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A Study on the Livelihood Status of Elderly People in Slum Area of Bangladesh: Evidence from Chattogram City

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Abstract
The elderly people living in slum areas are exposed to a substandard living conditions. This paper examined the livelihood status of elderly people in slum areas of Chattogram city. The empirical data were collected from a sample of 52 people in purposive manner in five slum areas (*Arefin Nagar, Motihorna, Jhautola, Chandranagar and IW Colony, Sholosahar*) through survey and observation method. The study examined the various aspects of the livelihood status of the elderly people in slum areas of Chattogram city. The findings showed that majority of the respondents did not get old age allowance. The study found that the basic civic facilities like water, gas, garbage disposal and access to toilet vary from slum area to slum area. All the respondents had access to electricity, while two-third of the respondents had no access to the use of natural gas. The study revealed that a vast majority of the respondents preferred to go to pharmacy rather than government medical hospital as the source of treatment. It is significant to note that a vast majority of the respondents were not neglected in their family. Therefore, the study recommends that old age allowance, health care facilities, social security, basic civic services and infrastructural facilities should be increased to upgrade the substandard livelihood condition of the elderly slum dwellers in Chattogram city.

Keywords: Chattogram City, Elderly People, Livelihood, Slum Area

1. Introduction

The elderly people aged 60 years or over in Bangladesh are gradually increasing due to the continual progress in the life expectancy at birth (Islam, 2005). The total population of Bangladesh is 166.50 million (estimated 2019) with the life expectancy 72.6 years (BER, 2020). The proportion of the elderly people in total population of Bangladesh increased from 4.43 percent in 1951 to 6.13 percent in 2001 (Islam, 2005). The traditional responsibility to serve the elderly people in family has tremendously been changed in the recent years in urban industrial society. This results dissatisfaction, depression and loneliness for the elderly people in the family. As C.N. Sankar Rao (2006: 559) has remarked, “Proper opportunities and suitable conditions are not created for utilizing the experience and wisdom of our older people.” Traditionally, the elderly people depends on the extended

family for their basic facilities and services. Nowadays, the ideological shift for rapid urbanization and industrialization has moved away joint family system to nuclear family system. Consequently, more and more elderly people are neglected or rejected in the family (Siddiqui, 2003).

Urbanization is linked with the economic growth and industrialization of a country. But, urbanization policy in most of the developing countries is partial, uncoordinated and undesirable (Afsar, 2000). There is a connection among urbanization, poverty and migration (Chandra, 2011). In Bangladesh, employment opportunities and rural poverty force the rural poor people to migrate to large metropolitan areas. Rapid and unplanned urbanization lead people to concentrate in a small, hazardous and unhealthy location. It also creates an enormous burden on its infrastructure amenities (Khondaker, Wadud & Barua, 2011). However, the investment in development expenditure in urban areas has not benefited the poor (Pramanik, 1982; Islam, 1996) and the migrants in urban areas were mostly unexperienced and backward in socio-economic position (Das, 2003). These people try to manage any kind of informal job for their living in the city and continue to live in slum settlement. The slum dwellers in urban areas bear the human cost and the consequences of air, water, land and noise pollution (Jahan and Maniruzzaman, 2007). Upgrading slum or informal settlement is required for the strong base of cities (Uddin, 2018).

In Bangladesh, Chattogram is the second largest city with a population of 2581643. The area of the Chattogram city is 155.40 sq.km with 41 wards and 238 mahallas (BBS 2014). It is the centre of trade, industry and commerce. The slum dwellers in Chattogram city came to Chattogram for the rural push factors and urban pull factors. Some slum dwellers are noticed as refugees of Indian and Burmese origin (Ashraf 1995). Rapid urbanization in Chattogram city makes heavy pressure on the basic urban facilities like transport, education, health, sanitation, gas, electricity, garbage disposal, water, sewerage, etc. Corruption, mismanagement and discrimination are prevalent on a massive scale in all the sectors (Islam, 2012). A significant proportion of the migrants in Chattogram city are forced to live in slum areas. The slums in any city is characterized by an area with low quality houses, high density, unhygienic environment, lack of civic amenities, poverty, deviant behavior, unemployment, poor health, fatalism, superstition, etc. The slum dwellers are involved in informal labour market in the city. (Das, 2003; Alamgir, Jabbar & Islam, 2009). The elderly people in slum areas face unusual difficulty in respect of food, cloth, residence, treatment and control of wealth. They are not getting separate living places. Their living condition is unhealthy. Moreover, they feel unhappy and detached within their family environment. They face unusual situations for the insufficient family care (Hossain, Akhtar & Uddin, 2006).

The study conducted on elderly slum dwellers in Chattogram city is distinctive as it provides a new horizon of knowledge for the policy makers to improve the livelihood status of the elderly slum dwellers in Bangladesh. Furthermore, it provides an insight into the future work for academics in this field. In this background, this paper is an attempt to explore the livelihood status of the elderly people in slum areas of Chattogram city.

