although not enough is considered as the only means of survival of the destitute elderly of rural Bangladesh. Hassan (2007) described OAAS as an epoch-making achievement of the Government & has a positive impact on the recipients and their families and also on the society as a whole.

Table 1: Year-wise fund, rate and number of beneficiaries of OAAS

Fiscal year	Fund (million BDT)	Monthly allowance per person (BDT)	No. beneficiaries (million)
1997-1998	125.00	100	0.40
1998-1999	485.00	100	0.40
1999-2000	500.00	100	0.41
2000-2001	500.00	100	0.41
2001-2002	500.00	100	0.41
2002-2003	750.00	125	0.50
2003-2004	1800.00	150	1.00
2004-2005	2603.70	165	1.31
2005-2006	3240.00	180	1.50
2006-2007	3840.00	200	1.60
2007-2008	4485.00	220	1.70
2008-2009	6000.00	250	2.00
2009-2010	8100.00	300	2.25
2010-2011	8910.00	300	2.48

The old age allowance programme is a cash transfer programme for the destitute elderly of Bangladesh started during the fiscal year 1997-98. Initially, BDT 100/- per person per month was given to 0.4 million destitute rural elderly persons of

the country. Over the years the rate per person and coverage of the programme have increased to BDT 300/- and 2.475 million respectively during the fiscal year 2010-2011 (Table 1). OAA is given to the elderly persons aged 65 year and above. The estimated older population (aged 65 years and above) of Bangladesh in 2010 was 6.312 million. This means that about 39.2 percent of the aged people are included in the OAA programme so far⁶. In general, the OAA programme has been found to have immense multidimensional positive impacts on the recipients, their families and also on the rural society as a whole (Majumdar & Begum, 2008). Many elderly have developed the capacity of buying food, clothes and medicine for treatment through this programme (Hossain, 2008). As the policy context of the OAAS was to reduce the poverty of the country, studies have looked into the impact of OAAS on overall poverty situation. Palacios & Oleksiy (2006), given the small amount and low coverage of the OAAS, did not find a major impact on overall poverty rates, especially in young countries in the world including the OAAS of Bangladesh. Barrientos (2004) finds that the rapidly growing Bangladeshi scheme is relatively well targeted with more than three fourths of beneficiaries found in the lowest two quintiles of the distribution. Rana & Ahmed (2009) examined the impact of OAAS on health-related quality (HRQoL) of life of elderly and concluded that a significant impact of old age allowance on some specific dimensions of HRQOL albeit small, justifies its continuation and expansion to bring more individuals in its net. BRAC (2008) study findings reveal that the vulnerable people were more likely to benefit than the poor, but both groups benefit significantly more than the non-poor. Assessment of health-related quality of life of elderly persons shows that beneficiaries attained significantly higher scores in the social and economic dimensions and lower scores in the physical dimension compared to the eligible non-beneficiaries. Despite the fact that the OAA programme is a blessing for the destitute elderly of Bangladesh there are some limitations too. The selection process of the elderly for the OAA is not so clear yet as expected. Lack of accountability, proper monitoring system also the transparency and nepotism of the local government authority make it difficult to proper implementation of this process (BRAC, 2008). Yaron (2008) studied the empowering impact of OAAS along with other social safety net programmes of Bangladesh and found that SSNP modestly contribute to women's economic empowerment and had little effect on women's social or civic empowerment (i.e. on autonomy, involvement in household decision-making and incidence of domestic violence). This study further commented that Old Age Allowances and VGD may actually result in negative impacts, perhaps because increasing women's economic assets triggers a conservative backlash from poor and poorly educated husbands.

⁶ This was 22 percent in 2004 (Palacios and Oleksiy 2006, p.11).

