FAMILY CARE AND ITS IMPACT ON THE LIFE OF ELDERLY PEOPLE: A STUDY IN DHAKA CITY

(Dissertation Submitted for the Degree of Doctor of Philosophy in Social Welfare)

Ph.D. DISSERTATION

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UNIVERSITY OF DHAKA

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Certificate from the Supervisor

This is to certify that the dissertation entitled **"Family Care and its Impact on the Life of Elderly People: A Study in Dhaka City"** was prepared by Anuradha Bardhan, Assistant Professor, Institute of Social Welfare and Research, University of Dhaka. The researcher designed the final thesis report by revising and modifying the draft report. This was found a unique and innovative endeavor prepared by her. This thesis has not been submitted anywhere to award any other degree in any institution. The researcher articulated her views and opinions from analyzing the findings of the study. So this dissertation has been forwarded to the University of Dhaka through the Institute of Social Welfare and Research for acceptance in fulfillment of the requirements for the degree of Doctor of Philosophy in Social Welfare.

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Declaration

I declare that the Ph.D. dissertation titled **"Family Care and its Impact on the Life of Elderly People: A Study in Dhaka City"** is my work based on empirical data and was done under the supervision of Professor ASM Atiqur Rahman, Ph.D., Institute of Social Welfare and Research, University of Dhaka. I have prepared this report by collecting data from primary and secondary sources. I used proper acknowledgment in the citation. I arranged and organized this thesis report receiving valuable guidance and advice from my respectable supervisor.

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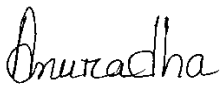

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Abstract

Family care is an important issue that plays a significant role in the life of elderly people. The increasing number of elderly people, change of family's care to them, reducing the number of caregivers because of changing family structure - all these are impactful on the healthy life of elderly people. So this study was an attempt to understand the circumstances of family care considering challenges, the extent of care, opinion, and outlook of the elderly people and family members. This study included a review of formal and informal policies, traditions, practices, and service systems on elderly care in the families of Bangladesh.

The main objective of the study was to explore and understand the relationship between the challenges of elderly people and the nature of family care towards them. A case study method involving twenty cases of families with elderly people was followed in this study. The case study was conducted in the area of Dhaka South City Corporation. Focus group discussion with family members who provide elderly care was covered in this study. This study found that elderly people receive care from their spouse, children, daughter-in-law, grandchildren, and maid. In twenty cases, most elderly people lived with children, and a few of them lived with their spouses or alone. It was evident that elderly people, predominantly middle-old and oldest-old having diseases and limited functional ability, cannot perform any daily life activities without the support of family members. Spouses and children as family members had significant contributions to the life of elderly people. Family members generally used to provide ADL, IADL, financial, mental, and social support to their elderly members in the family.

This study found that elderly people hold limited expectations from a family and expressed the highest satisfaction with the care they receive. The family caregivers proposed some suggestions like home-based or community-based care to reduce caregivers' stress related to elderly care. The study recommended establishing an age-friendly environment, increasing intergenerational relationships, and respite or daycare centers for elderly people. To ensure the quality of life of elderly people, the government, non-government organizations, and the community should take integrated initiatives together to achieve healthy and successful ageing in Bangladesh.

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List of Abbreviations

ADB	Asian Development Bank
ADL	Activities of Daily Living
BAAIGM	Bangladesh Association for the Aged & Institute of Geriatric Medicine
BBS	Bangladesh Bureau of Statistics
BDT	Bangladesh Taka
BIDS	Bangladesh Institute of Development Studies
BWHC	Bangladesh Women's Health Coalition
CCA	Community Care Assistants
CD	Cambridge Dictionary
DMA	Dhaka Maid Agency
DPR	Democratic People's Republic
DNCC	Dhaka North City Corporation
DSCC	Dhaka South City Corporation
DSS	Department of Social Service
DU	University of Dhaka
ECG	Electrocardiogram
ECHO	Echocardiography
EEC	Encyclopedia of Elderly Care
ENA	Encyclopedia of Ageing
ENG	Encyclopedia of Gerontology
EOADR	Economic Old-Age Dependency Ratio
EP	Elderly Persons/ Elderly People
EPHC	Elderly and Palliative Health Care
FGD	Focus Group Discussion
GoB	Government of Bangladesh
GOVT.	Government
GED	General Economic Division
HAI	Help Age International
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

IADL	Instrumental Activities of Daily Living
IGM	Institute of Geriatric Medicine
ISWR	Institute of Social Welfare and Research
LPAD	Legislative and Parliamentary Affairs Division
MIPPA	Madrid International Plan of Action on Ageing
MWD	Merriam Webster Dictionary
NASW	National Association of Social Workers
NCD	Non-Communicable Diseases
NGO	Non-Government Organization
NHP	National Health Portal
NIPSOM	National Institute of Preventive and Social Medicine
NPOP	National Policy on Older Persons
NPHCE	National Program for Health Care of the Elderly
NSSS	National Social Security Strategy
OAA	Old Age Allowance
OADR	Old- Age Dependency Ratio
OP	Older Persons
OPA	Older People's Association
Ph.D.	Doctor of Philosophy
POADR	Prospective Old-Age Dependency Ratio
RIC	Resource Integration Center
RU	Rajshahi University
SANA	Strengthening Ageing Network in Asia
SDG	Sustainable Development Goals
SWBF	Sir William Beveridge Foundation
TFR	Total Fertility Rate
UHC	Universal Health Care
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Program
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Fund for Population Activities

UNICEF	United Nations International Children's Emergency Fund
US/USA	United States/ United States of America
USG	Ultrasonography
VIPAA	Vienna International Plan of Action on Ageing
WHO	World Health Organization
WB	World Bank
8FYP	8th Five Year Plan

Chapter One: Introduction

1.1 Background of the Study

Population aging is a universal event in the world experiencing expansion in both the size and the ratio of older persons in the population. In 2019, there were 703 million persons aged 65 years or over worldwide. The share is anticipated to advance to 16 percent in 2050, when it is predictable that one in six people worldwide will be aged 65 years or over. Between 2019 and 2050, the distribution of older persons is projected at least to double in four regions: Northern Africa and Western Asia, Central and Southern Asia, Latin America and the Caribbean, and Eastern and South-Eastern Asia. The number of older persons is expected in Central and Southern Asia, rising from 119 million in 2019 to 328.1 million in 2050 (UN, 2020).

As of 2019, over 13 million people lived in Bangladesh were aged over 60, 8% of the country's total population. The share of older people is expected to double to 21.9% in 2050, with 36 million people aged over 60. This data includes that one will be a senior citizen for every five Bangladeshis (HAI, 2019). In all the divisions of Bangladesh, the number of elderly is growing with time. It is clear from the projected numbers of elderly in different divisions that the elderly in the Dhaka division would be around twofold more than any other division in 2025. The projected elderly population in the Dhaka division would be 55.52 million in 2025 from 44.11 million in 2020 (BBS, 2015).

The rapid growth in the elderly people of Bangladesh after 2040 will challenge existing health care services, family relationships and social security program. Because of decreasing fertility and increasing in life expectancy, the dependency ratio will increase more than five times between 2011 and 2061. There are currently eight people supporting each elderly of 60 years and above in Bangladesh; by 2061, this number is expected to fall 2.3 persons per elderly (Khan et al., 2016). According to (Rahman, 2010), different initiatives can help to ensure active and healthy later life of the elderly such as lifelong preparations, finding linkage among different generations, exploiting suitable technologies, maintaining religious values at the personal level, and taking different initiatives from the government. So to ensure the quality of life of

the elderly and healthy ageing, we have to identify the unmet needs of the elderly people and the challenges of family members in the caregiving context.

The two most important issues that will impact the condition of care are demographic changes and financial support. Between now and 2050, the spectacularly elderly people will place exceptional demand on health care services. Countries cannot meet these needs without early and considerable savings in infrastructure and services. The lack of universal pension provision in most countries in the region, and the lack of free shared health care for older people, is likely to create a situation in which older people cannot afford to access the services they require. Labor force migration to urban centers, of which many younger people are a part, will also create a further economic impact on older parents and relatives with the deduction of family-based care as an option. World Health Organization has mentioned that conventional morals, ethics, and practices play significant role in elderly care setting. In South Asian societies, elderly care is considered a family responsibility followed by cultural and traditional practices. By tradition, elderly care is regarded as a family responsibility in Bangladesh.

1.2 Statement of the Problem

Projections indicate that in 2050, 79 percent of the world's population aged 60 or over will be living in developing regions. Two-thirds of the world's older persons live in developing areas, where their numbers are growing faster than in developed areas. In 2050, it is expected that nearly 8 in 10 of the world's older persons will be living in developing areas. Asia is also likely to experience a twofold increase in older persons. The population is aged 60 or over projected to increase from 549 million in 2017 to nearly 1.3 billion in 2050. Asia has achieved the most significant gains in survival, adding almost 30 years to life expectancy at birth since 1950-1955. The region is projected to continue to improve, with life expectancy projected to increase from 72 years in 2010-2015 to 78 years in 2045-2050.

A result of the success of modern medicine is that many adults now live for many years with one or more chronic illnesses. Chronic illnesses creates significant burden on the individual, families, and society. The health care system has been slow to adapt

to chronic disease prevalence. The existing care system is complex and challenging for patients and caregivers to navigate. Fortunately, some new models of care are working effectively in the community to help families care for their older relatives. Chronic illnesses are commonly defined as conditions that at least one year, someone require ongoing medical attention, due to limitation in activities of daily living (ADLs). Common chronic conditions include congestive heart failure, arthritis, diabetes, hearing and vision disorders, dementias, stroke, and cancer. As elderly people accumulate more chronic illnesses, they have more limitations in everyday activities. Living with chronic illness over many years can result in chronic pain, loss of function and independence, and increased reliance on family and close friends for support.

The provision of care by a family member or other individual for a person who has become dependent due to the effects of chronic illness is not a new phenomenon. Life expectancy and population aging have increased dramatically during this century, with the world's population ageing fast, especially in developing countries. A more significant number of women, the traditional caregiver, have entered the labor force, and the combination of working outside the home and providing care for dependent family members has become increasingly more difficult (Schulz, 2006)**.**

As an Asian country, Bangladesh has a long cultural and religious tradition of looking after the elderly. It is expected that families and communities will provide care for their elderly members. But rapid socio-economic and demographic transformations, mass poverty, changing social and religious values, the influence of western culture, and other factors have broken down the traditional extended family and community care system. The aged persons in an average Bangladeshi family are often treated as burdens. Many older adults are often seen begging in the streets or asking for charity. Not a few are seen in risky work, despite their broken health. More elderly people live in frustration and suffer from illness and disabilities without care and company (Rahman, 2012)**.**

Ninety-five percent of the elderly and ninety percent of the disabled elderly live at home and rely entirely on their family members. Institutional services are insufficient here. Though the government initiative has set up some institutions, these institutions often face a crisis in the absence of the elderly people. Most elderly people and their

families do not know about these services. On the contrary, the institutions working for them are most often registered and run for profit; they hold a high service charge that makes the people far from these institutions. This institution also experiences a shortage of skilled human resources to care for the elderly people. Professional and expert knowledge and skills are absent among them. There is also a lack of motivation and counseling in government and non-government agencies (Hossain et al., 2006).

Bangladesh has a long cultural tradition in the elderly caregiving context. In the society of Bangladesh, it was found that family members generally take responsibility for their elderly parents and other family members. In old age, elderly people need support or assistance from their near and dear ones; at that time, they become dependent due to health-related changes or problems and loss of financial status due to retirement.

1.3 Significance of the Study

Various international plans on ageing emphasize the importance of family in elderly care. Those plans suggest and show how the elderly people as care receivers, family members as caregivers, can benefit from the proper elderly caregiving systems. In terms of support and care for elderly people in their family and community, the Govt. and authority of local government, selective individual volunteers, non-Govt. institutions and voluntary-based institutions can play a significant role according to the provisions of the Vienna International Plan of Action on Ageing (1982).

Madrid International Plan of Action on Ageing, established in 2002, made some provisions for elderly care based on different situations. Elderly people should get available and appropriate care from family and community. People with HIV/AIDS must get care, supportive behavior, treatment opportunity, and prevention attitude from family and community. If caregivers are elderly people, provisions should be made to assist them. Both family and community must establish and strengthen the human resources and health and social infrastructures to deliver effective care, prevention, treatment, and support services. Public policies must be developed to strengthen and reinforce this caregiving system so that most people who need care must be brought under the same umbrella.

The need of elderly people can be determined by the two factors such as health disability and life expectancy. The family played crucial role in day-to-day assistance and extended caregiving associated with chronic disability. From ancient to the present time, families have played such a vital role in the care of the elderly, and we cannot ignore their importance today. However, family structure has evolved, and the nature of involvement of family members has drastically changed over time. Again, the role of women and the primary caregiver of the elderly have also been changed. These changes are going on and would impact how the elderly will be cared for in the future (Brennan, 2000).

Elderly people get benefit from their living place in developing and maintaining a sense of connection, security, familiarity with others, and sense of identity and autonomy. Because of this, they try to choose a suitable living place. The United Nations Convention on the Rights of Persons with Disabilities provisions mentioned that elderly people lose some physical and psychological functioning capacity after certain age. Disability in elderly people create significant influence on ADLs and IADLs and it limits their capability to live independently. It may lead elderly people to take away from social and recreational activities. They become dependent on others partially or entirely, so they have the right to live with family and community with dignity.

A study by (Myers, 2002) highlighted the co-residence issue in elderly care settings. In many developing societies of Asia, co-residence are decreasing because of changing family structure. So apprehension comes in this situation that there will be a growing gap between needed support and availability of support by family members. So a challenge comes for the policymakers to develop programs that will enable the families to continue the support. For example, ageing in place may not be the primary goal for isolated, childless and disable elderly people due to high unmet needs for care and appropriate housing. The successful and healthy ageing in the place requires family caregivers with appropriate and suitable health care.

The World Report on Ageing and Health, in 2015, highlighted the challenges of low and middle-income countries in elderly care setting. The main challenge is to build a system where one does not already exist. Here, responsibilities for providing elderly care are almost entirely laid on families. However, socio-economic development, the population ageing, changing role of primary caregivers, and the employment

opportunity of women suggest that this system cannot last for a long time. Traditionally the socio-economic context of Bangladesh highlights the contribution of families in the long-term care setting, so this study would help to know how the families perform their role in this area.

Based on National Alliance for Caregiving, it has been considered that caregiving is delivered by family and friends makes significant savings for the government. Along with the family, health care institutions and agencies are also responsible for providing care. A proper discussion and exchange of the interface between informal caregiving and public policy can give a complete solution for fulfillment of the needs of elderly people. For the dependent elderly people, both historically and traditionally, it has been considered that family is the primary and sole source of delivering care. Public intervention in elderly care has emerged in the last three decades, especially in advanced societies.

Poor families and women will face a great challenge, if society relies entirely on families for elderly care. This kind of strategy is outdated for elderly care. Dr. Tedros suggests that there must be a new approach based on the partnership between families and government and many others paid and unpaid individuals. This new approach should be developed in such a way so that elderly care must be practiced in older people's homes, not institutions (WHO, 2017).

The elderly people who cannot maintain the personal care activities due to partial or complete functional disability or any chronic disease need a long period of help and support from others to lead their lives, referred to as long-term care. People who need long-term care usually suffer from any chronic medical condition, which makes them unable to perform personal care activities of daily living (ADLs) such as eating, cleaning, bathing, or taking medication. So the broader aim of long-term care services is to help individuals in their daily lives to lead a normal and integrated lifestyle (Phillips et al., 2010)**.**

The principles of the United Nations suggest that all elderly people should get care from family and community through following cultures, norms, values, of a particular society. This study helped to know whether elderly people get benefit from family in their later life. According to (Brennan, 2000), families play a crucial role in the elderly care system. However, because of socio-cultural change, change in women

roles, change in family structure, employment opportunities of women create impact on the nature of care. This study helped to know the nature of care of the elderly people in the family context.

Bangladesh National Policy on Older Person, which was developed in 2013, highlights that building awareness about ageing, nutrition, proper health care, and food habit among older people's family members are essential concepts that can lead to the best health care for the elderly. So it can be said that the Bangladesh Government is also aware of the importance of family regarding elderly care, so they want to involve families in the care of the elderly. Based on this perspective, this study is very appropriate in an elderly care setting in this present time. Variation in long-term care is found in many countries based on the different cultures, norms, ethics, and value of those communities. The responsibility of elderly care often falls on families, leading to high psychological, social, and economic costs on the family members. It has been found that the government of high-income countries is playing a significant role in elderly care. Those governments are trying to develop a sustainable elderly care system in their countries and find the appropriate balance between families and the government in providing care and support. However, we see less discussion about the nature and quality of the care and quantify the benefits that might not come from these investments (WHO, 2015).

From the above circumstances, it has been said that various literature and international initiatives support and acknowledge the family in the elderly care setting. There is a lot of relevant research funded by the United Nations in this setting. However, surprisingly there are a few types of research in elderly care settings, including families in Bangladesh. The govt. of Bangladesh has accepted the importance of family in an elderly care setting through national policy on older persons. So in this situation, this study is an attempt to explore the family in an elderly care setting by understanding how the family care system operates to provide the assistance needed by the older people to maintain their quality of life. It is an attempt to ascertain the relative importance of the family as an informal caregiver and the impact of providing care. This study is an effective tool in understanding what kind of care older people receive and how they evaluate their care. At present, this study can play a significant role for policymakers and planners by targeting interventions at those at risk and intervening early in the care situation rather than late.

1.4 Research Questions

The research questions that guided this study were-

1. What are the challenges of elderly people in the family?
2. What is the nature and extent of family care provided to elderly people?
3. What are the opinions and outlooks of elderly people and caregivers about family care?
4. What are the suggestions of elderly people and family caregivers on better caregiving?
5. What are the existing policies and practices on elderly care in Bangladesh?

1.5 Objectives of the Study

The general objective of this study was to explore and understand the relationship between the challenges of elderly people and the nature of the care they are receiving in their families. For attaining this, the specific objectives were to:

1. Find out personal information of the elderly people living with families;
2. Reveal their challenges and types of care they are receiving in families;
3. Know their opinion about family care and outlook of the caregivers;
4. Identify suggestions of the elderly people and their family caregivers on better and suitable age-care giving; and
5. Review the formal and informal policies, traditions, practices, and service systems on elderly care in the families of Bangladesh.

1.6 Definition of Concepts and Terms

Family Care

Family care indicates the swap over of instrumental, emotional, or informational support to people of all ages and for a wide variety of health-related reasons (Gaugler, 2015).

Family care is considered an intricate, versatile practice shaped by cultural, social, and family dynamics (O'Malley et al., 2020).

Family care may involve various supports and services which enhance or maintain the quality of life of elderly people in the family through providing emotional, social, and spiritual support, assisting with decision making related to health care, financial issues, and life span planning, supporting with physical tasks, such as bathing, dressing or walking and supporting in finding the way and bargaining health and long term care insurance, arranging paid helpers in the home, communicating with health care workers or advocating for quality care and services. It also includes assistance with practical issues such as housekeeping, processing paperwork, medical and other appointments, financial support, and shared housing (NASW, 2021).

Family care refers to the informal care of elderly people by close relatives, generally a spouse or adult child. It may include personal, social, health and financial support and usually happen over a long period of time in familial context. Family care is the most suitable term to represent care received at home and by the family. It has fewer moral obligation and greater country coverage than filial piety. Family care, filial care and filial piety are often used interchangeably in China and Southeast Asia. But family care is a descriptive term and filial piety carries a specific moral obligation (HAI, 2013).

Family care highlights those assistance or help related to a unique physical or mental disability provided by unpaid relatives, friends, or neighbors for at-home care delivery and assist in the activities of daily living.

Elderly People

According to the United Nations, Ageing is an expected consequence of life. Gerontologists define elderly people considering the physical, psychological, behavioral, social, and cultural perspectives. People aged 60 years or above are considered older in developing countries and 65 years or above in developed countries. According to the National Policy on Older Person 2013 in Bangladesh, people aged 60 years or above are considered elderly. In this study, people aged 60 years or above are considered elderly people because the government of Bangladesh also considers this age for the elderly (DSS, 2014).

Dhaka City

Dhaka is the capital of Bangladesh, situated at the center of the country. As per World Cities Report by United Nations in 2018, Dhaka city was in 9th position regarding a population (19,578 thousand) among the ten largest cities in the world. It is predicted that in the year 2030, Dhaka city will rise to 4th position based on the projected population (28,076 thousand). Dhaka is one of Asia's fastest-growing cities, where about 19 million people have lived recently. Each year around 400000 people come from the rural areas to Dhaka city. According to World Cities Report (2018), Dhaka city hold about 12 percent of the entire population and 32 percent of the city population of the country. The population of Dhaka has increased approximately six times during the last 40 years. Dhaka city has projected to reach 27.4 million by 2030, which is an increase of 86 percent over the population from 2011 (GED, 2020).

1.7 Social Work in Elderly Care

National Association of Social Workers (NASW) has mentioned some standards to support family caregivers and enhance social work practice with family caregivers. The social work profession acknowledges the role and need of a family caregiver in supporting elderly people. Social workers could know about knowledge, values, methods, and skills to work effectively with family caregivers through these standards. Social workers could work in individual, family, group, community, and organization levels to support elderly people and their family members.

Social workers follow some ethics and values when working for the well-being of elderly people and their family members. So they apply their social work knowledge, skills, and methods to address the challenges and support of the family caregivers to enhance the capacity of the family system. Social workers ensure social justice, human dignity and worth, integrity, and competence through strengthening the relationship between elderly people and their family members. Social workers utilize knowledge about ageing (physiological, psychological, cognitive, ageism, image of ageing, social and psychological theories, grief and loss, death, dying, bereavement), resilience, disability, health condition (physical health, psychosocial effects of acute, chronic and life-limiting diseases, mental and behavioral health), and family

caregiving experiences (family systems, interpersonal dynamics, caregiving relationships, physical, emotional and financial challenges, caregiver strain). Social workers assess various domains such as family characteristics and dynamics related issues-family structure and roles, living arrangements, cultural values, beliefs and practices, psychosocial strengths, protective factors, family relationship with the community, risk-related issues such as physical, cognitive, and psychosocial functioning, desire and capacity of elderly people, self-care capacity, caregivers' perception, risk of abuse, neglect, etc. After assessing these issues, social workers make care plans which include the following services such as education, individual counseling, psychotherapy, family counseling, group interventions, interventions addressing grief, loss, end of life issues, bereavement, mediation, conflict resolution, advocacy, referral, case management and care coordination (NASW, 2010).

Gerontological social work is a specialized branch of social work concerned with maintaining and improving the quality of life and ensuring the physical, psychological, and social well-being of elderly people and their families. The focus of gerontological social workers is to provide appropriate and suitable care for elderly people to maintain a healthy life with independence and dignity. Social workers help elderly people to identify their physical and mental problems due to loss, complexity, multiple needs, and transitions (Lymbery, 2005). The social workers enhance the coping capacities and problem-solving skills of elderly people and their families to create links with resources, services, and opportunities. Social workers help elderly people and their families through conducting geriatric assessments of biological, psychological, and social perspectives. So they try to assess physical functioning (ADLs and IADLs), cognitive functioning, and mental health statuses such as depression, anxiety, dementia, etc. Social functioning includes social activity, social skills, social support, caregiver's needs, and stress.

In gerontological social work, assessment is considered a practical problem-solving approach for solving the problems of elderly people. It addresses various dimensions such as demographic information, health status, functional capacity, cognitive capacity, mental health, formal and informal supports, financial condition and surrounding environments, etc. Social workers utilize a systematic process for conducting the assessment, including establishing rapport, clarifying the purposes of

the evaluation, using observation and clinical judgment, managing difficult situations, and maintaining confidentiality. Social workers use strength-based and solution-focused approaches in gerontology. They believe that elderly people have the strength and opportunity for developing and changing their lives like other people. Social workers help them solve their problems utilizing their capacity and available resources to overcome the challenges. It may help elderly people to ensure quality and good life in old age (Hall, 2012).

When social workers help elderly people and family members in caregiving settings, they utilize the knowledge from intergenerational family functioning, relationships, and biological, psychological, and social process of ageing. Loyalty, reciprocity, exchange, and gratitude attach generations to fulfill the health, social and personal care needs of elderly people. Social workers utilize the family case management approach, the auxiliary function model, and the functional age model for working with elderly people and their family caregivers. The family case management approach helps the families increase their resources and capacity for coping with stress. The auxiliary function model attempts to lessen the feeling of vulnerability of families, creating a sense of optimism. The functional age model highlights the biological, psychological, and social age of elderly people for understanding the coping capacity of the family. Social workers use group approaches such as group psychotherapy, reality orientation groups, reminiscing groups, and support groups to solve the problems of elderly people. Social workers also apply the empowerment model, advocacy model, and spiritual intervention model in gerontology for the improvement of the life of elderly people (Berkman, 2006).

Social workers use empowerment and advocacy model to improve the lives of elderly people. Elderly people face various losses such as declining physical health, loss of social support, and loss of job, increasing mental stress. Elderly people have to meet physical, psychological, social, financial, role, and status losses due to illness, retirement, widowhood, and ageism. Social workers want to empower elderly people by increasing their ability to maintain financial conditions and improve health care, living situation. By utilizing the advocacy model, gerontological social workers use mass media, community organization, and public policy for raising awareness at the macro-level of society. Social workers apply a spiritual assessment strategy to identify

the spiritual values, beliefs, norms, practices, experiences of elderly people. Spirituality has been considered a valuable element for a better life in old age. They assess the spiritual condition of elderly people through examining the spiritual or religious affiliation, belief, behavior, emotional qualities, values, history, experiences, support, and well-being, extrinsic or intrinsic focus.

1.8 The Organization of the Thesis

This thesis consists of seven chapters. Chapter one is a brief introduction that includes the background of the study, statement of the problem, significance of the study, research questions, objectives of the study, definitions of concepts and terms, and organization of the thesis. Chapter two outlines the study's conceptual issues and theoretical framework, highlighting the concept of care, elderly care and family care, nature or characteristics of family care, causes of provision of care, types of care or support, and domain of caregiver activities tasks. This chapter also reviews population ageing and family caregiving theories to discover and analyze the conceptual issues. It includes disengagement theory, activity theory, continuity theory, social exchange theory, gender theory, ABC-X theory, social competence and breakdown theory, cantor’s hierarchical compensatory model, and Litwak's task-specific model. Chapter three presents the research design and methodologies, highlighting the study area, study population, sampling procedure, data sources, data collection methods, data analysis, reliability and validity, ethical issues, and study limitations.

