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THE DYNAMIC EFFECTS OF HEALTH ON THE PHYSICAL LABOR OF LOWER CLASS OLDER PEOPLE: AN EXPLORATORY SOCIAL PERSPECTIVE STUDY ON MAHESHPUR UPAZILA IN BANGLADESH

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Abstract:
Aging is a natural, multidimensional process and inevitable consequence of human life. Old age is also the closing period of life. So, aging is an emerging issue. There is a growing concern in the world, especially in developing countries. This study has focused on uncovering the dynamic effect of health on the physical labor of lower-class older people and to gather some information about their perceived health needs using the information over Maheshpur Upazila under Jhenaidah district. This research has prepared both based on primary and secondary data sources. All physical labor of lower-class older people who live in Maheshpur Upazila is considered as population. So in this study 170 older people have been taken under purposive sampling. The primary data collected through field observation, focus group discussion (FGD), and questionnaire survey. The secondary data obtained from different published and unpublished sources including books, journals, newspapers, magazines, NGO documents, annual reports and websites of institutions, etc. The exploratory analysis shows that about 92 percent of the older population suffered from health problems. Almost everyone suffered from at least one disease during three months before the survey. The exploratory analysis also reveals that 68.82% respondents are illiterate and 87.06 percent of older people have no cultivated the land. For this reason, they engaged in lower-level work and faced challenging circumstances as they attempt to meet their basic needs.

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Keywords: physical labor, health, dynamic effect, Maheshpur Upazila

1. Introduction

A person generally passes five stages in his lifecycle. Infancy, childhood, adolescence, adulthood and old age are the echelons. Old age begins after sixty years of age and ends in death. Old age is one of the vulnerable situations in a natural process of life (Tajrin and Hossain 2018). Now it is a common phenomenon across the world and also a flourishing issue in developing countries like Bangladesh. Over the last decade, the amount of the older population in Bangladesh has been significantly enlarged. In Bangladesh, population aging is viewed as a natural outcome of the demographic transition from high fertility and mortality to low fertility and mortality due to the years of successful family planning (FP) and public health programs that have changed the population growth of the country (Pal and Hussain 2016). The statistical data of Bangladesh represent the number of the aged population has increased from 1.38 million to 7.59 million from the year of 1974-2001 (BBS 2003). Bangladesh is the eighth largest populated (152.51 million) and most densely (1015 person live per square kilometers) country (Statistics 2011). Adult children, particular sons, are considered to be the primary source of security and economic support to their parents, particularly in the time of disaster, sickness and old age (Cain 1986). As an Asian country, Bangladesh has a long cultural and religious tradition of looking after the older, and it is expected that families and communities will care for their own older numbers. But rapid socio-economic and demographic transitions, mass poverty, changing social and religious values, the influence of western culture and another factor, have broken down the traditional extended family and community care system. Most of the older people in the country are suffering from many fundamental human problems such as lack of sufficient income and employment opportunities, absolute poverty, senile diseases and absence of proper health and medical facilities, exclusion, negligence, deprivation, socio-economic insecurity, etc. (Rhaman 2000). Health is one of the essential human rights that strengthens the persistence of human being and help them to increase necessary capabilities. In low-income societies, very few older people have access to any comprehensive care, and there is little or no emphasis on the importance of understanding the contextual reality of older people's life. Social support for older people mostly comes from the informal networks, often with a little help from the semiformal network. Most of the older people receive little or no support from the formal system. The physical labor of lower class older people avoids seeking health care from a formally qualified doctor due to high costs. The socio-economic condition of the physical labor of lower class older people is deficient, especially the financial problems. Even they can't conduct their family suitably because of little to income. Rao et al., (2003) stated that health problems tend to increase with advancing age, and very often the issues aggravate due to neglect, poor economic status, social deprivation, and inappropriate dietary intake. A high proportion of the total respondents stated that they

