

## Women on the Move

### Caring for the Elderly

# An Age-old Problem

by Rashida Ahmad

*Not only do most women outlive their husbands to end up quite isolated as widows (which conversely means that most men die married with partners to care for them to the end of their old age), but the position of elderly women in our communities, and in society as a whole, is dependent on their husbands and sons. Indeed, whether they gave birth to at least one son or not ensures whether their care and support is provided in old age as daughters traditionally care for their in-laws (the husband's parents).*

WORLDWIDE population is growing, particularly in developing countries. With the exception of a few countries, population numbers have been rising at alarming rates unabated for decades. Coupled with this is the increasing lifespan of humans due to improved health and quality of life.

In real terms this means that more and more people are living longer and longer. As population and longevity increases, demographic trends show that the elderly population is growing globally and in developing countries specifically.

In 1980, UN figures showed Bangladesh as being ranked among the top five nations in terms of elderly population. By 2025, these five countries -- China, India, Indonesia, Pakistan and Bangladesh -- will account for 44 per cent of the world's elderly (65+) people, according to present predictions.

But as the proportion of elderly people in our society grows and cultural values and practice increasingly change, who should be responsible

for their care? How should society provide for them? Traditionally, such a question would hardly arise as family care has always been taken for granted. Sons have usually provided financially for elderly parents, while daughters and daughters-in-law have provided day to day care. Today, as women are increasingly working and earning, they are tending more to become financial providers of parents and parents-in-law, although men are still rarely 'caregivers' to the elderly.

But things are changing rapidly with the migration of families -- not just the middle and upper classes going abroad and leaving their elders behind, but through rural to urban migration.

According to Hamida Begum of Women for Women, and the Department of Psychology, IPGMR, the elderly are being increasingly abandoned as sons migrate, or else are forced to uproot themselves and migrate with their families to strange places late in life.

Moreover, according to research carried out by Women

for Women on elderly women in Bangladesh, older women face 'double discrimination', as Hamida Begum states, by being neglected on two counts in our society.

This conclusion is supported by a recent study by BRAC which also claims that elderly women are most vulnerable in our society. Not only do most women outlive their husbands to end up quite isolated as widows (which conversely means that most men die married with partners to care for them to the end of their old age), but the position of elderly women in our communities, and in society as a whole, is dependent on their husbands and sons. Indeed, whether they gave birth to at least one son or not ensures whether their care and support is provided in old age as daughters traditionally care for their in-laws (the husband's parents).

Although most elderly people are relatively active, independent and able to care for themselves to a greater degree up to the age of 75 or so, as longevity increases the problem of medical care and



Who will care for them?

— Star photo



Care means much more

nursing of those of 80+ becomes apparent.

"Bangladesh has declared a target for 'Health for All by the Year 2000', as have many developing countries. But in practice the elderly are not covered," says Zarina Nahar Kabir of BRAC. "During our research we have come across instances of the elderly going to hospitals and free clinics in some rural areas and being turned away with the words 'you are old, you are not eligible for health services.'"

"There is no state policy regarding the elderly," she adds. "There was a policy drafted last year, but as far as we are aware it is still in draft status."

There is very little existing research on the elderly, their needs and requirements within society. "Care of the elderly should be a public concern. We need to answer questions such as by who, how and why are the elderly being cared for in the family," says Kabir.

A crucial first step, according to Kabir is more data. "We

need to create a knowledge base through more research for future planning, we need to assess existing statistics and government publications. We need to develop our own culturally sensitive tools to carry out research as to how the elderly manage their own affairs. So far such instruments have been developed in the west, but are in many ways culturally irrelevant and insensitive when applied here."

In the west, the problems of old age have been addressed specifically for the greater part of this century by society and the state. Although this in part is due to cultural differences in family values and care of one's elders, it also has to do with the introduction of comprehensive welfare systems that take all sections of society into account to provide care and support services for the needy.

According to Marta Szebehely, from the Stockholm Gerontology Research Centre, "There was a time in

Sweden when being old was synonymous with being poor, this changed with the introduction of state pensions as a solution to economic care for the elderly."

In fact, research done in Europe shows that most elderly people there prefer state help to family help in order to continue to be as independent as possible, although regular contact with families is still seen as essential, adds Szebehely. This help includes community services such as 'home helps' who provide essential care services such as shopping, cooking, cleaning, washing and even just a friendly face.

At present, only one NGO exists specifically for the elderly which provides health care. As for psycho-social needs, community services specifically aimed at the elderly, and care/support services for those who have no access to immediate family care, Bangladesh, and other developing nations, lag far behind most western countries.