2. Objectives

The main objective of this study is to explore the livelihood status of elderly people in slum areas of Chattogram city. Other specific objectives are:

1. To know the socio-economic background of the elderly slum dwellers.
2. To find out various problems faced by the elderly people in the slum areas.
3. To bring out the capabilities to meet the basic needs of the elderly people in the slum areas.

3. Materials and Methods

In Bangladesh, a total of 15.90% (two thousands two hundreds sixteen) slums are in Chattogram City Corporation and 127,585 households live in these slums (BBS 2015). For the study, only five slum areas named Arefin Nagar and Chandranagar (Bayzid thana), Jhautola and Motijhorna (Khulshi thana), and IW Colony, Sholoshahar (Panchlaish thana) in Chattogram city were purposively selected. The respondents (age of sixty and above) were selected in purposive manner and the sample size for this study was 52 (see Table 1).

Table 1: Composition of Sample Respondents

Slum Areas	Male	Female	Total
Arefin Nagar	10	6	16
IW Colony, Sholoshahar	9	4	13
Motijhorna	8	1	9
Jhautola	7	1	8
Chandranagar	4	2	6
Total	**38**	**14**	**52**

Source: Fieldwork, 2022

Survey and observation method were used for primary data collection. For supporting the primary data, various research papers, research books, encyclopedia and various statistical reports were used in supporting primary data. An interview schedule was administered to collect data. Both structured and unstructured questions were used in this schedule. For the accuracy of data collection, the schedule was pre-tested on five respondents (one respondent in each slum area). A team of six interviewers was carefully chosen for the data collection. The collected data were modified manually and descriptive statistics were used to analyse data. Data collection was conducted during the period from January to February, 2022. The interviewers interviewed the elderly slum dwellers after obtaining their permission. The study is not free from limitations. Firstly, the data were collected only from five slum areas and sample size was small. Secondly, the data were collected in winter season. So, it was not possible to observe the difficult situations of the elderly slum dwellers in summer and rainy seasons.

4. Results and Discussion

4.1. Age, Sex, Religion, Educational level and Marital Status

The study found that the elderly people aged between 60-69 years constituted the leading segment (65.4%) and it was evident that they were in young old category. Majority of the respondents (73.1%) were male and Muslims were the dominant figures (88.5%) in slum areas. Data revealed that more than two-third of the elderly slum dwellers were married (80.8%) followed by widowed (17.3%). More than half (65.4%) of the elderly slum dwellers were illiterate and only 7.7% were in secondary category (see Table 2).

4.2. Present Occupational Status, Monthly Income and Daily Working Hour

The study showed that a vast majority (94.2%) of the respondents were involved in different types of jobs in informal sectors. The dominant figures are beggar (23.1%) and small trader (17.3%), followed by hawker (15.4%) and rickshaw puller (11.5%). The monthly income of the more than two-third (71.1%) of the elderly slum dwellers were in the range of 9001-17000 and only 3.8% elderly slum dwellers were fully dependent on their family members. The daily working hour of one-third (36.5%) of the respondents were more than eight hours (see Table 2).

4.3. Family Structure, Head of the Family, Size of the Family and Adoption of Family Planning Method

Among elderly living in slum areas, majority (84.6%) of them were in nuclear family. In *Jhautola*, all of the respondents were the head of the family, while in *Arefin Nagar*, only fifty percent respondents were the head of the family. It was found that a little more than two-third (69.2%) of the respondents were in a family with 4-6 members and all of the respondents did not adopt any family planning method in their life (see Table 2).

4.4. Old Age Allowance and National Identity Card (NID)

Among elderly living in slum areas, more than two-third (88.5%) of the respondents did not get old age allowance. A vast majority (96.2%) of the respondents had national identity card (NID). This may be due to their consciousness about their rights as a resident/citizen of the country (see Table 2).

4.5. Area of Origin

The study showed that more than two-third (71.2%) of the respondents were from Chattogram division (Chattogram, Cumilla, Cox's Bazar, Rangamati, Chandpur, Brahmanbaria). In *Jhautola*, all the elderly people were from Chattogram district (see Table 3).