were suffering from illness severely. Lack of medical facilities in the village and poor economic conditions might be responsible for the low health status of the villagers (Venkateswarlu, Iyer, et al. 2003). This is corroborated by the finding of Singh et al. (2005) in his study in rural Haryana. Hence, the majority of landless rural aged was suffering from one or the other health problems and physical disabilities (Nair 1989). (Premakumar 1998), in the paper "Nutrition and Health Problems" found that the rural aged suffered from nutritional, psychological and other problems. Streatfield stated that in his study found that poor elderly largely attribute their health problems, on the basis of easily indefinable symptoms, like chest pain, shortness of breath, prolonged cough, breathlessness, asthma and so on. Mental health is also found to be another important health issue among rural elderly (Streatfield 2003). Nair (1989), "A study of the Socio-Economic and Health Profile," revealed that the incident and prevalence of chronic as well as non-chronic disease are more in rural elderly that is 1) respiratory diseases, 2) loco-motor illnesses and 3) blood pressure. The majority of the aged comparatively longer among males. Kalam and Khan (2006) attempt to explore the types of illness among older people in Bangladesh using data collected from a national survey (Kalam and Khan 2006). It also describes the factors associated with the health situation of the elderly in Bangladesh.

After the review of some literature, it can be said that although many research works have been done in this field, very few researches have been done on the older people health perspective. Moreover, no research has been conducted specifically on the physical labor of lower-class older people health issues. That is why the researcher has tried to explore this matter. It is essential to understand the health needs of the physical labor of lower-class older people and so implore their opinion in improving the existing health care. Thus, this study undertaken to understand effects of health on the physical labor of lower-class older people and to gather some evidence about their perceived health needs using the data and over of Maheshpur Upazila (Sub-district) in Bangladesh.

2. Materials and Methods

To carry out any research work, an appropriate methodology is an essential requirement. The success of the research depends on properly maintain the methodological approach. This study is an attempt to unbolting the dynamic effects of health on the physical labor of lower-class older people. The research approach of this study is mainly qualitative, and at the same time, quantitative data have been used for doing research meaningfully.

2.1 Study Area

The study conducted on the Maheshpur Upazila under Jhenaidah district of Bangladesh. More specifically, the village namely Pora Para, Kakiladanga, Irshaldanga G-Panta Para, Gurdaha, Dumurtala, Karimcha, Taltupi, Keshoppur, Natima were

selected purposively. This Upazila is the second-largest Upazila of Jhenaidah district in respect of area. The Upazila occupies an area of 417.85 sq. Km. It is located between 23°13' and 23°25' north latitudes and between 88°42' and 89°02' east longitudes. This Upazila is surrounded on the north by Jibannagar Upazila of Chuadanga district and Kotchandpur Upazila, east by Chowgachha Upazila of Jessore district, on the south and west by the West Bengal state of India. The Upazila consists of 1 Paurashava, nine wards, 16 mahallas, 12 unions, 144 populated mauzas, and 196 villages. And, the total inhabitants of the Upazila is 332514 of which 166291 are males, and 166223 are females. The ratio of older people is 7.5 %(60 years and above) and, population density is 796 per sq. Km (BBS 2015).