## To Build a Crisis Hotline

by Gemini Wahhaj

A group of women sat in a living room in Dhanmondi. For sometime they spoke of feasts, weddings, and back pain. But when they took out their note-pads and got down to serious business, they were going to learn how to operate a rape crisis centre.

These women -- NGO workers, lawyers, and doctors -- have been working closely with the issue of rape in Bangladesh. They are also part of a massive uprising against crimes against women in Bangladesh which has taken shape in the form of fiery news reports, seminars, and workshops.

The invited speaker was Sanjida Mazid. Mazid is a crisis intervention manager at a rape crisis centre in San Pablo, California. The centre, which covers two countries, received 15,000 calls last year. Only one-tenth of these rapes were ever reported, because, as Mazid explained, even in the US, where all the laws are in place, the victim is told that she asked for it.

The overwhelming reaction of raped women is: "It's my fault -- I deserved it. I shouldn't have gone there. I shouldn't have gone out." Says Mazid, "We tell them 'You didn't go there asking to be raped.' In cases of sexual abuse of small children, the child thinks she's being punished for doing something wrong. It's the same with raped women. But statistics show that most rape cases are planned."

The centre has dealt with acquaintance rape, date rape, marital rape (recognised in the US), child molestation, sexual harassment, incest, and rape by a stranger. Four hotlines operate around the clock for 24 hours because rape can happen at any time.

The centre operates in

cooperation with the police, hospitals, and the District Attorney. When the police takes a victim to the hospital, the hospital calls the centre. Other victims call on their own. The counselling is non-judgemental, and meant to empower the women rather than enforce decisions on them. "We let them know all the options they have." The victim is informed about rape examination, her legal rights, and legal procedures. Counsellors also accompany a woman to the hospital or police if she requests it.

The centre has 120 volunteer counsellors, all of whom are professional women. These women are trained by the centre to become volunteers. Mazid says that the primary and most important part of the training is lessons on the feminist consciousness which focus on women's movement, women's rights, and issues of power and control. Dr Naila Khan interrupts here to say that this is a huge problem rape victims face in Bangladesh -- a lack in the feminist consciousness on the part of doctors.

Volunteers are also educated about facts and myths of rape, different types of sexual assault, the rape trauma syndrome which includes psychosomatic and psychological reactions to the assault, and methods of coping with the crisis.

A victim may continue to call for a long time after the rape for continued counselling. What the victim needs most is the simple assurance: "It was not your fault. You didn't ask for it." It relieves her," says Mazid. The San Pablo Rape Crisis Centre was started in 1960 by a group of concerned women. Can we do the same in Dhaka?

## Elimination of Trafficking in Women Discussed at the NGO Forum '95

TRAFFICKING in women is becoming an increasingly serious phenomenon at the global level and was indeed one of the themes which attracted much attention at the Beijing Conference. At the NGO Forum '95 in Hanoi, a workshop was held on 31 August organised by IMADR (International Movement Against All Forms of Discrimination and Racism) on the Elimination of Trafficking in Women in Asia. The workshop was attended by participants from Asian countries. More than twice as many people as the meeting room could hold gathered for this workshop to share their concern and views on this worldwide phenomenon.

The workshop discussed the situations of trafficking in Asian countries, to review what measures have been

taken by the governments and the NGOs in pursuit of eliminating trafficking and to identify what action has to be made by those actors to solve the problem. In the introduction IMADR reported on the situation of trafficking in women in Japan. In the reports that followed, the speakers addressed such issues as the tendency towards younger and younger victims in Asia, aggravation of child prostitution (the whole Asian region), and the expansion of trafficking which accompanies rapid industrialization (Korea). Participants from the floor reported on the spread of trafficking in different countries in Asia. A woman belonging to an ethnic minority in Burma spoke about how women from minority groups in her country are sold and forced to engage in prostitution in the Thai

border area and the grave human rights violations inflicted upon them.