Nevertheless, the positive impact of OAAS is evident. Uses of OAAS money other than survival needs of the elderly are also noted in several studies. BRAC (2008) study found that about 15 percent of the beneficiaries invested money for income generating activities. Use OAAS money for the benefit of the other members of the family is also evident. Another fact is that, despite there are limitations in caring, still majority⁷ of the OAA recipient elderly are living in family. Thus, it is not unlikely that the OAA money is being used for other family purposes through the family budget as a whole. Yaron (2008) found that old age/other allowances pay for education of children within the extended family and is used in other areas. Hossain (2008) found that more than half (51 percent) of the OAA recipients do not spend their allowance themselves rather other family members spend. These findings indicate that OAA is likely to have impact on the social relations of the recipients. Social relation of the elderly is extremely important for the elderly as they are living with family in the community. There is no alternative for the helpless elderly of Bangladesh having good relation with family members, relatives and neighbours so that they can get necessary helps. As presented above, none of the studies on OAAS has looked into the impact of OAAS on the social relations of the elderly. This article has examined the impact of OAA on the social relations of the elderly of rural Bangladesh.

Data and Methods

Social relations of the destitute elderly have been measured through asking the OAA recipients about the changes in the relations with their son, daughter, relatives, neighbours and in social position before and after receiving OAA⁸. For the purpose 144 (72 male and 72 female) OAA recipients were selected from the purposively selected Mirzapur upazila (sub-district) of the Tangail district of Bangladesh following the steps described below. First, 3 Unions were selected randomly among the 15 Unions of the selected Upazila. Secondly, 9 wards (3 from each of the selected unions) were selected randomly. Thirdly, lists of the OAA recipients of the selected wards were collected from the respective authority. Finally, 16 (8 male and 8 female) OAA recipients from each list were selected randomly. Data were collected from the selected OAA recipients through survey using a structured questionnaire. Data have been presented and analysed through cross tables to show the impact of OAA on social relations of the destitute elderly before and after receiving OAA by gender.

⁷ 92.4 percent of the elderly respondents of the present study live in family.

⁸ It may be mentioned here that the spouse (husband/wife) of the OAA recipients have been excluded due to the fact that a considerable proportion of OAA recipients, particularly women, are single at present (Table 1).

Findings and Discussion

Socio-economic Profile of The Destitute Elderly Receiving OAA

Table 2 presents some basic information of the OAA recipient elderly respondents of the study. Highest proportion of the OAA recipient elderly respondents were from the age group 70-74 years for both male and female elderly; 47.2 percent and 48.6 percent respectively. Although the proportion of male in the highest age category ‘80 years and above’ is lower (8%) than the female (11%) overall, the female recipients were a bit younger than the male as the average age was higher for the male (72.4 years) than female (71.4 years). 93.1 percent of the female OAA recipients were single compared to only 38.9 percent male. These findings indicate the vulnerability of the aged female. The difference in the marital status between male and female is statistically significant.

The situation of family income also indicates that the female elderly are more vulnerable compared to male elderly. 87.5 percent of the female OAA recipients had no family income compared 51.4 percent of the male OAA recipients. The difference in income situation among the male and female OAA recipients is statistically significant. Although majority (85%) of the OAA recipients is illiterate, female OAA recipients are more (93%) illiterate compared to male (76%). Socio-economic profile of the OAA recipients indicates that, in general, both male and female OAA recipients are vulnerable and deserve assistance like OAA for their survival. It is also evident that female elderly are more vulnerable than male elderly.

Who Helped the Elderly in Getting OAA

Social network plays a significant role in getting social assistance, like OAA, in Bangladesh. Elderly people are also likely to use their social network for the purpose of selection in the list of OAAs. It is reflected through the findings of the present study. Highest proportion (62%) of the OAA recipients has mentioned that they have relations with the Union Council member and chairman who play a key role in the selection of OAA recipients and helped the elderly to get OAA. Son, daughter and neighbour also helped the elderly in getting OAA who are also the key elements of the social network of the elderly (Table 3).

If gender is considered, the pattern remains same. However, it is seen that more female OAA recipients received help from son, daughter and neighbor (21%, 10% & 10% respectively) compared to male OAA recipients (17%, 6% & 7% respectively). On the other hand, more male OAA recipients (67%) received help from Union Council members compared to female OAA recipients (57%). These findings indicate the reality of Bangladesh society that the social network of the women is smaller compared to men which they can use for social benefits.

