

**Whose human rights?
A post-colonial lens on diversity, (in)equality and social
(in)justice in aged care practice in Bangladesh**

Dr Md Zahirul Islam
Senior Scientist & CEO
EACP, Geron Care, APG, Bangladesh
Email: zislam008@gmail.com

Presented at
The Global Ageing Conference 2023,
Glasgow, Scotland, UK

Contents

1. Background

2. Milieu of the Ageing being situated

3. Older people from ‘marginal’ to ‘mainstream’

4. The ageing in Bangladesh is not understood ‘as it really is’

5. Towards a Human Rights Approach: Never-ending process to empower older people & respect local narratives

6. An Open-ended Conclusion

1. Background

There is a growing international consensus that aged care can be a key policy tool for promoting social inclusion and equality. But how exactly can questions of diversity, (in)equality, and social (in)justice be addressed in the context of a society that is underpinned by tenets and values of ageism, ableism, kinship hierarchy, patriarchy, class disparity, and ethnic superiority? Could it be that the apparent social justice paradigm itself is an expression of dominant – and implicitly oppressive – discourses and practices in that society? Drawing on international literature and qualitative data from Bangladesh, this paper asks whose views and interests are taken into account when issues of human rights are introduced to aged care practices. How do older people and practitioners deal with social justice in a context that privileges inequality and discrimination? A critical exploration of aged care practices in Bangladesh unveils a complex and multi-dimensional arena of inequality and discrimination: interests of the young are set against those of older, relative instead of non-relative, non-disabled more than disabled, men against women, rich against poor, Bengali against non-Bengali, to name only a few aspects. This paper argues that the underpinning values that support discriminatory practices in aged care are a legacy of more than 200 years of colonization. They are perpetuated by a post-colonial, internalized condition that leads to uncritical acceptance of values and practices imposed by international organizations and donors on countries in the global south. Drawing on the concept of a ‘critical ecology of the profession’ and the recent invention of an ‘epistemic system’, the paper outlines possibilities for an alternative approach to developing anti-discriminatory aged care practices based on culturally appropriate ‘ways of knowing and being’.

2. Milieu of the Ageing being situated

Throughout the mature age till the end of a lifespan, ageing in Bangladesh is at once a notion, reality, and construct of reality. In this South Asian country the 'becoming older people', their daily lives and responses to them take place in society. In order to get an understanding of this society, two aspects have been looked at: first the structure of social relations, then the characteristics, roles, and functions of these relations. It could be generally said that the relationship contains age, kinship, ability, gender, class, and ethnic differences, one of the key forms of which is dominance/subordination.

Univocal Ageism: interests of the young against those of older

Society presents 'young' in a binary relation with 'older', from & with which 'young' distinguishes & contrasts 'itself'. Young age is viewed as '*urbor boyos* (fertile age)' while older age is '*moronkal* (death time)'. '*Ekhon joubon jar/juddhe jabar tar shrestho somoy*'. This line of Bengali poetry means: '*whose youth is now/ his best time to go to war*'. Society gives young age more rights, privileges, and authority than older age. Instead of retired older adults, working young adults play a more decisive role in the family and society.

Kinship Hierarchy: relatives everpreferred over non-relatives

It is a basic element of social relations and a basic foundation of social structure. Kinship is formed of various relatives based on blood and marital and consanguineous relations, including spouses, children, parents, and siblings. More than eighty kin types and more than two thousand five hundred kin terms have been identified. The extent of kinship ties is 'limitless'. It includes all of the older person's predecessors and successors. Relatives are given preference in caregiving, transactions, and rites & rituals.

Inviolable Ableism: non-disabled desired rather than disabled

A 'normal', 'healthy', and 'fit' state is expected to everyone. Its deviation is an 'abnormal' state i.e., disease, illness, injury, disability. In the yardstick of ability, only persons with an 'able' body/mind (non-disabled) are ideal in society. Disabled people either strive to be that ideal, or stay away from 'able-bodied' people. The position of the disabled is lowest in the hierarchy of the interpersonal relations.

Baised Gender: acute men - women inequality

The main features of gender relations in society are 'inherent' patriarchy, men and masculinity privilege, and acute gender inequality and discrimination. Male-female dichotomy: the male is 'culture' and the female is 'nature'. Earth, soil, crop fields, rivers, trees, flowers, mothers, etc. are brought in depicting the instinctive nature of women. Their spheres are private, household, family, domestic, and indoor domains. But in the outer world, men represent the plough, the lion, the father, the public, the hero, the master, valor, and bravery. A woman is half of a man.

