J Cross Cult Gerontol (2014) 29:299–314
DOI 10.1007/s10823-014-9237-6

ORIGINAL ARTICLE

Meaning of Death: an Exploration of Perception of Elderly in a Bangladeshi Village

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Published online: 25 June 2014

Abstract The aim of this qualitative study was to explore the perceptions of meaning of death among the elderly in a Bangladeshi community, and to understand how the meaning of death affects one's overall well-being. Understandings of death were explored through the explanations respondents provided on the journey of the soul during lifetime and the afterlife, concepts of body-soul duality, and perceived "good" and "bad" deaths. The relationship to well-being was expressed in terms of longevity, anxiety/acceptance of death, and preferred circumstances for death. Seven in-depth interviews and one informal discussion session provided the bulk of the data, while Participatory Rapid Appraisal (PRA) tools, including daily routines and body mapping, supplemented our findings. Elderly members of the community had very specific ideas about the meaning of death, and provided clear explanations regarding the journey of the soul, drawing on ideas of body-soul duality to substantiate claims. Due to long coexistence fusion of Hindu and Muslim ideas around death was found. Anxiety/fear of death was associated with some secular issues, on the contrary the perception of longevity was found linked with spirituality. Insights revealed from this study of subtle differences in the perceptions regarding issues around death may aid the policy makers develop effective end-of-life interventions.

Keywords Bangladesh · Death · End-of-life care · Gerontology · Medical anthropology

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Introduction

Biomedically defined, death is considered to be "the permanent cessation of vital functions including those of the heart, lungs, and brain" (Venes and Taber 2004). However, this reductionist understanding of death does not capture the dynamic multidirectional impact of culture, behavior, and environment on life and on death (Ice 2005). As we confront the aging of world societies, global health disparities, emerging biomedical technologies, and shifting understandings of good deaths and lives worth living, mortality awareness has become essential to our overall well-being (Barrett 2011). However, how do people think about death greatly varies according to socio-cultural context (Neimeyer 1994).

The social science disciplines have explored the meaning of death in various ways and within a wide range of communities (Barrett 2011; Shin, Cho and Kim 2005; Rao, Dening, Brayne and Huppert 1997). Many studies have emphasized the meaning of death among patients suffering from chronic diseases, while others have focused more broadly on intergenerational perceptions of death (Depaola, Griffin, Young and Neimeyer 2003; Martens, Greenberg, Schimel and Landau 2004; Russac, Gatliff, Reece and Spottswood 2007). Explorations of the concept of death can encompass an impressive array of sub-topics, including the explanatory models (Helman 2000) around the ailments related to death, the role of spirituality or religion, understandings of the afterlife, embodiment theory and the body-soul dichotomy, and concepts of "good" versus "bad" death (Neimeyer 1994; Van der Geest 2004a; Yeun 2005). However, most of the studies were carried out in Western settings (Ice 2005; Kabir et al. 1998). There are very few examples of exploring the perception of people about death in non-Western countries (Van der Geest 2004b; Counts and Counts 2004) and nothing from Bangladesh. This small scale exploratory qualitative study attempted to learn the meaning of death among elderly persons in a Bangladeshi village and its impact on their well-being.

Since the nation's independence in 1971, Bangladesh has seen a marked increase in life expectancy, and on the whole, health care availability and quality has improved. However, the elderly population is rarely targeted in health interventions. As more and more of the population reach old age (and as more young people emigrate), the elderly find themselves at increased risk of poverty and social exclusion (Ahmed, Tomson, Petzold and Kabir 2005). Previous studies on the situation of the elderly in Bangladesh have been limited in both geographical and methodological scope. One study looked at gender dimension of aging in Bangladeshi society. The study distinguished the aging experiences faced by male and female elderly, and discussed how informal nature of the works of the females boils down to better coping experiences in them. However, the society displays a kinder attitude towards elderly males in terms of welfare, prestige, and consequently leading to greater psychological satisfaction (Ellickson 1988). Another study embarked on portraying the socio-demographic characteristics of Bangladeshi elderly vis-à-vis the changing demographic pattern. Despite the fact that this study clearly illustrated the demographic, social, educational, and economic status of Bangladeshi elderly disaggregated by gender, due to its quantitative focus did not delve into details of their dilemmas (Kabir et al. 1998). Hossen and Westhues (2010), in their paper discussed health seeking behavior of the Bangladeshi elderly, with particular focus on women. But Ahmed et al. (2005) argued that socio-economic status, not age, is the single most pervasive determinant of health seeking among Bangladeshi elderly. By using a quantitative approach, the latter study has not taken explanatory models of illnesses around death into account in their descriptions of geriatric well-being. Furthermore, the meaning of death has not been explored in a Bangladeshi context, thus it is an ideal area for further investigation. Moreover, generalized well-being among the elderly has not been examined within the context of rural Bangladesh, particularly in response to the prevailing perception about death.