A participant from India made a shocking report that in northern India, in the month of July (1995) alone, as many as 5000 'young, beautiful women who could speak English' were recruited by a recruiter who was backed by the government and sold to Singapore (India), aggravation of child prostitution (the whole Asian region), and the expansion of trafficking which accompanies rapid industrialization (Korea). Participants from the floor reported on the spread of trafficking in different countries in Asia. A woman belonging to an ethnic minority in Burma spoke about how women from minority groups in her country are sold and forced to engage in prostitution in the Thai

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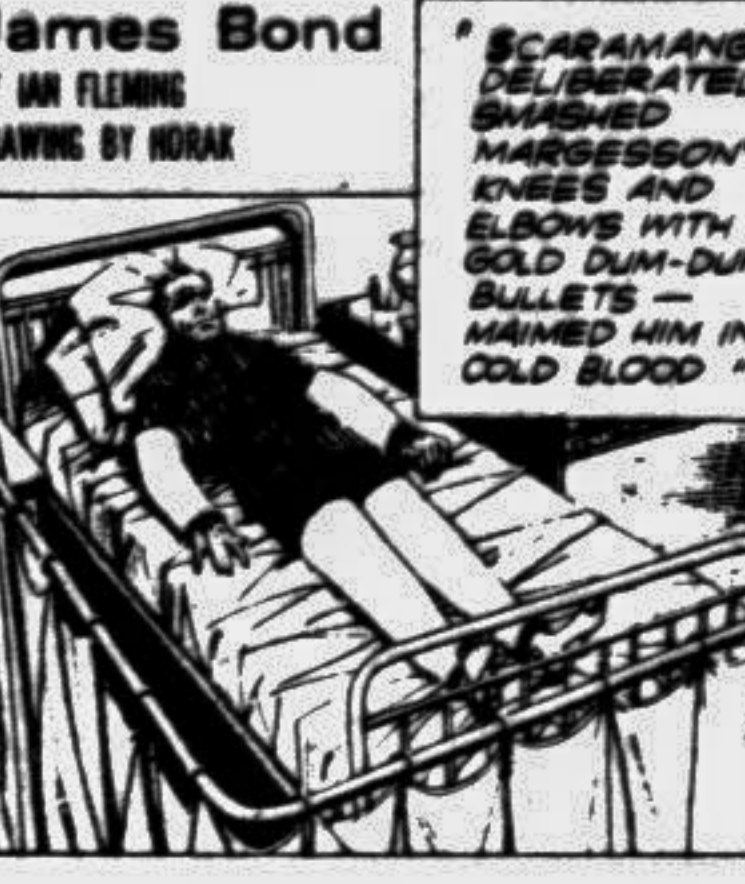
write and give them vocational training. However, they are only a handful fortunate women among the victims."

One Thai woman who has survived the same situation and now lives in the US testified in the IMADR workshop. She stressed the importance of empowering women by providing skills training and other programmes before they fall victims of trafficking. Even if they do become victims, like this Thai woman had, education and vocational training will help them escape the prostitution industry.

Then, what should we do? The question was raised in the workshop. One participant proposed to utilise more effectively various international mechanisms, including the UN bodies and international conventions on human rights, thereby pressing the governments to take effective action for the solution of the problem. Other participants argued that the question of trafficking should be addressed in the wider context of migrant women in general. At the workshop, a declaration was adopted at the end as a consensus of the participants which stresses the following:

1. Decriminalization, legally and administratively, of victims of trafficking while also taking measures for their empowerment. Criminalization of traffickers is essential at the same time; b. Change in the economic and cultural structure is needed for the radical solution of the problem. This would include remedying the widening gap between the rich and the poor, the discriminatory consumption patterns in the countries of the North, the media and tourism; c. Creation of a mechanism within the UN system which can address this issue effectively. In particular, the UN Special Rapporteur on Violence against Women should emphasize this issue in her report. NGOs should tackle this issue as an important theme of the Beijing Conference.

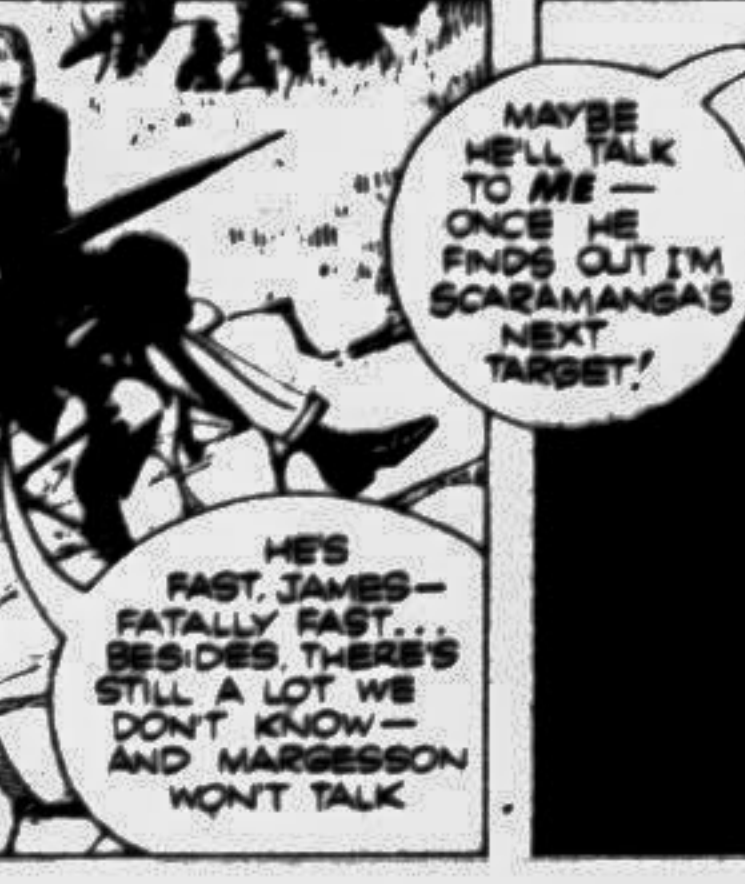
This declaration was disseminated to the government delegations at the Conference. The final Platform for