Class Disparity: affluent riches vs. impoverished poors

Class is one of the fundamental elements in the formation of social relations. The main form of social relations based on class disparity is higher-lower which is materialized through the exercise of more privilege, rights, and authority by the rich than the poor. Class is not a single and simplistic, but rather a multifaceted and complex social relationship. The people of Bangladesh are generally divided into three classes: lower (poor) class, middle class, and higher (rich) class, based on ownership of movable and immovable property and income. The disparity between the economic status of the rich and the poor is not only increasing but also insurmountable.

Ethnic Superiority: ‘Mainstreamed’ Bengali/ ‘Marginalized’ non-Bengali

The main binary relationship between the ethnic groups living in Bangladesh is Bengali versus non-Bengali. Bengalis constitute the absolute majority (98%) of the population in the country and their settlements are spread all over the country. They and their culture are placed in the 'mainstream'. On the other hand, there are more than half a hundred non-Bengali ethnic groups comprising 2% population. These groups are ethnolinguistically distinct. Nevertheless, they are all ethnically known by multiple but similar collective names, such as 'tribal', which refer to primitive, savage, and uncivilized. Marginalized and impoverished non-Bengali groups are ranked lower than mainstreamed and affluent Bengalis.

3. Older people from ‘marginal’ to ‘mainstream’

The aged profession in the country tends to be a hybrid rather than a single entity. It includes practitioners from a variety of fields – health, nutrition, social services, recreation, human rights, and development agencies. Knowledge about older people and what the professionals practice is ‘modern scientific’ with its predominant link with the West. They acquire their knowledge through academic degree programs and pre-and in-service training courses. Medical sciences (geriatrics), social welfare, nursing, psychology, anthropology, sociology, law, and development studies are among the scientific disciplines, which Bangladeshi universities offer in such degree programs. Indeed, some who are practicing in the field have degrees from abroad. It is claimed that training courses could help to solve the problem related to ageing and care using modern and scientific methods. Representatives (experts) of the ‘global community’ externally define the lack of professionals, their development, and knowledge; it is then projected internally in

Bangladesh. In the epistemological hierarchy, Bangladesh aged care stands at the *applied* (practice) as well as at the lowest level.

How do the professionals understand older people in Bangladesh? This is one of the central questions. The approach that is followed in professional practices with older people is ‘portraying them as *marginal* and placing them in the *mainstream*’. This research makes it clear that the reason that older people are viewed as ‘marginal’ may be ascribed to at least three reasons: because they are ‘older’; because they are inhabitants of a ‘poor’ country; and because they occupy the ‘lowest’ position in the social hierarchy. So, mainstreaming them is a prime concern in the aged care field. Through mainstreaming, older people become privileged, affluent, and holders of some rights. They are brought from the margins to the center of social activities and thinking. Visibly, ‘marginal’ and ‘mainstream’ are two contrasting notions. Therefore, binary opposition is the approach that underpins the thoughts of professionals in dealing with older people. The understandings of older people from this approach that are revealed in this research include three different aspects: portrayals of older people, viewing the local situation, and promoting older people’s participation.

(i) Portrayals of older people:

As a universal category

Several initiatives – for example, the Universal Declaration of Human Rights (UDHR), United Nations Principles for Older Persons (UNPOP), Millennium Development Goals (MDG), World Health Organization’s Global Strategy on Ageing and Health (GSAH), United Nations Madrid International Plan of Action on Ageing (UNMIPAA) and Sustainable Development Goal (SDG) – are taken for granted in this field. Older people, as the documents describe, are generic and homogenous. The overall tenor of the instruments is Universalist: these people are addressed as a universal category with universal rights. The community in which they are placed is global. The initiatives, from a global perspective, aim at giving all older people the right to well-being and healthy life. Practitioners tend to understand ageing as a universal period in the human lifespan: ‘People everywhere, regardless of their culture, race, religion, gender, special needs and characteristics have to go through this period’.

In the ‘national’ framework

The National Policy on Older Persons (NPOP) 2013 and Maintenance of Parents Act (MPA) 2013 of Bangladesh were formulated in accordance with the commitments made in the above documents and are consistent with the UDHR and

the follow-on plan of action, UNPOP, as well as other international instruments. NPOP and MPA bring the older people of the country in a ‘national’ framework. Viewing them as homogenous was a driving factor in the formulation of these documents. According to Anderson (1991), through the idea of a nation, people think of themselves as sharing a common identity, as being a community, to which people belong without remarkable differences between them.