Table 2: Socio-economic profile of the OAA recipients

Factors	Categories	Male	Female	Total	Chi-square		
		(N=72)	(N=72)	(N=144)	Value	Sig.	
Age (years)	65-69	19.4%	27.8%	23.6%	4.359	0.225	
	70-74	47.2%	48.6%	47.9%			
	75-79	25.0%	12.5%	18.8%			
	80 & above	8.3%	11.1%	9.7%			
Average age (years)	Mean	72.4	71.4	71.9	-		
	SD	5.0	5.2	5.1	-		
Marital status	Couple	61.1%	6.9%	34%	47.051	0.000	
	Single	38.9%	93.1%	66.0%			
Whether have family income	Yes	48.6%	12.5%	30.6%	22.124	0.000	
	No	51.4%	87.5%	69.0%			
Education	Illiterate	76.4%	93.1%	84.7%	7.726	.0100	
	Literate	23.6%	6.9%	15.3%			
No. of family member	Up to 4	48.6%	47.2%	47.9%	.028	1.000	
	4+	51.4%	52.8%	52.1%			

Table 3: Who helped the elderly to get OAA by gender

Who helped	Male		Female		Total	
	Number	%	Number	%	Number	%
UP member/chairman	48	66.7	41	56.9	89	61.8
Son	12	16.7	15	20.8	27	18.8
Daughter	4	5.6	7	9.7	11	7.6
Neighbor	5	6.9	7	9.7	12	8.3
Others	3	4.2	2	2.8	5	3.5
Total	72	100.0	72	100.0	144	100.0

Impact of OAA on the Social Relations of the Destitute Elderly

Change in the relation of the OAA recipient elderly with their son: Social relation indicates the mutual bond with family and community members. In absence of any comprehensive security measure, elderly in Bangladesh are like to stay with their offspring. This requires a good relation with their son. Nowadays, however, the relationship between the elderly with their sons has been strained due to various reasons including lack of income of the elderly. This is reflected through the findings of the data presented in Table 4. Nearly 80 percent of the elderly mentioned their relation with son was ‘not good’ before receiving OAA. If gender is considered, more male elderly (83%) mentioned their relation with son as ‘not good’ compared to female elderly (75%).

It is evident from the data that OAA has significantly contributed to improve

the relation of the elderly with their son. 63.4 percent of all OAA recipients mentioned their relation with son as ‘good’ after receiving OAA compared to only 20.3 percent before receiving OAA. Most of these improvement in the relation has happened to those elderly mentioned their relation as ‘not good’ before they receiving OAA. Among the 98 (80%) elderly mentioned their relation with son as ‘not good’ before receiving OAA, 54 (55%) mentioned that their relation with son has become ‘good’ after receiving OAA. The improvement in the relation of the elderly with son is statistically significant (Table 4). It is, however, noted that 36.6 percent of the OAA recipients mentioned that their relation with son as ‘not good’ even after the receiving OAA.

Table 4: Relation of the elderly with son before and after receiving OAA by gender

Relation before receiving OAA	Relation after receiving OAA and gender								
	Male			Female			Total		
	Good	Not good	Total	Good	Not good	Total	Good	Not good	Total
Good	11 (100.0)	0 (0.0)	11 (16.7)	13 (92.90)	1 (97.1)	14 (24.6)	24 (96.0)	1 (4.0)	25 (20.3)
Not good	33 (60.0)	22 (40.0)	55 (83.3)	21 (48.8)	22 (51.2)	43 (75.4)	54 (55.1)	44 (44.9)	98 (79.7)
Total	44 (66.7)	22 (33.3)	66 ¹ (100.0)	34 (59.6)	23 (40.4)	57 ² (100.0)	78 (63.4)	45 (36.6)	123 ³ (100.0)
Chi- square	Value 6.6	DF 1	Sig. 0.01	Value 8.5	DF 1	Sig. 0.00	Value 16.36	DF 1	Sig. 0.00

Note: Figures in the parenthesis indicate percentages

¹ 6 have no son

² 15 have no son

³ 21 have no son

If gender is considered, more male elderly (83%) mentioned relation with their son as ‘not good’ before receiving OAA compared to female elderly (75%). Relation with son mentioned as ‘good’ has increased significantly after receiving OAA for both male and female elderly, 66.7 percent and 59.6 percent respectively. It indicates that OAA has contributed to improve the relation with son slightly more in case of male elderly. For both male and female OAA recipient elderly the change in the relation with son before receiving and after receiving OAA is found statistically significant (Table 4).