With this background, in this study we aimed to explore the perceptions of meaning of death among the elderly in a Bangladeshi rural community. We specifically tried to answer the following two questions: What is the meaning of death? And how does the meaning of death affects one's overall well-being?

Materials and Methods

Within the context of Bangladesh, where the average life expectancy is 70 years (The World Bank 2012)., we considered individuals over the age of 50 to be 'elderly'. We also followed the World Health Organization's definition of wellbeing, which is a state in which one is able to cope with stresses and to work productively, contributing to both family and community.

This paper is produced based on a qualitative methodology field exercise done within the medical anthropology module of Masters in Public Health (MPH) program at James P Grant School of Public Health, BRAC Institute of Global Health, BRAC University. Being a residential program, all the MPH students stayed in a rural setting in Savar sub-district, about 25 km north from the capital city Dhaka. The neighboring villages served as a 'social laboratory' to apply the lessons learned by the students in the classroom. The students interacted with the village people for various academic exercises and established good rapport with the village community. For this particular study, field exercise was conducted in a village called 'Kakabo'. This village was chosen for convenience, considering easy and quick access to the village as well as better acquaintance of the village community. People from different parts of Bangladesh migrated and made their homes in the village, due to its closeness to the capital city, and availability of jobs in nearby thriving readymade garment factories. However, like most other parts of Bangladesh majority of the people in Kakabo used to live on agriculture; while some people were fishermen, day laborers, and vegetable sellers. Most women were homemakers, with currently increasing number of readymade garment workers (Van der Geest, Selim and Zaman 2008). In Bangladeshi villages houses are usually built in clustered localities known as *para*s. Similarly Kakabo had Rishi *para*, Uttar *para*, Dakkhin *para*, Khan *para*, Pashchim *para*, Nager Agey *para*, and Kheyaghat *para*. Majority of the population were Muslims, with few Hindus, and even fewer Christians. Most of the people were poor, living in clay or mud built houses, some of them with tin roofs. Only few households could afford to build brick-built houses. The nearest health facility was a primary health care center about one and a half kilometer away from the village (Van der Geest, Selim and Zaman 2008). Most commonly used mass media were radios; while televisions were also on increase, particularly in many tea stalls, where village men traditionally gathered for pastime chitchat.

Five elderly males and three elderly females from the village were selected as respondents of this study. The data collection was done for 3 days and took place during February 2008. In finding respondents we depended on purposive sampling. We targeted the Friday prayer, which most of the Muslim elderly people never miss to attend. After breaking of the prayer we approached some elderly people, informed our intention, and took an appointment for interview. One key informant from the village helped to reach the female respondents, and Hindu respondents. All of our respondents were deliberately chosen from different *para*s of Kakabo, supposing that the clusters might share socio-economic similarity.

We tried to explore the perception of the elderly respondents on death. This exploration utilized qualitative research methods such as in-depth interviews and informal discussions supplemented by few methods from Participatory Rapid Appraisal (PRA) tool box (Theis and Grady 1991). Following methods were used for data generation:

- *In-Depth Interviews*: Seven in-depth interviews were conducted in the homes of the participants. With the aid of a pre-developed checklist, we conducted interviews based on the research questions. These interviews helped us to understand the emic perceptions of death while also allowing us to probe more deeply and to establish a model of the pathway of the soul starting from birth until afterlife. The method also allowed us to ask questions that helped us in comprehending the broader cultural and societal contexts. All the interviews were tape recorded and later transcribed verbatim. In order to preserve the confidentiality of respondents, pseudonyms have been used.
- *Daily Routines*: In asking residents to illustrate their daily activities, we were better able to find suitable transition topics for the more detailed and sensitive discussions of death. Additionally, the daily routine provided us with valuable insights into the participants' day-to-day activities that would otherwise have gone unmentioned in the course of the actual interview.
- *Body Mapping*: We provided a line diagram of a human body to our in-depth interview respondents at the end of the interview. The respondents drew on the line diagram where the spirit lives, how it originates, and which way it leaves the body. This technique served to develop understandings of body-soul duality. In asking participants to locate the soul's position within the body and its manner of leaving the body upon death, we were able to supplement the information given in the interviews with tangible, visible findings, thereby helping us to more concretely develop the model describing the occurrence of death, e.g. how the spirit enters the body, where it resides, and how it departs the body upon death. It also helped us to triangulate with their interview responses.
- *Informal Discussion:* Informal discussions were used as an additional method for data generation. In course of our frequentation to Kakabo, we identified the places where the elderly persons, usually males, gather and gossip. It is a very common picture in Bangladeshi villages that the elderly males gather in a tea stall and idle the afternoon and evening away drinking tea, smoking *bidi*s (local cigarettes), and chewing betel leaves. We utilized these informal times, which were highly conducive of discussions. Interestingly, these occasions came out to be one of the most prolific sources of insightful discussions around death.