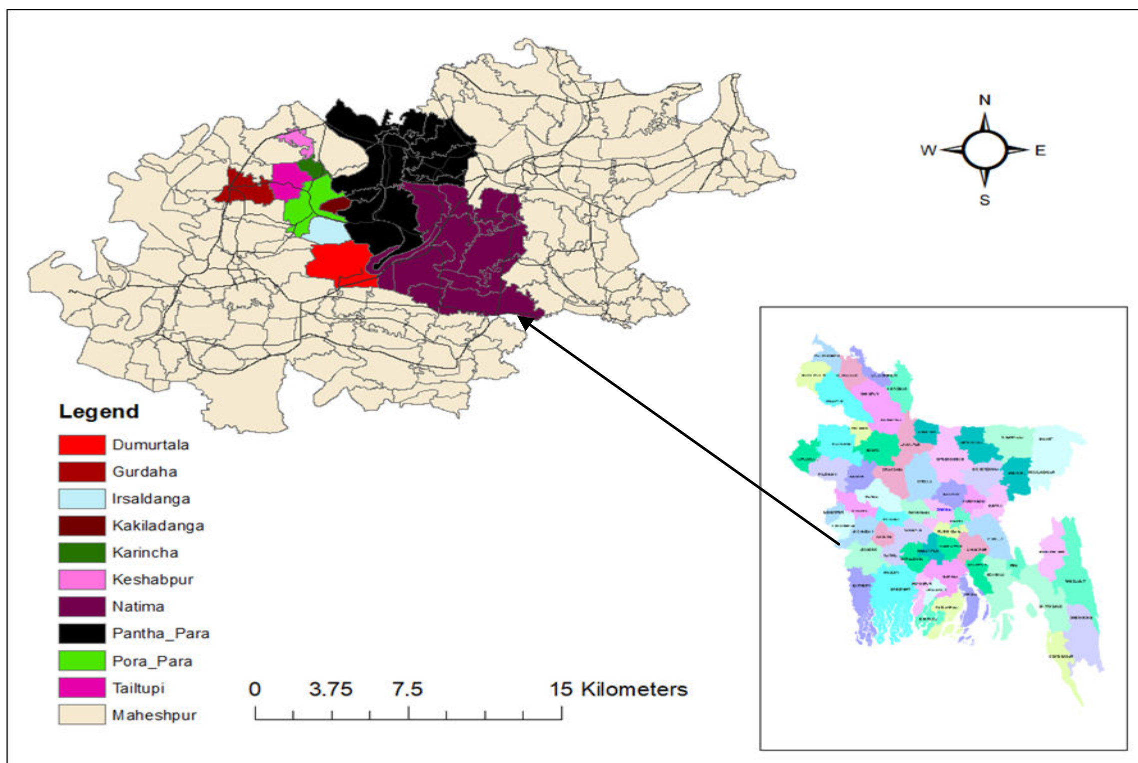

Figure 1: Map of Study Area Location (Using Arc GIS 10.5)

2.2 Source of Data Collection and Sampling

This research has been prepared based on primary and secondary data sources. All physical labor of lower-class older people who live in Maheshpur Upazila is considered as my population. So in this study 170 older people have been taken under purposive sampling. The data collection procedure started in December 2016 and persisted for about a month. The primary data have been collected through participant observation, FGD and questionnaire survey. Besides, also the secondary data have been collected from various published and unpublished sources including books, journals, newspapers, magazines, NGO documents, annual reports and websites of institutions, etc.

2.3 Data Processing, Analysis, and Interpretation

First of all, the collected data have been analyzed on the basis of objectives of study through different software by using a computer. Statistical and different type's graphs were done by MS Excel 2010 and Statistical Package for Social Sciences (SPSS) software version 20. The primary qualitative data have been illustrated through textual and document analyses. The collected secondary data have also been revised, scrutinized, verified and reviewed by the researchers to avoid the overlapping, constancy, and mistakes. After that, the edited data have been classified and presented by tables, chart, graphs, and diagrams to make those more meaningful and readily realizable to the readers.

3. Results

The socio-economic background is the most important indicator to judge the physical labor of lower-class older people health status in the society. All these status of the respondents have been observed closely and intensively to justify the objective of the study.

Table 1: Socio-economic background of the respondents

Category	Variable	Frequency	Percentage (%)	Total	Mean (when applicable)
Age category	60-65	46	27.06	100%	66.5
	65-70	112	65.88		
	70-75	12	7.06		
Education qualification	Illiterate	117	68.82	100%	
	Literate	53	31.18		
Marital status	Married	143	84.12	100%	
	Widower	27	15.88		
Types of family	Nuclear family	97	57.07	100%	
	Joint family	73	42.93		
Land status	Homestead land haven't	143	84.12	100%	
	Homestead land have	27	15.88		
	Cultivable land have	22	12.94	100%	
	Cultivable land haven't	148	87.06		
Occupation	Van driver	61	35.88	100%	
	Construction labor	29	17.06		
	Agricultural labor	61	35.88		
	Street hawker	10	5.88		
	Other	9	5.29		
Daily income	75-100	22	12.94	100%	138.82 BDT.
	100-125	34	20.0		
	125-150	61	35.88		
	150-175	19	11.18		
	175-200	34	20.0		

3.1 Age Distribution of the Respondents

There are some parameters to measure the socio-economic condition of the respondents, and age is the most significant signs. The formation of the members of a society shapes their actual social status and roles significantly.