Change in the relation of the OAA recipient elderly with their daughter: The relation of the elderly with their daughter has also improved after they receive OAA. 64.6 percent of the OAA recipient elderly mentioned relation with their daughter as ‘good’ after receiving OAA compared to only 16.9 percent before

receiving OAA. In the same way, 83.1 percent mentioned relation with daughter as 'not good' before receiving OAA reduced to 40.7 percent after receiving OAA. The change in the relation with daughter before and after receiving OAA is found statistically significant (Table 5). Like the relation with son, improvement in the relation with daughter has also happened to those elderly who mention their relation as 'not good' before receiving OAA. Among the 108 mentioned relation with daughter as 'not good' before receiving OAA 84 (65%) and 46 (35%) remained same as 'not good'. It is notable here that, although very negligible, 2 male and 2 female elderly mentioned that relation with their daughter was 'good' before receiving OAA turned as 'not good' after receiving OAA.

If gender is considered, more male OAA recipient elderly (90%) mentioned relation with their daughter as 'not good' before receiving OAA compared to female elderly (76%). Relation with daughter mentioned as 'good' has increased significantly after receiving OAA for both male and female OAA recipient elderly, 66.2 percent and 62.9 percent respectively compared to only 10.3 percent and 24.2 percent respectively before receiving OAA. It indicates that OAA has significantly contributed to improve the relation with daughter slightly more in case of male OAA recipient elderly compared to female elderly. The change in the relation with daughter, however, found statistically significant for the female elderly but not for the male elderly (Table 5).

Table 5: Relation of the elderly with daughter before and after receiving OAA by gender

Relation Before Receiving OAA	Relation After Receiving OAA and Gender								
	Male			Female			Total		
	Good	Not good	Total	Good	Not good	Total	Good	Not good	Total
Good	5 (71.4)	2 (28.6)	7 (10.3)	15 (100.0)	0 (0.0)	15 (24.2)	20 (90.9)	2 (9.1)	22 (16.9)
Not good	40 (65.6)	21 (34.4)	61 (89.7)	24 (51.1)	23 (48.9)	47 (75.8)	64 (59.3)	44 (40.7)	108 (83.1)
Total	45 (66.2)	23 (33.8)	68 ¹ (100.0)	39 (62.9)	23 (37.1)	62 ² (100.0)	84 (64.6)	46 (35.4)	130 ³ (100.0)
Chi-square	Value 0.096	DF 1	Sig. 1.00	Value 11.66	DF 1	Sig. 0.00	Value 8.01	DF 1	Sig. 0.01

Note: Figures in the parenthesis indicate percentage

¹ 4 have no daughter.

² 10 have no daughter.

³ 14 have no son.

Change in the relation of the OAA recipient elderly with their relatives: The relation of the elderly with their relatives has also improved after they receive OAA. 88.9 percent of the OAA recipient elderly mentioned relation with their relatives as ‘good’ after receiving OAA compared to only 31.3 percent before receiving OAA. In the same way, 68.8 percent mentioned relation with relatives as ‘not good’ before receiving OAA reduced to only 11.1 percent after receiving OAA. The change in the relation with relatives before and after receiving OAA is found statistically significant (Table 6). Like the relation with son and daughter, improvement in the relation with relatives has also happened to those OAA recipient elderly who mention their relation as ‘not good’ before receiving OAA. Among the 99 mentioned relation with relatives as ‘not good’ before receiving OAA 84 (85%) turned as ‘good’ and only 15 (15%) remained same as ‘not good’ after receiving OAA.