All interviews were conducted in Bengali (language of Bangladesh), tape recorded, transcribed in Bengali, and finally translated to English, taking into consideration the subtle contextual and linguistic nuances. Transcripts were first read thoroughly several times, and then were coded according to the concepts discussed during the interview. A priori codes were also used based on the research questions. Based on the texts under each codes we searched for emerging patterns, and based on the patterns, or sub-codes we interpreted the data considering relations between categories, making comparisons, and looking for causes and consequences. We also considered the 'deviant cases' while analyzing the data. Analysis of data was done manually by color coding.

We received written consent from all the respondents. Since most of the respondents could not sign their name, we took thumb impression on the consent form. Prior to that, we explained our research to the respondents, ensured confidentiality and anonymity. It was also clearly mentioned to the respondents that they could withdraw from the research anytime, without possibility of any future consequences. Our contact addresses were given to the respondents for the sake of any future communication.

As this was done as part of a methodological exercise in a short period, time constraint was the major limitation of this study. However, this problem was compensated by dint of our good understanding of the village community, and long acquaintance with the people due to data collection from the same village during several other projects. Another limitation was the age

gap between respondents and the data collectors. As the two students who collected the data were aged less than 30 years, they felt, the respondents sometimes considered them too naïve to discuss a serious topic like death.

Reflexivity

On the whole, we very much enjoyed our experiences involved in the completion of this study. Having the opportunity to spend an extended amount of time within the community and receive their hospitality was a great pleasure. The experience was not without challenges, however. Interviewing in particular proved to be difficult: our first respondent left the room before completing the interview, and our second respondent began to cry halfway through our interaction. We feel some regret in that we brought the sensitive subject of death to the forefront of the attention of these individuals. On the whole, though, these experiences aided us in developing and refining our interview technique— we learned the importance of maintaining flexibility in interviewing, and of reading non-verbal cues. We also faced the challenge of a respondent who frequently lost focus. The transcript of his interview yielded the greatest volume with the least amount of usable content.

Results

Meaning of Death

Definition of Death

While asked about what they think about what death is, most of the respondents (Table 1) explained it from a spiritual point of view. They believed that death occurs only when the *ruh* (Muslim term used for spirit) or *Atma* (Hindu term used for spirit) leaves the body:

> "Death is death… When the ruh goes away, then you are dead."
> -Rofikuddin

However, one respondent defined it more from the context of physiological perspective:

> "If the breath can no longer go inside, then this is death."
> -Shuruj Ali

Table 1 Profile of the respondents

Name	Gender	Age	Religion
Mitali Rani	Female	75	Hindu
Rachana Baroi	Female	60	Hindu
Hajji Golam Ali	Male	79	Muslim
Kalam Bokhsh	Male	70	Muslim
Shuruj Ali	Male	55	Muslim
Chan Mia	Male	84	Muslim
Fatima	Female	50	Muslim
Rofikuddin	Male	54	Muslim

Body-Soul Duality

All respondents reportedly believed in the duality of body and soul. During interviews, the terms *atma* and *ruh* were used to refer to the soul or spirit, and will accordingly be used in this narrative. Two broad themes emerged in discussions of the nature of the soul: that it was a single entity; and that it was composed of multiple (five) units, which were in turn responsible for different actions. Though there was a certain degree of variability with regard to the particular details of each of these lines of reason, the two themes can be used to summarize the ideas of all eight respondents: six described a singular soul, and two referred specifically to the *pancha atma* (five *atma*s, a folk concept of soul mentioned by Fakir Lalon Shah, the 19th century secular poet, philosopher, and social reformer of Bengal). Among the two persons who told about *pancha atma* one was Hindu and the other was a Muslim. With respect to the location of the soul within the body, three respondents likened the *atma* in the body to a bird in a cage, referring to *"khachar bhitor ochin pakhi"* (an unspecified bird within a cage; mentioned in an old popular Bengali folk song by Fakir Lalon Shah). The remaining individuals listed specific locations in the heart (three responses) and brain (two responses), and drew corresponding locations on provided body maps.

> "It resides in the chest, that's why we always feel throbbing. Even when we keep quiet, at that time also it throbs, so the ruh must obviously be here."
> -Shuruj Ali

> "It resides in the brain. It's like a net, the brain, where the atma resides."
> -Chan Mia

Moreover, there were very specific ideas about the manner in which the soul entered and exited the body. All expressed a belief that the *atma* or *ruh* was given by God, with half of the respondents specifically linking the event to fetal development:

> "When the child is in the womb, it gets nutrition from the mother. If there was no ruh in the mother's womb, how could the baby eat in the womb? That is why it must come in the womb."
> -Rofikuddin

The soul is believed to enable body to move, grow, and do all physiological activities. Since the child in fetal life starts receiving nutrition, move, grow, and exhibit physiological signs similar to normal human beings, the soul is believed to get inserted in the body during fetal life.