Chapter four presents a literature review to understand the family caregiving situation of elderly people worldwide, emphasizing Asian countries, specifically South Asian countries, particularly Bangladesh. Chapter five primarily use secondary data gathered through various sources to demonstrate population aging-related information from global and Bangladesh perspective. Chapter six presents the findings and analysis of the study, including themes or issues based on findings of the case studies and focus group discussions based on primary data. Chapter seven summarizes the main results of the study with recommendations. This chapter also offers new knowledge gained out from the study and policy implications with future research directions.

Chapter Two: Conceptual Issues and Theoretical Framework

2.1 Introduction

This chapter presents some relevant conceptual issues and theoretical frameworks to explain the interrelationship between the nature of family care and the life of elderly people in Dhaka city. Therefore it concentrates on concepts relevant to family care for gaining ideas and themes in the elderly care setting. Besides this, some pertinent theories to population ageing were examined in this chapter, which concentrates on elderly people and family care-related theories that explain the nature and effect of care. This study explored these theories to know how family care and elderly people related issues are placed within the theoretical framework. However, this study clarified some issues such as care, elderly care, family care, nature and causes, types of care, etc. Existing literatures suggest that care, caregiving and family care related issues are utilized interchangeably in gerontology.

2.2 Conceptualizing Care, Caregiving and Family Care

2.2.1 Care

Care literature mainly defines care as an essential, significant, and valuable part of human life. Every individual in society needs help or assistance at any time of their life stages due to unexpected and unwanted situations facing daily life. But it is evident and apparent that in later life or old age young-old, middle-old and oldest-old people must receive help from their near and dear ones. Family members connect and attach themselves with love, affection, altruism, humanity, and spirituality through caregiving activities. Care not only indicates tasks or responsibilities but also a reflection of our traditional social or family culture (Phillips et al., 2010).

According to the Encyclopedia of Ageing, care is defined as informal caregiving when one member helps another family member during chronic illness and disabilities, exposed through family interaction. The quality and quantity of relationships between family members influence the physical and psychological well-

being of the elderly. Mutually and supportive relationships ensure the quality of care of the elderly people in the family (ENA, 2021).

According to the Encyclopedia of Gerontology, caregiving is a set of activities or assistance which recognizes the contribution of family, friend, or any other person. It is provided to maintain the best possible independence and self-determination with a sense of worth during persistent illness or disability (Li, 2019).

According to the Encyclopedia of Elder Care, the care related to family-based care involves assistance or help from family members. It also emphasizes the relationship between caregiver and care recipient, among the caregivers, and between formal and informal or family-based caregivers. Acceptability and appropriateness of care are also involved in ensuring the quality of life of the elderly people (Kandel, 2012).

Every individual has grown up within the family environment and get intergenerational support in terms of love, affection, care, and support. The family has different meanings from the traditional, anthropological and sociological perspectives. Everybody has a natural or inherent idea about the family, which indicates a nuclear family composed of married partners and children. The concept of family is fundamental in caregiving issues which helps policymakers and planners to take appropriate intervention to support the family caregiver. Primarily, family is a place where people get support or assistance every time due to solid intergenerational bonding. The family mainly indicates intergenerational relationships compacted by biological identity, marital identity, and social identity. Through the help of family members, sick and elderly people with disabilities can ensure better physical and psychological health and well-being (Qualls S. H., 2009)**.**

Care is a term with the inclusive and wide-ranging meaning of physical, psychological, and social well-being. Sometimes, it is considered a range of long-term services for dependent persons in ADL and IADL settings. Care can be defined in terms of short-term and long-term care, and it indicates the duration of providing or receiving services. Care can be provided in the hospital or clinical settings and family or home settings. Health professionals, formal or informal caregivers may provide these types of services (Daatland, 2001)**.**

2.2.2 Caregiving

Caregiving can be defined as providing assistance and support to family members during illness—the type and amount of help and support required fluctuating throughout life. In the context of aging, caregiving commonly refers to caring for an older adult with a chronic illness or a functional disability. In fact, rather than dying more rapidly from acute causes, the pathway to the end of life now more commonly begins with a chronic disease leading to one or more functional disabilities and eventually death. This shift has meant that currently, elderly people live longer with more functional disabilities than at any time in recorded history. The number of family caregivers is expected to rise following this shift. Most researchers define caregiving as assisting with activities of daily living (ADLs) and assistance with instrumental activities of daily living (IADLs). ADLs involve personal care such as getting in and out of bed or a chair, dressing, toileting, bathing, and feeding oneself. IADLs are tasks common in everyday life, such as paying bills, grocery shopping, and preparing meals. The majority of caregivers assist the care recipient with more than one activity.

Literature about care or caregiving emphasizes the relationship between practical or functional capacity, disease or illness, and quality of life. The nature of assistance depends on the types of conditions or diseases. If any person has a long-term or chronic illness with limited functional capacity, they need full-time or on-call services (Markides, 2007)**.**

There is a strong relationship between health deterioration and the functional capacity of the elderly people. Physical, social, and economic environment and personal characteristics influence the healthy life of elderly people. When they have a positive and supportive family and community, they can enjoy healthy and prosperous ageing in later life. It means that they can fulfill their needs with caring support from home. Though women considered traditional caregivers are working outside the family, elderly people still have to depend on them. The family still performs its caregiving tasks with the help of females and other members of the family. Care can be categorized based on payment, including formal and informal or traditional assistance (Minichiello, 2005)**.**

Sometimes caregiving concept has been clarified considering the epidemiological aspects of aging because, in later life, the elderly people have to face disease, disability, death, and dying process-related challenges. Gerontologists can acquire knowledge about the risk factors, the interaction between diseases, causes and symptoms, preventive measures of various conditions of them. Then policymaker or planner can get an idea about the trend of diseases and disability rate of the elderly community, which help them to take proper initiatives to improve functional capacity and ensure healthy and successful ageing.

The caregiving concept can be explained in chronic diseases context, but no universal definition has been found. This problem was identified early in caregiving research but has yet to be resolved. Many researchers rely heavily on an individual's insight as a "caregiver" to another relative. Some researchers have developed definitions that differentiate caregiving based on providing such help. Relying on this approach, one purpose of caregiving is that it reflects extraordinary care that exceeds the bounds of what is considered normative for others.

2.2.3 Family Caregiving

Family can be classified based on socio-economic characteristics in terms of education, income, number of children, financial condition, and social status. Family structure also helps to understand the family pattern in sharing a familiar place and relating through blood, marriage, and adoption. It includes a married couple with or without children, single-parent household, two-parent household, foster family, adoptive family, estranged family, nuclear family, or extended or multigenerational household. Family may be defined based on family life cycle stage in terms of without children, with an infant, adult children, elderly dependent, disabled members, the sandwich generation. Considering racial, cultural, religious, informal network, community relationships, rural or urban contexts is also a way of understanding family structure. Family can be identified in terms of activity, whereas a social and functional unit shares resources, supportive relationships, and commitment to family members.

In Bangladesh, the famous and familiar household pattern involves husband and wife with their children. It has been perceived that household leader is selected by following lineal and collateral membership. In Bangladesh, the household leadership goes from father to son and is revealed through one or more households, neighborhoods, and small communities. Family members of the same household are familiar with the same cooking unit. They are dependent on each other and share a shared responsibility. A family is a social unit of the study of gerontology where elderly people get support in later life. So when we would take initiatives for healthy and successful ageing, we have to consider and understand the roles and functions of the family towards elderly people. When there is a lack of formal caregiving services in society, then an entire responsibility of elderly care goes to the family.

According to Merriam-Webster Dictionary, the family has been defined as the fundamental unit of society, traditionally consisting of two parents raising children living under one roof and generally under one leader (MWD, 2020).

According to Cambridge Dictionary, a family has been considered a social group in which two parents and children reside together as a unit in the same house. A group connected and linked with each other, particularly parents and children, is called a family (CD, 2020).

According to Encyclopedia Britannica, the family comprised a group of people of blood connection, marital link, or adoption and lived in a particular house communicating and identified themselves as spouses, parents, children, and siblings (Britannica, 2021).

According to Bedford and Blieszner, a family is a relationship or bonding established by biology, adoption, marriage, and social position. Still, it also exists without connection or emotional attachment and earnings (Bedford, 2000).

The term family caregiving explores the nature and activities in helping relationships. Family members may have blood connections or kinship relationships with the care recipient. Sometimes they do not have such a relationship, but they live or stay in the same household. In many families, it has been found that caregivers provide support towards their parents with a secondary backing. It has also been found that sometimes care receivers get care from more than one or two caregivers. If caregiving is

teamwork, the caregiver's burden becomes more minor or stressful and creates difficulties in the caregiver's life. The family caregiver is considered an unpaid service provider and responsible for older people's physical, mental, and social well-being. Eagerness and preparation are necessary to become a long-term caregiver (Schulz, 2006).

It is challenging to define family caregiving because informal and family care has similar meanings in the literature of elderly caring. Family is considered a prerequisite of elderly care, which the family members only provide. Family members help the elderly through eternal and endless activities like bathing, dressing, toileting, or meandering and indirect activities like supervising, checking, monitoring, managing services (Schulz, 2006).

In caregiving, the central issue is discussing who would provide care within the family. Sometimes principal and secondary caregiving activities are being done by the primary and secondary caregivers. Most caregiving research has proved that elderly people depend on primary caregivers, especially spouses, but do not consider or identify themselves as a caregiver (Gaugler, 2015)**.**

Sometimes based on frequency or regularity of caregiving, this concept has been defined in three ways: providing daily or regular help in the same household, providing daily or weekly assistance without living with them, and providing support only once a week. Informal caregiving can be used interchangeably with family caregiving. Sometimes family has to provide care towards a chronically ill oldest-old person with a formal or specialized caregiver. It is a complex and long-term care system for the whole family and community (Grassman et al., 2009). Sometimes researchers acquire knowledge from a theoretical framework to explore the bio-psycho-social aspects of family caregiving. The scientific study of human populations indicates demography significantly impacts ageing. The size or number of older people, structure, life expectancy, dependency ratio, potential support ratio, fertility and mortality rate, family size, number of children, migration issues are directly or indirectly involved in the family caregiving issues. When a family becomes small in size with a limited number of children, it indicates the scarcity of family caregivers in society. Family members have to take caring responsibility for providing physical, emotional, social, economic, spiritual support with limited resources and human

resources. The state or government should take proper initiatives to fill the gap between the demand and supply of support, prioritizing the unmet needs of caregivers in the family setting.

Family caregiving can be explained by utilizing the life course perspectives, which reveal issues like linked lives, mutual interdependence, representative of life, and intergenerational support within the structural and socio-cultural context. Traditionally people are dependent or interconnected and select their lifestyle in daily living. So, social and environmental factors are responsible for their sufferings in later life, and their own decisions or preferences determine their well-being in later life. If elderly people maintain their kinship, friendship, relatives, marital, and sibling relationships in a healthy and supportive way in earlier life, it will positively benefit in caregiving relationships.

2.3 Nature of Family Care

In the present world, all people of different ages need care or support in their lives. Sometimes, when people become sick or ill in their childhood or adulthood due to accidents and diseases require assistance from formal or informal support systems. So family caregivers are informal caregivers, and formal caregivers such as nurses, doctors, or other professionals provide care. Family members who are young or middle-aged people without any physical or mental difficulties act as caregivers and are sometimes called family caregivers or informal caregivers. Family caregiver sometimes has been used with the term of family, spouse, child, parent to differentiate between different caregiving issues and variation of caregiver such as formal or professional and informal or volunteer service provider. The family caregiver assists at home without receiving any payment so informal care is considered as unpaid work. Most of the time, women take significant responsibilities in the household to help their dependent members. Middle-aged women are called the sandwich generation, and children or grandchildren participate in caregiving activities within the family. Middle-aged women support their children and parents simultaneously (Bruhn, 2016).

Sometimes family caregivers or informal caregivers such as a spouse, son, daughter, and daughter-in-law provide care for a long time due to the pattern of the chronic disease of elderly people without any financial remuneration. These activities are performed in the household called activities of daily living and instrumental activities of daily living. These actions include toileting, bathing, dressing, eating, walking, reading, visiting doctors, monitoring and evaluating health-related issues, communicating, spending quality time, preparation of meals, gardening, buying medicine, shopping, money management, phone management, asset or property management, banking issues management and so on. Duration of providing care in the family creates sense of burden for the family members.

According to social exchange theory, every caregiving liaison is placed on the exchange process between caregiver and care receiver. When parents provide support towards their children in childhood, they expect these types of support in their later life. Besides this, the support network or network structure may influence caregiving's nature. The first and primary choice of caregiver is spouse, then children lastly, relatives, neighbors, and friends. Spouse has been considered primary caregiver because it’s a dedicated, loyal, and devoted relationship and children as primary or secondary caregivers due to unexpected life issues. This sequence or series of associations based on relationships has been described in Cantors Hierarchical Compensatory Model (Hill, 2015).

2.4 Causes of Provision of Care

The most appealing concern in the study of family caregiving is most family members as caregivers provide support or assistance towards their elderly members due to love, affection, attachment, dedication, commitment. They may help someone because of love or respect for the care recipient or a desire to reciprocate for past assistance provided by the recipient. They also can be motivated by cultural norms of obligation associated with filial or spousal responsibility. Older couples take the marriage vows “in sickness and health” seriously and provide help in later life without raising question. Young children may be taught the expectation that they will assist aging parents as part of the family values and society.

Filial responsibility, social and family obligation, traditional values and practices, morality, and religious values are significant issues for caring of the elderly or other aged people. Children are motivated to care for their parents because they think it is their supreme and utmost duty in life. But the scenario is different for daughters-in-law due to linking time or period in such caregiving relationships and the nature of getting value or acceptance from the care receiver. Devotion or friendliness and mutual friendship and support exist in all the relationships predicted through intergenerational solidarity theory. Exchange theory provides the insight of participating adult children in the caregiving process. Sometimes they want to pay back their parents' contribution through serving or providing care in later life, and sometimes they may expect to obtain some incentive in the future (Hill, 2015).

Caregiving is considered a family issue. Family members provide support to the chronically ill or disabled person at the high cost of the quality of their own lives or health with robust normative expectations. Research interest in the caregiving context explores the rationale or motivation of providing care to family members. Two causes have been identified to examine why, such as egoistic or self-serving motive that indicates the expectation of receiving the award and avoiding punishment. The other is altruistic motivation, which involves the expectation of involving in empathetic or humane activities through caregiving. Caregiver expects social approval, self-esteem or sense of worth, indebtedness or gratitude, and avoidance of guilt or shame from caregiving. The sociological point of view emphasizes the social and cultural norms that include reciprocity, impartiality, or social accountability, and it may differ due to cultural and contextual variables. People gain knowledge of caregiving through gathering experiences and learning from their life. In family setting intra-familial helping is very desirable and enviable because elderly caregiving is a more complex and time-consuming task (Schulz, 2006).

Exploring the causes of providing care towards elderly people's intergenerational perspectives would be helpful in the elderly caregiving context. In Asian culture, every child has a respectful and caring attitude towards parents. From moral values, religious values, and cultural values of family and community, children could learn about the duty or responsibility for their elderly parents. Due to socio-economic changes, family or household structural changes, intergenerational unity or cohesion, cooperation, collaboration, interaction, support, associations have been changed

negatively. Nowadays, it has been observed that productive, functional, structural, and associational solidarity among generations altered the nature and frequency of caregiving.

2.5 Types of Support/ What do Family Caregivers Do

Compared to different roles like husband, parents, breadwinner, etc., in a family, caregiving is a more complex role. Caregiving can be very stressful for the caregivers if any family member suffers from chronic disease. In that case, the caregivers become somewhat reluctant to provide long-term care to elderly people. Again, if no other relative can support the primary caregivers, caregiving can create burden on the caregivers. The role of caregivers becomes more extensive and more complicated if the elderly people faces any complex disease and becomes completely dependent on others even for performing any small daily task (Bruhn, 2016).

Traditionally, informal caregivers provide two types of care: Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). ADLs refer to personal or self-care activities such as bathing, dressing, eating, toileting, and monitoring medication. The IADLs refer to tasks that may not be important for daily functions, but these practical tasks help people live independently. These tasks are helping in housework, meal preparation, shopping, etc. Informal caregivers also provide companionship to fulfill the emotional needs of elderly people (Daatland, 2001)**.** Various scholars conceptualize support as information or advice, emotional support, financial or material matters, practical assistance, care during illness, and companionship or leisure activities (Davey, 2007)**.**

The significance of chronic diseases determines the need for a range of assistance from family caregivers. Some elderly people may need the help of one to two ADLs. On the other hand, some may need the help of three to four ADLs. Some may need help from IADLs such as shopping, arranging appointments, housework only. Even some may need the help of both ADLs and IADLs. Even if the caregiver needs to provide only one ADL to an elderly person, it can become a burden. One study revealed that almost 15% of individuals with considerable impairment (more senior people who need the help of five to six ADLs) depend entirely on relatives for this

extensive care (Gaugler, 2015)**.** Again, from recent national data, it has been found that most family caregivers need to provide help to a single care recipient (approximately two-thirds of all family caregivers). However, close to 20% or more than 20% provide care to two care recipients, and almost 10% provide help to three or more care recipients. As it is seen that primary caregivers are given more emphasis in caregiving research, family members who also offer a significant amount of care are hardly included in research studies. So it can be said that current caregiving literature or research might not highlight the reality of more complex caregiving relationships in particular families. Beyond the care under ADLs, families also provide different types of care such as communicating and negotiating with others to take any care decisions, providing socio-emotional support and companionship for older persons, arranging and coordinating houses, and so on (Gitlin, 2019).

2.6 Domain of Caregivers' Activities and Tasks

Caregivers need to provide different types of services to older people. They need to perform multiple activities simultaneously for the disabled elderly in the family. The caregiving domain can be included with various matters such as taking part in ongoing problem solving, making the decision for the betterment of the elderly, communicating with internal and external people (family members and health and other professionals), and keeping constant awareness over the care recipient's physical and mental soundness. By utilizing personal values, preferences, norms, knowledge, and skills, along with the affordability, accessibility, and sufficiency of health care, caregivers manage these tasks. Caregivers try to help the elderly people in managing many household activities such as assisting with providing different bills, helping to deal with insurance claims, managing money in the best possible way, maintaining the home, supporting in laundry and other housework, providing assistance in preparing meals, helping with shopping, managing transportation, assisting in self-care supervision, investing in bathing and grooming mobility, helping with dressing and feeding if the elderly people are disabled, providing care and management of behavioral symptoms, supporting with toileting activities like getting to and from the toilet, maintaining continence and incontinence.

They also provide support for other household activities such as assisting in transferring like getting in and out of bed, moving from bed to wheelchair, providing emotional and social support with suitable companionship and managing emotional support, taking in discussion about ongoing life challenges with care recipient, helping with facilitating and participating in leisure activities with the elderly, managing family conflict, enabling the family understanding in any problematic situations, helping to make contact with doctors, nurses, social workers, and long-term services and supports (LTSS) providers, helping to locate, arrange, and supervise the nurses; other home care services, home-delivered meals, and other LTSS like adult day services, identifying the problems and giving solutions, providing sound health and medical care, encouraging the elderly for leading healthy lifestyle, encouraging treatment adherence with self-care, helping to manage and deliver medications, or putting injections, operating different medical equipment, preparing food for special diets for supporting the advice of doctor, responding quickly to acute needs and emergencies, providing wound care if it is required, providing advocacy service and coordinating the care, seeking information on behalf of the older persons, helping to negotiate with other family member for any particular family issue or regarding respective roles, providing support to handle financial and legal matters along with managing personal property, participating in advanced future planning with the older persons, taking participation in treatment decisions and so on (Eden, 2016)**.**

2.7 Theoretical Framework of Family Care

In gerontology, theories of social ageing are explained from micro, meso, and macro perspectives. Theories have ranged from those at the micro, individual level, emphasizing individual behavior, to the macro, societal level, such as explaining phenomena relating to social security systems. Micro theories focus on the personal adjustment, activity, and life satisfaction of elderly people (Phillips et al., 2010)**.** Theoretical perspectives in the sociology of ageing can be categorized as macro-level (structural) or micro-level (social-psychological), and further classified as to whether the individual-society assumptions are individual normative behavior is seen as

following norms) or interpretive individuals construct examples but may not necessarily adhere to them (Angel, 2011).

A significant focus of micro and meso level recognizes the constructions of personal meaning in the lives of elderly people and the settings in which these meanings emerge and evolve. The state and economy (macro-level) influence the experience and condition of ageing, while individuals also actively construct their worlds through personal interactions (micro-level) and through organizational and institutional structures and processes (meso-level) that constitute their daily social worlds and society (Aumann et al., 2010). Functionalist perspectives have been highly influential in developing theoretical frameworks in social gerontology. The structural-functionalist premises developed disengagement, activity theory, and continuity theory. Structural functionalism is a macro-level theoretical stance concerned with analyzing elements of society (social institutions and structures) to elucidate how a community is maintained and developed. Functionalists adopt a similar approach to understanding and theorizing about community and identify the functions that particular social arrangements fulfill for any society. This approach views the elements of culture as being functionally interdependent, with the individual and organization always seeking to maintain a state of equilibrium (Victor, 2005).

Many theoretical models have been generated by researchers that attempt to synthesize different factors such as the meaning of caregiving, caregiver within the family, variety of care, etc. These theoretical models try to build a structure defining the swirl of caregivers' life factors that happen often and the care receivers to whom they provide care by devoting their time. Some complicated issues related to caregiving get highlighted from these models, such as where the caregivers get stressed, perception of caregiver towards anxiety and responsibility, and how continuous low pressure and obligation impact their soundness. The theories of family caregiving have been influenced the caregiving research over the past decades, although it is not exhaustive (Birren, 2007). These models present different approaches that help predict, explain, and understand human phenomena. The field of gerontology provides the development of these ageing theories under its shadow in order to know how elderly people are integrated into and accepted by society. In the

realm of sociology, approaches are designed to highlight the individual, organization, and community at large that come in micro, mezzo, and macro forms (Wilder, 2016).

2.7.1 Disengagement Theory

Disengagement theory is considered an ancient or traditional theory of population ageing that focuses on individual adjustment based on a functional perspective. This study also discussed the available capability of the elderly people in a family caregiving setting. This theory argues that the elderly people disengage from society because they separate themselves through different life-stage issues. In this study, it has been found that those elderly people who are progressive from social roles need more intensive support or assistance from family members. On the other hand, the family members encourage or assist them in engaging in social activities or other activities. In this way, the family caregiver can play a vital role in employing elderly people into society's mainstream. Without the support of family, an older person would not lead a healthy and active life in the later stage (Phillips et al., 2010)**.** There is a relationship between chronological age and the individual's involvement in social activities, described in this theory.

This theory states that individuals withdraw themselves from previous roles with the passage of time and age. Still, in this study, it was found that young, middle, and oldest-old people can involve them in new activities when their family helps them physically and psychologically (Birren, 2007). Because this disengaged process decreases interaction in the social system and may be initiated by the individual or others. At the same time, elderly people remain close to others or family members, so they become engaged in altered relationships when we find them in family settings. Family is an amazing social institution where family members engage with senior members by establishing caregiving relationships. The elderly people may withdraw themselves from some social role as a working people, married couple. Still, they replace themselves as grand-parents, adviser, and problem solver within the family setting to establish an equilibrium characterized by new altered relationships (Blackburn, 2012)**.**

2.7.2 Activity Theory

The central concept of the activity theory relies on a significantly diverse challenge, and to prove this, Robert Havighurst developed the activity theory. In his theory, Robert articulated that physically and psychologically active elderly people are found to engage themselves in different social activities. Instead of disengagement, this theory highlights that remaining engaged in life is normal and natural for most elderly people. They try to perform similar functions as long as possible in their middle age. Individuals refuse to contract their societal sphere during illness or when a family member dies. According to activity theory, when people get elderly, they try to develop strategies by which they would get some new social rules and relationships to fulfill the gap rather than disengaging. Based on the assumptions of activity theory, elderly people try to replace lost roles with new ones by creating broad-based interventions. This practice encourages the elderly to participate in different societal activities with their new roles (Blackburn, 2012)**.**

Activity theory is based on two central assumptions. First, life satisfaction and self-esteem of the elderly are positively linked to social integration and great involvement with social networks. The elderly engaged in a high level of activities get more satisfaction than other people. In this study, it was found that elderly people become happy with less expectation and more gratification. They become more satisfied if they regularly communicate with children, relatives, neighbors. Second, there is a negative relationship between life satisfaction and loss of roles like widowhood or retirement. Compensatory activities must be replaced with the losing role for further happiness and enjoyment in life (Victor, 2005).

2.7.3 Continuity Theory

By filtering the different elements of both activity and disengagement theories of aging, continuity theory establishes a more encircling view that conceptualizes everyday life experiences, which is divided with the adjustment processes of elderly people. This continuity theory differentiates between internal and external continuities and aging processes. It also distinguishes between pathological and normal aging. Internal continuity highlights continuous individual experiences like emotions,

experiences, disposition, skills, preferences, temperament. On the other hand, external continuity highlights the ability of a person to regulate the store of skills, roles, activities, and relationships of middle age to hold forth them into old age with success. According to the continuity theory framework, if individuals can maintain their usual activities of middle-aged into old age, then normal aging would take place with an implicit gold standard. Each individual has a different personality and social basis in their middle age. Based on that, they try to make changes in their lives in their later life so that they can easily adapt with their personalities and maintain social support systems. According to continuity theory, normal ageing happens if the physical or psychological illness is far away.

On the other hand, people of pathological ages are so poor or disabled that they cannot fulfill their own needs or requirements. If there is a disruption in external or internal continuity, then according to continuity theory, disengagement may occur, leading to pathological outcomes. However, this disengagement is not inevitable according to continuity theory (Blackburn, 2012)**.**

According to continuity theory, an individual will take steps to hold the stability in the lifestyles that they have been maintaining over the years. This theory indicates that individuals will always try to keep their habits, lifestyle, preference, and need to be acquired throughout life. When they grow older, there will be a process of evolution of those activities. Continuity theory starts from holding a basic that an individual will always try to keep their favorable lifestyle as long as possible. Based on how an individual perceives changing status of life, adaptation will occur in different directions. The theory can be considered less inflexible because it denies that individuals must become active to cope with aging. Instead, this theory states that decisions regarding which roles will be overlooked and maintained will be determined based on the individual's past habits, preferable lifestyle, need, and different structural factors like health and income. Compared to activity theory, continuity theory does not assume that lost roles must be replaced. Again, continuity theory gets an advantage because it offers different patterns of successful ageing from which an individual can select (Victor, 2005).

Continuity theory assumes that with the help of life experience, people try to develop individualized personal ideas and constructs about the surrounding world, such as

what is going on and why. This theory states that our constructs can be affected by learning about the social construction of reality and the mass media. Still, this learning doesn't determine our constructs. It doesn't matter how society influences individuals to decide on their constructs, and ultimately individuals are independent to choose how to develop their reality. Perceptions of subjective continuity are more theoretically relevant than perceptions of objective continuity of different researchers (Birren, 2007).