Table 2: Socio-economic profiles of elderly slum dwellers

Socio-economic profiles	Slum Areas					Total (n=52)(%)
	Arefin Nagar (n=16)(%)	IW Colony, Sholosahar (n=13)(%)	Motijhorna (n=9)(%)	Jhautola (n=8)(%)	Chandranagar (n=6)(%)	
Age (Years)						
60-69	7 (43.7)	13 (100.0)	5 (55.6)	6 (75.0)	3 (50.0)	34 (65.4)
70-79	9 (56.3)	-	4 (44.4)	1 (12.5)	2 (33.3)	16 (30.8)
80-89	-	-	-	1 (12.5)	1 (16.7)	2 (3.8)
Sex						
Male	10 (62.5)	9 (69.2)	8 (88.9)	7 (87.5)	4 (66.7)	38 (73.1)
Female	6 (37.5)	4 (30.8)	1 (11.1)	1 (12.5)	2 (33.3)	14 (26.9)
Religious community						
Muslim	15 (93.8)	10 (76.9)	8 (88.9)	7 (87.5)	6 (100.0)	46 (88.5)
Hindu	1 (6.2)	2 (15.4)	1 (11.1)	1 (12.5)	-	5 (9.6)
Buddhist	-	1 (7.7)	-	-	-	1 (1.9)
Marital status						
Married	12 (75.0)	10 (76.9)	8 (88.9)	7 (87.5)	5 (83.3)	42 (80.8)
Widow	4 (25.0)	2 (15.4)	1 (11.1)	1 (12.5)	-	8 (15.4)
Widower	-	1 (7.7)	-	-	-	1 (1.9)
Divorced	-		-	-	1 (16.7)	1 (1.9)
Educational level						
Illiterate	11 (68.8)	9 (69.2)	5 (55.6)	6 (75.0)	3 (50.0)	34 (65.4)
Primary	4 (25.0)	4 (30.8)	2 (22.2)	1 (12.5)	3 (50.0)	14 (26.9)
Secondary	1 (6.2)	-	2 (22.2)	1 (12.5)	-	4 (7.7)
Present occupational status						
Housewife	-	1 (7.7)	-	-	1 (16.7)	2 (3.8)
Domestic Worker	1 (6.2)	-	1 (11.1)	1 (12.5)	-	3 (5.8)
Small trader	4 (25.0)	3 (23.1)	1 (11.1)	1 (12.5)	-	9 (17.3)
Day Labor	1 (6.2)	1 (7.7)	1 (11.1)	-	1 (16.7)	4 (7.7)
Hawker	2 (12.5)	3 (23.1)	2 (22.2)	1 (12.5)	-	8 (15.4)
Rickshaw Puller	1 (6.2)	1 (7.7)	1 (11.1)	2 (25.0)	1 (16.7)	6 (11.5)
Washman	-	-	-	-	1 (16.7)	1 (1.9)
Beggar	3 (18.8)	3 (23.1)	2 (22.2)	2 (25.0)	1 (16.7)	12 (23.1)
Caretaker	1 (6.2)	-	-	-	-	1 (1.9)
Driver (CNG)	-	1 (7.7)	-	1 (12.5)	-	2 (3.8)
Cook	1 (6.2)	-		-	-	1 (1.9)
Unemployed	2 (12.5)	-	1 (11.1)	-	1 (16.7)	3 (5.8)
Monthly income (in BDT)						
Upto 1000	2 (12.5)	1 (7.7)	-	-	-	3 (5.8)
1001-5000	1 (6.2)	-	1 (11.1)	1 (12.5)	1 (16.7)	4 (7.7)

5001-9000	1 (6.2)	2 (15.4)	1 (11.1)	-	-	4 (7.7)
9001-13000	8 (50.0)	5 (38.5)	5 (55.6)	4 (50.0)	5 (83.3)	27 (51.9)
13001-17000	3 (18.8)	3 (23.1)	2 (22.2)	2 (25.0)	-	10 (19.2)
17001-21000	-	2 (15.4)	-	-	-	2 (3.8)
No income	1 (6.2)	-	-	1 (12.5)	-	2 (3.8)
Daily working hour						
1-4	1 (6.2)	-	1 (11.1)	1 (12.5)	1 (16.7)	4 (7.7)
5-8	7 (43.8)	7 (53.8)	6 (66.7)	2 (25.0)	2 (33.3)	24 (46.2)
9-12	6 (37.5)	4 (30.8)	2 (22.2)	4 (50.0)	3 (50.0)	19 (36.5)
Not Applicable	2 (12.5)	2 (15.4)	-	1 (12.5)	-	5 (9.6)
Family structure						
Nuclear	10 (62.5)	12 (92.3)	8 (88.9)	8 (100.0)	6 (100.0)	44 (84.6)
Joint	6 (37.5)	1 (7.7)	1 (11.1)	-	-	8 (15.4)
Head of the family						
Self	8 (50.0)	9 (69.2)	7 (77.8)	8 (100.0)	5 (83.3)	37 (71.2)
Son	3 (18.8)	2 (15.4)	1 (11.1)	-	1 (16.7)	7 (13.5)
Daughter	2 (12.5)	1 (7.7)	1 (11.1)	-	-	4 (7.7)
Husband	3 (18.8)	1 (7.7)	-	-	-	4 (7.7)
Size of the family						
1-3	3 (18.8)	4 (30.8)	2 (22.2)	2 (25.0)	2 (33.3)	13 (25.0)
4-6	11 (68.7)	9 (69.2)	6 (66.7)	6 (75.0)	4 (66.7)	36 (69.2)
7-9	2 (12.5)	-	1 (11.1)	-	-	3 (5.8)
Adoption of the family planning method						
Yes	-	-	-	-	-	-
No	16 (100.0)	13 (100.0)	9 (100.0)	8 (100.0)	6 (100.0)	52 (100.0)
Old age allowance						
Yes	2 (12.5)	1 (7.7)	1 (11.1)	1 (12.5)	1 (16.7)	6 (11.5)
No	14 (87.5)	12 (92.3)	8 (88.9)	7 (87.5)	5 (83.3)	46 (88.5)
National Identity Card (NID)						
Yes	16 (100.0)	13 (100.0)	9 (100.0)	6 (75.0)	6 (100.0)	50 (96.2)
No	-	-	-	2 (25.0)	-	2 (3.8)