> "And if the param atma doesn't come inside the body, the birth process does not take place; the child is born dead."
> -Chan Mia

Since spirit is supposed to enter the body during fetal life, the stillbirth has been explained on the same premise, attributing it to the failure of entry of the soul during the fetal life.

> "On the very day when the baby's eyes are able to open (chokh fota), at that time the baby is not supposed to stay in the womb any longer. At this moment, the five atmas come together to form a single atma in the heart and just then the baby is born."
> -Rachana Baroi

At certain stage of fetal development the fetus becomes capable of opening its eyes. This physical maturity has been aligned with spiritual integrity of five souls into one, when the baby

is no longer entitled to stay in the uterus. Birth of the baby therefore takes place now, when the baby can see, and the five souls are amalgamated into one single human soul.

There were several explanations regarding the manner through which the soul could leave the body upon death, and most respondents answered that there were multiple possibilities. The most commonly noted outlets were through the mouth, through the anus, and through the cranial vault.

> "Suppose when I expire this breath, it exits through the nose, but the ruh, when expired, goes out through the anus, because if it was expired through the usual way, nothing unusual would happen and people would continue to live. So it must exit some other way. The breath is taken and then goes through the stomach to the anal region and then out."
> -Shuruj Ali

Body functions due to the presence of soul, and ceases functioning upon its departure. Breath is believed here to be associated with the functional display of presence of soul. Usually breath enters and exits body through its usual way, i.e. nose. But, when the time of the departure of soul from the body approaches, it finds an unusual way than its usual one and goes out of the body.

> "[The atma comes] through the vault of the head, and leaves also through the vault of the head. Only the knowledgeable people understand through which way it goes."
> -Chan Mia

This respondent also adheres to the same line of reasoning, but the path of departure of soul according to him is not anus, rather the cranial vault- again an unusual path.

> "Nobody has ever seen this atma because it isn't visible, but it goes away and we may understand it because during death there is a kind of convulsion and finally it goes away, out of the body from the mouth. If someone is going to die, to facilitate its going away, the dying person is given some water to drink. Previously gangajal or mohaprasad were given, but they aren't available everywhere so simple water is given."
> -Rachana Baroi

But this Hindu lady, in contrast to the other two Muslim respondents, perceived nothing in regards to the usual or unusual pathway of the departure of soul. According to her knowledge however, the soul exits through the mouth, not quite an unusual way for passage of breath when a person is alive. In order to facilitate the passage of soul through mouth water was given. Sacred water from the holy river Ganges (*ganagajal*) or a special food offered to the God (*mahaprasad*) had higher preference for the purpose.

"Good" and "Bad" Death

When asked to describe a "bad" death, the most commonly reported causes were hanging, poisoning, homicide, and accidents. These, among others, were classified as *opoghat*, and were considered especially bad ways to die because they were not among the kinds of deaths determined by God. Rather, according to half of the respondents, such deaths were the result of one's bad actions.

> "Some fall from a tree and die, some are struck by lightning, some people die due to drowning, hanging, and poisoning. These deaths are bad deaths, because God never writes these deaths in his lot. These deaths are earned through bad deeds. If someone

> does something bad, it is determined they will die in this way, but God never writes these in the story of human beings. These deaths are due to bad karma."
> -Chan Mia

Conversely, the most widely noted "good" death was a death that took place peacefully, without suffering, surrounded by family. This manner of death was given by God, and was the result of good actions in life. One respondent offered the following explanation when asked why good people could suffer from bad deaths:

> "Paradoxically the very good person may die from suffering much pain or violence… And the people who are notoriously bad (like people who don't keep their word or cheaters) may die very simply. Sometimes it depends upon the previous life— if you were good in your previous life, you may have a good death even after being bad.
> -Rachana Baroi

Afterlife

While all participants expressed a belief in some manner of afterlife, responses can be classified into two categories: the permanent separation of soul from body, or the reincarnation of the soul. Both classifications were related to ideas about goodness in life. If one lived a bad life, his soul would be re-born, either in another human being or in some kind of animal. The following quotation exemplifies permanent cessation, which is a Muslim idea:

> "It depends on my deeds— what I have done throughout my life on earth. If I do good, my afterlife will be good; if I do bad, my afterlife will be bad."
> -Shuruj Ali

But, interestingly the following response from another Muslim respondent displays amalgamation of Hindu idea of reincarnation with Muslim idea of permanent cessation of body and soul after death.

> "If somebody does good, then [the soul] won't go anywhere else, it will be safeguarded eternally. But if he does bad things or if animal-like behavior is in him, it will go to the body of some animal. If he does something like a hen, he will be reborn as a hen; or if like a dog, he will be born in the body of a dog. It depends on the type of behavior."
> -Chan Mia

Journey of the Soul

All respondents offered an explanation of how the spirit might have passed its course during the lifetime; some were more detailed than others. Moreover, all such explanations were closely related to the above concepts of body and soul. The most complete example is as follows, involving the aforementioned *pancha atma* (Fig. 1).