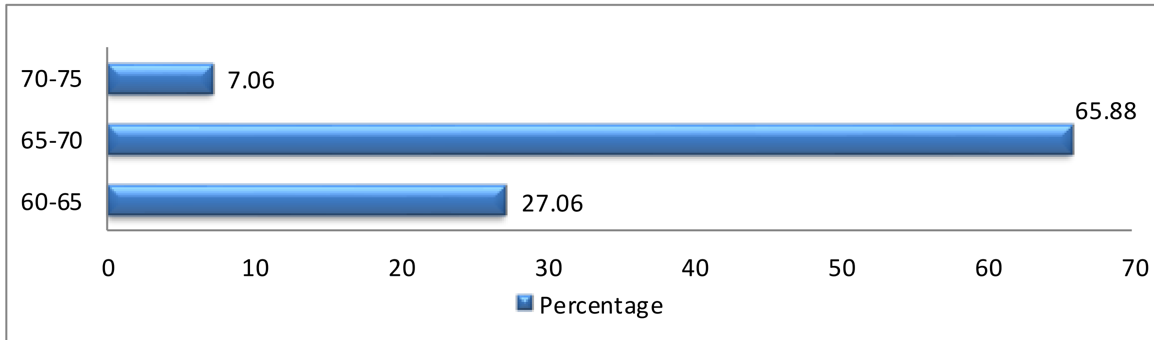

Figure 2: Age Distribution of the Respondents

Average life expectancy is swelling day by day as a result of developing science and technology. Figure 4 shows that between 65.88% of respondents age is 65-70 years and 7.06% respondent age is 70-75 and between 27.06% respondent age is 60-65 years, and their average age is 66.5 years (Table 1). Most of the respondent's age is in group 65-70, and those undoubtedly older people in our society. And also they do work as physical labor in society for their serving.

3.2 Educational Qualification

Education is one of the essential parts of human life, and it is acknowledged by the constitution of the people's republic of Bangladesh. It also has a significant role to get an excellent opportunity for finding high employment. But this study displays that a majority person of the respondents (68.82%) are uneducated, and they don't recognize how to read and even when signature. Rest of respondents (31.18%) is literate (Table 1), and they can get signature and learn. But they are not an appropriately educated person in their society.

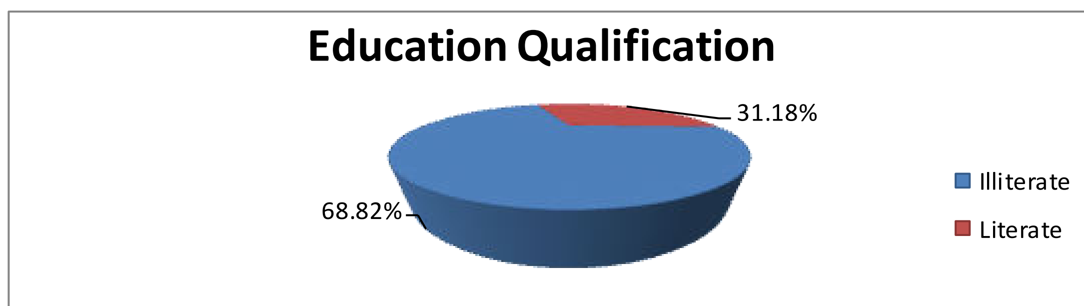

Figure 3: Percentage Distribution of Education Qualification of the Respondents

3.3 Marital Status and Family Type

Marriage dwells in a central place in the social structure of any society. It is very much pertinent in social life (Gould 1964). At this point, this study exposed that the highest number (84.12%) of respondents are married, and 15.88% of respondents are widowed (Table 1). The family is the principal organization in the society (Hewitt 1968). It is accepted that there are two types of family in Bangladesh, i.e., nuclear family and, joint family. The nuclear family is such kind of family which consists of parents and their children. On the contrary, a joint family formed of a father, a mother and their working and non-working sons and unmarried daughter (Ahmed 1973). In the patriarchal society of our country, usually, the head of the family is a father. Table-1 indicates that out of 170 respondents, 57.07% (97) respondents are included in the nuclear family and the rest of 42.93% (73) respondents associated in the joint family. Therefore, it is true that most of the respondents in the study area belong to a nuclear family. Findings of the above table show that a small part of the respondents of the study lives in a joint family.

3.4 Land Status of the Respondents

There are some indicators to know the physical labor of lower-class older people socio-economic condition; land status is one of the most important. During the survey, the researchers asked among the respondents about their land status that time they reported that they have minimal land. The table one is unbolting that around 84.12% of respondents have only homestead land and 15.88% haven't homestead land. Despite majority, respondents have homestead land, but a maximum of 87.06% respondents haven't cultivated the land. They can't grow any kinds of crops, for this reason, most of the time they work as a day laborer. As opposed to only 12.94% respondents have cultivated land, but the quantity of land is little.