More male OAA recipient elderly (72%) compared to female elderly (65%) mentioned relation with their relatives as ‘not good’ before receiving OAA. OAA has contributed to improve the relation with relatives slightly more in case of female elderly compared to male elderly as, before receiving OAA, more male elderly had ‘not good’ relation with their relatives compared to female elderly and after receiving OAA more female elderly (90%) mentioned relation with their relatives as ‘good’ compared to 87.5 percent of the male elderly. Change in the relation with relatives, however, is found statistically significant for the male elderly but not for the female elderly (Table 6).

Table 6: Relation with relatives before and after receiving OAA by gender

Receiving OAA	Relation after receiving OAA and gender								
	Male			Female			Both gender		
	Good	Not good	Total	Good	Not good	Total	Good	Not good	Total
Good	20 (100.0)	0 (0.0)	20 (27.8)	24 (96.0)	1 (4.0)	25 (34.7)	44 (97.8)	1 (2.2)	45 (31.3)
Not good	43 (82.7)	9 (17.3)	52 (72.2)	41 (87.2)	6 (12.8)	47 (65.3)	84 (84.8)	15 (15.2)	99 (68.8)
Total	63 (87.5)	9 (12.5)	72 (100.0)	65 (90.3)	7 (9.7)	72 (100.0)	128 (88.9)	16 (11.1)	144 (100.0)
Chi- square	Value	DF	Sig.	Value	DF	Sig.	Value	DF	Sig.
	3.96	1	0.06	1.43	1	0.41	5.24	1	0.02

Change in the relation of the OAA recipient elderly with their neighbours: The relation of the OAA recipient elderly with their neighbours has also improved after receiving OAA. 88.2 percent of the OAA recipient elderly mentioned relation with their neighbours as ‘good’ after receiving OAA compared to 45.1

percent before receiving OAA. In the same way, 54.9 percent mentioned relation with relatives as ‘not good’ before receiving OAA reduced to only 11.8 percent after receiving OAA. The change in the relation with relatives before and after receiving OAA is found statistically significant (Table 7). Improvement in the relation with neighbours has happened to those OAA recipient elderly who mention their relation as ‘not good’ before receiving OAA. Among the 79 OAA recipients mentioned relation with neighbours as ‘not good’ before receiving OAA 63 (80%) mentioned as ‘good’ and 16 (20%) remained same as ‘not good’ after receiving OAA.

If gender is considered, more female OAA recipient elderly (57%) mentioned relation with their neighbours as ‘not good’ before receiving OAA compared to male elderly (53%). Relation with neighbours mentioned as ‘good’ has increased significantly after receiving OAA for both male and female OAA recipient elderly, 88.9 percent and 87.5 percent respectively. It indicates that OAA has contributed to improve the relation with neighbours almost equally for both male and female elderly. The change in the relation of the elderly with neighbours, however, found statistically significant for both male and female (Table 7).

Table 7: Relation with neighbours before and after receiving OAA son by gender

Receiving OAA	Relation after receiving OAA and gender								
	Male			Female			Total		
	Good	Not good	Total	Good	Not good	Total	Good	Not good	Total
Good	33 (97.1)	1 (2.9)	34 (47.2)	31 (100.0)	0 (0.0)	31 (43.1)	64 (98.5)	1 (1.5)	65 (45.1)
Not good	31 (81.6)	7 (18.4)	38 (52.8)	32 (78.0)	9 (22.0)	41 (56.9)	63 (79.7)	16 (20.3)	79 (54.9)
Total	64 (88.9)	8 (11.1)	72 (100.0)	63 (87.5)	9 (12.5)	72 (100.0)	127 (88.2)	17 (11.8)	144 (100.0)
Chi-square	Value 4.35	DF 1	Sig. 0.06	Value 7.78	DF 1	Sig. 0.01	Value 12.00	DF 1	Sig. 0.00

Change in the social position of the OAA recipient elderly: The term social status refers to social position of a person in relation to others in the group or community, the way an individual is treated by others. In fact, some sociologists prefer to use the term position instead of status. The social position of the elderly has also improved after they receive OAA. 86.8 percent of the OAA recipient elderly mentioned their social position as ‘good’ after receiving OAA compared to only 29.9 percent before receiving OAA. In the same way, 60.1 percent mentioned their social position as ‘not good’ before receiving OAA reduced to only 13.2 percent after receiving OAA. The change in the social position,

however, found not statistically significant (Table 8). Like other relations social position has improved for the OAA recipient elderly mentioned their social position as ‘not good’ before receiving OAA. Among the 101 mentioned social position as ‘not good’ before receiving OAA, 88 (87%) mentioned their social position as ‘good’ after receiving OAA and 13 (13%) remained same as ‘not good’.