James Bond BY IAN FLEMING DRAWING BY MORAK



"SCARAMANGA DELIBERATELY SHAVED MARGESSON'S KNEES AND BLOODS WITH HIS GOLD DUM-DUM BULLETS - MAIMED HIM IN COLD BLOOD"



"IT'LL BE A PAINFUL HUNTING DOWN THAT B..."



"MAYBE I'LL TALK TO ME - ONCE HE FINDS OUT I'M SCARAMANGA'S NEXT TARGET!"

## Garfield®

by Jim Davis



NOTHING UNPLEASANT HAS HAPPENED ALL DAY



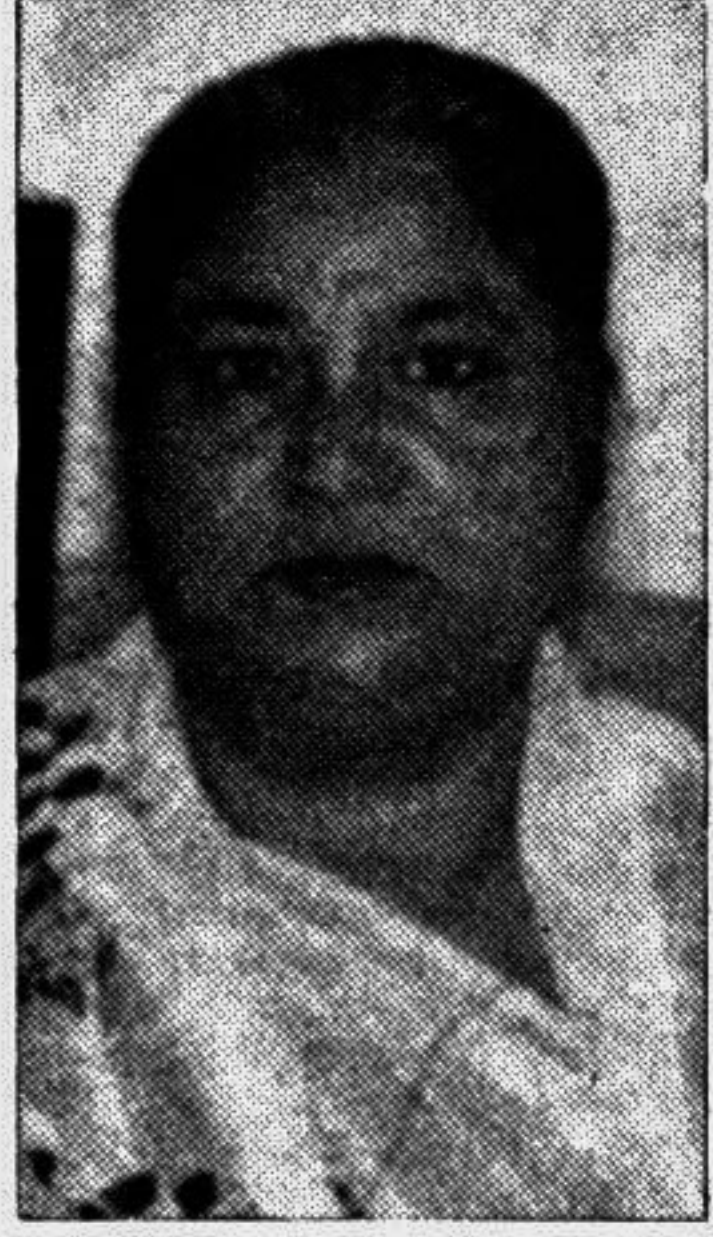
OHST BY ANA KATUNOV



ALL YOU HAD TO DO WAS ASK

## "It is the Job Satisfaction that is Vital"

Fayza Haq talks to Dr. Hasina Ahmed



Dr. Hasina Ahmed

MOST women in Bangladesh feel more than satisfied if they have a nine-to-five job to combine with their role of a mother and a wife. Even part time jobs at boutiques or food stalls keep them content. Dr Hasina Ahmed, apart from cooking and doing the washing herself and her family at home, does three other jobs.