2.7.4 Social Exchange Theory

According to the social exchange theory given by Dowd, this theory is developed based on the concept that a cost-benefit relationship exists between the individual and society. If individual's economic, social, and physical resources decline, the costs get higher for getting engaged with the elderly people. In this situation, balance can be achieved if they gets and properly utilizes resources for better living (Phillips et al., 2010)**.**

According to Homans, social exchange theory can be defined as the exchange of tangible or intangible activity, and interaction can be rewarding or expensive. One principle is also associated with this theory. If there is an assistance from one person, then a general expectation grows of getting back some reciprocation or return in the future. However, when family members provide more assistance than their receiver, they may consider the supportive exchange less attractive over time. Again the family members or elderly people who receives the support may want to return some assistance like emotional support or advice to avoid the feeling of dependency on the support provider (Daatland, 2001)**.**

Social exchange theory contributes a significant part to gerontology. It highlights the dynamic quality of interpersonal relations and the centrality of successful aging. Variations of exchange theory provide more focus on evaluating the intergenerational relationship, the experience of different patterns of support, historical change in opportunity, guidance, the interaction between people of different generations, exposed value of the older persons, research on caregiving are being evaluated or explored from an exchange theory perspective (Schulz, 2006). It also provides a significant example for understanding intergenerational transactions, including the

role relationship between the support provider and receiver. It also highlights on mutual history of transactions and their degree of interdependence (Binstock et al., 2005)**.**

Exchange theory explains why people behave in a certain way in a particular situation based on four key assumptions. These four assumptions summarize that people do precisely maximize benefit and minimize. A first assumption is that individuals evaluate their exchange experience to forecast the future. The second assumption is that interaction between two parties will be sustained if beneficial. The third assumption is that there must not have any imbalance in exchange. Forth belief is that if one party becomes dependent on the other, they lose power (Victor, 2005)**.**

The social exchange theory assumes it based on the comparability of support exchange; people continuously try to analyze their relationships. It is a general expectation that whatever they provide to others will be received the same from the opposite side in terms of support, and this is referred to as balanced support. Once a person gets the return from the other side, a balanced relationship has been restored, which is referred to as reciprocity. Reciprocity can be defined in two ways. First is direct reciprocity which refers to getting back the same type of support within a limited period. It can be included with different types of exchanges; like when an elderly person receives more instrumental supports. It can be over beneficial to them, and this can be balanced by over-benefiting the opposite side with emotional support. Then comes the time-delayed reciprocity, which covers a more significant period and may be expanded over a lifetime and many people can join in this exchange process. After that, indirect reciprocity can be considered when an intermediate source returns the support.

Reciprocity can be considered as a factor in the continuation of relationships. If the receiving party cannot return the same support to the provider, and, indeed, this will not be changed in the future, the exchange of support can be declined. It can be more rewarding for the under-benefited person to give support in a balanced relationship where a return can be expected when it is needed. As an undesirable situation of dependence, the over benefited party may consider the imbalance. The latter may occur either in the short term or long term when the poor health of an older person limits their capacity to return support.

2.7.5 Social Competence and Breakdown Theory

Kuypers and Bengston established the social competence and breakdown theory which is one of the important theories in family caregiving context. According to this theory, ageing can negatively affect the elderly, leading them to a breakdown of social competence at an old age. People play different roles in their lives before coming at an old age. When elderly people cannot perform those roles, and harmful stereotypes develop against them, the self-concept of elderly people can be abolished. When elderly people face some health related problems or other issues that support others, they are dependent. The theory suggests that if elderly persons accept this, they may face vulnerability. A negative cycle is created around them, escalating negatively to social and mental competence. Bengstson and Kuypers indicated that when older people need sudden care from family members, it can lead to caregiving problems that can test the competence of the family members. Based on this theory, the nature of the individual, familial environmental interactions can impact competence, making it easy to identify the interventions that can develop family functioning and decrease the feeling of helplessness felt by caregivers (Birren, 2007).

2.7.6 Cantor's Hierarchical Compensatory Model

According to Cantor's Hierarchical Compensatory Model, the preference of the elderly for informal caregivers follows a normative pattern based on the closeness of social relationships. Family members distribute the caregiving roles among them, and the spouse is the first choice for the elderly. Then comes the children, grandchildren, friends or neighbors, and the institutional helpers (Birren, 2007). So it can be assumed that this theory focuses on the importance of the care recipient's choice. The hierarchical compensatory patterns are based on past relationships with elderly people. This theory also suggests that caregiving is activated when elderly people need help from others. Cantor's model indicates that older person prefers to get care from their spouse at first, and then comes the children, other family members, friends, and lastly, formal caregivers. Each group is successively activated for providing care when a preferred source is unavailable or unable to provide care.

This model assumes the substitutability of one service to exchange another within a preferred ordering. After evaluating different research and ground works, it can be said that there is little evidence to support the compensatory nature of informal care. However, this model is compatible with elderly persons' preferences (Johnson, 2005).This model indicates that older people prefer to seek help from the next available regardless of the nature of the task. A life partner is considered the first responsible for the use, followed by daughters, daughters-in-law, sons, and other relatives. At the end of the hierarchy, friends, neighbors, and other non-relatives come for help. If a specific relation belonging to the top of the order is missing, the next person takes the responsibility (Bovenberg, 2010)**.**

2.7.7 Litwak's Task-Specific Model

Litwak's task-specific model refers that the suitable source of help for the elderly depends on the type of task. This model states that informal helpers are ideal for non-technical functions that cannot be scheduled, such as toileting and transferring from one place to another. On the other hand, specialized tasks, such as giving medication, are most suitable for the formal helpers. So the allocation of functions between informal and formal helpers suggests dual specialization or task segregation that indicates a clear division of labor (Birren, 2007). By specializing like the tasks, this model refers that legal services and informal care can complement each other.

Based on Noelker and Bass, dual specialization of the informal and formal system can generate the optimal care arrangement for the elderly person. This optimal care arrangement can also decrease the conflict of a different contradictory group because; it can easily separate responsibilities of the groups. However, this model suggests that informal caregivers can carry out tasks that need little skills and happen at unpredictable or unknown times. They can also provide emotional support. On the other hand, the formal caregivers can carry the specialized functions and occur at a fixed time. Different legal studies point out the existence of task specificity in the informal sector. However, there is little evidence pointing out the task specificity between formal and informal care. Furthermore, it is shown that formal assistance is

provided in the same task areas, whereas informal care is provided in different non-specified task areas (Johnson, 2005).

2.7.8 ABC-X Theory

Formally ABC-X theory was known as Family Stress Theory. Family stress theory was developed to find the complexity of interactions among family crises and why the protective factors are diminished or buffered from the families. It is also known as the ABC-X model. Hill developed the family stress theory, which was established in 1949. With the help of this theory, the researcher also tried to find out why, despite having great depression, some families could survive and some could not (Hill, 2015). According to Hill, two variables may act as buffers to decrease the direct correlation between family crises and multiple stressors. In this theory, A stands for different family stressors, B stands for informal or formal social supports and internal family resources, C stands for different perceptions of the family, and X stands for the success or failure in fulfilling the challenges. Based on caregiving context, A can be represented as the number of ADL dependencies, B can be defined as the family's ability to manage the caregiving situations, and C can be described as the family attitude or perceptions about the challenges.

2.7.9 Gender Theory

After 1980, we noticed increased gender theories in the caregiving concept. The gender socialization and social role perspective are the roots of the gender theories. Gender socialization suggests that roles of gender are incorporated based on stable personality traits, and it results from gender differences at the time of childhood. On the other hand, the social role perspective has the opposite concept. It suggests that gender differences in behaviors happen because of their current and continuous social realities. According to the gender socialization framework, for the greater involvement of women in caregiving, it is expected that both early role socialization and personality factors will be connected with women. On the other hand, the social role perspective suggests that women are more attached to caregiving than men

because; women have fewer alternative roles to perform. Women perform more caregiving activities than men, so they are more distressed (Tajvar, 2015).

Based on gender, type and amount of care differ. Gender is considered the most critical factor of total hours spent caring for the elderly. It is found that women take responsibility for different, more time-consuming, complex, and intensive, such as preparing a meal for the elderly, bathing, laundry, personal care, and various household tasks. On the other hand, men are responsible for financial matters, heavy load-based works, and transportation needs. It is also seen that men are engaged in advisory or care management roles. It has been revealed by many researchers that women face more negative consequences than at the time of conducting such activities. Suppose women provide care to an elder who is suffering from chronic disease. It can be considered an important issue because most elders are female, and these works are non-paid and unsupported. Women are not only playing the dominant role in caregiving, but they are also the primary caregivers in a family. It can be found after evaluating the division of labor in providing care to the elderly. It has been found that almost 67 percent of all caregivers to older adults are female, and most of the women expect to give care to the elderly at any point in their lives. While wives care for the sick and old husbands, adult daughters care for their widowed mothers. Almost 67 percent of men are found to get respect from spouses. It has been seen that other family members seldom share the work of caring (Johnson, 2005).

Studies of different family caregiving reveal that compared to the men, women are more engaged in taking the role of caregiver, spending more time to provide care no matter whether they are employed or not, providing personal care assistance. It is considered that providing both practical and emotional caring is women's work. No matter the women's employment status, they provide most primary caregiving activities in all racial and ethnic groups. Tasks are considered gendered if both women and men do the care activities. In general, women are given responsibility for providing personal care, whereas men are more responsible for instrumental activities. It refers to the division of labor where women are responsible for more unique, bodily, indoor, and daily work and men are responsible for more periodic and outdoor tasks. Among older people, spouses are the preferred caregivers. Women usually marry men older than themselves, so women prefer to care for their older husbands. However, after comparing the spousal caregivers, few gender differences have been

found previously, which means both husbands and wives spend almost the same amount of time caring for each other (Birren, 2007).

2.8 Theoretical Implications

Several theoretical models have been generated by gerontologists that attempt to synthesize these factors (definition of caregiving who within the family provides care, types of care, the length of time devoted to caring). Theories are used to help explain, predict, and understand human phenomena. This study tried to explore the nature of family caregiving and the impact of this care on the life of older people. It was found that in gerontological literature, some theories were directly related to family caregiving. Still, no single approach now focuses upon the impact of care on older adults. So, in this study, various theories stemming from sociological aspects on ageing and family caregiving perspectives were reviewed and examined.

However, it was found that there is a direct and robust relationship between sociological theories of ageing and family caregiving-related theories. In this study, disengagement theory, activity theory, social exchange theory, gender theories, cantor's hierarchical compensatory model have been utilized. Based on all the views and propositions, this study was able to produce a conceptual framework that establishes the relationship between family care and the life of elderly people. The focus of disengagement theory is on the functional capacity of elderly people and whether the older people such as young old are engaged in productive activities in later life. In this study, it has been found that some of the young older people whose physical and psychological conditions are better due to getting support from family members are engaged in various productive activities in society. Socio-economic status or power, living arrangements, and caregiving relationships influence the healthy and active life of older people. The present study has also observed that those older people who belong to the middle-aged and most aged old could not engage in any productive activities in society due to their frailty or other physical problems. Then they become more dependent on their family members to fulfill their basic needs, which creates challenges to caregivers inside the household setting. On the other hand, those elderly are physically and mentally active or fit; they need less support or assistance from their caregivers.

Family members' care or support enhances elderly people's physical and mental strength or capacity to engage in various family and social activities. This present study found that those elderly had supportive and resourceful children with better physical and psychological ability engaged in the teaching profession, business, part-time job, social activities, caring of grandchildren, religious activities, and household works. It has been observed that both the elderly and family members are happy and satisfied with this involvement in daily life. On the other hand, sometimes family members do not allow their parents to work outside the home due to illness or lack of physical or mental functioning capacity of the elderly people.

According to activity theory, if elderly people remain active, they can enjoy healthy and successful ageing. This study finds the relevance of activity theory when examining the performance of activities of daily living and instrumental activities of daily living of elderly people and their active engagement in individual, family, and social life. In this study, it has been observed that the active engagement of elderly people depends on their physical and economic condition. This study has found that vibrant, energetic, and healthy elderly people need less support from family. At the same time, it has also been observed that when they get a supportive family, they may remain engaged in social and economic or other family activities. Surprisingly, it has also been observed that the elderly become care receivers and support their grandchildren as caregivers when active and healthy elderly assist in the family, the caregiver as a spouse, adult children, daughter-in-law, daughter feel relaxed with the presence of their senior member in the family. Human behavior, social interactions, and caregiving relationships within family and society are influenced by an exchange of activity that may be tangible or intangible. Continuity theory believes that if elderly people could maintain their early lifestyle, persona, habits, and practices later, they would become satisfied. The study has observed that family members, directly and indirectly help elderly people continue their past lifestyles.

According to social exchange theory, intergenerational relationships and interaction, the pattern of support are influenced through an exchange process. This study applied the concept or theme of social exchange theory when examining the associations between caregiver and care receiver. In this study, it has been found that caregiving relationships and the nature of care depend on the capability and competence of both parties. If elderly people have less power, they become entirely dependent, and

intergenerational support flows only from the family member's area. Then it is not possible to mutually reward or satisfy one another. If both parties, elderly parents and their adult children, have similar resources, mutual interdependency occurs from exchange relationships. Caregivers and care receivers both parties utilize past exchange experiences to predict future caring activities. Family members are now involved in devoted activities to fulfill their parents' expectations based on their earlier experiences. Family relationships or caregiving relationships depend on the exchange of resources determined by age, gender, social class, personality, health condition, living arrangement, stability, or strength of the relationship between the elderly and their family members. It has been found from the study that women were the primary caregivers, and they engaged in personal care tasks and other household activities.

Family care preferences align with the hierarchical compensatory model (Cantor M. H., 1991), (Cantor M. H., 2000)**,** which conceptualizes older adults' preferred care sources according to their degree of relation to the caregiver (Spitze, 2000)**.** According to Cantor's hierarchical compensatory model, based on intimacy and closeness of relationships, elderly people prefer their caregiver. So it has been found from this study that spouse was the first choice followed by daughters, daughters-in-law, sons, sons-in-law, other relatives. In the absence of a specific relationship, paid care sources like helping hand or domestic workers were expected and required.

2.9 Conclusion

Family caregiving is a crucial concern in later life when people become aged and dependable with chronic illness and disability. Elderly people prefer care or support, especially from spouses and children. But due to the changing structure of the family, the involvement of women in the labor market increased the chronic disease in later life. The contribution of family in a care setting is sinking day by day. Most of the literature, study and international initiatives of older persons have recognized the importance of family's contribution to elderly care. In various kinds of literature, it has been shown that the elderly prefer to receive care or support from their spouse than children, which the hierarchical compensatory model supports. Different types of care tasks also determine the source of getting help. Therefore spouse and children are

involved in this process due to love, affection, and reciprocity supported by social exchange theory. Female caregivers such as wife, daughter, sister, and daughter-in-law are preferred to male caregivers as a husband, brother, son, and son in direction, supported by gender theory. The ABC-X caregiving model can explain family crises due to providing care. In this area, the social competence and breakdown approach suggest understanding the competence of individuals and families for taking initiatives in favor of care.

Chapter Three: Study Design and Methodologies

3.1 Introduction

This chapter discusses the research design, approach, and methodologies followed in the present study. The approach of this study was qualitative, and the case study method was trailed to maintain its qualitative style. These qualitative study methods concerned gathering and explaining who, what, why, when, where, and how of the facts and events pertinent to ageing and family caregiving. In another way, the qualitative approach followed in this study offers a clear explanation of diverse challenges elderly people usually encounter, their desired care and assistance from their family members, and involvement and opinion of family care providers.

The researcher utilized primary and secondary data sources to make the study rich and meaningful. The preliminary data of the observation guideline, pre-tested interview schedule, and discussion form have been collected from elderly people and their family members. This was complemented and collaborated with focus group discussions with family members having elderly people in their families. Secondary data was gathered from various sources available within the country like Bangladesh Bureau of Statistics (BBS), Department of Social Services (DSS), and other international organizations like United Nations, World Bank, World Health Organizations, United Nations Development Program, Asian Development Bank, Help Age International, etc. They were used to know the trend of the population ageing in global and Bangladesh perspectives at the micro and macro level. This chapter also highlights the population, sample size, sampling technique, data collection, and analysis techniques, including reliability and validity of the measurement, ethical considerations, and limitations of this study.

3.2 Research Approach

The study followed a qualitative approach for obtaining in-depth information about the vulnerabilities, challenges, and expectations of elderly people and the nature of their care in the families. The qualitative approach is widely used in gerontological research to discover the social and psychological phenomena of elderly people. It

includes the case study method, one of the essential methods in a qualitative study. Within the qualitative paradigm, the case study method is suitable for obtaining in-depth information about various views, opinions, feelings, and perceptions of elderly people and receiving care in their families. Case study as qualitative methods was selected for this study to describe, understand, and evaluate different aspects of family care, which includes socio-demographic characteristics, living arrangements, caregiving relationships, opinions of the elderly, care expectations, and also challenges and suggestions of their family caregivers, considering different age groups (i.e., young-old, middle-old and old-old), sex, religion, educational background, present and past occupation, financial condition, etc.

3.3 Study Area and Population

According to the Local Government (City Corporation) Amendment Act 2011, Dhaka City Corporation is divided into Dhaka South City Corporation (DSCC) and Dhaka North City Corporation (DNCC). The Dhaka South City Corporation area was considered the study area in this study. There are 75 wards, ten zones, 23 thanas in this area. About one crore twenty lac people live here, and the size of this area is 109.251 square kilometers. Information was gathered from families with elderly people from different areas of the south city corporation. All families having elderly people living in Dhaka city were considered the study population (DSCC, 2021).

3.4 Sample and Sampling Technique of the Study

In this study, the purposive sampling technique, one of the vital types of non-probability sampling, was followed. It is widely used in qualitative studies because the researcher can quickly obtain data from respondents within a short period. In this study, 20 families were selected using the purposive sampling technique. Each family was considered a case or unit of analysis of the study. Total forty-five respondents from twenty families were interviewed in the study. Among them, twenty-five respondents were elderly people, and twenty respondents were family members as caregiver. Families from different social, economic, educational, religious

backgrounds and of elderly of varying sex and age (young-old, middle-aged, old-old) were considered to have a diversified scenario in the elderly care settings. Respondents of this study involved elderly people aged 60 years or above as care receivers and family members as a caregiver. Two focus group discussions (FGDs) were conducted in this study. Two groups were formed with those family members having elderly in their family. The focus group members' age was between twenty-five to thirty-five years, and some of them were students, and others were from different professions. In this study, elderly people from each family have been identified with E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15…..and family members as caregiver with C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, C11, C12, C13, C14, C15….. It has been taken informed consent from each family before data collection, and they have been informed that data would be kept confidential and used only for academic purposes.

3.5 Sources of Study Data

As the research was qualitative and the case study method was followed, the study focused on qualitative data using various techniques such as observations, interviews, focus group discussions, and secondary document analysis, including primary and secondary sources. The sources of data in the research were classified into two categories and are the primary source which included direct data collected from the study respondents, and secondary data, which included books, journals, published research reports, census records, periodicals, internet, newspapers, magazines, research monographs, and dissertation and so on. This study collected primary data from the families identified as cases. Mainly older people aged 60 years and above and family members were the primary data sources. Secondary data for the study was collected from suitable and appropriate authorities, such as the population and household census of Bangladesh, which helped to examine the ageing indices, household dependency ratio, life expectancy, total fertility ratio, family support ratio, projection of elderly population, old-age dependency ratio and so on.

For this study, data were obtained from the United Nations' World Population Ageing 2019, which provides essential data about the global trend of elderly people, including global elderly population by regions, age groups, old-age dependency ratio, number,

and percentage of elderly people. World Urbanization Report by United Nations was also examined to know the trend and pattern of urbanization and ageing. These secondary sources were reviewed in this study to understand and compare the elderly population of different regions, especially Central and South Asia, with other world areas. Another significant source was examined, such as World Health Organization, to know about the relationship between healthy ageing and health care services.

3.6 Techniques and Instruments of Data Collection

This study followed the case study method, so data were collected through observation, interview, focus group discussion, and document analysis as data collection techniques. This study used the interview schedule and focus group discussion guidelines as data collection instruments. This interview schedule allows a respondent the time and scopes to talk about their opinions on a particular subject. The researcher decides the focal point of the discussion, and based on the researcher's interest; there may be areas in exploring. Observation helped to supplement the data collected through interviews. After completing the case study, focus group discussions were conducted to obtain more family caregiving issues.

3.7 Data Analysis

A qualitative approach was followed to describe family care patterns and their impact on elderly people in this study. For this purpose, the study's qualitative data were analyzed and presented using a thematic approach to provide in-depth insight into the study issue. According to (Guest et al., 2012)**,** thematic analysis is one of the most common forms of research. As (Braun, 2006) mentioned it emphasizes, pinpointing, examining, and recording patterns (or "themes") within data. Their approach to thematic analysis was performed through the process of coding in six phases to create established, meaningful patterns. These phases are familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report. The multi-step of data analysis using this approach started with several readings of the transcribed text to

search for meaning and a deeper understanding of the caregiving situation for each family. It followed a coding process where the text was examined sentence by sentence. The purpose of units focusing on the care situation was to ensure that text with similar content was placed in the same meaning. The comparison and similarities are made continuously.

The second step of the analysis involved condensing and grouping the purpose into subcategories, and it was given names. The name was logical so that they could represent the data correctly. The subcategories are combined into categories in the third step under the central theme. To justify the analysis, the verbatim of the respondents were also mentioned. The fourth phase of the study involves reviewing and evaluating the initial theme to identify the new pattern. The fifth phase consists of defining and giving the name of the themes. Finally, in the sixth stage, the researcher reviewed the themes to establish linkage with research objectives through answering the research questions.

3.8 Reliability and Validity

Reliability and validity are essential in qualitative research, and the researcher is very much concerned about this issue. Every researcher wants to know whether the collected data has consistency or dependability and is convincing or believable. So to justify or defend the data, the researcher tried to use multiple strategies for collecting data which is called triangulation of data. So in this present study, various techniques such as face-to-face interview, focus group interview, and non-participant observation were applied as data collection techniques. Firstly, the interview schedule was pre-tested with the same category of respondents to ensure reliability and validity. Secondly, the recorded verbatim used in this study ensures accuracy and maintains data standardization. Finally, the data has been analyzed by comparing primary and secondary data collected from fields and books, journals, research papers, etc.

3.9 Ethical Consideration

In this study, the researcher tried to maintain some ethical issues, such as ensuring the voluntary participation of the respondents with their informed consent. It was explored the nature, causes, and objectives of the study to the respondents before taking the interview. It was mentioned their valuable opinions and suggestions would be used only for academic purposes. It was assured that the name and address or other sensitive information would not be exposed to anybody. This study maintained confidentiality and used a fake name or pseudonym for each respondent. It was assured to the respondents that this study result would not create any harm for participants. This study strictly avoided biases, misinterpretation, and deception in the data collection and analysis stage.

3.10 Limitations of the Study

The study has contributed to understanding family care and its impact on the life of the elderly in the family setting. Possible avoidance of some of the limitations in this study could have given more insight into the study.

- This study was conducted based on the respondents of Dhaka city related to urban people. It was not conducted with the respondents of rural people, which could have enlightened more in this study.
- The influence of cultural obligations like norms, values, and beliefs had a significant impact on the subjective views of the family about the care-related services. So it was challenging to find out the genuine or original opinions and feelings regarding caregiving issues.
- If this study could be conducted in an extensive range, it might provide better results. The study could investigate or observe the specific age group of the elderly over an extended period. A comprehensive investigation could have explored the changing pattern of services provided and received in a family.

3.11 Conclusion

This chapter sketches out the research approach and methodologies of this study. By following the case study method as a qualitative approach, this study was conducted in Dhaka city, which is considered the capital of Bangladesh. Families were selected from Dhaka City, where all families had elderly people regarded as the population in the study. Using purposive sampling technique, 20 families as the case was taken and elderly people aged 60 years and above and the family members were respondents of this study. Data were collected from primary and secondary sources using interview schedule, observations, focus group guidelines from the field, and various documents. Preliminary data were analyzed using thematic analysis techniques. In this study the reliability and validity was ensured through pre-test of the interview schedule. Each respondents were given informed consent and confidentiality were maintained as ethical consideration.

Chapter Four: Literature Review

4.1 Introduction

To gather as much information on the topic of family care as possible, a targeted literature search was conducted. Literature from different studies, articles, and books relevant to family care were targeted as a comprehensive review. In Bangladesh, there is a shortage of literature about the conditions of the elderly, especially in elderly care settings so, literature from various countries were also considered in this study. Several search engines were used, including Google scholar and books. Different terms such as elder care, informal care, family care, relationship quality, caregiver burden, the impact of care were used alone or in combination to locate relevant literature. The relevant literature that were found are presented below.

4.2 Studies Related to Family Care of Elderly People in the World

1. An article by Jenny Brodsky, Shirli Resnizki, and Daniella Citron entitled “Issues in Family Care of the Elderly: Characteristics of Care, Burden on Family Members and Support Programs” was published in 2011. This paper addressed different viewpoints regarding elderly care, such as the care of elderly persons that their family members provide, a conceptual framework for judging the system of informal support, information related to features and characteristics of people who provide care to the elderly persons, both types of care and burden of care that caregivers face and also the overall effect on the entire family. This paper pointed out different reasons why service planners and policymakers are interested in focusing on informal caregivers. First of all, it is found that informal caregivers provide maximum care to the elderly. Second, it has been seen that epidemiological, demographic, and social changes are providing different challenges to the informal care system. Still, it becomes effortless for the elderly to remain close to the community because of the extensive informal help. Third, this informal care system can increase the internal burnout of the elderly because of the feeling that they become a problem for caregivers. This informal care system also increase the burden of a family. Like most studies, this research also focused on primary caregivers. They pointed out that either

the spouse or the child of the elderly person becomes the primary caregiver. Most of the primary caregivers live with the elderly are women in general whose average age is close to 55. These caregivers mentioned their health status as poor, indicating that they also needed care from others.