Well-being

In order to understand the overall well-being of our respondents with respect to the meaning of death, we explored three lines of inquiry relating to perceptions of longevity, anxiety or acceptance of death, and the preferred circumstances surrounding one's own death.

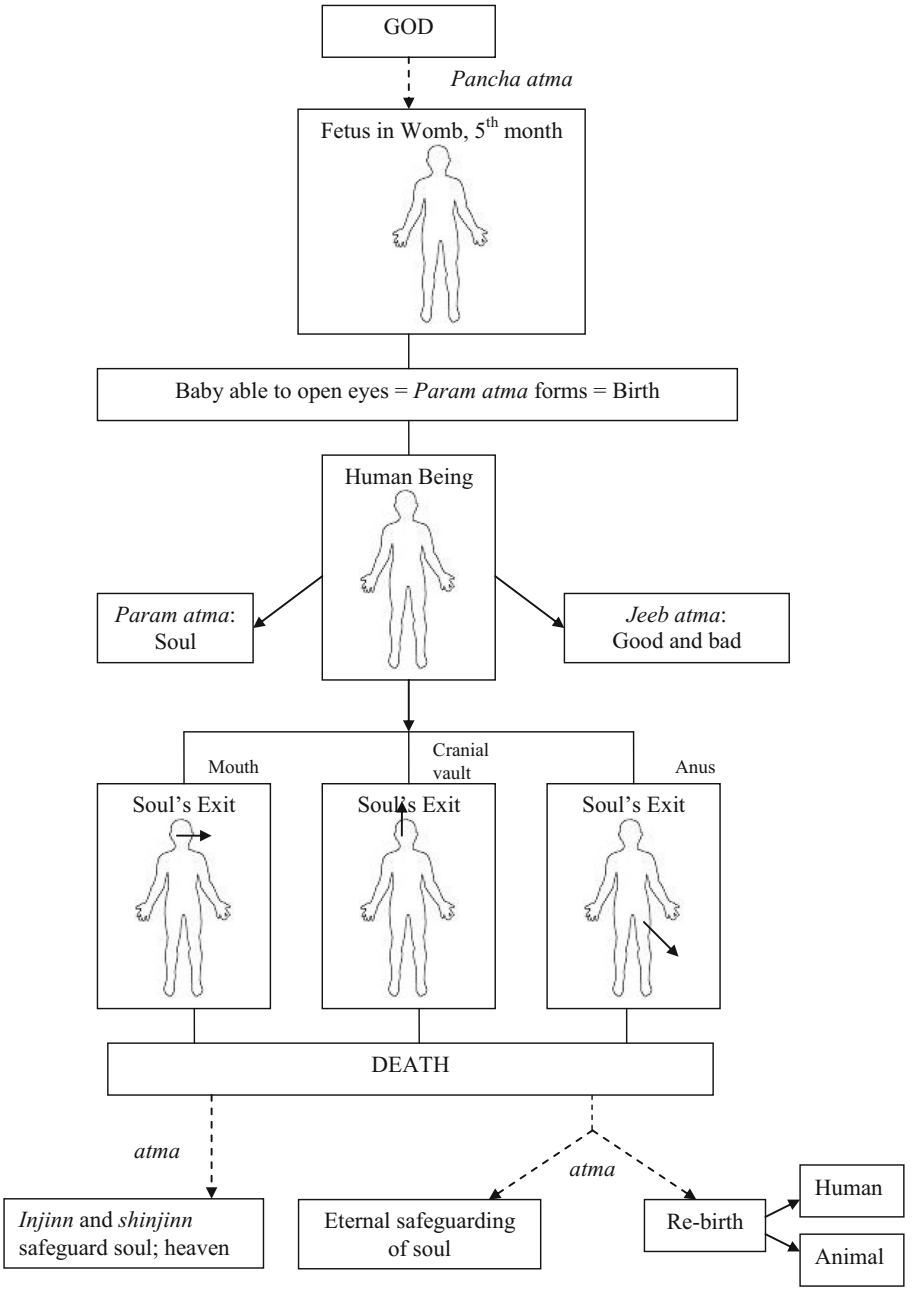

Fig. 1 Journey of soul from birth to death. Explanation of Figure 1: The *pancha atma* are sent by God to the fetus in the womb after the first five months, and they take up residence sequentially in the right hand, left hand, right leg, left leg, and head. When the fetus has fully developed, and the baby is able to open its eyes, the five spirits come together and re-locate to the heart, forming the *param atma*. At this moment, the baby is born. Throughout life, the *param atma* is, in essence, the soul; its five composite parts, known also as the *jeeb atma*, are responsible for one's actions— some causing good actions, and others causing bad actions. These actions, taken altogether, determine both the manner of one's death and the nature of one's afterlife. Upon death, the soul exits the body either through the mouth, cranial vault, or anus. If actions were good, the soul is safeguarded eternally in heaven; if actions in life were bad, the soul is re-born, either as a human or animal