Source: Fieldwork, 2022

Table 3: Area of origin of the elderly slum dwellers

Area of origin (District)	**Slum Areas**					**Total (n=52)(%)**
	Arefin Nagar (n=16)(%)	**IW Colony, Sholosahar (n=13)(%)**	**Motijhorna (n=9)(%)**	**Jhautola (n=8)(%)**	**Chandranagar (n=6)(%)**	
Chattogram	5 (31.3)	7 (53.8)	2 (22.2)	8 (100.0)	1 (16.7)	23 (44.2)
Cumilla	3 (18.8)	-	2 (22.2)	-	1 (16.7)	6 (11.5)
Manikganj	-	-	1 (11.1)	-	-	1 (1.9)
Habiganj	-	1 (7.7)	-	-	-	1 (1.9)
Cox's Bazar	1 (6.2)	-	-	-	1 (16.7)	2 (3.8)
Gaibandha	1 (6.2)	2 (15.4)	-	-	-	3 (5.8)
Kishoregonj	-	1 (7.7)	-	-	-	1 (1.9)
Kushtia	1 (6.2)	-	-	-	-	1 (1.9)

Rajshahi	-	-	1 (11.1)	-	-	1 (1.9)
Kurigram	-	1 (7.7)	-	-	-	1 (1.9)
Rangamati	-	1 (7.7)	-	-	-	1 (1.9)
Mymensingh	-	-	1 (11.1)	-	1 (16.7)	2 (3.8)
Chandpur	1 (6.2)	-	1 (11.1)	-	2 (33.3)	4 (7.7)
Brahmanbaria	1 (6.2)	-	-	-	-	1 (1.9)
Bhola	2 (12.5)	-	-	-	-	2 (3.8)
Netrokona	1 (6.2)	-	1 (11.1)	-	-	2 (3.8)

Source: Fieldwork, 2022

4.6. Housing Profile

Majority (55.8%) of the respondents were living in *kutcha* (Wall: Tin/Wood/Bamboo, Roof: Tin) house, followed by semi *pucca* (Wall: Brick, Roof: Tin) (38.5%) house. Only 5.8% of the respondents were living in *jhupri* houses and these houses were found in *Arefin Nagar*. More than two-third (75.0%) of the respondents use one room for their living. It was observed that the elderly slum dwellers (25.0%) who used two rooms, their family members were more than 5. It was also observed that the condition of housing of the respondents was unhealthy. Data revealed that majority of the respondents were living in a house by paying rent. In case of the rent of housing, BDT 2001-2500 was the leading segment, followed by BDT 2501-3000 (27.5%) and BDT 3001-3500 (17.5%) (see Table 4).

Table 4: Housing profile of the elderly slum dwellers

Housing Profile	**Slum Areas**					**Total (n=52)(%)**
	Arefin Nagar (n=16)(%)	**IW Colony, Sholosahar (n=13)(%)**	**Motijhorna (n=9)(%)**	**Jhautola (n=8)(%)**	**Chandranagar (n=6)(%)**	
Housing structure						
Semi *pucca* (Wall: Brick, Roof: Tin)	3 (18.7)	3 (23.1)	4 (44.4)	8 (100.0)	2 (33.3)	20 (38.5)
Kutcha (Wall: Tin/Wood/Bamboo, Roof: Tin)	10 (62.5)	10 (76.9)	5 (55.6)	-	4 (66.7)	29 (55.8)
Jhupri (Thatch houses)	3 (18.7)	-	-	-	-	3 (5.8)
Number of rooms per family						
One	10 (62.5)	12 (92.3)	8 (88.9)	5 (62.5)	4 (66.7)	39 (75.0)
Two	6 (37.5)	1 (7.7)	1 (11.1)	3 (37.5)	2 (33.3)	13 (25.0)
Access to housing						
Free of cost	2 (12.5)	1 (7.7)	1 (11.1)	8 (100.0)	-	12 (23.1)
Paid	14 (87.5)	12 (92.3)	8 (88.9)	-	6 (100.0)	40 (76.9)
Rent of housing (BDT)						
1001-1500	3 (21.4)	-	-		-	3 (7.5)
1501-2000	3 (21.4)	-	-	-	2 (33.3)	5 (9.6)
2001-2500	5 (35.7)	4 (33.3)	1 (12.5)	-	3 (50.0)	13 (32.5)
2501-3000	2 (14.3)	5 (41.7)	3 (37.5)	-	1 (16.7)	11 (27.5)
3001-3500	1 (7.1)	3 (25.0)	3 (37.5)	-	-	7 (17.5)
3501-4000	-	-	1 (12.5)	-	-	1 (2.5)