This study explored the nature of support that primary caregivers provide with the help of types of support and the extent of support. Providing care is not confined within the boundary of the home, but the caregivers need to provide extra care outside the home. This study also highlighted the effects of providing care on the family and the unmet needs of caregivers and care receivers. Researchers found that more than 67 percent of caregivers mentioned facing different physical problems in this study. Their social activities had been hampered. More than 90 percent of caregivers met additional emotional stress while caring for the elderly. Caregivers figured out different needs or unmet requirements from society or government, such as professional counseling arrangements for both elderly and caregivers, emotional support from others, daycare center facility, providing different information regarding successful caregiving, respite care, and volunteer support from the community. According to the researcher of this study, by providing formal services and direct services to the elderly, the family's burden can be shifted or reduced (Brodsky et al., 2011)**.**

2. An article named “Aging Family Caregivers: Policies and Practices,” published in 2007, written by Tamar Heller, Joe Caldwell, and Alan Factor, is another important and relevant literature in the family care setting. This article pointed out the later life of the adults and discussed this issue with the help of developmental disabilities from a life course perspective. Along with that, different major issues regarding elderly care were addressed, such as what would be the health and social outcomes from lifelong caregiving, policies, and practices regarding family support, current trends that create an impact on family caregiving, need for help from family members, and the researcher also mentioned some suggestions for future research and policy development. The families' economic health and social wellness can positively impact different factors. This article said some of them, such as increased life expectancy of

family members, demographic conditions of the family, decreased fertility rate, and capability of the families to support the elderly with developmental disabilities.

For finding the social and health-related outcomes for families, the researcher conducted many studies. They mentioned different factors that affect the health and well-being of families of adults with having developmental disabilities, such as the context of minority culture, characteristics of child, social and economic status or condition, and the strength of social support networks. It was found that there is a direct relationship between the increased longer life span of older adults with developmental disabilities and facing problems for an extended period. More prolonged the life span of the elder means creating the more extended issue of the families and vice versa. By examining and evaluating different researches, this study explored the roles of fathers, siblings, and grandparents towards older adults facing developmental disabilities.

This study also revealed the unfulfilled needs of families that wish to continue the caregiving activities with less trouble. It was pointed out that there is an increasing demand for long-term service for the ageing population. It makes the policymakers inflexible to consider the policies that support families to avoid more costly institutional placements. The researchers also figured out a few challenges that families may face in the future while providing care. To make the caregiving very flexible, the family may need to provide continuous hard effort. Caregivers living below poverty line families may face trouble developing their wealth and social need while providing long-term care (Heller et al., 2007)**.**

3. A study conducted by Deborah J. Mason titled “The Family’s Voice: Caregiving for an Older Adult,” published in 2014, is another significant piece of literature in the care setting. This study considered each family as one unit to find the effect of caregiving on the family. Especially the study tried to find out how providing care to the elderly over 65 years by at least one person would affect the multigenerational family. The researcher attempted to determine how providing care affects both personal and family. Based on an online survey, the information was collected, and respondents were selected based on some criteria. The age of the respondents must be between 18 to 65 years. Adults’ respondents were not vulnerable, holding a family

with at least one caregiver and one care receiver, providing care, not as a primary caregiver, and lived in the Minneapolis Stpaul Metrodrea.

The survey sheet was prepared with having multiple-choice questions with four options, both close and open-ended, some demographic-related questions, and blank space for providing comments. Among the demographic questions, respondents needed to mention who provides the care, whether the family had any minor children or not, family status, etc. After that, six open-ended questions were asked and tried to find out about the quality of leading life, life experiences, and relationship with caregiver and care receiver, how caregiving impacted family, and some suggestions for supporting those families that provide care to the elderly.

Based on some themes, the researcher disclosed the study findings, such as descriptions of the respondents, living experiences since care had been provided or received, impact on the family for providing long-term care to the elderly, and how personal relationships had been affected. It was found that almost all the respondents mentioned that they faced more depression, stress, difficulties, and frustration in life when they started providing care to their elder family members. Among the sixty respondents, ten respondents identified some positive benefits that can be achieved to stay in a family where there is at least one elderly. They mentioned that older people could give them mental support with their vast life experiences and suggestions for making major life decisions. However, other respondents feared some known and unknown dangers if they are associated with a family where older people stay and who need intensive care. They were afraid of losing their physical and mental strength if they provided long-term care and feared falling into any sickness.

Seventy-five percent of respondents mentioned that quality time spent on a family and holidays could be negatively affected because of this caregiving. Most of the respondents highlighted that their relationship becomes worse if they are associated with providing care because while providing care, they face frustration, stress, gets less time for their own life, and misunderstandings with their elderly. Some respondents said they need extra support from outside to care for the elderly. After evaluating these findings, the researcher concluded that the family environment becomes frustrating and stressful when family members need to manage an older family member. It may happen that providing care by the only person to only one

receiver can negatively affect the whole family. So the researcher suggested it is vital that social workers be included in the family to provide some support to the caregiver. This help may also consist of some medical aid. Implementations regarding emotional support, nutritional support, and social support should be included in the social work practice, which may significantly help the caregiving system by coping with the newly changed family system (Mason, 2014).

4. In the book named "Aging Families and Caregiving," published in 2016 and edited by Sara H. Qualls and Steven H. Zarit, different elderly care issues are discussed through other chapters. There are various chapters named by Who are the Aging families, Caregiver Family Therapy for Conflicted Families, Empirically Supported Treatment for Family Caregivers, Integrating Families into Long Term Care Psychology Services, Functions Families Serve in Old Age, The Cultural Context of Clinical Work, All in the family: Providing care to Chronically Ill and Disabled Older Adult, Family Care Planning Services, Caregiver Services: Resources, Trends, and Best Practices, Impact of Dementia, Caregiving Risks, Strains, and Growth, Assessment and Interventions with family caregivers, Family Caregiving and U.S Federal Policy, A Platform for Intervention and Research on Family Communication in Elderly Care, Personal Health Records for older Adults with Chronic conditions and their Informal caregivers.

With the help of these chapters, different issues are addressed by the authors, such as defining older adults; family; types of family, how family composition and experiences influence later life of elderly people, how personal characteristics, cultural diversity, socio-historical time, legal and policy issues, the role of family members affect the elderly care and older people. Family plays different functions during the elderly, such as assisting the elderly in non-familial public programs, providing support that facilitates the psychological well-being of the elderly, helping for physical well-being, etc. Chapter three of the book focuses on the effects of culture on family caregiving, chapter four highlights the processes that the families follow to provide care if there is any elderly chronic illness, and chapter five highlights how much effect can occur on the family members if they need to provide care to any elderly who is suffering dementia.

This book also provides an enriched clinical introduction to assessment and intervention families faced in clinical practice by discussing many issues like assessment, information, intervention, and the problem-solving method. Empirical research literatures are reviewed, and the authors concluded how clinicians might use it to guide their works. By focusing on many issues like assessment, the structure of family sessions, family therapy model, family therapy tasks, and pragmatic aspects of intervention, a model is designed for family therapy intervention for caregiving families. This is mentioned in chapter eight. It is seen that if the family members are involved in providing long-term care, then different problems have come in front. These problems are discussed in chapter nine by mentioning various myths and stereotypes of LTC residents and families, assessment of LTC residents, and legal and ethical issues. U.S Federal Policy related to the relationship within the family, utilization of this policy, and different programs that support caregivers are discussed in chapters eleven and twelve.

Further family research is described by focusing on many issues such as how a new electronic communication system is helping for providing care, service architecture, system evolution, an adaptation for senior housing, opportunities for research, and implications for clinicians. At last, the authors offer some future directions in family caregiving where public policy will involve involvement. A broader look of family caregiving is explored in this book seen in present society. It is highlighted that the role of the family is very significant in elder care settling (Qualls S. H., 2016).

5. A study named "Formal and Informal Care in an Urban and a Rural Elderly Population" by Gunilla Nordberg was published in 2007. The researcher conducted this study based on two aims. The first one was to study formal and informal care provided to the elderly suffering from dementia. The second one was to explore home care use in urban and rural elderly populations. Along with these significant two aims, a researcher revealed her findings based on some other specific purposes such as what type of activities are carried out by the spouses while providing care to the partner who is suffering from dementia, a comparative analysis between the amount and types of informal and formal care provided to non-demented and demented persons, what are the physical and mental functioning of both non-demented and demented elderly,

and to analyze how much time is required and how many costs are incurred for providing institutional care to elderly at different levels of cognitive and functional capacity.

For conducting the study, three different study populations were used. One of the three study populations was eight cohabiting couples. Those couples revealed various issues regarding the care provided to their dementia partners. A mixed research method was utilized in this study. The qualitative analysis delivered a deeper understanding and knowledge of the caring situation while caring for both demented and non-demented elderly. This study explored that the elderly who live at home get most care from informal caregivers. This study found how disability and dementia of the elderly can impact elderly care. Compared to the urban elderly, the rural elderly get more informal care. It is known to us that societies are facing different changes which affect the elderly care.

The study suggested that the formal care system may soon replace the informal care system. It may seem complicated, but it is not impossible to happen, especially with continuous supervision and surveillance. At a very high individualized level, caregivers try to provide the best care to their spouses to lead an everyday life just like other persons. This study also offered quantitative results for justifying the aims. It revealed that the amount of informal care given to impair elderly persons cognitively is high, ranging from 0.4 hours to 24 hours per day. The amount of informal care is more than the proper care reported as hours per day, especially while caring for the elderly suffering from dementia. The researcher explored a clear relationship between the amount of formal caregiving time and personal ADL in institutional long-term care. Forgiving support for IADL activities, the required amount of time is the same for whether the elderly are functionally disabled or with dementia. On the other hand, family members need to spend more money on demented elderly compared to the non-demented elderly (Nordberg, 2007).

6. An article named “Family Caregiving Systems: Models, Resources and Values” was published in 2017 and written by Carolyn Keith after intensive research. It can be considered another essential piece of literature in the family care setting. By identifying the models, values, and resources, Carolyn conducted this study to know

the caregiving systems in a broader sense. Respondents were chosen from different dimensions to conduct the interview, such as thirty-one families having at least one elderly member with or without cognitive disability. Discussions were taken from the adult daughters and sons to explore the new concepts of this caregiving system. The grounded theory was selected as a methodological approach.

The researcher identified three types of caregiving systems from this study. The first one was primary caregiver systems which can be found in families of any size. This system has a strong affiliation of one offspring with the parents. The second one was the partnership caregiving system, which requires a minimum of two offspring of the same gender. Three or more offspring are also possible under the partnership caregiving system. The third one was the team caregiving system developed to protect the offspring from hinders and assure the quality of care. Family size and gender composition can be considered two significant determinants of a system. They can be featured by a predominant value such as equity, emotional protection of offspring, justice, and affiliation. This study also revealed an in-depth understanding of how and why caregiving is distributed among family members with at least one elderly (Keith, 2017).

7. A recent and another significant literature regarding elderly care titled “Family Caregiving for Older Adults” was written by Schulz in 2020. Through this study, the researcher tried to explore the impact of caregiving on both the elderly and caregivers and how intervention strategies positively affect caregivers with the help of reviewing and synthesizing different literature in a caregiving setting. Life partners, relatives, friends, and neighbors were considered respondents of this study who provided unpaid service to those elderly who suffered from limited mental, physical, and cognitive functioning. Researchers tried to find the intensity of the care supplied and sufferings of both elderly and caregivers. Caregivers differed based on competence, skills, motivation power, time availability, characteristics and nature, and intensity of assistance. It is considered that family members are naturally responsible for caring for the elderly, so their roles don’t change easily. After evaluating the data of the last three decades, it was observed that the number of individuals as caregivers was declined. The period that one caregiver was used to provide to the elderly for

caregiving has also been reduced because of different complexities in caregiving. Other issues that make caregiving more burdens on the family include increasing the ageing population, longevity of elderly, increasing rate of chronic diseases and disability, fluctuated health conditions, and lack of social support system. Whether the society appreciates the caregivers or not for providing such hectic and long-term care to the elderly, their effort is commendable and valuable for the elderly. However, they face different difficulties or challenges in their lives. From the research, it was found that caregiving is directly related to social, psychological, and stress-related aspects. Different psychologists pay much interest in caregiving to determine how caregivers may keep themselves out of stress while providing care. So it can be considered a public health-related issue.

Older adults who get informal care from their life partners and middle-aged children are considered unique. However, caregivers are divided into two categories. The first one is same-generation caregivers. Usually, older adult spouses are fallen under the same generation category. The second is the next-generation category, where older adults' children are lost. Both the people of these two categories face different physical or psychological problems. Among those, the spouse of the elderly is at high risk because of their age.

After reviewing the study, it was observed that caregiving roles vary because of type and causes of disability such as heart problems, cancer, dementia, and other serious health issues. Caregiving roles also vary with how much assistance is provided, navigating complex health issues, and how many social services are received. According to this article, the researcher pointed out some of the problems which affect the caregiving role, such as whether caregivers can maintain their social connections or not, getting any assistance in household activities or not, able to conduct self-care tasks, and mobility or not, what are the provisions of emotional support, availability of health and medical care facilities, advocacy facilities and care co-ordinations and surrogacy. Whether the caregivers can do such tasks depends on their health conditions, self-ethics, values, quality of relationship with the elderly, skills, financial solvency, accessibility, adequacy of health care, long-term supports, and other resources. According to this article, these caregiving tasks have both direct and indirect effects such as mental soundness, physical soundness, biomarkers, maintaining social relationships, and job life.

The researcher identified some risk factors for which caregiving can be negatively affected, such as lower-income and education of caregiver, when caregivers become too old, when caregivers have other responsibilities and bindings as a female, necessity of high intense caregiving, when elderly suffer from dementia, need to conduct complex having medical procedures, lack of opportunity to shift the caregiving role to others, when care recipients suffer a lot from complex disease, poor physical conditions of the caregiver, receiving lack of social and professional support, and facing inappropriate home environment. The researcher identified some of the intervention strategies by which caregiving burden or stress can be reduced. The designs are psycho-social interventions, therapy related to cognitive behavior, meditative interventions, strategies focused on physical activity, care coordination, technology-based interventions. So through this study, the researcher provided focus to find out the impact of caregiving on caregivers and which intervention strategies can reduce the negative effect on caregiving. According to the researcher, implementing those intervention strategies can benefit both the caregiver and care receiver (Schulz et al., 2020)**.**

8. An article titled “Long-Term Care for Older Adults in ASEAN plus Three: The Roles of Family, Community, and the State in Addressing Unmet Eldercare Needs” was developed by Jean and Leng in 2018. The study tried to create a few issues concerning long term care by developing four significant themes such as understanding different LTC needs and supports with the help of the central role of the family, how community efforts such as ensuring health conditions and social soundness and empowerment support older adults, quality of LTC programs that can enrich the quality of elderly life, and highlighting the different LTC needs with the help of policy intervention. This study revealed that families who provide elderly care face difficulties or risk zones due to economic, social, cultural, and demographic changes.

Different issues play a significant role in caregiving such as family size, migration of children from extended family or to abroad, not enough qualified home care volunteers, shortage of family budget, gender-based caring for LTC support, whether elderly are living with family members or not, and living multi-generation people

under the same roof. The community can be considered an extension of the family by providing skillful volunteers to deliver medical checkups. To fulfill the unmet needs of community-based care, cultural and social acceptance must be considered with the highest priority. Institutional needs like nursing home care are required for vulnerable older adults who live alone without family members. With increasing the staff awareness for fulfilling personal needs, other elderly care related issues can be ensured such as based on receiving the feedback of the elderly about their care; empowerment is possible, with the inclusion of a variety of activities in LTC program related to functional needs of elderly; quality of life of elderly can be enriched.

The researcher explored that for addressing the LTC needs, a few minor initiatives can be taken with the help of policy interventions. Initiatives could be such that if policymakers reduce the employees' working hours, they will spend more time with the elderly in their homes, which would help ensure active ageing by increasing family capacity. The LTC plan's introduction of paid work, grandchildren care, and community and leisure activities would be fruitful. The researcher considered family care as long term care setting with taking support from the community. In the present study, family care was highlighted but only discussed in the literature and the impact of family care on the elderly (Yeung, 2018)**.**

9. A study conducted by Bai and Lai titled “Personal Care Expectations: Photo voices of Chinese Ageing Adults in Hong Kong” was published in 2020. The researchers tried to investigate the expectations about the forms and sources of future personal care of Chinese ageing adults. They also tried to determine which factors play a vital role in influencing care expectations. The photovoice method was used in this study, which consisted of group discussions and photography interviews. Based on familial, individual, and societal contexts, thirty-six respondents aged 51-80 years shared personal care preferences and expectations. They were chosen through the purposive sampling technique.

According to this study, personal care expectations are affected by factors such as the relationship between elderly and caregiver, which type of tasks need to be supported, and the availability of both care-related resources. The respondents mentioned that they expect to take care of own-self as long as possible without anyone’s help.

However, they realized that they needed support from others after a certain age. At that period, they expect to get care from family members first, if not possible, then from domestic workers and community care professionals. However, they expect to get institutional care when they need extensive care. The researcher revealed inconsistency between care preferences and reality because of non-dependable and unreliable family care, insufficient financial resources, and community support. Respondents expressed this inconsistency by saying their worries, feelings of uncertainty, and ambivalent attitudes about filial respect. It was found that elderly people consider their children the most desirable ones for supporting them at an older age. Still, when they enter into older age, they cannot treat their children as potential caregivers for many practical reasons.

This study also highlighted that family care is not adequate or reliable for the elderly, so the requirement of paid care sources becomes expected and vital in the care setting. However, when the elderly get family care in a suitable environment that becomes more suitable. This study had pointed out some implications for policymakers. Policymakers may conduct proactive planning and strengthen technological development so that the elderly can keep themselves independent as long as possible and maintain self-belief (Bai, 2020).

10. A study is titled “We Never Graduate from Care Giving Roles; Cultural Schemas for Intergenerational Care Role among Older Adults in Tanzania” by Rutagumirwa et al., published in 2020. The study tried to reveal how society's culture affects the perception of the elderly in the intergenerational care roles. A qualitative method was used to find the in-depth information from the 30 respondents. Twenty focus group discussions were conducted with the older people. This study showed that cultural schemas provide a specific shape on the perception of the elderly towards intergeneration caregiving obligations of young generations. Some cultural expectations were found such as caregiving is a sign of respect which means if any young provides care to the elderly, it reflects concern towards the elderly from that young person, if anyone offers care; then it can be considered a sign of love, providing care can provide emotional bonds and attachment.

The researcher pointed out all the findings based on some themes such as the relation between socialization and experiences of the elderly, enforcing schemas with the help of both positive and negative rewards, the schema of love, obeying, honoring the elderly, variety of care like social care, maternal care, and emotional care, and concept of care reverse and care burden. Based on the past life experiences of the elderly, they expect respect from their children. They believe that it is the moral duty of the next generation to provide care to their previous generation people. Because it is a culture they had also followed, now it is the new generation's turn. Respondents pointed out that the socialization process and religious teachings are two significant factors for which norms, values, and intergenerational care roles depend. Although the elderly expect to get both practical care and non-material support from their children, they try to avoid making complaints about their children's lack of maintenance. Sometimes, they feel like a burden on the children.

To develop the intergenerational caregiving system, the study suggested some intervention programs. These programs can be implemented by coordinated support from traditional caregiving institutions, different NGOs, government roles, and private sectors. Besides this, various initiatives can be taken such as providing training to the caregiver so that caregiving becomes easy for them, giving funds to both the elderly and caregivers for financial support, implementing different welfare programs such as a non-contributory old-age pension, figuring gender issues, and subsidizing older people services. So it can be said that based on the cultural schemas, the researcher tried to explore factors of older person’s expectation about caregiving which is similar to the present study, because in this current study; both expectation and experiences are examined (Rutagumirwa et al., 2020).

4.3 Studies Related to Family Care of Elderly People in South Asian Countries

1. Another essential study related to elderly care is titled "Caregiving Expectations and Challenges among elders in Southern Sri Lanka," conducted by Melissa H. Watt, Bilesha Perera, Truls Qstybye Shyamaranabahu, Harshini Rajapatse, and Joanna Maselko and was published in 2014. This study explored different dynamics of the relationship between caregiver and care receiver in southern Sri Lanka. Focus Group Discussions (FGD) and interviews were two primary methods that the researchers used. Four FGDs were conducted. On the other hand, in-depth interviews with adult children of the elderly and ten in-depth interviews with older persons were conducted to collect the data. Five themes were generated to present the findings. The themes were caregiving as a moral duty, the elder's desire for autonomy and independence, cooperative caregiving arrangements for the elderly, freedom from household contributions, and avoiding conflict in the caregiver and care receiver relationship.

This study explored that family-based caregiving is an unquestioned moral obligation for family members. Again, it was considered that a family is a reciprocal unit where the children must pay back to their parents when the parents would need care from children. Caregiving was regarded as a cooperative arrangement. Most of the respondents of this study, whether caregivers or care receivers, considered daughters and daughters-in-law as the best primary caregivers. This study revealed that older people are afraid of becoming entirely dependent on others or burdening the family. So they might need some support from family members, but they want to stay independent as much as possible. They feel the need for both a sense of pride and satisfaction in their lives. The researcher mentioned one feeling of the elderly. Older people want that family members would help them in their leisure time, and for helping them, they might not lose their productivity from other tasks. This support from others should not become an obligation to avoid conflicts in the elder caregiver relationship. The researchers tried to present a holistic view and different dynamics of the eldercare relationship by mentioning the perspectives of both care receivers and caregivers (Watt et al., 2014).

2. Another significant study related to the South-Asia region conducted by Ugargol and Bailey was disclosed in 2018. It was titled by “Family Caregiving for Older Adults: Gendered Roles and Caregiver Burden in Emigrant Households of Kerala, India.” This study was conducted based on social exchange perspective. Twenty-four families were considered respondents to collect the data through the interview-each of these households faced at least one emigration event having a minimum of one elderly living with the caregiver. Based on the snowball technique, twenty-four caregivers were chosen. This study tried to focus on different issues such as the caregiving relationship between caregiver and care receiver, understanding the different types of needs of elderly people, how the caregiver can be motivated to provide care, mutual understanding between two parties in the care exchange process, perceived burden, and how coping mechanisms can help in care setting process.

By highlighting five themes, the researcher explored the study's findings. The themes were multiple demands of the elderly in their older tenure and competing roles, exploring gendered caregiving roles. These decisions are imposed on caregivers, lack of autonomy that caregiver receives, unfulfilled expectations of both parties and non-reciprocity, and reducing burden through mutual understanding. This study explored that emigrant household women whether spouse or daughter or daughter-in-law, are forced to care for the elderly. They need to manage other diversified responsibilities and provide care without significant support from other family members. A male member of those families imposes this responsibility on the women. This care becomes more complicated when they face health-related issues, and their different life-related expectations are not met. They cannot share their suffering, making the caregiving task more challenging. The burden might be reduced if they get some support, reward, and appreciation. So it can be said that suitable communication and support from others may help reduce the women's stress or pressure. One limitation of this study can be highlighted. This study explored the findings based on a perception of caregivers, not based on the reciprocal perspective. Again, they conducted the survey to take respondents from emigrant households, not from general homes (Ugargol, 2018).

3. To explore the effects of the changing role of the family in Sri Lanka, a study titled "Ageing and the Changing Role of the Family in Sri Lanka" was conducted by Kaluthantiri, K.D.M.S. in 2014. The study was conducted by focusing on two primary purposes. The first one was to evaluate the complex relationship between rapid ageing. The second one was to determine how the transition from extended to nuclear family affects the caregiving system. Along with these two purposes, other different objectives were considered, such as speed and nature of population ageing, examining different patterns of family structure which affect caregiving, finding out which changes in the family can bring betterment for the elderly, international migration for the care of elderly, how a change in interpersonal roles creates an impact on elderly care and finding out the policy implications of population ageing based on changing the position of the family. This study showed that older people aged 60 or above were 9.2 percent in Sri Lanka in 2001. However, this study estimated that this proportion can be increased up to 21.9 percent in 2030.

For finding the impact on elderly care because of changing family structure, this study explored that importance of extended family had been decreasing over the last few years in Sri Lanka. After taking interviews of the elderly respondents, the researcher tried to evaluate the relationship of the elderly with other family members, such as their relationship with their spouse, their children, and grandchildren. It was found that children and grandchildren were more focused on improving their financial condition and were more involved in social activities outside the home. So a gap was created between the relationship of the elderly and other family members. Whether the elderly would have resided with family or not depends on the number of living children and financial condition of the eldest child. Besides this, elderly who have no children or are unmarried live alone or live with their parents.

This study explored a positive financial impact on the elderly because of internal and international migration. Still, they face an adverse effect on their ADL support. This study also tried to determine the impact of changing intergenerational roles on population ageing when parents transfer their wealth to their children. In modern family settings, parents willingly share their wealth with their children for better education and health. It was revealed that the elderly who live in one generation families get more support from the community than their children. Finally, the researcher pointed out a strong and positive relationship between net transfers of

wealth and the status of physical, material, and social well-being of the elderly. The elderly who transfer a handsome amount of net wealth to their children get more care from them, improving their physical and mental condition and vice-versa (Kaluthantiri, 2014).

4. A study conducted by Ugargol et al. in 2016 titled "Care Needs and Caregivers: Associations and Effects of Living Arrangements on Caregiving to Older Adults in India" explored the care needs of older adults across living arrangements. The study was conducted by collecting data through a cross-sectional survey from the older people of India, funded by the United Nations Population Fund. This study was part of a more extensive study on Building Knowledge Base on Population Ageing in India. Elderly above the age of 60 years were taken part as respondents, and they were selected from seven states of India. Nine thousand eight hundred fifty respondents were taken part in this cross-sectional survey. The researcher set three specific objectives: finding the relationship between living arrangements and the health and functional status of the elderly, how other caregiving patterns impact live performance, and investigating the differences in caregiving patterns related to living arrangements.

The findings of the study were directly associated with the objectives. It was explored that living arrangements have a direct relationship with the health and functional status of the elderly. A proper living arrangement positively affects the health condition of the elderly and vice-versa. This living arrangement also involves the patterns of the caregivers. Co-residence also plays a vital role in determining how care will be provided in India. It can also be considered the fundamental role in the care of older adults. It was noticed that the elderly hold better disability status when they live alone than when they stay with their families. Even this study also mentioned one peculiar scenario. To somewhat the elderly who live alone get better care and support from the family members.

In the Indian context, informal care provided to the elderly is the foundation in the care setting. It also brings forward a significant gap in the care setting: older adults living alone and non-family sources of caregiving. This gap is becoming visible in this Indian context. A critical issue was found from the study that directly affects the

eldercare setting. Families have been converting from joint to nuclear families, and children have migrated from traditional multi-generational family systems. As the formal caregiving system has become negligible in the Indian context, this study can give significant directions about policy implications on how the elderly must get endless benefits from a family-based carving setting (Bailey, 2016).

5. Chand conducted another South-Asian-based research in 2018 titled "Ageing in South Asia: Challenges and Opportunities." Rapid aging has been bringing both challenges and opportunities for society. This study focused on investigating those challenges and pointed out how the ageing population can get different options for the community. Secondary data on the demographic situations of South Asian countries were considered in this study. Based on two major themes, the researcher tried to present the implications for ageing populations in South Asia. The first was policy implications, and the second was managerial implications. The researcher pointed out some issues which were given top priority under policy implications. First, demographic dividend can be one crucial issue from which South Asian countries must generate an advantage. They should focus on issues like the working-age population must be engaged in productive works. Second, it was noticed that demographic transition has been occurring from stage three to stage four. So a rural to urban shift due to moving countries has been emerging from which policymakers should take advantage to provide mass education to the general people.