Longevity

When asked if they knew any ways to prolong life, prayer and good deeds were listed by the majority of respondents. However, one respondent also noted the importance of avoiding "trashy" things, eating only natural foods that are not detrimental to one's overall constitution. To illustrate the former point, we provide an example made possible by our own field experience on a rainy morning:

> *"Only Allah can increase the longevity (ayu). But humans can pave the way for Allah to increase it through their actions. Look at this memsahib* (respected lady, commonly used to refer a white female), *you can see her. She didn't have dry clothes to protect herself from cold. As I gave her the shawl, hasn't she become happy? So don't you think I have gained something from this? That will cause me to live at least two days longer."*
> -Chan Mia

Anxiety and Acceptance

Of the eight respondents, three indicated some degree of anxiety or fear about death, due in part to their having children yet to be married and/or established.

> "When I think of death, my family doesn't look like a real family to me— it seems to fade. The world doesn't seem like a real world."
> -Fatima

The remaining five had no reported apprehension:

> "I will be more than happy if death comes to me now."
> -Chan Mia

Ideal Conditions for Death

While respondents listed several conditions for their ideal death, the two that were most prevalent were death in good physical condition (i.e. prior to becoming invalid or bedridden), and the successful establishment of children. Others described the "good" death noted above—death without suffering, and in the presence of loved ones.

> "If all my children are married, and I am still having a good physical condition, it is best to die in this situation. It is better to die when still capable of physical activity than when you lose control of basic functions. It's better not to go that far."
> -Rachana Baroi

End-of-Life Care

The majority of respondents indicated that they would prefer to be cared for in their old age by their family members in their home. One respondent, however, replied to the contrary:

> *"Suppose family gives a certain type of care, but the doctors give more specialized care. Their care is the best. Even though the hyat and maut* (longevity and death; commonly used

as a word pair in Bengali) *are in the hand of Allah, as the doctor knows better, his care will cure me. But my family may do many things for me that may be proved to be useless."*
-Rofikuddin

Discussion

Understanding Death

Different studies have shown how communities vary on their expectation regarding terminal days of life, as well as preferred end of life care (Kaufman and Morgan 2005; Palgi and Abramovitch 1984; Madan 1992; Lloyd-Williams et al. 2007). In this study we tried to gather some preliminary ideas about death among elderly in rural community of Bangladesh through a small scale study.

The current study shows that the rural Bangladeshi respondents had a concrete understanding of the soul's relationship with the body, the 'good' and 'bad' ways in which people could die, and the conditions under which they would prefer to die themselves. The most prominent feature of their perception regarding death was the opposition to the teleological view of death; which has been documented in numerous other anthropological works (Kaufman and Morgan 2005). Even the oldest Indo-Aryan literature of Veda (1000–600 B.C.) clearly mentioned *atma* to be a separate existence than the body; and that a virtuous *atma* would stay in *sharga* (heaven) and a sinful one in naraka (*hell*) for eternity. Among the old Indian literature however the Chandogya Upanishada (700 B.C.) first discussed about reincarnation; to take place either in the form of animals (in case of sinners) or human (in case of virtuous) (Sankrityayan 1986). According to the Muslim eschatology, after death the *ruh* will face minor sentences in the grave, only to resurrect on the day of Final Judgment, and finally find eternal place in either *jannat* (heaven) or *jahannam* (hell). In keeping with both of these religions the respondents expressed their belief in the duality of body and soul; and also could demonstrate a clear understanding of what happens afterwards. Desjarlais (2003) reported similar findings in Nepalese and Indian populations.

Death, the Great Equalizer

In a setting that is famously patriarchal, distinctions between men and women exist in almost every aspect of life in Bangladesh (Schuler, Hashemi, Riley and Akhter 1996). Ellickson (1988) depicted the subjugation of women in Bangladeshi society starting from childhood and youth, passing through adulthood and conjugal life, and ending in grandparenthood at elderly age. At the first place, boys are preferred at birth as they will help the family economically when he would grow up. On the contrary the females leave home after marriage and start living with in-laws. During married life she would occupy the lowest social status in the home, with slight improvement after a long time when she would grow a number of sons to adulthood and get them married. Due to usual age gap of five to 15 years with her husband she would typically pass a long widowhood. This invites even greater adversities as she would start losing her ground by degrees to her daughters in law. Shin, Cho and Kim (2005) discussed similar pattern in another highly patriarchal community, a Korean clan. They showed that a woman earns status only when she raises few sons, grows old, and looks after the family extremely well. Even then she has to rely financially on her husband and after the death of her husband on her son. Thus she has to obey her father before marriage, her husband during married life, and her son when older. Tradition obligates her to be subjugated to males in every stage of her life.