3.5 Occupations and Daily Income

For the better understanding the socio-economic status of physical labor of lower-class older people, it is essential to attain evidence on their occupation and to analyze their occupational pattern Table 1 and upstairs figure of this study revealed that maximum 35.88% of respondents are engaging as a van driver (kind of vehicles driver) and 17.06% of respondents also engaged in construction labor. On the other hand, 35.88% respondent's occupation is agricultural labor. Respectively 5.88% and 5.29% of respondents include a street hawker and various occupations. From the exploratory analysis, most of the respondent's main occupation is a van driver and agricultural labor.

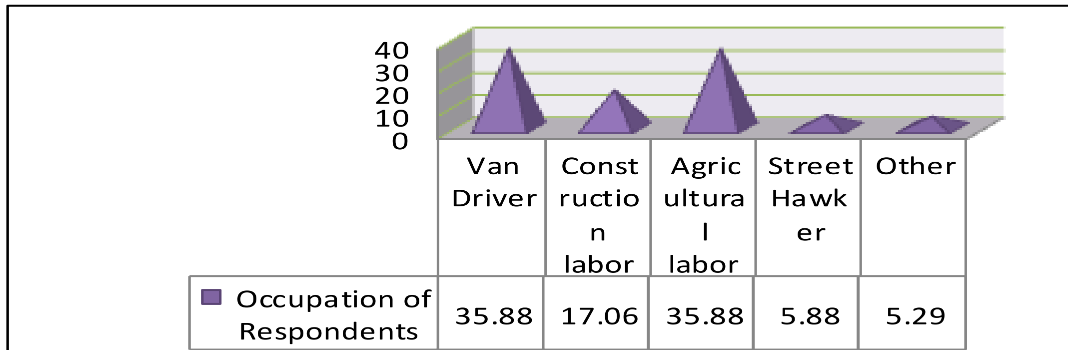

Figure 4: Respondents Main Occupation

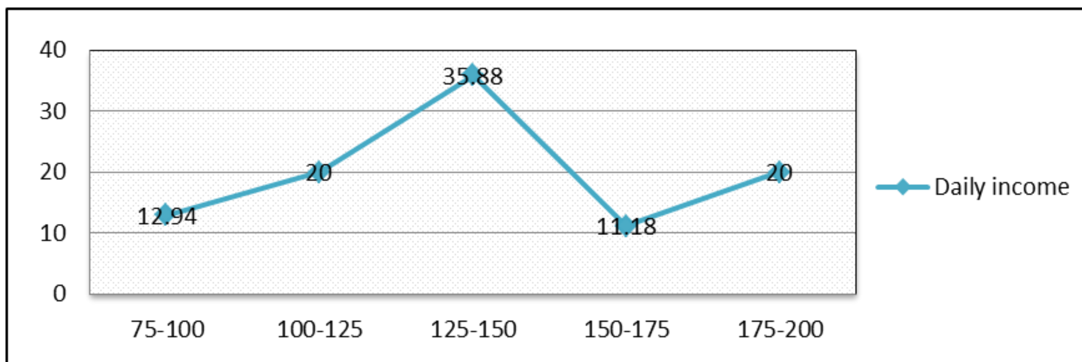

Figure 5: Percentage Distribution of Daily Income of the Respondents

Bangladesh is an impoverished country in terms of low-income. And, the standard of living of its population is deficient. So, the daily income of the respondents is an essential point to know about the actual socio-economic scenery of the physical labor of lower-class older people. Here the respondents are separated into five categories regarding their daily income. From the above figure, it is displayed that the income of the 35.88% respondents belongs to the income of 125 to 150 which is the highest in number 20.0% Respondent's daily income is 175 to 200 and 20.0% of the respondent's income 100 to 125 in a day. On the other hand, the income of 12.94% respondents is 75 to 100 BDT. And 11.18% respondent's income in a day is 150 to 175 BDT. The average income of the respondents is 138.82 BDT in a day (Table 1). From the above figure, it showed that most of the respondents are not solvent to maintain their daily needs with a small amount of income.

3.6 Physical Problems in the Old Age of the Respondents

Table 2: Health issues of the respondents

Whether Suffered from any Disease	Frequency	Percentage (%)
Health Problem	155	91.18
No Health Problem	15	8.82
Total	170	100

Old age is an unavoidable consequence of human life. It hasn't revoked from life. So, physical strength and working power are decreasing with age increasing. This study revealed that most of the physical labors of lower-class older people have a health problem and only a few people haven't had a health problem. During the survey, the researcher also noticed about the length of time of health problem of the respondents. Older respondents reported that they were victims of the disease in the last three months before the survey.