Policymakers should focus on what is the need of rising proportion of older people for the society, how there will be an improvement in the health and nutrition of both women and children, the importance of young education, how to develop an economic environment, how to reduce the inequality in income and wealth, how to manage the transition of family support, how to establish a flexible labor market, how to take advantages of multinational companies that generate value chain relocation, and developing economic growth with the up-gradation of technologies which will help the elderly to live independently in the society.

The researcher also suggested some managerial implications. First, they should provide training to employees and managers to cope with the workplace's age diversity. They must learn how to deal with the different values and behaviors

generated from employees of different generations. Second, they must implement policies that will support intergenerational work ties to ensure a work-friendly environment for elderly employees. Third, elderly employees are vastly enriched with different knowledge because of their experiences. Through a mentorship program and cross-training arrangement, companies can take advantage of those experiences. Forth, a change in social and cultural norms is noticed in the society about the aging population, so the businesses and community must understand this change (Chand, 2018).

6. An article titled "Caregiving for Elderly Parents: A Study from the Indian Perspective" was published in 2012 by Dhar. The study's primary purpose was to investigate the issues concerning elderly parental caregiving in the modern Indian socio-cultural context. The methods of this study were based on qualitative research, which was conducted by collecting data through interviews from fifteen couples through the purposive and snowball form. Based on the socio-cultural context, evaluating the respondents' experiences while providing care to their elderly parents was the main objective of this study. The researcher pointed out the findings based on presenting five themes such as the emotional bonding between caregiver and care receiver, implications on caregiver in both long and short term, what is the impact on care based on financial condition, who plays the primary responsibility in caregiving, and the role of the daughter for elderly.

The study revealed that an apparent emotional attachment works between parents and children, leading them to care for their parents. Again, elderly people get mental peace when they can serve God. The respondents mentioned that providing care to their elderly parents is their moral responsibility for personal satisfaction. Based on Attachment Theory and Hindu Religion Perspective, the researcher addressed these issues as elderly people suffer from diseases more or less. Hence, the children need to spend a significant amount on their treatment, which affects their financial conditions. The economic vulnerability, but the children are also affected by their physical and mental requirements, so they tend to avoid providing care to their older parents. According to the Indian socio-cultural system, parents are not interested in staying with their married daughter's house although they are not treated well in their son's

house. Despite getting lousy treatment in the son's place, they prefer to stay and willing to take care of their daughter-in-law rather than a daughter. This study highlighted the caregiver's views and experiences, but the present study highlights both caregiver's and care receiver's views and experiences (Dhar, 2012).

4.4 Studies Related to Family Care of Elderly People in Bangladesh

1. A study titled "The Problems of Ageing in Bangladesh: A Socio-Demographic Study" was conducted by ASM Atiqur Rahman in 2002. In this study, the researcher highlighted some social and demographical issues of elderly people in Bangladesh. It was found that the majority of the respondents in urban areas identified their spouses firstly as caregivers, secondly son and daughter-in-law, and lastly daughter or son-in-law during illness. The study found that 37 percent of respondents mentioned that their care and benefit was moderate, 26 percent mentioned insufficient, and 20 percent replied that they had got sufficient care from family. It was found that elderly people suffer from physical illness, lack of medicine and specialized health services, poverty and financial security, lack of employment, exclusion and loneliness, mental incongruity, and social stress and concern of family affairs. Elderly people mentioned their views regarding the causes of problems such as population explosion, reducing resources and services, modernization and materialistic relationship, lack of religious and moral education, the pro-western attitude of youth and indifferent attitude and negligence of the government and society. This present study also found similarities regarding the causes that affect elderly care. The study recommended some issues for the peaceful and dignified life of elderly people such as adaptation to changing environment, keeping control over talking, performing religious activities, becoming flexible, and having tolerance and satisfaction (Rahman, 2002).

2. An article by Hossain et al. titled "Elderly Care Services and Their Current Situation in Bangladesh: An Understanding from Theoretical Perspective" was published in 2006. This article highlighted the different problems and needs of the elderly. They also reviewed the services that the elderly get in Bangladesh. Based on

the theoretical perspective of different social problems, the researcher of this paper defined ageing. The social problems are linked with conflict, social disorganization, deviant behavior, and labeling theories. Just like the negative relationship between the disorganization of society and changing trends, this article found out that there is also a negative relationship between modernization and ageing. It was found that the elderly of urban and well-settled families can fulfill their basic needs, but mental peace is missing. They feel isolated, lonely, depressed, and lack of mental support from their caregivers or family members. To provide care to the elderly, women and grandchildren are considered the primary caregivers.

Usually, the elderly are considered care receivers, but this article revealed that they could also support their grandchildren when needed. However, they become helpless because of the cut down of the traditional extended family, long-term fighting with poverty, social detachment, etc. It was found that both able and disabled elderly stay at home and are primarily dependent on family members. Although institutional services are considered necessary for ensuring a better life for the elderly, the availability of institutional services is not sufficient. The researcher had pointed some steps for the betterment of the elderly such as providing counseling services to caregivers and care receivers, arranging community-based care services, extensive medical care facilities, and arrangement of home care facilities (Hossain et al., 2006).

3. A study titled “Demographic Transition and Home Care for the Elderly in Bangladesh: An Urban-Rural Comparison” was conducted by Pradhan and was published in 2017. This study was conducted based on the Sylhet district of Bangladesh. With the help of this study, the researcher tried to find out and evaluate the vulnerability of the elderly in terms of care received in both rural and urban areas. This study revealed that elderly people get home-based supportive care from their life partners, children, friends, relatives, or neighbors. Usually, the elderly get support for three types of activities. The first one is activities related to personal care, the second is practical household tasks, and the last is providing help regarding paperwork. In terms of receiving financial care, different predictors play a significant role in the rural area of Sylhet. The researcher pointed out some of them such as level of education, income source, employment status of children, and the number of the son.

On the other hand, some differences were found in urban areas. The researcher pointed out that age, gender, education, and source of income are some of the vital predictors for urban people. The rural respondents mentioned that marital status and married children are two significant predictors regarding receiving personal care. It was found that the spouse plays the most vital role in providing personal care to the disabled elderly. This study found a relationship between caring for the children and their marriage. When the child gets married, it was found that the probability of receiving care declined by 3 percent. However, no significant predictor was found in providing personal care in the urban area.

In terms of receiving reasonable care, different predictors play a vital role in rural areas, such as the source of income, living arrangements, and whether the children are living with the elderly or not. Respondents of this study revealed that they get more reasonable care from their spouses and children. However, they need to live with children or spouses to receive more practical maintenance. On the other hand, living arrangement is the sole vital predictor of receiving appropriate care in urban areas. According to Bangladesh culture and tradition, the daughter-in-law also plays a significant role in providing care. Because, when the age of elderly grows up, they either lose their spouse or their children may go away from them.

For the same reason, with the increasing age, getting personal care from relatives also increases. These findings exposed that spouse specifically, the wife plays the most vital role in providing emotional and practical care in rural areas. The conclusion can be drawn for rural areas in such a way that marital status, living arrangement, employment condition of children, and source of income are the most vital predictors for the urban people in terms of receiving both personal and practical care.

The researcher also showed some quantitative results in terms of elderly care. After the survey, it was found that the probability of receiving financial and practical care in rural areas is 90 and 4 percent successively. On the other hand, the likelihood of receiving economic and reasonable care in an urban area is 93 and 5 percent successively. However, the affordable care received from spouses and children is 84 and 95 percent in rural and urban regions successively. Again, it was found that the probability of getting all three types of care by spouse and children is more in urban areas than in rural areas. However, an opposite result was found in receiving care

from relatives. The probability of getting all three types of care by relatives is higher in a rural area than in an urban area. Again, it was found that the elderly of both rural and urban areas are significantly vulnerable in receiving personal care in terms of vulnerability. Besides that, in terms of receiving care from relatives, friends, and neighbors, elderly people of urban areas are more vulnerable than elderly people of rural areas. Lastly, the researcher found a positive relationship between the age of the elderly and their vulnerability in receiving care. The Elderly in urban and rural areas become more vulnerable with the increasing age (Pradhan, 2017)**.**

4. A study conducted by Begum and Islam was published in 2019 named "An Inclusive Approach to Care of the Elderly in Bangladesh." Along with the two researchers, this study was also conducted by the Bangladesh Institute of Development Studies. To find the significant gap between the needs and necessities of the elderly, this study was completed. The study's findings helped develop a policy framework for elderly care in Bangladesh. To identify and evaluate the actual scenario of elderly care in Bangladesh, a sample survey was conducted by interviewing one hundred and thirty-six people. Dhaka and Chittagong were considered for an urban setting, and for a rural setting, adjacent areas of Dhaka and Chittagong like Narayanganj, Gazipur, and Hathajari were considered. Through the interview, different issues were identified and evaluated related to elderly care, such as demographic issues of the family members and older people, socio-economic conditions of the elderly, expectations about the financial condition, treatment facility, living conditions with or without family, government support in elderly care, financial assistance from family members and Govt. or NGO, care of children and friends, support from the community, feelings of vulnerability as being an older person, living arrangements, health conditions, social behavior and interaction, and desires to receive care for other elderly in their community.

One of the significant observations found from this study was that older people expressed satisfaction in their elderly life to some extent. It is not always true that elderly people only receive care from their family members, but sometimes they also care for their family members, especially their grandchildren. The majority of elderly respondents showed satisfaction with the support they receive from their family

members, but they showed dissatisfaction with the government support. There is a tradition or culture of Bangladesh that sons take care of their parents at an older age, but daughters are not. Because of the educational development and financial independence, daughters also play a vital role in caring for their parents. Most elderly respondents expressed that they want to lead their old age period in the family, not in any nursing home or care institution. Elderly respondents who had financial capacity wished to invest their money in business and keep them financially independent for the rest of their life. However, the elderly who had no financial solvency wanted to lead the rest of their lives in a peaceful, happy, and relaxed condition. Some key informant interviews were also conducted. They mentioned some of the issues which can develop the elderly care setting of Bangladesh, such as conducting extensive scale survey to find the needs and conditions of the elderly, keeping adequate budget from Govt. every year for elderly development, providing systematic institutional services, establishing a separate ministry for elderly linking with health, education, social welfare programs.

Respondents who were directly engaged in providing elderly care mentioned some of the suggestions such as developing the ageing social infrastructure for the elderly where they can get entertainment, developing priority banking services for the elderly so that they don't get troubled when taking any banking services, arranging for free ambulance services, increasing the range of large scale social security programs like a pension fund, providing an allowance to needy elderly, health insurance facility, developing senior citizen card, training facility from where caregiver will learn how to provide care to the elderly, formatting volunteering group, creating an elderly-friendly society with the help of different media including social media, and creating less stressful job opportunities for those elderly who are physically capable. According to the study, implementing the above suggestions can significantly change the elderly care system (Begum, 2019)**.**

4.5 Conclusion

Reviewing the above literature found some similarities and dissimilarities with the present study. The content or topic of all the studies, articles, and books is similar to the present study. Four major types of literature were found that helped this study by addressing this topic, addressing an aspect of this topic, addressing a subject like this study, and helping to explain this study. These kinds of literature are very much related to the present study, and they discussed various issues of family care associated with its nature. Still, they did not focus on the impact of care on the elderly. Most of the kinds of literature discussed and explained the various issues of family care such as nature and extent of family care, the demographic trend of family care, causes of provision of care, dynamics of elder caregiver relationships, and impact of care on the family as a unit from the elderly with dementia and developmental disabilities. But in this present study, the nature of family care from the frail elderly was explored. Literature-based articles provided a lucid concept through addressing the topic. Another most of the research-based studies were conducted to know the nature of family care and the impact of care on caregivers. Still, this study explored the impact of caregiving on the elderly, which is the fundamental difference of the present study with previous studies.

Chapter Five: Population Ageing- Global and Bangladesh Context

5.1 Introduction

People can enjoy in later stages of life due to success in public health, medical advancement, and socio-economic development for addressing and overcoming health-related problems such as diseases and injuries. Population ageing has been considered one of the significant demographic trends along with population growth, international migration, and urbanization. The world is now experiencing lower fertility and mortality. As a result, life expectancy and the number and proportionate of elderly people in the total population have increased higher than before. It is a suitable time for taking appropriate initiatives for the well-being of the elderly people considering achieving sustainable development goals in 2030.

5.2 Global Context

According to the United Nations 2019, every country faces a more significant share and proportion of elderly people in their population due to demographic change in fertility, mortality, migration, and life expectancy. Among the regions, Eastern and South-Eastern Asia and Latin America, and the Caribbean are experiencing the fastest growth of the elderly people aged 65 years or over. The distribution of elderly people would be double in four regions: Northern Africa and Western Asia, Central and Southern Asia, Latin America and the Caribbean, and Eastern and South-Eastern Asia in 2050. Globally people may expect to stay alive for additional 17 years, which would increase to 19 years in 2050. Women live more than men in later life, but it may forecast that this space will be constructed over the next three decades.

The old-age dependency ratio, which means older people depend on the working-aged 20-64 years, is projected to more than double in Eastern and South-Eastern Asia, Latin America and the Caribbean, Northern Africa and Western Asia, and Central Southern Asia. Bangladesh is one of the countries of Central and Southern Asia. But it would create a significant impact where the highest number of elderly people and the

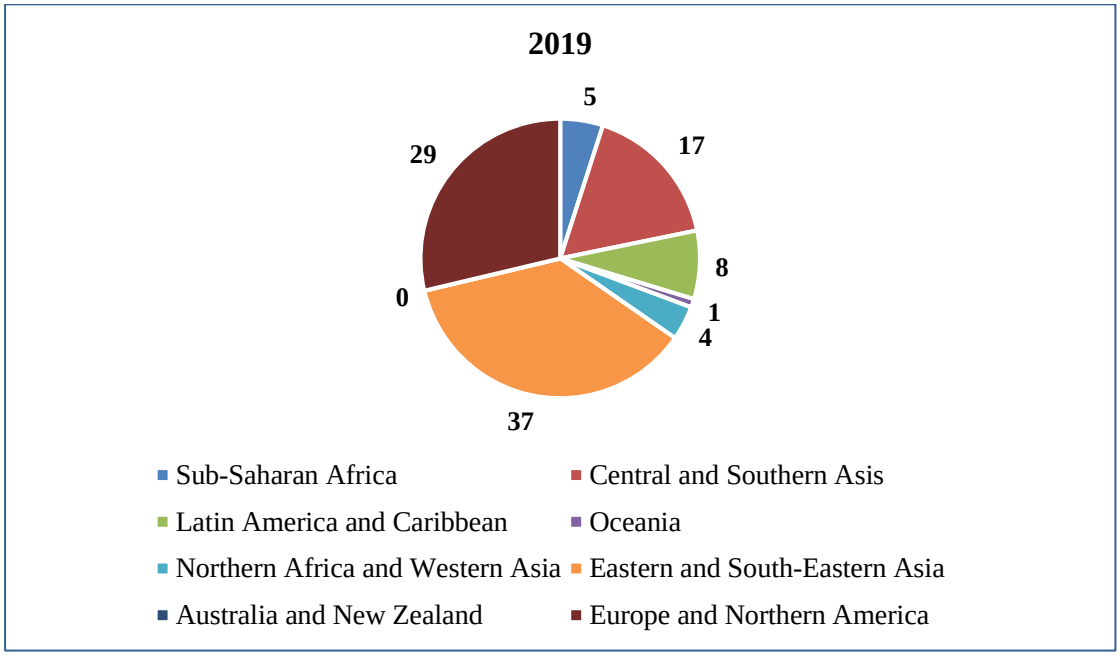
highest level of consumption exist, especially in Europe and Northern America and Australia and New Zealand. The source of consumption and expenditure of more senior people depends on public and private transfers and labor or assets. With shared transfers, Europe and Latin America's elderly people lead their daily lives. Still, on the other hand, the elderly people of Southern Asia and South-Eastern Asia have to depend on labor or personal assets due to weaker social insurance or pension scheme. As a result, the more significant number of elderly people would create pressure and challenges on the public transfer system and individuals and families (UNESCAP, 2017).

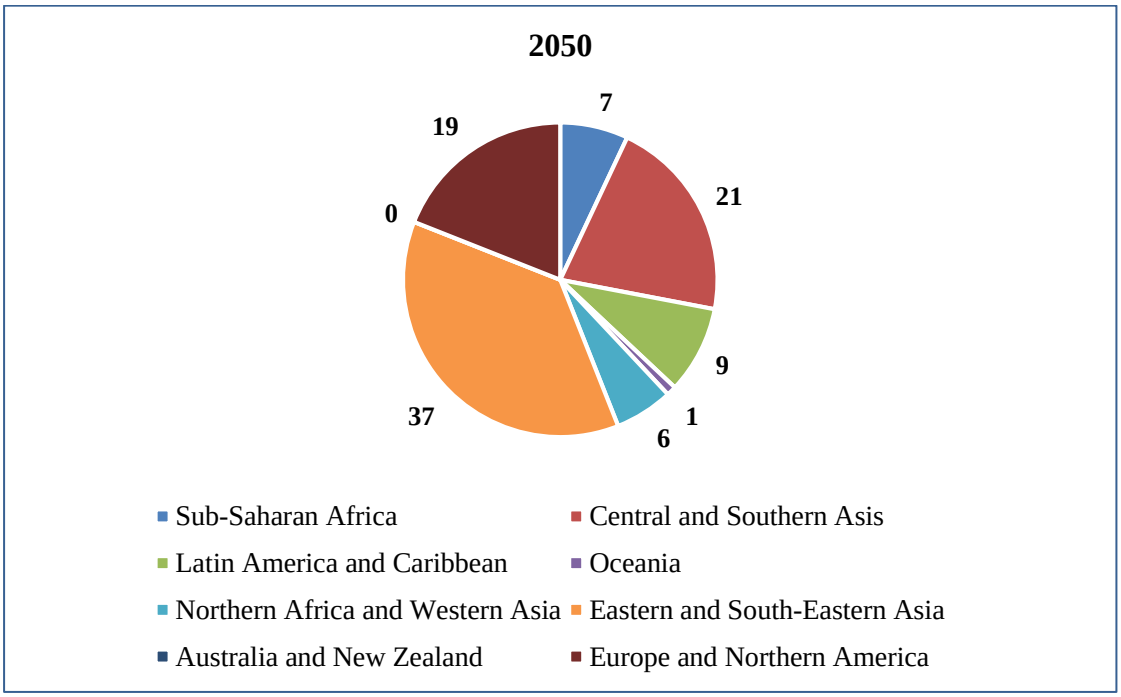
Worldwide the number and share of elderly people have increased due to demographic changes. The Asia-Pacific region is also facing speedy and reflective changes in population ageing. By 2050 this region will have one in four people aged 60 years or above. The number of older people in this region will be more than double from 535 million in 2015 to about 1.3 billion by 2050 due to declining fertility and increasing longevity influence the demographic transition with changing patterns in mortality, fertility, and population growth rates. Most of the countries of this region are in stage three or four of the demographic transition, which indicates decreasing proportion of young populations and a rising share of older persons. It is observed that the highest decrease in the fertility rate was in the East and North-East Asian sub-region between 1965 and 1980, from 5.5 to 2.5 live births per woman. Life expectancy at birth is increasing in this region significantly due to improved living standards, better food, water, sanitation, lifestyles, and education.

The proportion and number of the oldest-old persons aged 80 years or above also increases. The percentage of the oldest-old person was 1.5 of the total population, but it is expected to more than triple to 5.0 percent of the total population by 2050 in this region. So the government and non-government organizations should take immediate initiatives in long-term care, health care, and social security sectors for ensuring the well-being of the older person and healthy and successful ageing. But South-East Asia and South and South-West Asia had a direct proportion of the oldest-old among the elderly people. On the other hand, the number and proportion of older women are superior to older men due to longer life expectancy at birth (UN, 2020).

The following Figure 1 indicates the distribution of the population aged 65 years or over in 2019. Projected value in 2050 is also showed. It has been seen that Eastern and South-Eastern Asia held a significant portion of almost 37 percent. On the other hand, the Oceania region held the minor part in this category. According to the UN, even in 2050, eastern and South-Eastern areas will have many elderly people over 65.

Figure 1: Distribution of Population Aged 65 Years or Over (Percentage) by Region

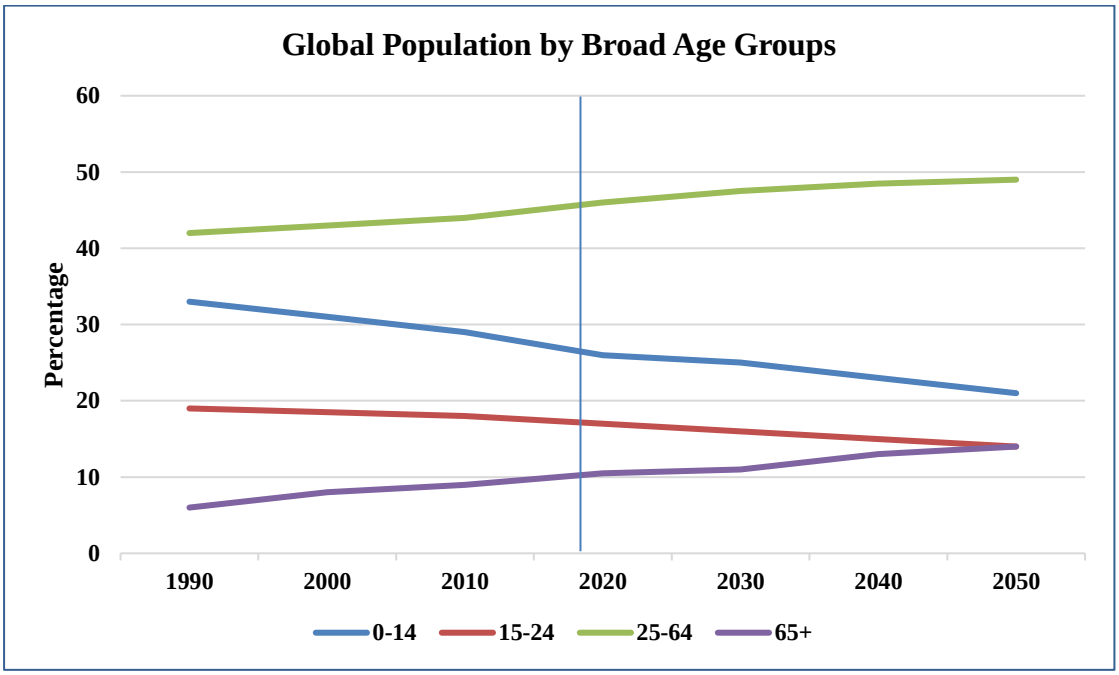




Source: (UN, 2020).

Figure 2 highlights the global population of broad age groups of different regions from 1990 to 2050. Data after 2020 is projected. It is found that the percentage of an elderly group with age 65 or more has been increasing since 1990, and it has been launched that this increase rate will continue till 2050.

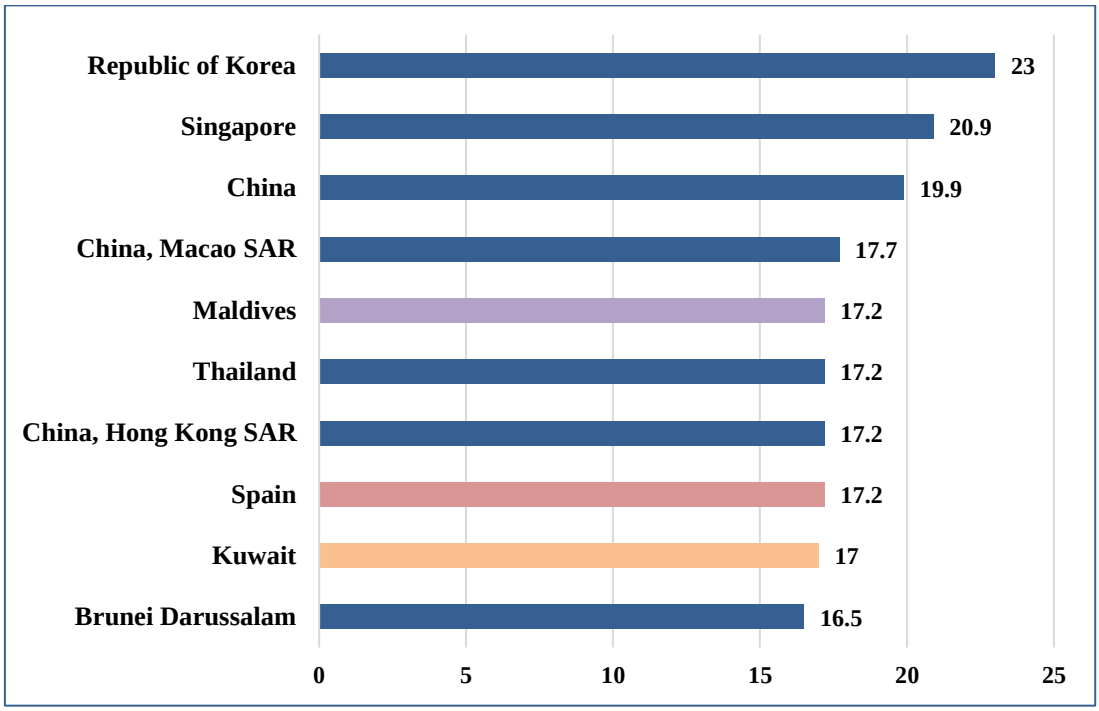
Figure 2: Global Population by Broad Age Groups (Percentage), 1990-2050



Source: (UN, 2020).

The following Figure 3 shows countries or areas with the most significant percentage increase in the share of older persons aged 65 years or over between 2019 and 2050. Data after 2020 is projected. It is found that the most significant percentage point increase has been shown in the Republic of Korea, Singapore, China, and they belong to the Eastern and South-Eastern Region.