Considering the disadvantaged life-course of women in Bangladeshi society one might expect to note such differences in perceptions and practices around death as well. Interestingly, however, there were no noted distinctions between male and female understandings of death. Their expectations, too, about ideal circumstances for death and end-of-life care were remarkably uniform. Death has been called the 'Great Equalizer' by many, and this may well hold true in the context of Bangladesh's elderly. Males and females alike face more similar challenges in old age— they (for the most part) relinquish responsibility to their children; likewise they give up their assets. Furthermore, in a culture that explains the nature of death in terms of the goodness of a person, there is less room for gender distinction. This widespread attitude may also be well understood with respect to the old adage: Irrespective of how much is acquired in life, everyone will only be left with *"share' tin hat mati"* (three-and-a-half arm-length of land; commonly used to mean a grave). Thus, men and women alike were explaining death in similar manners from similar vantage points during old age.

Fusion of Hindu Muslim Ideas

Our respondents were drawn from two distinct faith backgrounds within the same village. Despite these differences in faith and practice, all of our respondents provided similar explanations of the soul, of death, and of the afterlife. Moreover, we found a Muslim respondent expressing faith on reincarnation, which is predominantly a Hindu idea. As such, we propose that the understanding of death is more a product of the overall village culture. For that reason, for instance, there was a high degree of homogeneity in examples given of *opoghat* (bad death) as well. It is somewhat in keeping with religious traditions— and in several instances a fusion of Hindu and Muslim ideas— but mostly representing the shared opinions of the community group.

Shin, Cho and Kim (2005) demonstrated pluralism in religious practice in a Korean clan. The residents might follow Christianity, Buddhism, or Confucianism, but when they came near death, they used to follow traditional rituals. Van der Geest (2002a) described similar findings in rural Ghana, which is a religious country, where Christian Churches are abundant; religious texts are found in homes, cars, signboards; where people read the Bible commonly. Given the religious context of rural Ghana one might expect Christian practices related to death issues as well. Interestingly however rural Ghanaians adhered to a mixture of some traditional beliefs and uncertainty, which Van der Geest called 'agnosticism'. Feldman (1988) showed in Japan, how coexistence of Shinto and Buddhist religion influenced one another in explaining death and afterlife. Counts and Counts (2004), similarly described the fusion of Christian and traditional belief systems among Lusi-Kailai tribe of Papua New Guinea. Examples from different cultures and regions of the world reinforce our finding in Kakabo village of fusion of ethno-religious perceptions concerning death.

Longevity is Spiritual, Death Secular

The elements of notions of good death and bad death had been described by Madan (1992) in terms of place (*desh or sthana),* time *(kala)* and physical state of the deceased *(patra)* at the time of death. As per Madan's paper, home has been recognized by the Indian Pundits as the best place to die; and Bangladesh sharing much of Indian belief system, our findings were also in agreement with Madan's ones. Home here does not represent merely a dwelling, rather represent the microcosm of the universe; which (home) stands on a sanctified ground (a practice common both in Hindus and the Muslims), and where householders pursue their legitimate worldly goals of self-fulfillment. Second important element was described by

Madan as the appropriate time of death; e.g. astrologically appropriate time (for Hindus), or certain prayer times (for Muslims). The third and last element of good death is the personal condition of the deceased. In conformation with our findings, good death is ascribed upon the dead person based on whether the last moments were conscious, easy, and peaceful; whether the person passed the life with religious devotions; and importantly whether the person legitimately fulfilled worldly goals of righteous actions, such as marrying off the children, distributing the property, etc. The last determinant of good death eventually leads to the secular nature of the concerns surrounding death.

Common belief is that, fear of death emerges from the psychological anticipation of death. But studies suggested that persons fear their death because death would eliminate their opportunity to achieve the worldly goals those are important to them (Riley 1983). Of our eight respondents, three expressed some degree of anxiety or fear about death, while the other five accepted— and even welcomed— death's approach. Those who expressed anxiety or fear were, however, the three facing the most difficult socio-economic conditions. The first was concerned with the arrangement of marriages for his two daughters— thoughts of the added financial burden kept him awake, and he reported a diminished overall health condition as a result. The second was a woman who daily felt the pressures of providing for her six children. Neither of these two informants owned any property. The third was an older man who had been abandoned by his sons. Working as a roadside vendor, his day-to-day existence was tenuous at best. Thus, poverty in general—and the added burdens of providing for children or of being left to support oneself at the end of life— contributes to overall anxiety or fear of death. Explanation of longevity, on the contrary, has been provided by the respondents from a spiritual point of view. From biomedical standpoint, there are many factors that can contribute to longevity. However, only one respondent mentioned something that would have a direct physiological impact (the consumption of natural foods). The remaining participants emphasized the importance of doing good deeds to prolong the life. Though such deeds were often understood within a religious context (i.e. if one does good deeds, his life will be extended by the will of God), they also reflect the values of society and the importance of adhering to an unspoken code in which individuals are good to one another. Accordingly, it is understood that good people are rewarded with long lives— anything else done to increase longevity plays a lesser role (or no role at all).