Table 8: Social position of the elderly before and after receiving OAA by gender

Receiving OAA	Relation Before		Relation after receiving OAA and gender						Total	
	Male		Female							
	Good	Not good	Good	Not good	Total	Good	Not good	Total		
Good	17 (77.3)	5 (22.7)	22 (30.6)	20 (95.2)	1 (4.8)	21 (29.6)	37 (86.0)	6 (14.0)	43 (29.9)	
Not good	43 (86.0)	7 (14.0)	50 (69.4)	45 (88.2)	6 (11.8)	51 (70.4)	88 (87.1)	13 (12.9)	101 (60.1)	
Total	60 (83.3)	12 (16.7)	72 (100.0)	65 (90.1)	7 (9.9)	72 (100.0)	125 (86.8)	19 (13.2)	144 (100.0)	
Chi- square	Value 0.84	DF 1	Sig. 0.49	Value 0.87	DF 1	Sig. 0.67	Value 0.02	DF 1	Sig. 1.00	

If gender is considered, both male and female almost equally (69% and 70% respectively) mentioned their social position as ‘not good’ before they receive OAA. Social position mentioned as ‘good’ has increased significantly after receiving OAA for both male and female elderly, 83.3 percent and 90.1 percent respectively. It indicates that OAA has contributed to improve the social position of the elderly; slightly more for female elderly. The change in the social position, however, found not statistically significant if gender is considered (Table 8).

Above findings reveal that social pension like OAAS of Bangladesh significantly contributes to improve the social relations of the recipient elderly. The relation of the OAA recipients with their son, daughter, relatives and neighbours has significantly improved after receiving OAA compared to before receiving OAA. In all cases, the elderly who had ‘good’ social relations before receiving OAA have been able to maintain that and those who had ‘not good’ social relations have been able to significantly improve that. It appears that OAA has positive impact on social relations of the elderly in two ways; first, it prevents deterioration of social relations of those who had good social relations earlier and second, it helps to improve the social relations of those who had ‘not good’ social relations. By all considerations, it is evident that small amount of social pension like OAAS in Bangladesh can have significant positive impact on the social

relations of the elderly recipients. In a society like Bangladesh where most elderly are still living in family and community, it is important that they have good relations with their family members and neighbours as they are dependent on them for their survival. The living cost of the elderly, in general, is likely to be higher compared to other members of the society as the elderly need medical and other services invariably. In this context, it is understandable that BDT 300/- per month is not enough for an elderly at present in Bangladesh. That means family of the elderly has to provide support, both economic and social, to maintain the elderly. Nevertheless, findings have shown that the OAAS has contributed significantly to improve the social relations of the elderly. This may be explained by the fact that most members of the society feel that look after the elderly as a duty. However, due to economic hardship and other reasons elderly of the society remains unattended. Small amount of social pension, however, can change the situation through improving the social relations of the elderly.

Conclusion

It is evident that OAAS of Bangladesh has significantly contributed to improve the social relations of the OAA recipient elderly. It also contributes to increase the welfare of the recipient elderly and their families though it may not have impact on overall poverty situation of the country. Good social relations of the elderly are extremely important for the elderly as almost all of them are living in family in the community. It is vital for the elderly as the OAA amount is not enough to fulfill their basic needs fully family support is indispensable for survival. This small amount of social pension has contributed to ensure that through improving their social relations. It is, however, notable that coverage of OAAS is still far below that expected. Hence, it is worthwhile to increase the both coverage and rate. But if both are not possible coverage should be extended which, in turn, will ensure the family and community support through improving the social relations of the elderly.

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