Source: Fieldwork, 2022

4.7. Access to Basic Civic Facilities

The study found that a vast majority (88.5%) of the respondents had access to deep tubewell as their source of water. In *Motijhorna*, two-third (66.7%) of the respondents had access to use the water of WASA. In *Motijhorna*, a maximum (44.4%) of the respondents had access to use public standpipe. Data revealed that all the respondents had access to electricity, while two-third (71.2%) of the respondents had no access to the use of natural gas. Among elderly slum dwellers, majority (73.1%) of the respondents mentioned about common toilet and it was observed that about four to six family use common toilet in slum areas. In *Jhautola*, all of the respondents had access to owned toilet. It is significant to mention that only 1.9% of the respondents use open space/hanging toilet. In case of access to garbage disposal, drain (75.0%) was the leading segment, followed by dustbin (38.5%). In *Jhautola*, all of the respondents had access to use dustbin (see Table 5).

Table 5: Access to basic civic facilities of the elderly slum dwellers

Basic Civic Facilities	Slum Areas					Total (n=52)(%)
	Arefin Nagar (n=16)(%)	IW Colony, Sholosahar (n=13)(%)	Motijhorna (n=9)(%)	Jhautola (n=8)(%)	Chandranagar (n=6)(%)	
Access to water*						
Deep tubewell	16 (100.0)	13 (100.0)	5 (55.6)	6 (75.0)	6 (100.0)	46 (88.5)
Water supply (WASA)	-		6 (66.7)	3 (37.5)	-	9 (17.3)
Public standpipe	-	-	4 (44.4)	-	-	4 (7.7)
Access to electricity						
Yes	16 (100.0)	13 (100.0)	9 (100.0)	8 (100.0)	6 (100.0)	52 (100.0)
No	-	-	-	-	-	0
Access to gas						
Yes	-	5 (38.5)	6 (66.7)	-	4 (66.7)	15 (28.8)
No	16 (100.0)	8 (61.5)	3 (33.3)	8 (100.0)	2 (33.3)	37 (71.2)
Access to toilet						
Owned toilet	2 (12.5)	2 (15.4)	1 (11.1)	8 (100.0)	-	13 (25.0)
Common toilet	13 (81.3)	11 (84.6)	8 (88.9)	-	6 (100.0)	38 (73.1)
Open space /Hanging	1 (6.2)	-	-	-	-	1 (1.9)
Access to garbage disposal*						
Drain	16 (100.0)	12 (92.3)	9 (100.0)	-	2 (33.3)	39 (75.0)
Street	-	3 (23.1)	3 (33.3)	-	1 (16.7)	7 (13.5)
Dustbin	-	-	7 (77.8)	8 (100.0)	5 (83.3)	20 (38.5)

**Note*: Multiple responses

Source: Fieldwork, 2022

4.8. Health Profile

The study showed that all the respondents were suffering from physical problems. Majority (51.9%) of the respondents were suffering from high blood pressure, followed by arthritis (42.3%) and weakness (42.3%). Moreover, a vast majority (90.4%) of the respondents were suffering from mental problems. In case of the nature of mental problems, depression was the leading segment, followed by anxiety (40.4%) and insomnia (34.0%). As the source of treatment, pharmacy (94.2%) was the dominant figure, followed by NGO clinic (78.1%), quack

(73.1%) and government medical hospital (65.4%). In case of the yearly expenditure for treatment, BDT 6001-11000 (46.2%) was the leading segment, followed by BDT 1001-6000 (34.6%) and BDT 11001-16000 (15.4%). As the caregiver in illness, wife (65.4%) was the dominant figure, followed by sons and/or daughters (61.5%). Majority (65.4%) of the respondents mentioned about their harmful habits. In case of the nature of harmful habits, smoking (88.2%) was the leading segment. It is noteworthy to mention that all the respondents in *Jhautola* were addicted to *ghul*. Data revealed that the yearly expenditure for harmful habits of a maximum (44.1%) of respondents was BDT 6001-11000, followed by BDT 11001-16000 (41.2%). A vast majority (92.3%) of the respondents took Covid-19 vaccination (see Table 6).