Acceptance to Death: a Gift of Reciprocity

Western industrial society emphasizes much on one's cognitive functions, reasoning, memory, calculations, etc. in order to capacitate one to work and earn. Therefore, elderly persons in such a society feel themselves more and more useless with growing age in the social sphere (Helman 2000). Under capitalism the needs of the elderly are also commodified; their ability to earn is compromised due to old age, at the same time their cost of health care needs is increased many folds. Critical gerontology discusses how capitalism plays a role in imposing 'systems of domination and marginalization' over the elderly (Cruikshank 2009). This may explain the significant increase in the extent to which thoughts of death intrude upon people's life in USA, as demonstrated in the national United States survey of attitudes toward death conducted in 1960, and repeated in 1970s, by National Opinion Research Center (Riley 1983).

On the contrary, Van der Geest (2002a), through his extensive ethnographic studies in rural Ghana emphasized that death is not regarded as something to be afraid of, rather "a welcome visitor that will bring the peace and rest for which they have longed". In our study too, five participants expressed acceptance of death. In addition to finding

themselves in more comfortable socio-economic positions, they were also all living within large family settings, and (excepting one) were confident in their children's abilities to care for them as they grew older. For both these reasons, they were less subject to end-of-life anxiety. Their acceptance of death also led them to reject the idea of medical care at the end of life— rather; they adopted a mentality of passivity: if death is coming, no medical intervention will stop it. Madan (1992) also demonstrated similar findings in India, explaining it from a cosmo-moral perspective. According to Hindu beliefs death is to be accepted as a normal happening, as without death there will be neither a meaningful life nor an ordered society. Thus, even if prolongation of life is technically feasible, is not accepted at the cost of a quality elderly life associated with social dignity.

This acceptance towards death in Bangladeshi rural setting may be explained by the concept of 'reciprocity', in which both the young and the elderly firmly believe that those who worked hard for their children deserve the right to receive care and respect at the end of their life (Van der Geest 2002b). Within the cultural context of rural Bangladesh, it is common for elderly members to be cared for by their children (Kabir et al. 1998). The four respondents who relied on their children for support were maintaining good relations with their extended families, and held positions of respect within them. However, there was an exceptional case of a man of modest means living with a large family. He expressed overall dissatisfaction with the lifestyles of his children, however, and refused to distribute his property among them before dying, fearing he would be thrown out as soon as he did so. Thus, by retaining his property, he retained his power within the family that, reportedly, did not respect him. Others who had already distributed their property among their children did not mention any such fears of exclusion, suggesting that their power was rooted in the respect of their children, and not in their assets.

Conclusion

As emphasized in the introduction of the paper that with the aging of world societies and global health disparities it is important to understand the cross cultural mortality awareness. The authors are not aware of any study done in Bangladeshi context to explore the meaning of death from the elderly perspective.

The current study shows that the meaning of death by the selected rural Bangladeshi elderly is heavily rooted in cultural traditions— influenced by religious understandings, by long-standing conceptions of the body's functioning, and by socially scripted behaviors toward other members of the community. But, the long coexistence of two prominent religious groups in Bangladesh, the Muslims and the Hindus, exhibited many common perceptions about death. The perceptions concerning the longevity were found to be associated with spirituality, e.g. saying prayer, doing good to others, earning blessings, etc. But interestingly, the fear of death was not associated with the psychological uncertainty of facing the unknown afterlife. Rather, the fear was associated with worldly responsibilities such as getting the children married. This finding however may vary in urban setting, where it is extremely important to maintain one's identity as a useful economic entity (Luborsky and LeBlanc 2003). But in rural settings, sense of reciprocity of the children towards their elderly parents created an air of acceptance among the elderly towards death. Understanding these subtle difference from culture to culture, even from rural to urban setting in the same cultural platform may have a number of implications for those involved in planning and providing end of life care (Van der Geest 2004b).

Although this paper is based on a small scale exploratory methodological exercise, it provides some initial insights in this regard which could be useful to consider for further investigation. Particularly, the themes around duality of body and soul, amalgamation of Muslim and Hindu ideas of death and the relationship between the concept of elderly care and reciprocity demands in-depth examination.

Moreover, understanding the meaning of death within each cultural context is important from the public health perspective of elderly health care. We believe the insight revealed from this study will also be useful for the policy makers engaged in elderly health care interventions within Bangladesh in particular and non–Western context in general.

Acknowledgments All supports for conducting this research were provided by James P Grant School of Public Health, BRAC Institute of Global Health, BRAC University. We wish to acknowledge Dr. Sabina Faiz Rashid for her guidance in project development, Mr. Mejbah Uddin Bhuiyan for his continual support and advice, and Mr. Jason Sarkar and his wife who were integral in locating elderly respondents in the community.

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