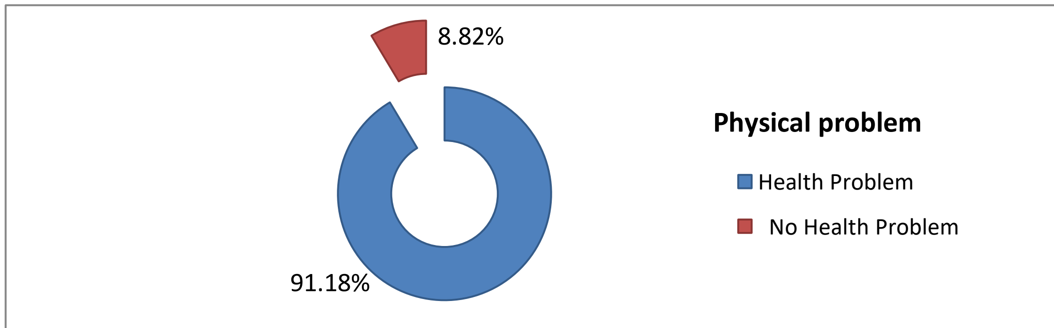

Figure 6: Present physical problem status in old age of the respondents

In the doughnut chart has uncovered that 91.18 % of respondents who have health problem and only 8.82% respondent haven't had health problem among the 170 respondents.

3.7 Existent Physical Problems of the Respondents

Table 3: Existent physical issues

Category of Health (Multiple Responses are Possible)	Variable	Frequency (N=170)	Percentage (%)
General symptoms	Generated weakness	66	38.82
	Sleepiness	30	17.65
	Denture problem	22	12.94
	Hearing problem	50	29.41
Muscular-skeletal	Body ache	44	25.88
	Lower backache	12	7.06
	Rheumatic pain	8	4.71
	Pain in joint	54	31.76
	Stiffness in joint	10	5.88
Respiratory	Bronchial	12	7.06
Cardiovascular	High blood pressure	26	15.29
Gastro intestinal tract infection	Constipation	14	8.24
	Dysentery	18	10.59
Eye	Vision problem	52	30.59
	Mental problem	6	3.53
	End chronic disease	10	5.88
Nervous system	Paralysis	0	0.00
	Difficult in moving	6	3.53
Others	Disability, leg swollen, allergy, hernia, social isolation, leprosy, diabetics, etc.	38	22.35

Table 3.9 shows that most of the older people are suffering from various kinds of diseases. And they are also fighting against diseases day after day for their better healthy life. This study displayed that majority respondents are suffering from different categories of health problems such as general symptoms, muscular-skeletal, respiratory, cardiovascular, gastro-intestinal tract infection, eye, nervous system, others of which hearing problem (29.41%), body ache (25.88%), pain in joint (31.76%), vision problem (30.59%), high blood pressure (15.29%), generated weakness (38.82%) are one of the most issues of the physical labor of lower-class older people.

3.8 Caretaking During Illness

Table 4: Sources of nursing of older people

Service provider	Frequency	Percentage (%)
Son	15	8.82
Wife	106	62.36
Daughter	12	7.06
Son in law	27	15.88
Others	10	5.88
Total	170	100

When older people suffer from diseases at that time, they need more nursing. This study revealed that during the illness of the older people, then family members of respondents who take care of older people, but most of the times take care of the respondents by their wife. While the older people being sick, then 62.36% physical labor of lower-class older people gets nursing by their wife. Respectively 15.88% and 7.06 % of respondents get nursing by their son in law and daughter. On other hands, son and other people contribute to older people during the sick period respectively 8.82% and 5.88%.

3.9 Type of Medical Treatment Received during the Illness

Table 5: Medical treatment

Type of treatment	Frequency	Percentage (%)
Village doctor	87	51.18
Kabiraj	7	4.13
Homeopath	15	8.82
Govt. Hospital	36	21.18
Private Clinic	0	0.0
NGO clinic	12	7.06
Does not go anywhere	13	7.65
Total	170	100

There are some basic needs for human and medical treatment one of them. During the field survey, the researcher acquainted that most of the physical labor of lower-class older people who don't want to proper medical treatment for their better healthy life

due to financial hardship. But they usually take medication from the local treatment center. This study displayed that almost 93% of respondents take treatment in different ways.