Table 6: Health profile of the elderly slum dwellers

Health Profile	Slum Areas					Total (n=52)(%)
	Arefin Nagar (n=16)(%)	IW Colony, Sholosahar (n=13)(%)	Motijhorna (n=9)(%)	Jhautola (n=8)(%)	Chandranagar (n=6)(%)	
Suffering from physical problems						
Yes	16 (100.0)	13 (100.0)	9 (100.0)	8 (100.0)	6 (100.0)	52 (100.0)
No	-	-	-	-	-	0
Nature of physical problems*						
High blood pressure	8 (50.0)	7 (53.8)	4 (44.4)	5 (62.5)	3 (50.0)	27 (51.9)
Diabetes	4 (25.0)	1 (7.7)	3 (33.3)	3 (37.5)	2 (33.3)	13 (25.0)
High Cholesterol	3 (18.8)	4 (30.8)	1 (11.1)	-	1 (16.7)	9 (17.3)
Headache	-	3 (23.1)	2 (22.2)	1 (12.5)	-	6 (11.5)
Diarrhoea	1 (6.2)	3 (23.1)	1 (11.1)	-	-	5 (9.6)
Gastric	1 (6.2)	2 (15.4)	-	1 (12.5)	1 (16.7)	14 (26.9)
Scabies	3 (18.8)	4 (30.8)	2 (22.2)	2 (25.0)	1 (16.7)	12 (23.1)
Arthritis	7 (43.8)	8 (61.5)	3 (33.3)	2 (25.0)	2 (33.3)	22 (42.3)
Asthma	2 (12.5)	2 (15.4)	-	1 (12.5)	-	5 (9.6)
Coronary heart disease	-	1 (7.7)	1 (11.1)	1 (12.5)	-	3 (5.8)
Chronic kidney disease	1 (6.2)	1 (7.7)	-	1 (12.5)	-	3 (5.8)
Visual impairment	2 (12.5)	4 (30.8)	1 (11.1)	2 (25.0)	-	9 (17.3)
Hearing impairment	1 (6.2)	2 (15.4)	-	-	-	3 (5.8)
Cough	1 (6.2)	2 (15.4)	1 (11.1)	-	1 (16.7)	5 (9.6)
Weakness	8 (50.0)	6 (46.2)	2 (22.2)	3 (37.5)	3 (50.0)	22 (42.3)
Loss of appetite	1 (6.2)	2 (15.4)	2 (22.2)	-	1 (16.7)	6 (11.5)
**Note*: Multiple responses						
Suffering from mental problems						
Yes	15 (93.8)	11 (84.6)	8 (88.9)	8 (100.0)	5 (83.3)	47 (90.4)
No	1 (6.2)	2 (15.4)	1 (11.1)	-	1 (16.7)	5 (9.6)
Nature of mental problems*						
Depression	11 (73.3)	9 (81.8)	5 (62.5)	4 (50.0)	4 (80.0)	33 (70.2)
Dementia	3 (20.0)	3 (27.3)	1 (12.5)	-	-	7 (14.9)
Anxiety	5 (33.3)	5 (45.5)	3 (37.5)	4 (50.0)	2 (40.0)	19 (40.4)
Mood disorder	1 (6.7)	2 (18.2)	1 (12.5)	1 (12.5)	-	5 (9.6)
Insomnia	3 (20.0)	5 (45.5)	5 (62.5)	2 (25.0)	1 (20.0)	16 (34.0)

**Note*: Multiple responses						
Sources of treatment*						
Government medical hospital	11 (68.8)	10 (76.9)	5 (55.6)	5 (62.5)	3 (50.0)	34 (65.4)
Pharmacy	14 (87.5)	13 (100.0)	9 (100.0)	8 (100.0)	5 (83.3)	49 (94.2)
Quack	12 (75.0)	10 (76.9)	7 (77.8)	7 (87.5)	2 (33.3)	38 (73.1)
Homeopath	5 (31.2)	3 (23.1)	4 (44.4)	1 (12.5)	1 (16.7)	14 (26.9)
NGO clinic	12 (75.0)	9 (69.2)	5 (55.6)	4 (50.0)	5 (83.3)	25 (78.1)
**Note*: Multiple responses						
Yearly expenditure for treatment (in BDT)						
1000-6000	6 (37.5)	2 (15.4)	4 (44.4)	4 (50.0)	2 (33.3)	18 (34.6)
6001-11000	8 (50.0)	6 (46.2)	4 (44.4)	3 (37.5)	3 (50.0)	24 (46.2)
11001-16000	1 (6.2)	4 (30.8)	1 (11.1)	1 (12.5)	1 (16.7)	8 (15.4)
16001-21000	1 (6.2)	1 (7.7)	-	-	-	2 (3.8)
Caregiver in illness*						
Wife	10 (62.5)	8 (61.5)	6 (66.7)	6 (75.0)	4 (66.7)	34 (65.4)
Husband	2 (12.5)	2 (15.4)	-	-	2 (33.3)	6 (11.5)
Sons and/or daughters	11 (68.8)	8 (61.5)	6 (66.7)	3 (37.5)	4 (66.7)	32 (61.5)
Sister	1 (6.2)	2 (15.4)	-	1 (12.5)	1 (16.7)	5 (9.6)
Daughter-in-law	2 (12.5)	5 (38.5)	2 (22.2)	1 (12.5)	2 (33.3)	12 (23.1)
Neighbour	1 (6.2)	2 (15.4)	1 (11.1)	1 (12.5)	-	5 (9.6)
Relatives	4 (25.0)	4 (30.8)	3 (33.3)	2 (25.0)	3 (50.0)	16 (30.8)
**Note*: Multiple responses						
Harmful habits						
Yes	7 (43.7)	9 (69.2)	7 (77.8)	8 (100.0)	3 (50.0)	34 (65.4)
No	9 (56.3)	4 (30.8)	2 (22.2)	-	3 (50.0)	18 (34.6)
Nature of harmful habits*						
Smoking	7 (43.7)	9 (100.0)	7 (100.0)	4 (50.0)	3 (100.0)	30 (88.2)
Drug addiction	-	-	1 (11.1)	-	-	1 (2.9)
Gul	-	-	-	8 (100.0)	-	8 (23.5)
**Note*: Multiple responses						
Yearly expenditure for harmful habits						
1001-6000	1 (14.3)	-	-	4 (50.0)	-	5 (14.7)
6001-11000	5 (71.4)	4 (44.4)	2 (28.6)	2 (25.0)	2 (66.7)	15 (44.1)
11001-16000	1 (14.3)	5 (55.6)	5 (71.4)	2 (25.0)	1 (33.3)	14 (41.2)
COVID-19 vaccination						
Yes	15 (93.8)	13 (100.0)	8 (88.9)	6 (75.0)	6 (100.0)	48 (92.3)
No	1 (6.2)	-	1 (11.1)	2 (25.0)	-	4 (7.7)