Figure 3: Countries or Areas with the Most Significant Percentage Point Increase in the Share of Older Persons Aged 65 Years or Over between 2019 and 2050



Republic of Korea, Singapore, China, Taiwan Province of China, China (Macro SAR), Thailand, China; Hong Kong SAR, Brunei Darussalam are from Eastern and South-Eastern Asia

Maldives is from Central and Southern Asia

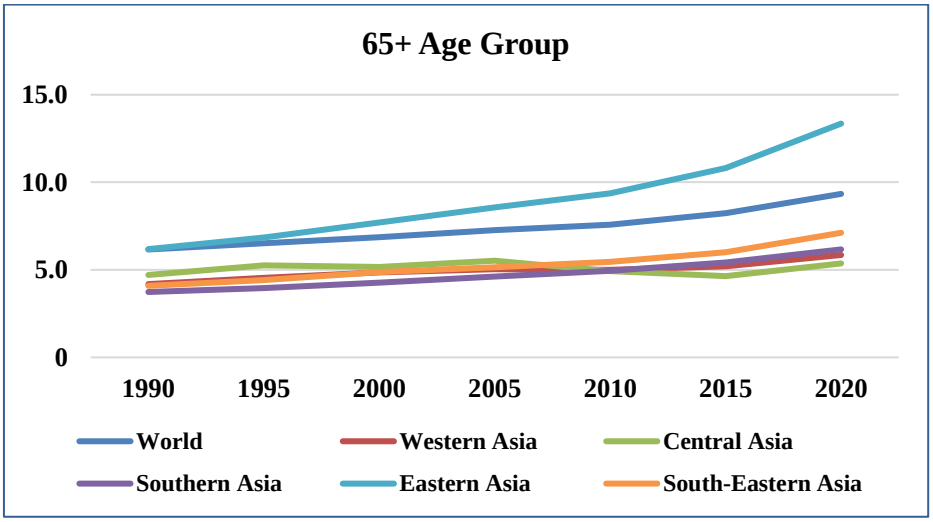
Spain is from Europe and Northern America

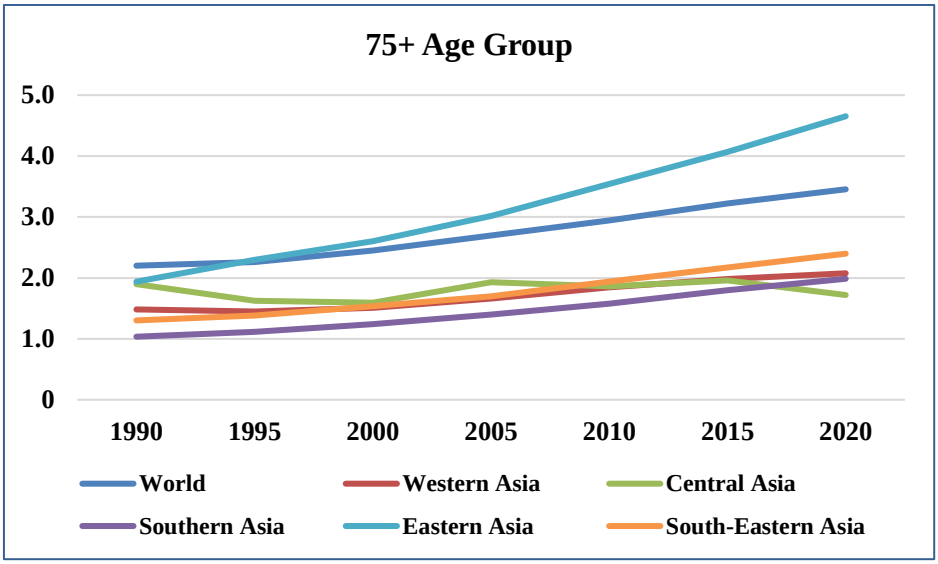
Kuwait is from Northern Africa and Western Asia

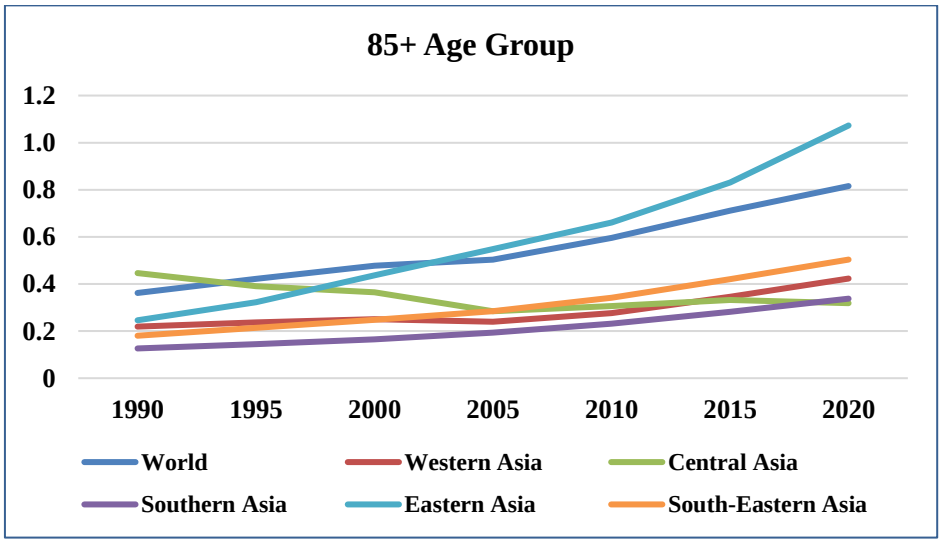
Source: (UN, 2020).

Figure 4 shows the percentage of older age groups of the total population (by both sexes) of different regions from 1990 to 2020. Three aged groups are considered such as 65+ years, 75+ years, and 85+ years. Among all the three groups, Eastern Asia has the highest percentage of elderly people in the total population, and an increase has been shown since 1990.

Figure 4: Percentage of Older Age Groups of Total Population (by both Sexes)







Source: (UN, 2020).

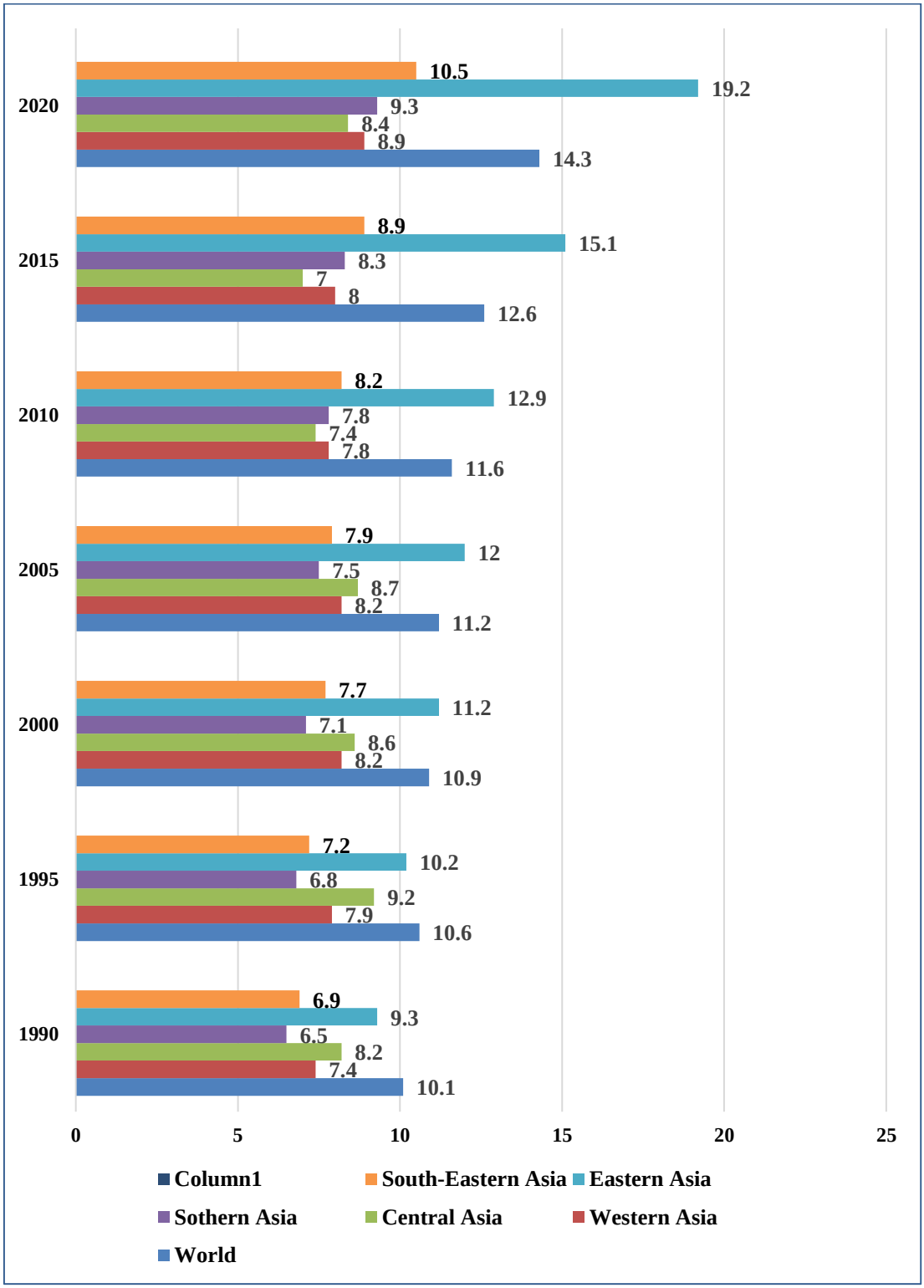
Table 1 and figure 5 highlights the old-age dependency ratio in Southern Asia, and the World and Asia Region, respectively. It is explained that this indicator is the proportion between the number of elderly people aged 65 and above and the number of people aged between 15 and 64. This table presents the old-age dependency ratio from 1980 to 2020. This ratio is significant in taking initiatives for the well-being of elderly people. We could know how many economically inactive or non-productive people depend on economically active or employed people. The dependency ratio has increased from 5.3 to 7.0 from 1970 to 2020. But among Southern Asian countries, Sri Lanka has the highest old-age dependency ratio, which is 10.1 percent. India and Nepal have the second-highest old-age dependency ratio of 7.6, and the third-highest proportion of 7.0 includes the two countries, Bangladesh and Iran.

Table 1: Old Age Dependency Ratio of Southern Asia

Year	**1980**	**1985**	**1990**	**1995**	**2000**	**2005**	**2010**	**2015**	**2020**
Southern Asia	5.9	6.0	6.2	6.3	6.4	6.5	6.8	7.1	7.5
Afghanistan	5.0	5.0	4.9	4.7	4.5	4.5	4.8	4.7	4.5
Bangladesh	4.9	5.3	5.9	5.9	5.7	5.7	5.9	6.5	7.0
Bhutan	4.2	4.3	4.4	4.6	4.9	5.3	6.5	7.0	7.3
India	5.8	5.9	6.2	6.3	6.4	6.5	6.8	7.2	7.6
Iran	6.8	6.3	5.9	5.5	5.6	6.4	7.0	7.1	7.0
Maldives	4.4	4.6	4.5	4.9	5.1	5.6	6.1	6.7	6.9
Nepal	4.9	5.2	5.6	5.9	6.2	6.5	6.6	6.8	7.6
Pakistan	7.1	7.1	7.1	7.2	7.2	7.3	7.5	7.4	7.3
Sri Lanka	6.9	6.6	6.8	7.3	8.0	8.8	9.4	9.3	10.1

Source: (UN, 2020).

Figure 5: Old Age Dependency Ratio 65+/(15-64) by World and Asia Region



Source: (UN, 2020).

The following table highlights the projected percentage of people residing in the urban area in the world. It is observed from the table that there is a trend of urbanization across the globe. It has been found that about 4.3 percent of people lived

in urban areas in 1950, and the projected percentage of people living in urban areas would be 58.4 percent in 2050. So the cities should prepare to create a healthy environment, especially for the elderly people.

Table 2: Percentage of People Residing in Urban Areas

Year	Percentage of People Residing in the Urban Area
1950	4.3
1955	4.7
1960	5.1
1965	6.2
1970	7.6
1975	9.8
1980	14.9
1985	17.5
1990	19.8
1995	21.7
2000	23.6
2005	26.8
2010	30.5
2015	34.3
2020	38.2
2025	42.0
2030	45.6
2035	49.0
2040	52.2
2045	55.3
2050	58.4

Source: (UN, 2020)

The following table shows the number of people in Southern Asia aged 60 or more than 60 years. An apparent increase of elderly people of different age groups has been noticed since 2000, indicating the need for more elderly care for those increased number of elderly people.

Table 3: Number of Elderly People (60 and above) in Southern Asia

Year	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
2000	34822	26238	17832	10594	5122	1853	454	80	14
2005	38381	30084	20987	12789	6386	2357	581	110	19
2010	44078	33423	24289	15216	7853	3028	771	148	27
2015	55227	38774	27452	17967	9708	3869	1044	208	38
2020	64385	48976	32133	20521	11468	4846	1360	290	56

Source: (UN, 2020).

The number of elderly people in South Asian countries has been observed by age group from the following table. It is observed that all countries have many elderly people in 60-64 age groups. Bangladesh contains the third-largest number of elderly people in South Asian countries. India holds the first most significant number of elderly people in the South Asian region.

Table 4: Number of Elderly People by Age Group in South Asian Countries in 2020

Country	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
Afghanistan	613	445	312	168	76	24	5	1	0
Bangladesh	4500	2796	2357	1739	1021	483	167	39	6
Bhutan	21	16	13	9	6	3	1	0	0
India	48891	38260	24091	15084	8489	3531	993	223	48
Maldives	12	7	4	4	3	1	0	0	0
Nepal	823	665	474	338	153	54	13	2	0
Pakistan	5279	3623	2706	1853	962	365	85	11	1
Sri Lanka	1114	899	727	419	208	106	38	77	1

Source: (UN, 2020).

The number and percentage of elderly people are increasing throughout the world. The following table indicates that there were 702.9 million older people aged 65 or over in 2019, and it is estimated that it would be 1548.9 million in 2050. So it is observed that the number of older people would be more than double in the future. The percentage would be changed to 120 between 2019 and 2050. Asia region, especially Eastern and South-Eastern Asia, had the most significant number of elderly people in 2019. It was 260.6 million, which would be more than double in 2050, 572.5 million among the region's second-largest region for elderly people in Europe and North America, which had 200.4 million in 2019 and would be 296.2 in 2050. Then Central and Southern Asia held the third position with 119.0 million elderly people in 2019, and the projected number of elderly people is 328.1 million in 2050. Bangladesh is one of the countries part of Central and Southern Asia. So if we want to take some initiatives for the well-being of older people, then we need to consider the changed percentage of the number of elderly people in this region, which indicates 176 percentage changes between 2019 and 2050.

Table 5: Number of Persons Aged 65 Years or over by Geographic Region, 2019 and 2050

Region	**Number of Persons Aged 65 or over in 2019 (millions)**	**Number of Persons Aged 65 or over in 2050(millions)**	**Percentage Change between 2019 and 2050**
World	702.9	1548.9	120
Sub-Saharan Africa	31.9	101.4	218
Northern Africa and Western Asia	29.4	95.8	226
Central and Southern Asia	119.0	328.1	176
Eastern and South-Eastern Asia	260.6	572.5	120
Latin America and the Caribbean	56.4	144.6	156
Australia and New Zealand	4.8	8.8	84
Oceania, excluding Australia and New Zealand	0.5	1.5	190

Europe and Northern America	200.4	296.2	48

Source: (UN, 2020)

The following table highlights the life expectancy at birth and age 65 by sex in all regions in the world between 2015 and 2020. It is found from the table that all over the world women are living longer than men so we could get older women in population aging. In 2015-2020 life expectancy at birth went beyond 4.8 years by women. The increasing number of women was prevalent in Latin America and the Caribbean, which was 6.5 years, Europe and Northern America, which was 6.1 years and Eastern and South-Eastern Asia, which was 5.3 years. On the other hand, in Central and Southern Asia, Oceania, and Sub-Saharan Africa, the prevalence of women is lesser, which was 2.7 years, 3.0 years, and 3.5 years. Worldwide, older men aged 65 years and above are projected to get further 16 years and women 18 years in 2015-2020. The highest gender gap in life expectancy at age 65 is similar to life expectancy at birth in the regions such as Eastern and South-Eastern Asia, Europe and Northern America, and Latin America and the Caribbean, whether the gender gap is smallest in Oceania, Central and Southern Asia and Sub-Saharan Africa. In 2050, older women would comprise half portion of the population ageing.

Table 6: Life Expectancy at Birth and Age 65 by Sex, World and Regions, 2015-2020 (years)

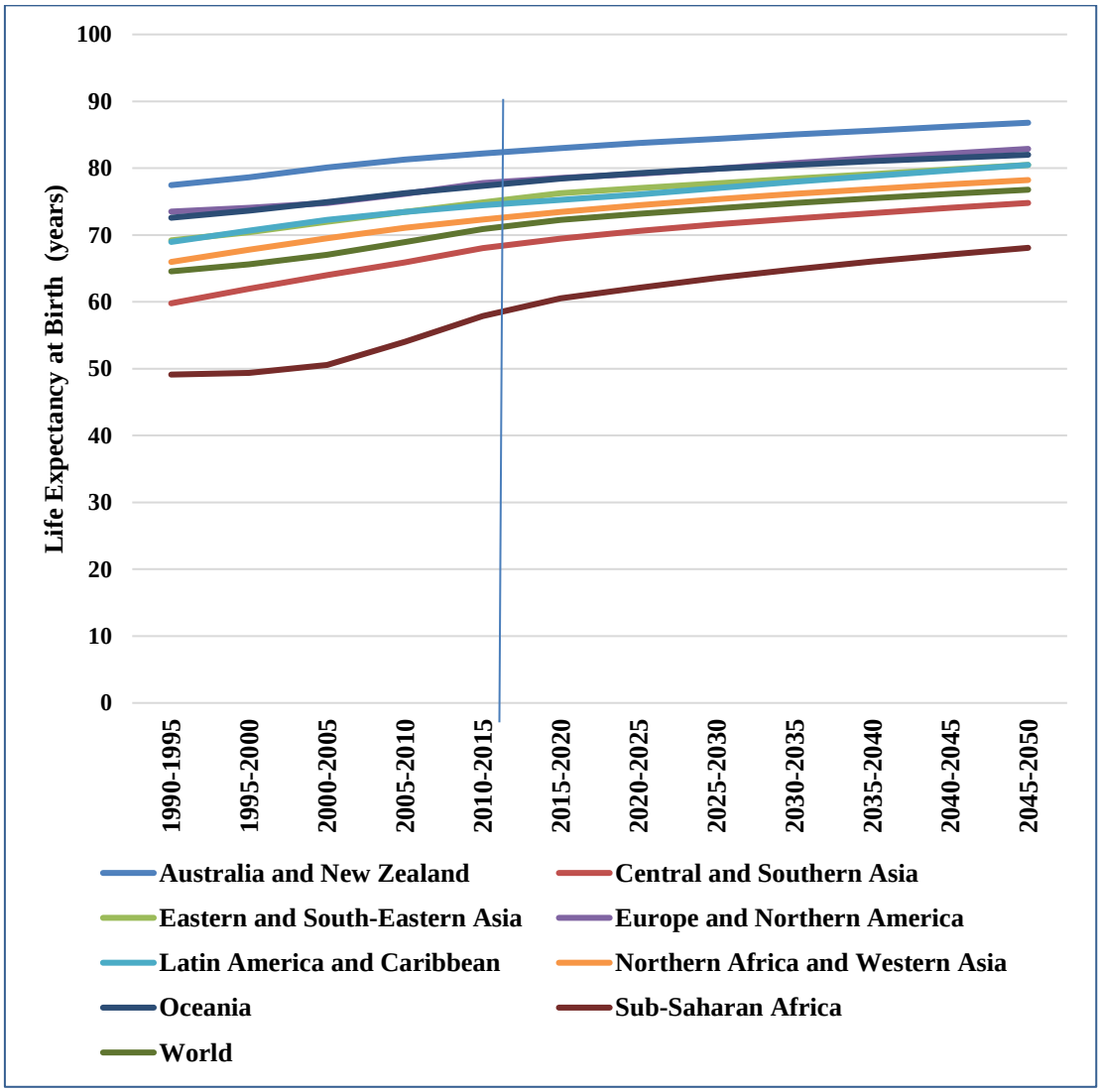
Region	**Life Expectancy at Birth (years)**			**Life Expectancy at Age 65 (years)**		
	Both sexes	**Female**	**Male**	**Both Sexes**	**Female**	**Male**
World	72.3	74.7	69.9	17.0	18.3	15.6
Sub-Saharan Africa	60.5	62.3	58.8	12.8	13.4	12.1
Northern Africa and Western Asia	73.5	75.7	71.3	16.0	17.1	14.8

Central and Southern Asia	69.5	70.9	68.2	14.7	15.2	14.1
Eastern and South-Eastern Asia	76.3	79.0	73.7	17.2	18.9	15.5
Latin America & Caribbean	75.2	78.5	72.0	18.2	19.5	16.7
Australia and New Zealand	83.0	85.0	81.1	21.2	22.6	19.9
Oceania, excluding Australia and New Zealand	66.3	67.8	64.9	12.6	12.9	12.3
Europe and Northern America	78.5	81.6	75.4	19.1	20.5	17.4

Source: (UN, 2020)

Figure 4 indicates the life expectancy at birth of different regions from 1990 to 2050. Data after 2050 is considered as projected. It has been observed that people from Australia and New Zealand and Central and Southern Asia have more expectancy rate. On the other hand, Sub-Saharan Africa people have the lowest expectancy rate compared to other regions.

Figure 6: Life Expectancy at Birth by Region, both Sexes Combined (Years), 1990-2050



1990-2019 represents Estimates Data & 2020-2050 represents Projected Data

Source: (UN, 2020).

The following table presents and evaluates the old-age dependency ratio (OADR), the potential old-age dependency ratio (POADR), and the economic old-age dependency ratio (EOADR). The following possible old-age dependency ratio is lesser in almost all regions without sub-Saharan Africa and Oceania. More differences between the old-age dependency ratio and the potential old-age dependency ratio in Australia and New Zealand regions have been found. POADR values are the same as the OADR values for Central and South-Eastern Asia in 2019.

Table 7: A Comparison of the Different Methods of OADR by Region, 2019 and 2050

Region	POADR divided by OADR		Economic OADR divided by OADR	
	2019	2050	2019	2050
World	0.7	0.6	1.2	1.2
Sub-Saharan Africa	1.4	1.1	1.1	1.0
Northern Africa and Western Asia	0.9	0.6	1.1	1.1
Central and Southern Asia	1.0	0.8	1.2	1.2
Eastern and South-Eastern Asia	0.7	0.6	1.1	1.1
Latin America and the Caribbean	0.6	0.5	1.2	1.1
Australia and New Zealand	0.5	0.5	1.3	1.3
Oceania	1.5	1.1	1.1	1.1
Europe and Northern America	0.6	0.5	1.4	1.4

Source: (UN, 2020)

Table 8: Data Related to Elderly People of World and Different Regions

The region, Development Group Country or Area	Population Aged 65 Years or Over (Thousands)		Old-Age Dependency Ratio (65+ /20-64)		Prospective Old-Age Dependency Ratio		Economic Old-Age Dependency Ratio	
	2019	2030	2019	2030	2019	2030	2019	2030
World	702935	997488	15.9	20.5	11.6	13.7	19.5	24.9
Sub-Saharan Africa	31867	46535	6.8	7.1	9.5	9.2	7.3	7.6
Northern Africa and Western Asia	29375	46452	10.2	13.6	8.7	10.1	11.1	14.6
Central and Southern Asia	119046	178841	10.5	13.5	10.9	12.6	13.0	16.5
Eastern and South-Eastern Asia	260582	383337	17.8	26.2	12.3	16.6	20.2	30.2
Latin America and	56411	84577	14.8	20.1	9.2	11.2	17.0	22.7

the Caribbean								
Oceania (excluding Australia and New Zealand)	504	779	8.1	10.0	11.9	13.2	8.4	10.4
Australia and New Zealand	4778	6507	27.1	34.9	13.1	16.2	35.4	45.5
Europe and Northern America	200372	250461	30.1	39.2	17.7	21.1	41.8	54.4
Developed Regions	240674	294247	32.0	40.7	18.0	21.3	45.2	57.5
Less Developed Regions	462261	703242	12.6	16.9	10.8	13.0	14.1	19.0
Less Developed Regions, excluding Least Developed Countries	425440	647924	13.3	18.5	11.1	13.8	15.0	20.9
Less Developed Regions, excluding China	292807	448424	10.8	13.9	9.8	11.3	13.6	17.9
Least Developed Countries	36821	55318	7.6	8.5	8.8	8.9	8.0	8.9
Land-Locked Developing Countries (LLDC)	19505	29848	8.0	9.1	9.1	9.4	8.3	9.4
Small Island developing States (SIDS)	6228	9312	15.2	20.8	10.3	12.3	16.5	22.3
High-Income Countries	226626	285952	30.2	38.7	16.0	19.0	43.8	55.7
Middle-Income Countries	451110	674261	13.5	18.4	11.6	14.2	15.1	20.6
Upper-Middle-Income Countries	275611	409445	16.7	24.6	12.6	16.5	18.0	27.1

Lower-Middle-Income Countries	175499	264816	10.4	13.3	10.8	12.5	12.3	15.6
Low-Income Countries	24878	36780	7.4	7.8	9.1	8.7	7.7	8.0

Source: (UN, 2020).

Table 9: Data Related to Elderly People of Southern Asia

The region, Development Group Country or Area	**Population Aged 65 Years or Over (Thousands)**		**Old-Age Dependency Ratio (65+ /20-64)**		**Prospective Old-Age Dependency Ratio**		**Economic Old-Age Dependency Ratio**	
	2019	**2030**	**2019**	**2030**	**2019**	**2030**	**2019**	**2030**
Southern Asia	115255	172124	10.6	13.5	10.9	12.6	13.2	16.5
Afghanistan	995	1508	6.1	6.3	8.2	7.9	5.9	6.0
Bangladesh	8446	13332	8.9	12.1	8.1	8.5	9.3	12.6
Bhutan	47	66	10.3	12.3	7.3	7.5	11.6	13.5
India	87149	128877	11.0	14.1	11.5	13.5	14.1	17.8
Iran (Islamic Republic of Iran)	5272	8849	10.2	15.8	9.3	12.0	14.1	20.8
Maldives	19	35	5.1	9.9	4.1	5.2	7.9	14.4
Nepal	1654	2362	10.8	11.6	12.4	11.7	12.8	13.1
Pakistan	9361	13697	8.5	9.8	9.6	10.6	9.2	10.4
Sri Lanka	2311	3397	18.9	27.4	13.7	18.0	19.9	29.2

Source: (UN, 2020).

5.3 Bangladesh Context

In Bangladesh, over 13 million people aged 60 or over exists, and they are holding 8 percent of the total population. The proportion of elderly people is expected to double to 21.9 percent in 2050, with 36 million people aged 60 years or above, which indicates that we would get one elderly person from five individuals in the future. As a result, this increased number of elderly people would create significant challenges and pressure on health care services. The elderly people of this country suffer from infections, visual impairment, walking problems, weakness, osteoporosis, arthritis, and incontinence-related issues later in life. In Bangladesh, only 33.4 percent of the older people get an old-age pension that is contributory, non-contributory, or both. But it is found that the old-age dependency ratio is increasing day by day, which is projected to triple in the next few decades (HAI, 2020).