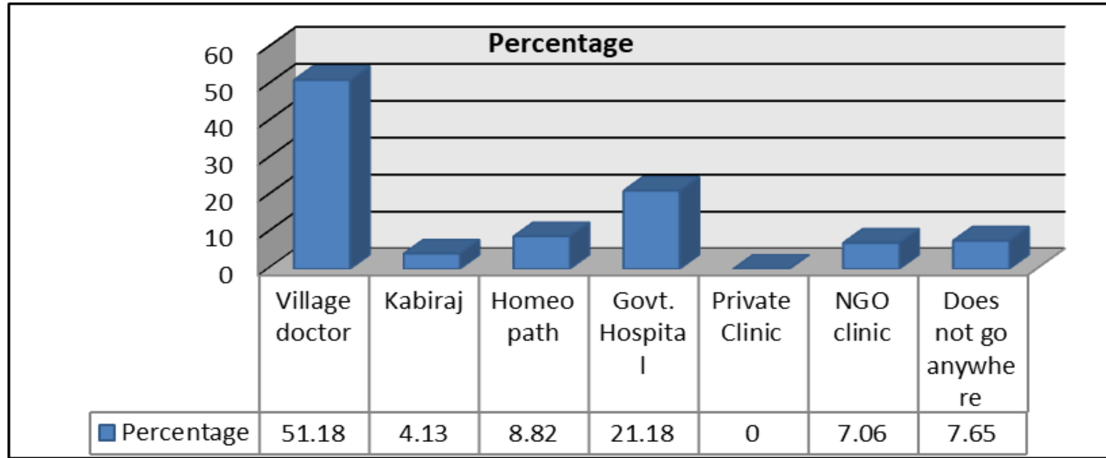

Figure 7: Type of medical treatment received during the illness of the respondent

The above figure of this study uncovered that the majority of the older people (51.18%) takes their treatment from the village doctor. On the contrary, around 21.18% physical labor of lower-class older who receive their medication from a government hospital, and some people also take medication from the non-government organization (NGO). For example, 7.06% respondents of this study are who receive treatment from NGO.4.13% older people also take treatment from kabiraj (one kind of a doctor in the village who give treatment by using spinaches). As they are destitute for this reason, they can't receive treatment from the private clinic and also 7.65 % older people who don't go anywhere to take medication.

3.10 Source of Expenditure on Health care of the Respondents

Table 6: Healthcare expenditure

Sources of treatment expenditure	Frequency	Percentage (%)
Self	119	70.0
Son	32	18.82
Daughter	7	4.12
Relatives	5	2.94
Others	7	4.12
Total	170	100

Healthcare expenditure is an important determinant to receive health care services. The older people who suffered from different diseases and who reported having received treatment were asked about spending on medication. The physical labor of lower-class older who have no work, during the sick period of older people at that time the treatment costs bear on family members. But all of older people who are active in his work, most of the time they carry out their treatment costs. Above the table shows that

70% of the physical labor of lower-class older people who bear his treatment costs. Respectively 18.82% and 4.12% respondent's son and daughter carry out their treatment costs. On the other hand, only 2.94% relatives of the respondents bring to pass treatment expenditure. And some other people contribute (4.12%) to older people for their treatment expenditure.

4. Discussion

The numbers of older people are increasing day by day as a result of progressing science and technology. For this reason, the mortality rate is decreasing, and the average life expectancy is rising. It is true that the amount of older people is growing promptly in the developed countries, but it is also swelling in the developing countries with high speed like Bangladesh. Almost half of the world's older population lives in developing countries (UNFPA 2002). After analysis the socio-economic background of the physical labor of lower-class older people, most of the older physical labor are illiterate (68.82%), and rest of the older people are literate of which majority respondents are not sound educated, some of them can make a signature and read. Whereas, education is an essential part of human life which can make them the dynamic and perfect personality of a person. Besides, it can also provide the opportunity to do some works. But they are not well educated that's why they are working lower class work in a society, i.e., van driver, construction labor, agricultural labor, street hawker. The significant portions of the physical labors are married, and some of them are a widower. Majority of the family master of Bangladesh perspective is a father, and they conduct their family in any way. Besides, most of the mature members of a family are being separated owing to different causes. This study showed that almost 57.07% of the family is nuclear. The respondents are living with his wife and inactive children.