Source: Fieldwork, 2022

4.9. Responsibilities to the Elderly Slum Dwellers in Family and Society

The study showed that a vast majority (90.4%) of the respondents mentioned the importance of their opinion in decision making of the family and majority (92.3%) of them were not neglected in their family. Data revealed that two-third (67.3%) of the respondents were involved with various social activities. In case of the responsibilities of family for the elderly people, assistance in basic needs (86.5%) and companionship (80.8%) were the dominant figures, followed by mental support (44.2%) and help in housekeeping (40.4%). Furthermore, in case of the responsibilities of society for the elderly people, majority (61.5%) of the respondents mentioned about the arrangement for the basic civic services, followed by arrangement of old age allowance (53.8%) and respect for the elderly people (53.8%) (see Table 7).

4.10. Security Profile

The study showed that a vast majority of the respondents (86.5%) mentioned social insecurity in slum areas. In case of the social insecurity in slum areas, fear of theft (91.1%) was the leading segment followed by fear of eve teasing (68.9%) and harassment (64.4%). It is significant to note that 46.7% of the respondents mentioned the slum area as the safe place of drug dealing (see Table 8).

4.11. Activities in Leisure Time

Among elderly residing in slum areas, watching TV (88.5%) was the dominant activity in leisure time. Other significant activities were gossiping with family members and neighbors (82.7%), Prayer (63.5%) and sleeping (34.6%) (see Table 9).

Table 7: Responsibilities to the elderly slum dwellers in family and society

Responsibilities	Slum Areas					Total (n=52)(%)
	Arefin Nagar (n=16)(%)	IW Colony, Sholosahar (n=13)(%)	Motijhorna (n=9)(%)	Jhautola (n=8)(%)	Chandranagar (n=6)(%)	
Opinion in decision making of the family						
Yes	14 (87.5)	11 (84.6)	8 (88.9)	8 (100.0)	6 (100.0)	47 (90.4)
No	2 (12.5)	2 (15.4)	1 (11.1)	-	-	5 (9.6)
Negligence in family						
Yes	-	1 (7.7)	1 (11.1)	2 (25.0)	-	4 (7.7)
No	16 (100.0)	12 (92.3)	8 (88.9)	6 (75.0)	6 (100.0)	48 (92.3)
Involvement with various social activities						
Yes	2 (12.5)	6 (46.2)	4 (44.4)	4 (50.0)	1 (16.7)	17 (32.7)
No	14 (87.5)	7	5 (55.6)	4 (50.0)	5 (83.3)	35 (67.3)
Responsibilities of family for the elderly people*						
Mental support	4 (25.0)	6 (46.2)	4 (44.4)	4 (50.0)	2 (33.3)	23 (44.2)
Assistance in basic needs	14 (87.5)	12 (92.3)	6 (66.7)	7 (87.5)	6 (100.0)	45 (86.5)
Help in housekeeping	6 (37.5)	6 (46.2)	4 (44.4)	1 (12.5)	4 (66.7)	21 (40.4)

Regular monitoring in medications	3 (18.8)	3 (23.1)	4 (44.4)	2 (25.0)	2 (33.3)	14 (26.9)
Companionship	13 (81.2)	11 (84.6)	6 (66.7)	7 (87.5)	5 (83.3)	42 (80.8)
*_Note_: Multiple responses						
Responsibilities of society for the elderly people*						
Good neighborhood	2 (12.5)	6 (46.2)	6 (66.7)	4 (50.0)	1 (16.7)	19 (40.4)
Arrangement of Old age allowance	10 (62.5)	10 (76.9)	4 (44.4)	2 (25.0)	2 (33.3)	28 (53.8)
Medical facilities	8 (50.0)	6 (46.2)	3 (33.3)	4 (50.0)	3 (50.0)	24 (46.2)
Awareness building regarding elderly people	1 (6.2)	4 (30.8)	3 (33.3)	2 (25.0)	1 (16.7)	11 (21.2)
Arrangement for the basic civic services	7 (43.7)	10 (76.9)	7 (77.8)	6 (75.0)	2 (33.3)	32 (61.5)
Respect for the elderly people	5 (31.2)	8 (61.5)	7 (77.8)	5 (62.5)	3 (50.0)	28 (53.8)
*_Note_: Multiple responses						