As the community doctor at the Islamic Relief Agency, Dr Ahmed is in-charge of outpatients, dealing with 20 patients a day. "I give prescriptions and see to the health and welfare. The treatment is more than giving prescriptions as I am involved in family affair problems as well. Patients come from farflung places such as Narayanganj expecting 'womb to tomb' care," she explains.

This work keeps her busy from 8 am to 2.30 pm. In the evening she has private practice at Santinagar from 6 pm to 8 pm. Until recently she was also working as a consultant pathologist at a local hospital and she hopes to replace this job too very shortly.

alised that the female infant mortality rate was higher than that of the male. A female child is taken to a doctor or hospital much later than a male child -- who is seen as a future bread winner. It is only when the mother cries out that something is done."

Asked to comment on local malpractices in medicine she says, "I can see a lot of that here. This is because the doctors want to make money quickly and also, sometimes, due to lack of knowledge. At times, unnecessary tests are done just to collect commission. At times, there is over-medication. The patients themselves are sometimes upset if strong medicines like antibiotics are not given. They also demand saline and Vitamin B when this is not essential. At times cheaper indigenous slow acting medicines once approached and offered me commission for prescribing their brands. Sometimes the history is not taken down properly."

"I've kept the visiting fee low and sometimes accept Tk 100 or even Tk 50. I feel that women are greatly neglected and they are the last to go to a doctor. My patients are smuggled out of their in-laws' house. They know that I will keep 'everything confidential,' she adds.

Dr Ahmed, who has a diploma on contraception and one on pathology -- both from London, says that she has had a busy life as a diplomat's wife, too, with social obligations in places like UK, Pakistan, India, Indonesia and Senegal. She says that her children have never given any trouble except when they had been sick. Sometimes she has left the soup on the oven and told the children to mind the fire. She has held medical posts overseas too, as at London, Hong Kong and Senegal. She says, "I've enjoyed working abroad as there are more facilities and better working conditions overseas. I've found the people there more co-operative and sincere. One of the reasons why I can go out and work is that I have a freezer, a microwave oven, and a gas oven with burners. I cook and wash after the day's work."

Speaking about her medical officer post she says, "I could have had a job with better pay scale but here I have a chance to really serve the people. Also, I have no boss. It is the job satisfaction that is vital."

She gives the credit for her present posts to her mother, husband and siblings, who, she says, have always been encouraging and self-sacrificing. "Even today, my family sends me food for the table occasionally, and my mother expects me to stop by for snacks on the way home from work. I had not completed my MBBS when I got married and my husband had to make tremendous sacrifices. If my family had not been so understanding it would have been impossible for me to go to work. If you have a good degree and a good job you are on top of the world. A woman feels better if she is independent. She has a stronger say in family matters as she is contributing to the economy."

Speaking about the non-availability of well-known and well-loved brands like Vicks and Iodex, Dr Ahmed says, "This is all right as there are substitutes like profenid gel, volterren gel, menthol granules and tr. benzoin. The government imports drugs in bulk and has them repacked here. However, there is no good quality control. That is why the local medicines take longer to cure ailments. Some medicines work while others don't."

Dwelling on the improvement of health of women she comments, "In our religion it is said that a girl child should be breast-fed for six months longer than the male child so as to make her strong. While doing my dissertation on diphtheria as a student, I re-

Although IMADR members lobbied at the governmental conference for a new international convention which can effectively suppress trafficking, the governments could not agree on such a new instrument and instead only mentioned the ratification and enforcement of the relevant international conventions. However, the Platform for Action did recommend measures to punish the traffickers and protect the rights of victims and to provide rehabilitation programmes. Mention was also made of sex tourism, which is a factor contributing to the internationalization of the problem. It is now up to the will of the governments to implement these recommendations -- the Platform for Action was adopted by governments by consensus -- and needless to say, NGOs should play a vital role in holding governments accountable for the commitment they made.

[Excerpted from: Trafficking in Women & Indigenous Women's Report of the 4th World Conference on Women, published in the IMADR Review, No. 11 November, 1995] Courtesy: UBINIG