Table 10: Data Related to Elderly People of Bangladesh

Population Aged 60 and Above (total)	13,109,000	36,871,000
Population Aged 60 and Above (% of the total population)	8.0	21.9
Older Women aged 60+ (% of Total Population)	3.88	11.55
Life Expectancy (Males)	70.48	78.11
Life Expectancy (Females)	74.11	81.45
Old-Age Dependency Ratio (Age 65+ / Age 15-64)	7.7	23.5
Rural Older People (% of the total population)	3.46	
Urban Older People (% of the total population)	1.4	
Older Persons Living Alone Aged 60 and Above (% of the Total Population Aged 60+)	1.77	

Source: (HAI, 2020)

Bangladesh government has taken significant initiatives by formulating national policy for the well-being of elderly people. This policy addresses several essential areas, emphasizing communication and social facilities. It is mentioned in the policy that government would take proper initiatives for strengthening health care services, arranging age-friendly health centers, increasing referral services and temporary

mobile camps, awareness on healthy lifestyles, prevention of diseases, access to safe water, sanitation, nutrition program (WHO, 2017).

The ageing index refers to the number of elders per 100 persons younger than 15 years old in a specific population. This index increases as the population ages. The following table presents the ageing index, total dependency ratio, old-age dependency ratio, median age, parent support ratio, and potential support ratio. The number of people aged 60 and over per 100 children under age 15 is measured by the ageing index, which for Bangladesh is computed to be 22.57. A total dependency ratio is 64 percent, indicating 64 dependents over every 100 working-age population. There are eight individuals of retirement age among 100 individuals of working periods. The median age of Bangladesh's population is twenty-three years; parent support ratio is 4.3, which means every couple of parents have 4.3 offspring, indicating a strong parent support basis. The potential support ratio is 1256, which means the number of people aged 15-59 years per 100 older people aged 60 or more.

Table 11: Different Ageing Indices in Bangladesh, 2011

Ageing Indices 2011 of Bangladesh	
Ageing Index	22.57
Total Dependency Ratio	63.93
Old-Age Dependency Ratio	7.96
Median Age	23
Parent Support Ratio	4.63
Potential Support Ratio	1255.96

Source: (WHO, 2017)

The following table indicates the distribution of household dependency ratio, which means the frequency distribution of the proportion of dependents per 100 working-age population. Of the total households with 162582, 28 percent have a dependency ratio between 0 and 0.4, and about 26 percent have a dependency ratio from 0.4 to 0.8. The maximum families have a dependency ratio from 0 to 0.4 and 0.4 to 0.8, evidence of more working-age people than elderly people.

Table 12: Distribution of Household Dependency Ratio

Dependency Ratio	Number of Households	Percentage out of all Households
0 to 0.4	45637	28.07
0.4 to 0.8	42370	26.06
0.8 to 1.2	39837	24.50
1.2 to 1.6	18343	11.28
1.6 to 2.0	10932	6.72
Above 2	5463	3.36
Total	162582	99.99

Source: (BBS, 2015)

Another indicator of the ageing index refers to the elderly child ratio, defined as the ratio of people aged 60 and over to youths under age 15. It is found from the following table that the elderly child ratio of 88.33 percent households is 0 to 0.5, and only a smaller number of families 0.02 percentage have this ratio 3+.

Table 13: Distribution of Household Elderly Child Ratio

Elderly child Ratio	Number of Households	Percentage out of All households
0 to 0.5	112750	88.33
0.5 to 1	12342	9.67
1 to 2	2441	1.91
2 to 3	93	0.07
3+	21	0.02

Source: (BBS, 2015)

The following table indicates the household's median age as the indicator of the ageing index. It is found from the table that the maximum number of families, or 36.07 percentages of households, has a median age of 20 to 29, and the minimum homes 0.03 portion has a median age of 90+.

Table 14: Distribution of Household Median Age

Median Age	Number of Households	Percentage of Households
0 to 9	10079	6.02
10 to 19	54631	32.66
20 to 29	60346	36.07
30 to 39	21007	12.56
40 to 49	10112	6.04
50 to 59	5923	3.54
60 to 69	3615	2.16
70 to 79	1257	0.75
80 to 89	267	0.16
90 +	58	0.03

Source: (BBS, 2015)

The following table highlights the household mean age. It indicates that a maximum of 40.65 percent of the home has 20 to 29, and 0.03 percent of households have a mean age of 90+. The table of family support ratio indicates that elderly people live in 9 percent of households without anyone from another age group.

Table 15: Distribution of Household Mean Age

Mean Age	Number of Households	Percentage of Households
0 to 9	176	0.11
10 to 19	44853	26.81
20 to 29	68000	40.65
30 to 39	34107	20.39
40 to 49	10808	6.46
50 to 59	4782	2.86
60 to 69	3097	1.85
70 to 79	1167	0.7
80 to 89	249	0.15
90 +	56	0.03

Source: (BBS, 2015)

Table 16: Family Support Situation of Elderly

Number of Elderly Living in Household with No One from Another Age Group	Number of Household	Percentage of Total Household with Elderly
1	1867	4.08
2	2175	4.75
3	54	0.12
4	9	0.02
Total	4105	8.97

Source: (BBS, 2015)

The following table highlights division wise elderly population projected from 2015 to 2025. It is found that the elderly people of each division of Bangladesh are increasing year by year, and it is an alarming issue. The highest elderly population is projected to rise in the Dhaka division from 4041861 to 5552352. Then the elderly population is projected to increase in the Chittagong division from 1875135 to 2461620. The lowest elderly population is projected to rise in the Sylhet division from 817853 to 1060443.

Table 17: Division-Wise Elderly Population Projected for 2015, 2020, and 2025.

Division	Elderly Population		
	2015	2020	2025
Barisal	1380794	1467353	1700115
Chittagong	1875135	2023209	2461620
Dhaka	4041861	4411832	5552352
Khulna	1560889	1696483	2083849
Rajshahi	1703592	1869272	2343683
Rangpur	1433173	1582674	1956639
Sylhet	817853	875941	1060443
Total	12813297	13926764	17158701

Source: (BBS, 2015)

Table 18: Forecasted Monthly Amount for Old-Age Pension (in BDT) for 2015, 2020 and 2025

Year	Forecasted Basic Pay of the Last GoB Pay Grade	Forecasted General CPI with Base Year 2002	Forecasted Monthly the Amount for Old Age Pension (in BDT)	
			GoB Pay Scale Based	General CPI Based
2015	8239	309.30	504	928
2020	12424	516.37	761	1549
2025	18733	862.05	1147	2586

Source: (BBS, 2015)

Table 19: Estimated Number of Elderly, Old-Age Pensions, and Percentage of Coverage

Year	Estimated Number of Elderly	Number of Old Age Pensions	Percentage of Coverage (Estimated)
2011	12112100	2470000	20.39
2015	12813297	3377000	26.36
2020	13926764	4505000	32.35
2025	17158701	5633000	32.83

Source: (BBS, 2015)

The following table indicates the percentage of elderly people by division. It is observed that the Dhaka division has the highest rate of elderly people which is 26.04 percent. The second-highest division in terms of the percentage of elderly people in Chittagong is 17.04 percent. The third-highest percentage of elderly people in the Khulna division is 15.78 percent. This table also presents the percentage of elderly people in the total population, similar to the previous analysis because it maintains the same order among seven divisions. But in the Barishal division, most elderly people live in a rural area, which is 9.61 percent. Then 8.50 and 8.29 percent of elderly people live in rural areas of the Khulna and Dhaka division.

Table 20: Percentage of Elderly by Division of Bangladesh

Division	% of Elderly	Elderly % in Total Population	Gender		Residential	
			% Within Division Male	% Within Division Female	% Within Division Rural	% Within Division Not Rural
Barishal	11.97	0.92	9.65	8.39	9.61	6.95
Chittagong	17.04	1.31	7.47	6.55	7.29	5.89
Dhaka	26.04	2.01	8.24	7.51	8.29	5.94
Khulna	15.78	1.22	8.48	7.92	8.50	7.05
Rajshahi	11.89	0.92	8.04	7.49	7.98	7.09
Rangpur	9.38	0.72	6.77	6.78	6.83	6.39
Sylhet	7.89	0.61	7.62	7.07	7.60	6.58

Source: (BBS, 2015)

Table 21: Within Division Percentage of Elderly by Gender and Residence Type

Division	Within Division % of Elderly	Male	Female	Rural	Not Rural
Barishal	9.02	4.84	4.18	7.48	1.54
Chittagong	7.01	3.71	3.30	5.81	1.19
Dhaka	7.87	4.12	3.76	6.82	1.06
Khulna	8.20	4.25	3.96	6.75	1.45
Rajshahi	7.77	4.02	3.75	6.08	1.69
Rangpur	6.78	3.43	3.34	6.06	0.72
Sylhet	7.34	3.78	3.56	5.69	1.65

Source: (BBS, 2015)

Table 22: Percentage of Elderly People by Marital Status

Marital Status	% of Elderly	% of Elderly Within Total Population	Within Category % of Elderly People	Male	Female	Rural	Not Rural
Never Married	1.27	0.10	0.21	0.20	0.22	0.21	0.18

Married	71.12	5.48	11.26	16.14	6.83	11.79	9.13
Widowed	27.25	2.10	58.53	70.66	57.33	59.71	53.54
Divorced	0.15	0.01	4.29	3.62	4.37	4.56	3.17
Separated	0.23	0.02	7.09	10.49	6.40	7.85	4.99

Source: (BBS, 2015)

Table 23: Percentage of Elderly within the Marital Group

Marital Status	Within-group % of Elderly People	Male	Female	Rural	Not Rural
Never Married	0.21	0.11	0.10	0.17	0.04
Married	11.26	7.68	3.58	9.44	1.83
Widowed	58.53	6.35	52.18	48.24	10.28
Divorced	4.29	0.41	3.87	3.67	0.62
Separated	7.09	1.77	5.32	5.76	1.33

Source: (BBS, 2015)

Table 24: Percentage of Elderly in Each Type of Family

Family Types	Within type % of elderly	Male	Female	Rural	Not Rural
Separate	8.00	4.16	3.84	7.02	0.98
Apartment	6.09	3.35	2.74	1.68	4.40
Joint	6.47	3.40	3.07	4.50	1.98

Source: (BBS, 2015)

Table 25: Percentage of Adult People by Marital Status and Gender

Marital Status	19-50 Years		50-60 Years		60+ Years	
	Male	Female	Male	Female	Male	Female
Never Married	22.20	5.86	1.12	0.69	0.67	0.15
Married	77.25	88.77	97.54	76.59	47.06	5.5

Widowed	0.29	3.86	1.17	21.58	38.91	80.22
Divorced	0.11	0.82	0.09	0.44	2.51	5.95
Separated	0.15	0.70	0.07	0.73	10.89	8.18

Source: (BBS, 2015)

Table 26: Percentage of Adult People by Marital Status and Place of Residence

Marital Status	**19-50 Years**		**50-60 Years**		**60+ Years**	
	Rural	**Not Rural**	**Rural**	**Not Rural**	**Rural**	**Not Rural**
Never Married	12.83	16.85	0.87	1.09	0.25	0.23
Married	84.16	79.91	87.64	87.07	14.03	12.94
Widowed	2.13	2.21	10.86	11.13	71.7	73.02
Divorced	0.48	0.46	0.26	0.25	5.45	4.39
Separated	0.40	0.57	0.37	0.46	8.56	9.42

Source: (BBS, 2015)

Table 27: Percentage of Adults by Working Status and Gender

Working Status	**19-60**	**19-50 Years**		**50-60 Years**		**60+ Years**	
		Male	Female	Male	Female	Male	Female
Employer	1.08	2.00	0.20	2.22	0.09	1.25	0.11
Employee	12.95	21.98	5.19	16.81	2.62	6.95	1.06
Self Employed (Agriculture)	14.77	27.50	1.77	39.82	1.54	30.28	0.96
Self Employed (Others)	12.46	23.84	2.14	21.0	1.36	12.43	0.85
Family Helper/Others	7.12	11.68	3.26	7.64	1.86	5.20	1.86
Not Working	51.62	13.0	87.43	12.50	91.53	43.89	95.14

Source: (BBS, 2015)

Table 28: Percentage of Adults by Working Status and Place of Residence

Working Status	19-50 Years		50-60 Years		60+ Years	
	Rural	Not Rural	Rural	Not Rural	Rural	Not Rural
Employer	0.91	1.62	0.87	2.49	0.6	1.25
Employee	10.50	23.30	7.07	21.72	3.33	8.16
Self Employed (Agriculture)	16.80	4.20	25.06	7.54	18.26	6.26
Self Employed (Others)	11.73	15.53	10.16	17.34	6.04	11.23
Family Helper/Others	7.80	5.41	5.53	4.70	3.6	3.62
Not Working	52.25	49.94	51.31	46.20	68.17	69.47

Source: (BBS, 2015)

Table 29: Percentage of Disability by Age Group

Age (In Years)	The Intensity of Disabilities (%)			Total Sample
	Some	Severe	Fully unable	
0-4	0.49	0.3	0.14	5,687
5-9	1.29	0.34	0.16	6,809
10-19	2.04	0.55	0.14	12,109
20-29	2.59	0.47	0.16	9,361
30-39	6.72	0.77	0.11	7,484
40-49	13.35	1.21	0.18	6,047
50-59	20.48	2.6	0.23	3,892
60-69	27.7	5.08	0.54	2,422
70-79	39.65	10.1	0.67	1,188
80+	43.52	18.83	2.94	579
Total	7.39	1.32	0.21	55, 578

Source: (BBS, 2015)

The following table indicates the scenario of the total fertility rate of Bangladesh. It is observed from the table that the number of children per woman is increasing day by day. So it has a strong and direct relationship with elderly caregiving issues because the shortage of children in a family means a lack of family caregivers in the future. So if the state or other organizations would not arrange proper caregiving initiatives, it may create a significant challenge in the future.

Table 30: Total Fertility Rate of Bangladesh (1982-2019)

Year	Total Fertility Rate (TFR)	Year	Total Fertility Rate (TFR)
1982	5.21	2001	2.56
1983	5.07	2002	2.55
1984	4.83	2003	2.57
1985	4.71	2004	2.51
1986	4.70	2005	2.46
1987	4.42	2006	2.41
1988	4.45	2007	2.39
1989	4.35	2008	2.30
1990	4.33	2009	2.15
1991	4.24	2010	2.12
1992	4.18	2011	2.11
1993	3.84	2012	2.12
1994	3.58	2013	2.11
1995	3.45	2014	2.11
1996	3.41	2015	2.10
1997	3.10	2016	2.10
1998	2.98	2017	2.05
1999	2.64	2018	2.05
2000	2.59	2019	2.04

Source: (BBS, 2015)

The following table indicates that life expectancy at birth increases day by day. It is found that the life expectancy at birth was 58.9 years in 1996, and it was 72.6 years in 2019. It means people are getting more years in their life which creates more challenges for elderly people. Technological advancement in the health sector and people's awareness for a healthy life bring positive results. Government and non-government agencies should take more initiatives for the well-being of elderly people.

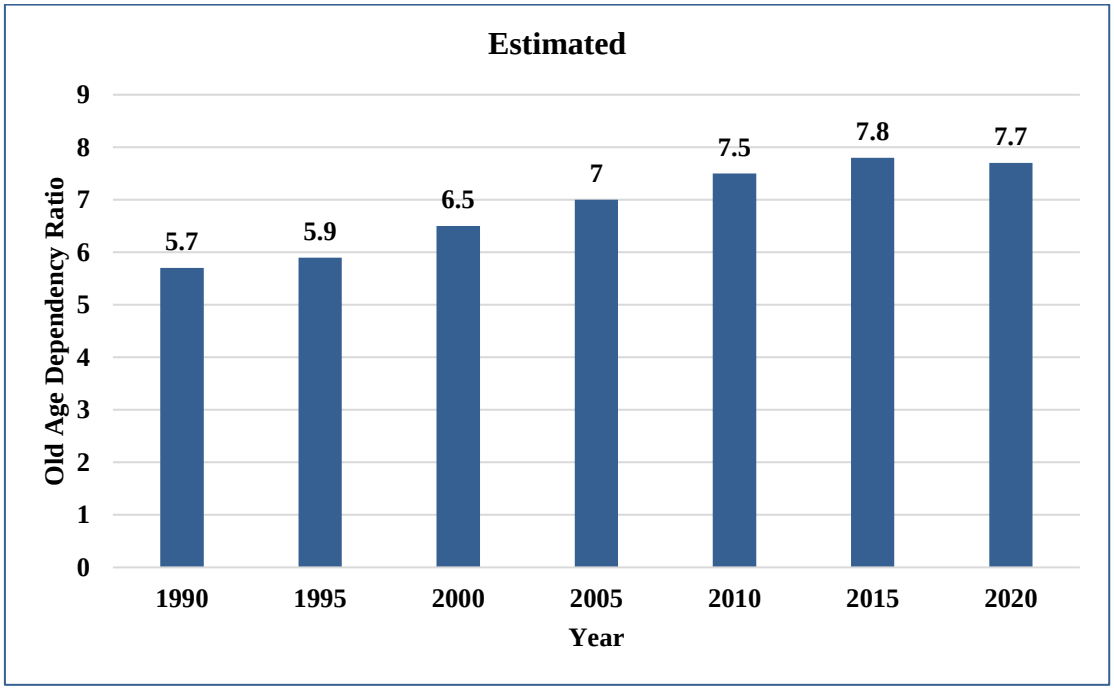
Table 31: Life Expectancy at Birth of Bangladesh (1996-2019)

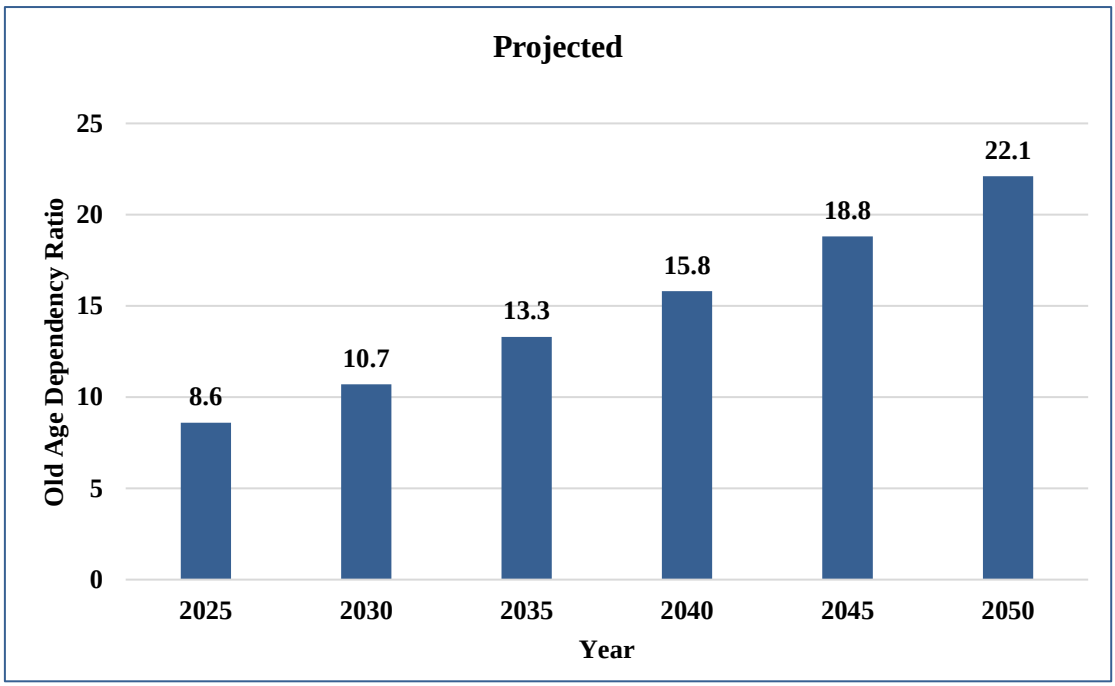
Year	Life Expectancy at Birth
1996	58.9
1997	60.1
1998	61.5
2002	64.9
2003	64.1
2004	65.1
2005	65.2
2006	65.5
2007	66.6
2008	66.8
2009	67.2
2010	67.7
2011	69.0
2012	69.4
2013	70.0
2014	70.7
2015	70.9
2016	71.6
2017	72.0
2018	72.3
2019	72.6

Source: (BBS, 2015)

The following Figure and Table show the old-age dependency ratio 65+/(15-64) in Bangladesh. The estimated percentage from 1990 to 2020 has been mentioned where we see an increase old-age dependency rate. We see an increase in the old-age dependency rate from 2020 to 2050, projected. The table shows the same result.

Figure 7: Old Age Dependency Ratio 65+/(15-64) in Bangladesh





Source: (UN, 2020)

Table 32: Old Age Dependency Ratio 65+/ (15-64) of Bangladesh

Year	Old-Age Dependency Ratio (Ratio of Population Aged 65+ per 100 Population 15-64)
1950	7.1
1955	5.4
1960	4.9
1965	4.9
1970	5.3
1975	5.9
1980	5.9
1985	5.7
1990	5.7
1995	5.9
2000	6.5
2005	7.0
2010	7.5
2015	7.8
2020	7.7

Source: (BBS, 2015)

Table 33: Potential Support Ratio (Population Aged 15-64 per Population 65+) of Bangladesh

Year	Potential Support Ratio
1950	14.0
1955	18.5
1960	20.5
1965	20.2
1970	18.9
1975	17.0
1980	16.9
1985	17.6
1990	17.4
1995	16.8
2000	15.4
2005	14.3
2010	13.3

2015	12.9
2020	13.0

Source: (BBS, 2015)

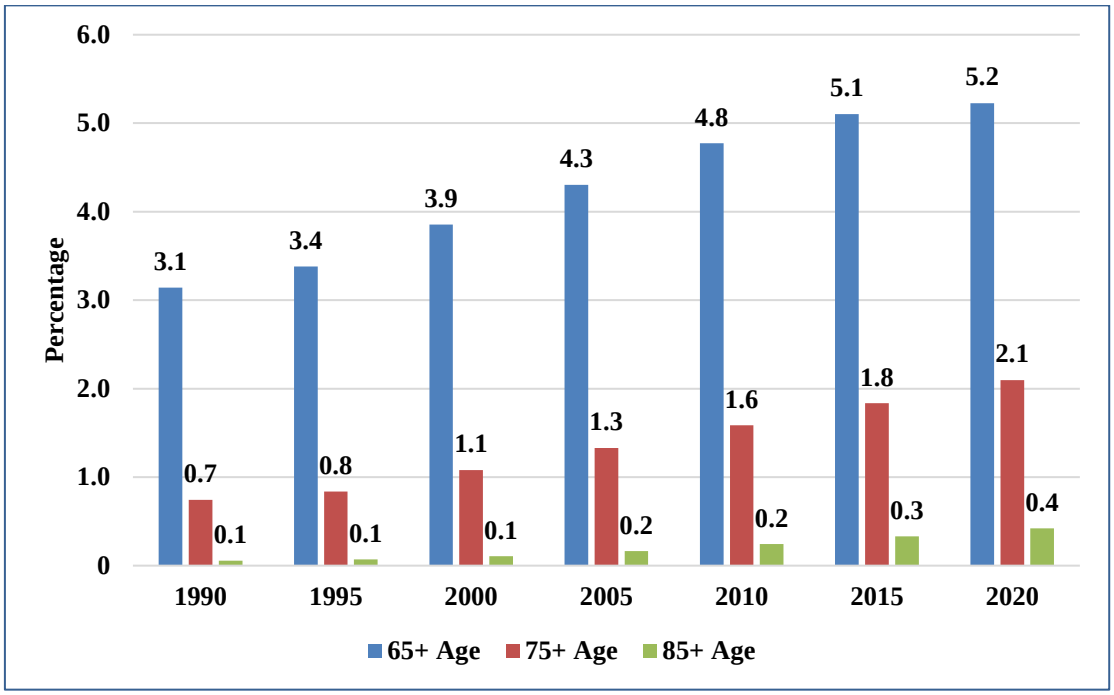
The following table explores the percentage of the older population by age group in Bangladesh. It is observed from the table that the rate of the elderly person is increasing day by day. The percentage of elderly 60 years and above was 5.8% in 1950 and 8.0% in 2020. But significant changes have been observed in the 75+, 80+, 85+ and 90+ age group. The rate of elderly people in the most senior old age group increased due to the advancement of medical technology and increased life expectancy.

Table 34: Percentage of Elderly Population by Age Group 1950-2020 of Bangladesh

Year	**60+**	**65+**	**70+**	**75+**	**80+**	**85+**	**90+**
1950	5.8	3.9	2.4	1.1	0.3	0.1	0.0
1955	5.0	3.0	1.7	0.9	0.3	0.1	0.0
1960	4.7	2.7	1.4	0.6	0.2	0.1	0.0
1965	4.7	2.7	1.3	0.5	0.2	0.0	0.0
1970	4.8	2.8	1.4	0.5	0.2	0.0	0.0
1975	5.2	3.1	1.5	0.6	0.2	0.0	0.0
1980	5.2	3.1	1.6	0.7	0.2	0.0	0.0
1985	5.0	3.0	1.6	0.7	0.2	0.0	0.0
1990	5.1	3.1	1.7	0.7	0.3	0.1	0.0
1995	5.4	3.4	1.8	0.8	0.3	0.1	0.0
2000	6.1	3.9	2.2	1.1	0.4	0.1	0.0
2005	6.7	4.3	2.6	1.3	0.6	0.2	0.0
2010	7.0	4.8	2.9	1.6	0.7	0.2	0.1
2015	7.2	5.1	3.3	1.8	0.9	0.3	0.1
2020	8.0	5.2	3.5	2.1	1.0	0.4	0.1

Source: (BBS, 2015)

Figure 8: Percentage of Older Age Groups of Total Population in Bangladesh (by both Sexes)



Source: (UN, 2020)

5.4 Conclusion

There are 349 million people projected to be care receivers, including 5% children aged below 15 years and 29% elderly people aged 60 years or above. Due to multiple diseases and illnesses, people lose functional capacity and cannot perform their basic daily activities without the support of others. This situation creates health and social care needs that informal caregivers and women fulfill to take a significant role in these activities. There is a shortage of formal institutions supporting elderly people in low and middle-income countries, so the entire pressure goes to the family caregivers or members.