For this reason, the accountability of maintaining family has come on the respondents automatically. Even the respondents haven't more arable land to cultivate various kinds of crops to sustain their family remarkably. The present study also revealed that almost 88% of respondents don't have to farmland. So, they have engaged this kind of occupation to maintain their family. But their income is not healthy; the average daily income of the respondents is 138.82 BDT that's why they can't be able to conduct their family appropriately.

During the field survey, the researcher observed that approximately 92% of respondents have a physical problem and only 8% of respondents haven't a physical problem. The respondents recounted that they were victims of the disease in the last three months before the survey. Whereas, the majority of the physical labor of lower-class older people are suffering from diverse kinds of diseases. This study showed that weakness, hearing, vision body ache is the staple problems of the respondents. Whereas they are vulnerable people, so appreciate nursing during the illness. Among the 170 respondents, the wife is the leading indicator to take care of older people. After that, the

respondents need proper medical treatment to get rid of the illness. So, sick people acquire treatment from various sources. Among the sources, most of the older people are getting their treatment from the village doctor. While they are not financial well-off for this reason, they can't take better treatment from a private clinic, and the other comprehensive develop sources. Usually, during the illness of older people are bearing their medical expenditure by self. Sometimes the cost carries their relatives and children but not more at all.

From the above discussion, it can be said that physical labors of lower-class older people don't have more property, fetching occupation and satisfaction income. Also, most of the older people live in a nuclear family and too with dependent children. So, they have no more earnings from the other family members. At the same time, whereas older people have agonized several kinds of diseases; thus, they assume an appropriate treatment to come round from the health problem. But they can't get acceptable treatment.

On the contrary, their socio-economic condition is deficient and, also lives in below poverty. Even older people are not able to accomplish daily nourishment. Therefore they don't have extra money to get a remedy. During the field survey, most of the respondents stated that they don't get outstanding treatment owing to financial hardship. Some of them go to govt. Hospital and most of them go to the village doctor or kabiraj (one kind of a doctor in the village who give treatment by using spinaches) for getting medical treatment. In Bangladesh perspective, the ratio of population and doctor is 1: 13,000, i.e., one doctor for about 13000 people. Critic raises their opinion that Bangladesh has a lack of medical facilities and infrastructure to meet the needs of the large older community. As they are very hard-working people, consequently they need treatment during their illness for directing their livelihood. But they can't be able to receipt specific treatment that they need. For this reason, the health problems of the physical labor of lower-class older people are rolling dynamically.

5. Conclusion and Recommendations

Most of the physical labors of lower-class older people are living in absolute poverty. The present study displayed that older people don't have permanent work and lack access to land and agricultural resources. Majority of older physical labors are landless, and they earn very little from the land. The empirical findings from the study show that the physical labor of lower-class older people in the study area faces challenging circumstances as they attempt to meet their basic needs. The health status of older people is very depraved, and they lack access to basic health care facilities. About 92 percent of the lower class older people suffered from the health problem. Nearly everyone suffered from at least one disease during three months before the survey. The average period of suffering from diseases ranged from 2 years to 7 years. Even though they can't receive proper treatment as they want. Whosesoever, they can't be able to earn more money to maintain their livelihood pattern. As a result, they are facing multi-

dimension problems. So, automatically dynamic effect falls on the physical labor of older people.

On the basis of objectives and findings result of the study and overall condition of the physical labor of lower-class older people, the researcher has suggested some recommendations to develop physical labor of lower-class older people health facilities which are given below:

1) Government takes an actual initiative to develop socio-economic background especially for the better care of health to the physical labor need to make mobile court at the workplace.
2) The Government may work on the possibility of incorporating robust lower class older people good policies on informal sectors, i.e., physical labor, as a way of bolstering their socio-economic development.
3) The Government can encourage private sectors to hire older adults/workers under certain favorable conditions to the employer, i.e., incentives. The incentives may differ, but not limited to exempting the employer from specific taxes or offering to government contracts.
4) The amendment in employment policy, education, and training policy are imperative. This is to enhance the employability of older workers and incorporating anti-age discrimination policy. This would help older people both skilled and unskilled to be employed respectively hence contributing to an endless fight for unemployment and poverty in Bangladesh.
5) Government should enforce physical labor employers to provide a good working environment for their employees, i.e., providing working contracts and acceptable working conditions.

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