Source: Fieldwork, 2022

Table 8: Security profile of the elderly slum dwellers

Security profile	Slum Areas					Total (n=52)(%)
	Arefin Nagar (n=16)(%)	IW Colony, Sholosahar (n=13)(%)	Motijhorna (n=9)(%)	Jhautola (n=8)(%)	Chandranagar (n=6)(%)	
Social insecurity in slum						
Yes	15 (93.8)	13 (100.0)	9 (100.0)	4 (50.0)	4 (66.7)	45 (86.5)
No	1 (6.2)	-	-	4 (50.0)	2 (33.3)	7 (13.5)
Nature of social insecurity*						
Fear of theft	15 (100.0)	11 (84.6)	7 (77.8)	4 (100.0)	4 (100.0)	41 (91.1)
Harassment	12 (80.0)	4 (30.8)	9 (100.0)	2 (50.0)	2 (50.0)	29 (64.4)
Fear of fire	5 (33.3)	11 (84.6)	6 (66.7)	3 (75.0)	2 (50.0)	27 (60.0)
Safe place of drug dealing	8 (53.3)	4 (30.8)	6 (66.7)	3 (75.0)	-	21 (46.7)
Fear of eve teasing	9 (56.2)	5 (38.5)		4 (100.0)	4 (100.0)	31 (68.9)
Forced eviction	12 (80.0)	4 (30.8)	3 (33.3)	-	4 (100.0)	23 (51.1)
*_Note_: Multiple responses						

Source: Fieldwork, 2022

Table 9: Activities in leisure time of the elderly slum dwellers

Activities	Slum Areas					Total (n=52)(%)
	Arefin Nagar (n=16)(%)	IW Colony, Sholosahar (n=13)(%)	Motijhorna (n=9)(%)	Jhautola (n=8)(%)	Chandranagar (n=6)(%)	
Nature of activities in leisure time*						
Watching TV	15 (93.8)	11 (84.6)	9 (100.0)	6 (75.0)	5 (83.3)	46 (88.5)
Prayer	11 (68.8)	9 (69.2)	5 (55.6)	5 (62.5)	3 (50.0)	33 (63.5)
Gossiping with family members and neighbors	14 (87.5)	10 (76.9)	7 (77.8)	6 (75.0)	6 (100.0)	43 (82.7)
Sleeping	4 (25.0)	4 (30.8)	5 (55.6)	2 (25.0)	3 (50.0)	18 (34.6)
Walking	3 (18.8)	4 (30.8)	2 (22.2)	-	2 (33.3)	11 (21.2)

*_Note_: Multiple responses

Source: Fieldwork, 2022

5. Conclusion

The study tried to explore the various aspects of livelihood status of the elderly slum dwellers in Chattogram city. The elderly people living in slum areas faced various forms of deprivation in their daily life. A vast majority of the respondents were involved in various forms of job in urban informal sector to survive their life. Majority of the respondents were deprived to get old age allowance. The housing condition of the elderly slum dwellers were substandard. The basic civic facilities like water, gas, garbage disposal and access to toilet vary from slum area to slum area. In *Motijhorna*, two-third of the respondents had access to use the water of WASA, while in *Arefin Nagar, Jhautola*, *Chandranagar* and *IW Colony, Sholosahar,* all the respondents had access to use the water of deep tubewell. All the respondents had access to electricity, while two-third of the respondents had no access to the use of natural gas. In *Arefin Nagar* and *Motijhorna*, drain was the leading segment in case of the access to garbage disposal, while in *Jhautola*, all of the respondents had access to use dustbin. In *Chandranagar, Arefin Nagar, Motihorna and IW Colony, Sholosahar*, common toilet was the leading segment in case of the access to toilet, whereas in *Jhautola*, all of the respondents had access to owned toilet. All the elderly slum dwellers were suffering from physical problems. Furthermore, a vast majority of the respondents were suffering from mental problems. Depression was the leading segment in case of the nature of mental problems. As the source of treatment, a vast majority of the respondents preferred to go to pharmacy rather than government medical hospital. Majority of the respondents had harmful habits and smoking was the leading segment. A vast majority of the respondents were not neglected in their family and majority of them mentioned the importance of opinion in decision making of the family. Assistance in basic needs and companionship were the dominant figures in case of responsibilities of family for the elderly people in slum areas. In *Arefin Nagar, Jhautola* and *Chandranagar*, all the respondents mentioned the fear of theft as the nature of insecurity in slum areas. Watching TV and gossiping with family members and neighbors were the dominant activity in leisure time for the elderly people living in slum areas. The study recommends that health care facilities, old age allowance, social security, basic civic services and infrastructural facilities should be increased to improve the living condition of the elderly slum dwellers. Furthermore, policy makers should take all-inclusive approach involving all the stakeholders to upgrade the substandard livelihood condition of the elderly slum dwellers in Chattogram city.

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