As a group with ‘privations’

Older people are often portrayed with a ‘debilitated’ image by aged care practitioners. When these people are planned to be included as clients or a target group of service, then they become a group with privations: ‘they lack the basic needs for living’. They and their families cannot overcome the privations on their own; they need help from others. It is observed that the terms ‘poor’, ‘vulnerable’, ‘unproductive’, ‘burden’, and ‘disadvantaged’ are widely used in the materials, by which they refer to people of ‘poor health’ and ‘the debilitated condition’. The title of a national daily’s column, for example, could be mentioned: “The increasing ‘burden’ of the elderly in Bangladesh” (Rahman, 2020).

As individuals

Older people tend to be described by professionals as individuals – they are abstracted from their relationships. Professional practices in Bangladesh are mainly based on individual adults’ needs and interests. Practitioners are oriented to show respect for the older person as an individual with a distinct entity and encourage older people’s independent needs.

(ii) Viewing the local situations backward’, ‘obstacle’, and ‘negative’

The local situation with its caregiving, maintenance, guidance, family, and other socio-cultural practices is related to the poor conditions of older people. I found much evidence from the fieldwork and literature (see, for example, Crew & Harrison, 1999) that the local situation is viewed as ‘traditional’, ‘backward’, an ‘obstacle’, and playing a ‘negative’ role in aged care. Older people are exploited, abused, and deprived within the ‘traditional’ socio-cultural system. ‘Traditional’ culture is perceived as static and unchanging: ‘preserved in a timeless epic of tradition and custom’ (Crew & Harrison, 1999: 30). There is much evidence of reports on the situation of Bangladeshi older people which attempts to depict how society is responsible for older people exploitation. From the very beginning of retired life, older people live in an ‘adverse’ situation. Professional care activists often expressed their concern about families’ lack of consciousness, knowledge,

and skills to deal with their older members properly. A similar view is voiced in the aged care narrative that family members and relatives usually know ‘very little about older person’s needs, how they think, how to behave with them’. This is the reason why the aged care campaign advises: ‘Learn to understand the language of older people’; ‘Pass the time with them’; ‘Inspire them to be active and happy’.

(iii) Promoting older people’s participation

In spite of being valued as a ‘target group’, ‘beneficiary’, ‘client’, ‘care receiver’, and ‘stakeholders’, older people are treated as ‘participants’, particularly in the documents of international development agencies. ‘Participation’ – a popular term for agencies – is a process of active and spontaneous involvement of people in every stage of a care project. According to the UDHR, every older person holds the right to participate. It is assumed that through participation, the empowerment of older people is ensured, which leads to quality service. In order to place older people in the ‘mainstream’ two main tasks regarding participation are observed in Bangladesh: to ensure older people’s participation in care projects and to ensure participation in the society.

4. The ageing in Bangladesh is not understood ‘as it really is’

Twisted meaning of ageing

It goes without saying that ‘ageing’ – the central concept of the profession – neither originates from Bangladeshi society nor is it translated from any term of Bangla or other local languages. The Bangla words *briddho*, *buro* are widely used to translate ‘old’, and ‘aged’. But the meaning of *briddho* or *buro* is different from the meaning of ‘old’ or ‘aged’. As mentioned earlier, ageing as a notion and as a professional field was introduced by Western, especially European, society through colonialism. Later, the expansion of modern sciences, modern education, social welfare, and development agencies played a role in perpetuating this notion. However, my observation is that this notion is not yet a part of local culture. The local conditions – what local people perceive about the last years of life – differ from what professionals understand about these years by labeling them ‘ageing’. Therefore, the words (the signifier) ‘marginal’ and ‘mainstream’ cannot represent adequately the reality – the local circumstances and situations – of older people (the signified).

The culture is not homogenous

The culture of Bangladesh is not homogenous but rather diverse. It is cross-cut by religion, gender, age, ethnicity, geographic areas, political orientation, class, education, and access to power structures. The reality of older people’s lives takes

shape differently. They experience different kinds of ageing and realities. Clear differences among them seem to exist, all of which are often out of sight of practitioners in the ageing field.

Older people are not empty beings

From my observations of local circumstances and the growing amount of literature (Katz, 1978; Aziz & Maloney, 1985; Bagga, 2010; Perkinson & Solimeo, 2014; Bjornsdottir, 2018; Briller & Carrillo, 2020), it could not be said that older people are 'debilitated', or something associated with a 'vacuum' and 'privation'. They are not only 'passive recipients' of various types of services from society and family. Nor their lifetimes are only 'empty reservoirs' waiting to be 'filled' by the orders, guidance, and instructions of the caregivers. Rather, they can and do make an active contribution. Older people have their own perspectives about their lives and the societies in which they live. They can understand situations and construct and reconstruct reality. They are at once distinct beings, in possession of agency, by belonging to a particular culture at a certain stage of history. They still have the ability to learn about and respond to the social world to which they belong. By making their own meanings about themselves and realities, older people can participate in and do make active contributions to, society. They can even cope with adversity.

In many cases, they sometimes display more than average skill in their thinking and actions. Some of them demonstrate higher levels of intelligence and practice than their peers, which could be considered 'senile genius and creativity'. Some of these abilities are novel, extraordinary, and unique.

Older people not only individual beings

Having the ties of various relationships, the older people of Bangladesh belong to the culture as 'social beings' and undergo the process of 'becoming an older' (*briddho howa*). This not only indicates that the older adult is not a person but also recognizes that the older adult contains the qualities to remain a worthy person. The notion of 'social being' contrasts with the approach to the older adult as an 'individual'. Social institutions and practices dealing with older people are based on their needs, treating older people as social entities. The relationship with older people is central to the construction of personal identity. Structuring based on relationships has a significant effect on the tenor of the interaction between individuals. 'Having no relationship' refers to *amar keu nei* ('I have no one'), which denotes utter desolation. If older adults are separated from their relationships, their actual conditions cannot be understood.

Society is very grossly understood

‘Society exploits older adults’, family members know ‘very little about older people’s needs, how they learn, how to behave with them’, and ‘society is adverse for older people’ – these are very gross and generalized statements about Bangladeshi society and family members, which do not draw an accurate picture of the local situation. For instance, I draw on the issues of ‘maintenance’ (*bharan-poshon*) and ‘offspring’ (*sontan-sontoti*) – two social institutions. Present research worked out how maintenance functions in Bangladesh and that it is significant for retired members of the family and society. Here, I only wish to say that maintenance with legitimacy and validity is a strong and credible institution. Understanding older parents’ needs and taking responsibility for them are preconditions for becoming offspring. Within the relationship system, it works to meet the demands of older parents/grandparents and, at the same time, ensures their safety and security.

Participation is a problematic notion

Professional understandings and practices with regard to older people's participation are problematic. Viewing them as passive does not come from an actual understanding of the local situation. Many social institutions and relationships, including the family, neighborhood, society (*samaj*), and maintenance, constitute a ‘social world’, where the living and care of an older person take place. A social relationship is not a one-way matter. In order to maintain a relationship, all parties – i.e. older people, children, parents, family, and community members – have to take part and play a role. A reciprocal relationship is maintained between older people and their children. In Bangladeshi tradition, maintaining and supporting aged parents, honoring them and caring for their funeral arrangements in a proper way is a compulsory duty of children, while parents have a duty to pray (*doya kora*) for children. The existence of a relationship within a family or a society denotes that older people’s participation continues. In order to provide a statement about their participation in society and the family, one has to carry out a more detailed study of the local circumstances.

Participation is a culturally specific concept

Practitioners tend to conceive of older people’s participation as a universal phenomenon. However, Stirrat & Henkel (1996) argued that the concept of participation is a culturally specific concept rather than a matter of universal common sense. My observation is that there is an unequal power relation in the participation events held by development organizations. They encourage people’s more spontaneous participation, but the key to participation remains in the hands of the development workers. In the name of participation within development

programs, older people become ‘receivers’, while workers appear as ‘givers’. Participation in events organized by international non-governmental organizations makes clear, that older people's participation does not actually occur; it simply means attending an event.

5. Towards a Human Rights Approach: Never-ending process to empower older people & respect local narratives

The aged care professionalism, appropriate to the Bangladesh context, is a never-ending process. Local voices, diversity, and older people’s perspectives – all related concepts – are important to cover the ‘little narratives’. The value of local voices arises from research in sociocultural contexts. Scholars from various fields – i.e. anthropology, sociology, gerontology, and social welfare – have influenced this research. Beliefs, thoughts, practices, events, signs, and images, situated in the places where older people are born and live, constitute ‘local voices’. These are inseparable from their ‘actual’ situations.

‘Older people in Bangladesh are a diverse category’; ‘attitudes to them vary’; ‘their circumstances are composed of many different realities’ – these facts need to be recognized in order to ensure diversity. Any practice that values diversity requires caregiver awareness of older people’s realities and experiences. Diversity in the field of ageing is being proposed in this paper in a strong voice. The theme of this voice is ‘quality care for older people: multiple ways of knowing and practicing’. It recognizes the plurality of viewpoints, experiences, meanings, voices, and accounts of reality in dealing with older people.

6. An open-ended conclusion

Finally, I would like to offer an older people’s perspective, viewing the situation of them through their eyes and in their voices. As this article described earlier, older people can construct and reconstruct realities and express meanings. As social actors, they can and do make an active contribution to society. What do they think about their ageing and professional practices? The answer to this question could not be explored in this article. Therefore, the understanding of ageing professionalism that has been described in this article is, I have to say, from a young person’s perspective.