WHO recommends some initiatives for strengthening caregiving support for elderly people. We have to identify primary caregivers by asking elderly people and focusing on primary caregivers. Family caregivers should get trained by health care professional support, and the psycho-social impact of stress on family caregivers should be identified. Besides these caregivers, family and community should acknowledge preference and contribution. Home-based respite care and problem-

solving counseling, training, support, and psycho-social education could reduce the stress and burden of the family caregiver. WHO emphasizes integrated care, which involves micro level-clinical or intervention, meso level-organizational or professional, and macro level-policy or sectors. Various countries can take initiatives for implementing integrated care for elderly people focusing on community interventions to improve the intrinsic capacity of the elderly people. It includes multiple steps like- comprehensive assessment and care plan where the inheritability of the elderly people, conditions, impairments, behaviors, and risks environment should be assessed. This also includes promoting the identification of hypertension, diabetes, and dementia as underlying conditions. Treatment or care goals should focus on elderly people's needs and preferences, and elderly people should participate in the decision-making process. Routine and regular follow-up is necessary activities for following the significant changes in the functional status of the elderly. Lastly, community engagement for providing caregiving support is an important activity where elderly people and caregivers get information about community resources and old age problems. A community should be encouraged to work as volunteers and contribute to ensuring the well-being of elderly people. Besides this, we have to create an inclusive and age-friendly society by including aging issues into national policies and plans (UNDP, 2021).

The main motto of SDG is leaving no one behind, which means all segments of people in the society, including elderly people would attain sustainable development in their life. There are 17 goals in the schedule of sustainable development goals, including poverty eradication, good health, gender equality, economic growth, decent work, reduced inequalities, and sustainable cities directly related to older people's lives. Population ageing creates challenges for governments, societies, families, and older persons, and it entails immediate policy, planning, and programs to fulfill the necessities of older persons. The dominance of non-communicable diseases in the old age group creates pressure on public health systems, age-appropriate care, long-term care, and preventive, detection, and treatment-related services. Besides these issues, elderly people face challenges due to urbanization, industrialization, mobilization of human resources. The main challenges of later life are poverty, ageism, and abuse of elderly people, which hinder getting services. Income insecurity, malnutrition, poor health, lack of access to clean water and sanitation and adequate housing, reliance on

pensions, prejudice and discrimination, violation, neglect, and abuse are the elderly people's life scenarios. UN agencies, policymakers, civil society, and other stakeholders could achieve active and healthy ageing through partnerships, research, and initiatives. Thus, we can reduce the vulnerabilities of elderly people and enhance functional capacity by establishing an age-inclusive or age-friendly society (UNDP, 2021).

Chapter Six: Findings and Analysis of the Study

6.1 Introduction

The main discussion of this chapter is to analyze and present the findings of case studies and focus group discussions. This chapter is organized based on primary data collected from elderly people and family members. In this study, the respondents' verbatim was used to explore the challenges, pattern of care, opinions, outlook, and ideas about family care for generating themes. The study's findings of case studies were presented through various themes generated from data collected from elderly people and family members. The results of focus group discussions were presented descriptively. Study findings were analyzed through thematic analysis and discussed with focus group discussions and observation. Finally, the analysis of the findings was presented according to study objectives with referring to some previous studies in the family care setting.

6.2 Theme based Findings of the Case Studies

This study explored many windows related to elderly care in families. All the respondents, no matter caregiver or care receiver, shared their experiences, opinions, perceptions, and attitudes. Many dimensions related to elderly care issues within the family were unwrapped through this study. Different demographic, psychological, and socio-economic, and many other factors affected the opinion and ideas of elderly people and family members. Different caregivers and care receivers explored different viewpoints, perceptions, and experiences. The study found some key points from the responses of the respondents such as old age, spousal care, intergenerational support, financial support, reciprocity, respectful care, physical and mental well-being, caregiving burden, caregiving relationships, social and cultural environment, living arrangement, care expectations, ADL and IADL related challenges, family size and structure, support acceptance, ageing in place, community involvement in care, co-residence with children, spiritual or religious attachment, perception of caregivers and so on. The following themes were generated in the study using those issues to know the nature and impact of family care on the life of elderly people.

Table 35: Selected Themes of this Study

01	Age of Elderly Influences Pattern of Caregiving
02	Spousal Caregiving Affects Elderly Care
03	Financial Condition of Elderly People
04	Women Act as a Pillar of Elderly Care
05	Sense of Responsibility is Heading Towards Caregiving
06	Compulsion of Taking Caregiving Responsibility for Lack of Option
07	Caregiving Responsibilities Manipulate the Psychological Well-Being of Caregivers
08	Sense of Burden Lessen Mental Strength of Elderly People
09	Caregiving Relationship Determine the Extent of Caregiving
10	Interdependency between Caregiver and Care Receiver
11	Psychological Conditions of Elderly People in the Family Environment
12	Societal and Cultural Changes also Affect Caregiving
13	Degree of Social Involvement of Elderly People
14	Changing Family Structure
15	Functional Capacity of the Elderly People Identify Attitudes of Caregivers
16	Sympathetic Attitude of Elderly People towards Family Members
17	Receiving Respect and Value is Vital for Elderly People
18	Relationship between Socioeconomic Factors and Elderly Care
19	Relationship Between Mental Health and Recreational Activity of Elderly People
20	Perception of Elderly People Establish the Acceptance of Received Care
21	The Elderly People Prefers Ageing in Place
22	Psycho-Social Needs of Elderly People
23	Less Expectation and More satisfaction in Family
24	Role of Community in Elderly Care
25	Co-residence with Children is a Vital Factor of Receiving Care
26	Having a Supportive Hand Makes Caregiving Effortless
27	Attachment with Creator Gives Mental Strength to Elderly People
28	Caring Responsibility Towards Parents as a Daughter
29	Impact of Living Arrangement on Care

Thematic analysis is based on essential issues or themes using the respondents' verbatim quotations. The major themes have been discussed with the verbatim gathered from the respondents-elderly people and family members.

Age of Elderly Influences Pattern of Caregiving

The nature of caregiving largely depends on the age of older persons. Three groups of elderly people were considered such as young old, middle old, and oldest old. These three groups require different types of care because of the age difference. Young old might have some functional capacity to perform some daily activities without anyone's help, but oldest-old might not have that capacity to perform any task without support. So age is one of the vital factors that define the nature of caregiving.

On this point, respondent C7 expressed his experience,

My mother is almost ninety years old…She can hardly move from one place to another…feeding, dressing, bathing, toileting-for every daily activity, we need to give her support…we have an external helping hand only for the mother who stays 24hours with her.

Another respondent, C11, expressed the same,

My mother is ninety years old…Most of the time, she sleeps…She can't do anything on her own…she needs our support…All the time, she asks me about the family of my elder sister…She talks over the phone with my sister…and nephew and niece…then I see her smiling face and feel that she is enjoying though she cannot listen correctly.

This verbatim indicates that older persons from the most senior age group need continuous support for their livelihood. However, a different scenario was also noticed where one young, old person does his regular activities without help. In this regard, respondent C15 pointed out that,

For daily activities…my father is still capable…we may help sometimes, but not required actually…he even sometimes help in our task…he is still physically enough to fit…So we don't feel any pressure to give care to him.

This study also discusses middle age-old. It was noticed that most middle-aged older persons need partial help for daily activities. One respondent, C19, told about her mother, who needs some support from family members,

My mother is getting old…but she can still do some basic activities on her own…she can take a meal, bath, dress on her own…but she needs one person when she visits the park in the evening…she needs one person, someone for going one place to another.

Spousal Caregiving Affects Elderly Care

Although it was noticed that spouse, daughter, son, daughter-in-law, helping hand, neighbors participate in giving care to the older persons directly or indirectly, and spouse plays the most significant role. Daughter, son, and daughter-in-law may sometimes loosen their support, but spouse stands beside their partner till death. The degree of care received from the spouse is non-comparable with the care received from others. Different respondents highlighted this fact with their statements. Respondent E17 expressed that,

I should be grateful to Allah for having such a caring wife. She is also sick but always concerned about my needs and problems at first…I cannot imagine my old life without her.

Another respondent also showed gratefulness to his wife, who has been supported him for an extended period,

My wife understands me…almost 45 years of married life…so why she would not understand me…resects me, cares me a lot.

Older persons sometimes need to face an opposite scenario when they lose their spouse in life. The nature and degree of care they received from their spouse become missing from their lives and become very tough to lead their remaining lives. Respondent E12 given the light in this regard,

After the death of my wife…my life is miserable…Though I live with my son and daughter-in-law, nobody takes care of me…They are very busy with their family…I

get my mental strength from Allah and my grandson…My grandson is the only support in my life.

It was found that if the husband and wife support each other, it becomes easy for them to take care of each other during the elderly period. Even without anyone's assist, it becomes possible. Besides that, the love and affection between partners make it easy to take care of each other. Respondent C14 shared her experience following way,

We are the only two persons in the family. He is a businessman at the age of sixty-nine…he is physically active…We don't have any significant problems besides diabetics and pressure…So I don't feel any disturbance to take care of my husband…he also helps me when he gets time.

Respondent C20 expressed his feelings about her wife regarding how his wife takes care of him,

My wife takes care of me a lot. She has been very supportive since our marriage. I can share my pains with her without hesitation because she understands me. We are dependent on each other.

Financial Condition of Elderly People

In this study financial condition of the elderly involved the issues of sources of income, savings, and expenditures. It also examined whether this financial support comes from shared or intergenerational transfers. The study also explored the relationship between the living arrangements of older adults and the sources of financial aid. The study found that most elderly people from the wealthy class have various sources of income and do not need any public or intergenerational transfer support in their daily lives. Moreover, they have arranged the financial resources for their future generation. They can lead their life with their income or assets without the support of their children through co-residing with them. The study observed that due to the better financial condition of the elderly among the wealthy class, they could lead their lives with dignity and independence and make decisions about their lives.

One of the respondents, E2, expressed his opinion in this regard,

In my life, I have earned a lot…Even my next 2-3 generations need not do anything…Now I am also making money from my business…I have involved my sons in my business… I have my flat, lands, and buildings indifferent to Dhaka city….I have made a house for my elder son. He lives there with his family, and another son lives with me in my flat. So I can bear the expenditure of family without the financial support of my children."

Another respondent, E4, stated that,

"I am involved in our family business…Now my sons are involved in this business…I get rent from different flats in various areas…this is my flat where I can live with my son, daughter-in-law, and grandchildren…I have bought another apartment for my daughter and younger son…mainly the source of the monthly expenditure of this family goes to me…Sometimes my son brings some gifts in occasion for us. I need not be dependent on my child in later life due to sufficient financial resources.

It was observed that poor families with older persons are the primary sufferers for having insufficient money in their lives. They get negligence from their family members.

Respondent E23 expressed in this matter who is a rickshaw puller by profession,

I am poor…I cannot give money to my son…So my son stays separate from me and doesn't keep enough contact, which hurts me a lot… Even during my illness, my son doesn't come to visit me…He is right actually, why he would take care of such a poor father.

Another poor older person, E24, shared his sufferings because of insufficient money in his life. He urged for a helping hand for his caring that he could not afford,

Elderly people need financial support to lead their life. There is no person to take care of us. We need a helping hand. We don't want to go old home. If I had only one helping hand, that would be enough for me.

Women Act as a Pillar of Elderly Care

Women play the most significant role in providing care to older persons. Though both male and female caregivers participate in caregiving, women such as spouse, daughter, and daughter-in-law come first to provide care in general. More love and affection in the heart of women, the traditional culture of society, and more male involvement in employment are reasons why females stake primary responsibility for providing care to the elderly. Many respondents highlighted this fact from their personal experience.

Respondent E10 opined that,

I live in an extended family with my wife, son, daughter-in-law, grandchild, and wife. Both of us are older persons, and my wife is seriously sick with some physical complexities…so my daughter-in-law and her daughter-in-law provide support in our daily activities of life…sometimes, a temporary maid (girl) also helps us.

Respondent E12 opined that,

I am living with my daughter….she has only one child living abroad for professional purposes…so in that case, my daughter takes all the responsibility to take care of me in daily life.

Respondents E15 also opined that,

I am staying in my daughter's family, and my daughter provides physical, emotional, financial support to me… she has taken my entire responsibility."

Respondents E16 expressed that,

I am residing with my son and daughter-in-law….my daughter-in-law helps me carry out my everyday tasks and activities… she takes the primary responsibility of household tasks in the home.

Respondents E18 opined that,

I am living with my wife, and unmarried daughter…..both of us are pretty healthy compared to other older people in my locality…my daughter works in a private bank…she is busy…my wife takes care of me.

Respondents E19 opined that,

My wife and I are staying independently in this house after our two daughters…my wife provides me all types of support from morning to night…provide personal care support, instrumental support, emotional support to me.

Sense of Responsibility is Heading towards Caregiving

Caregiving is supposed to be a complex task. It can enable both mental and physical pressure on the caregivers if the caregiving has been provided for a very long period. If a caregiver considers caregiving a responsibility towards older persons, mental tension can be reduced. Most of the respondents regarded caregiving as their responsibility. One respondent, C2, reported that,

My family is my responsibility, so I should take care of them. One day, I will become an older person. I should spend time with them as a daughter-in-law because they are my husband's parents.

Respondent C14 expressed that a sense of responsibility helps make caregiving easy mentally. She uttered that,

I have to take care of my father and mother-in-law because there is no other option without it. My children also help me regarding this to manage all the things somehow. As I am also a human being, so sometimes I feel irritated. However, at the same time, I also think that they are our guardians, so it is our duty to take care of them. This emotion doesn't make me feel bad while caring for them.

One of the respondents, the son of his paralyzed elder mother, is giving care after managing his profession. It becomes easy for him because of a sense of responsibility. He expressed that,

I have been providing care for my mother for the last year. Last year, my father passed away. Now my mother is everything for me. She is partially paralyzed. Yes, I feel exhausted while giving care, but I cannot ignore that I have to take care of her as a son.

Compulsion of Taking Caregiving Responsibility for Lack of Option

Although many respondents or caregivers consider caregiving their responsibility, few caregivers think they don't have other choices without caring for their old persons. Many respondents are single children, or another sibling has not provided care to the elderly. For this very reason, they are bound to perform these duties for a long time, affecting their physical and psychological life. One of the respondents, C15, stated that,

I don't have any brothers. My elder sister is very sick. So she can't take care of my mother. So I am bound to provide care to my mother alone.

Respondent C12 had a similar situation and expressed that,

I don't have any brothers or sisters. So I have to take care of my mother alone although I have many physical problems. Even I cannot find out any maid as a helping hand. Though it is my duty or responsibility, sometimes I feel tired. I cannot go out for my recreation. Sometimes I want to be relaxed in my life.

One of the caregivers, C10, expressed her opinion that due to the unwillingness of her siblings for financial insolvency, she took this responsibility.

Though I have one brother living in another city…..he is doing a small business, and his monthly income is not stable, so I have decided to take care of my mother, and she also feels comfortable in my house.

Another caregiver, C3, of an older woman, opined that she had taken the caregiving role due to her mother's choice.

I am the only daughter of my parents….my father is no more…..I have two brothers living in the same city….and my husband had a mental problem. So I am not living without him. My mother became very upset due to this occurrence and decided to stay with me until death to look after my family, especially my daughter.

One caregiver, C4 (spouse), articulated her views about taking the caregiving role as a cultural or marital duty.

I have two daughters…now they are married and live with their husbands. Now my husband and I are living in this household. So I have to take responsibility for

looking after my husband in later life because he is an old man and needs support in his daily life activities. I do not have a choice or preference for taking in caregiving roles as a marital duty.

Psychological Conditions of Elderly People in the Family Environment

It can be stated that older later life is such a state of a person when the elderly needs more mental support from family members. As they become physically weak, dependent on others, and helpless in many aspects, they need emotional help from others to lead the rest of life with relief. Even elderly people with physical complexities may lead a happy and healthy life if their near and dear ones surround them. Respondent E6 opined that,

I feel secure in my family. My wife and children are very supportive. If any problem occurs, I make just one call, and they become ready to assist. It gives me tremendous mental strength, and I also feel proud of my family members.

The situation can become the opposite when an older person doesn't get mental support from family members, leading to depression.

Respondent E15 expressed his mental condition by following words,

I don't get any mental support or emotional comfort in my family…my wife takes care of me, provides food, medicines on time…sometimes argues with me for my poor life-long savings and lack of physical functional capacities…I can feel...realize her problem…she is also getting older with some physical issues…but my son is very caring and respects me…my daughter also supports me…encourage me to lead a healthy life…They value my suggestions, but that mental support is missing…Sometimes I feel depressed…don't want to go anywhere from home.

There may be a situation in life when an older person's family may not provide proper mental support to that more senior person. Then some professional help can also bring peace in life. Respondent E19 told how her daughter helped him to gain mental stability with the support of an organization,

After retirement from School, I was a more sensitive and irritable person…I couldn't control myself…I always lose my temper…Then one of my friends told me about the Quantum Foundation…Now I regularly go there for medication purposes…feeling comparatively relaxed than before…leading a meaningful and happy life with my grandson.

After fulfilling several duties and responsibilities throughout life, it can also reduce mental satisfaction if older persons feel guilt. Respondent E25 shared feelings,

I am always tense about the fate of my elder daughter…her husband has lost his job…unemployed now…his behavior is also not good…as a father. I failed to choose a suitable partner for her…it is my fault.

Although at the elderly period, older persons don't have many responsibilities. Still, they become worried for their children, grandchildren. The happiness or sorrows of those persons significantly affect the mental peace of elderly persons. Respondent E13 said that,

I love my elder daughter very much….She lives in India…Always I am anxious about her family…If I can't see her for a long time, I feel bad…Besides that, day-by-day, I am becoming very impatient in any minor issue of my family…fear of uncertainty of life makes me relentless also….

Caregiving Responsibilities Manipulate the Psychological Well-being of Caregivers

There is no doubt that providing care is both physically and mentally stressful for caregivers, especially for those caregivers who have been providing care for an extended period. Caregiving experience for caregivers depends on the nature of illness of older persons, duration of caregiving in a day, availability of other support, and inter-relationship between caregivers and care-receivers. Although many caregivers consider caregiving a responsibility, it reduces mental well-being. Respondent C1 stated that,

"I live with my father and mother-in-law. We have one helping hand in our house, but when they become sick at midnight, the situation becomes very stressful for me. We need to take the instant decision about what to do, and that becomes a big challenge for me."

Another respondent, C1, highlighted the issue in the same direction,

"Firstly they are parents…staying with them…should take care of them…from childhood, it is our traditional learning to respect senior persons…..It's my responsibility on behalf of my husband. Otherwise, it's a challenge to face the emergency when they suddenly fall ill….becomes stressful to make the right decision….then consult with our family doctor.

However, most of the respondents agreed that despite having the responsibility of providing care, at some point in time, caregiving reduces their mental peace to some extent.

Respondent E10 shared his experience in such a way,

Last year, my mother faced a stroke and became paralyzed…She has to take regular physiotherapy…I am the only son…My father is no more…So I have cared for my mother for the last year…Sometimes I become tired and bored…But it's my duty, and I should care for my mother…Now she is better than before and can move slowly.

Caregiving Relationship Determine the Extent of Caregiving

The relationship between caregivers and care-receivers defines how the caregivers will treat the elderly people. A sound and healthy relationship make it easy for the caregivers to give elderly support willingly. Independent and dependent reciprocity, obligation, intergeneration Exchange, filial piety, responsibilities, mutual care and support, supportive family environment are various conceptual perspectives in this area that can help us understand the relationship in a family. Intergenerational transfers of love, affection, and material, social support are at the heart of the family relationship. In this research, most caregivers and care-receivers positively explored

their relationship. The quality and quantity of caregiving relationships influence the physical and psychological well-being of the elderly people in the family. A mutually supportive and caring relationship is an excellent source of support, whereas a conflicting and unkind relationship reduces the quality and excellence of care. But it was observed in the study that elderly people tend to report the fewer problem in caregiving relationships. Respondent C8 expressed how a positive relationship with his parents makes caregiving activities easy.

I have had a good relationship with my parents from my childhood. They always share their feelings, sorrows, and happiness with me. I always try to look after them and make them happy. On the other hand, they also provide me emotional support and essential advice when I need it.

Another respondent, C11, also expressed his views in the same direction,

I am worried about my daughter's marriage…I am also tense about the future of my son…My wife takes care of me and also my mother…mother is ninety-five years old, still tries to give me mental support…she can't do anything alone except eat food and go to the toilet…but my wife supports me and provides courage…respect me, value my advice, cares me a lot…I am grateful to my wife and daughter for my mental support…When I have some problems with my wife, my daughter solves them.

However, a different situation is also possible if the caregivers and care-receivers don't have a good relationship. Respondent E20 explored the hostile relationship with his son and showed some expectations from him in the future,

I have already lost my spouse… Now I live with my younger son... I cannot share my emotion with my son. He is very busy with his job… I have contributed a lot to his life from his childhood to now. Now it's time to get back… I want a loving and sharing interaction with my son.

Societal and Cultural Changes Also Affect Caregiving

Bangladesh has a long cultural and religious tradition of looking after the elderly by their family members and communities with dignity and respect. However, with time changes, this traditional socio-cultural system has been changing. Shifting from joint family to nuclear family, the impact of western culture, changes in norms, values, and beliefs all affect caregiving to the elderly. Different elderly people have also agreed that because of socio-cultural change, elderly people are not treated with dignity, respect, the value that was supposed to be at once. Respondent E20 highlighted this issue with his expectations,

I want mental support from my family. I wish that during my illness, they will take care of me. When I was young, I saw a joint family bonding among the family members. Each family member supported the other. However, the situation is different now. People are engaged in the nuclear family. They don't have time for family members; instead, they run for their job only. Now I also live in a nuclear family. I don't have any expectations from anybody. I always think about God. God will take care of me. I believe that if God creates sufferings for me, then I have nothing to do without accepting that.

Another respondent, E17, who lives in a joint family, highlighted the benefits of living in a joint family for older people,

Emotional support is necessary for our lives… I am now living in an extended family with all of my children...They help us, support us, and listen to us... For that, we old couple feel relaxed.

Degree of Social Involvement of Elderly People

In the present study, it was found that most elderly persons are not engaged in social activities. Some of them enjoyed their social life through participation in various types of socio-cultural programs. A few of them who were oldest-old could not participate in any social activities due to their limited physical and psychological functioning capacity. Elderly people who participated in various social programs in family and community life enjoyed their later life and healthy ageing. In this study, it

was found that elderly people went for a morning walk with their wife or friends or neighbors, joined various clubs as a member of volunteers, became a volunteer in their living areas, joined medication programs, accessed new technology or social media, participated in different charitable works and family programs, etc.

Respondent E1 said that,

I always go for a morning walk at Ramna Park with my wife. We have diabetics problem and don't miss one day…We have some groups in the park…join the group activities….sometimes go to their house….I also take participate in organizing programs at home.

Another middle-old person E5 expressed his views who are involved in different organizations,

I am currently engaged with some voluntary organizations…In one organization, I am president, and I need to organize an online meeting; before Corona, I also managed different programs…Now through online, try to keep in communication with the members.

Another respondent, E6, who was secretary of his building, was socially involved a few years ago and stated that,

I was the secretary of this apartment building for three years…as part of my job, I had to take care of my neighbors… solve different problems… regularly sit in the office and provide legal support to them…Social involvement kept me busy and indirectly gave me mental peace.

Relationship between Mental Health and Recreational Activity of Elderly People

As elderly people mainly were retired from their profession, they had enough time in their life but fewer activities to do. Entertainment is an element that can keep the elderly busy and provide mental peace that leads to physical wellness. This study found that spending time with grandchildren was the primary source of entertainment for elderly people.

Respondent E19 expressed his entertainment source in the following way,

Sometimes my daughter comes to my house with my grandchildren…I can spend quality time with them by playing different games…That moments with my grandchildren are the happiest moments for me in my present life.

Another respondent, E8, expressed in the same way,

I love my family, especially the children and grandchildren. We spend quality time together. We take our meal together, watch movies on the weekend. Now we will arrange an engagement ceremony for my younger son altogether.

Another respondent, E3, who is young old is engaging himself in different social media stated that,

Nowadays, I have created an account in social media…want to see my child, grandchildren…using WhatsApp, video calls, watching cooking program, religious programs here

Perception of Elderly People Establish the Acceptance of Received Care

Mental peace or satisfaction largely depends on how we perceive one particular thing. The same incident or situation or matter-one person can consider it positively; others can view it negatively. It was found from the study that some elderly people were conscious of the present world, and they had changed their mentality with time. As a result, they accepted the reality without expectations or little expectations from their children or other family members.

One respondent, E15, expressed his thinking about older life and how his perception keeps him happy in life,

Am I mentally prepared?...People should have mental preparation for their later life…If I think there is a problem in my life, then it is a problem…otherwise, not a problem…Human being has unlimited needs…In later life, people tend to look for others' faults…If family members ensure compromising mood, accept each other's

issues…then there is no problem…How we perceive the vital life to be happy in later life…So if the family doesn't care or look after you… you don't need to feel bad or any mental stress…Physical well-being is not possible because the mental condition doesn't remain well.

Another respondent, E17, who believe in accepting positive things from their surroundings, viewed his perception in the following way,

Nowadays, electronic media as television plays as essential support for me…proper food at the appropriate time, religious prayers, chatting with others, watching television…these are enough to live well…we can know many essential things on YouTube…accept the positive things from social media…Facebook, WhatsApp…believe in God…He will take care of us… engage in recreational activities, household activities…religious activities…enough…but financial support is also needed for a healthy life to some extent.

Another respondent, E10, presented a new dimension. He believes that if both caregiver and care receiver understand each other's situation and adjust accordingly, leading life is not difficult. He expressed that,

"I think society, as well as older persons, should change their mentality…If I expect care from my son who reaches home bypassing two or three hours on the road with extreme traffic jams every day after nine hours duty…then it would not be fair for him…So I understand his present situation…The elderly should also realize their children's problems and sufferings…accept what they receive from their family…should be satisfied even with little.

Another respondent, E19, presented another critical life theory. He believes that human beings suffer when he expects many things from their surroundings. Over-expectations create less mental satisfaction. He stated that,

My mental strengths are my wife, son, daughter-in-law, and especially my lovely grandchildren. If I see them surrounding me, moving, talking, eating, sleeping, chatting with me…that's it…how many days would we live… I always want to see their smiling faces…They are our future generation…They are the root source of our psychological well-being…I am satisfied with them…No more expectations.

Another respondent, E4, expressed how the elderly should lead their life,

Acceptance, compromising, mental preparation for later life, adjustment with the new generation are the indicators of living well at older age…I think in this way…It depends on the perception of life…When an individual becomes older, he behaves like a child, but I always get mental support from my wife.

Attachment with Creator Gives Mental Strength to Elderly People

In old age, elderly people start to believe that they do not have enough time to accept the universal truth of human beings. So they begin to engage themselves with different religious activities. Besides, participating in religious activities can give them mental peace, which they did not get from family members. Again, as they didn't have many things to do, they willingly engaged in religious activities to keep themselves busy. One respondent, E14, expressed that she has enough time to learn new things about religious activities through social media in later life.

I have already retired from my job…a long time…seven years ago…I have surrendered myself to God…After retirement, engage in religious activities…keep faith in God…Serve to God for mental peace…I learn many religious rituals from YouTube videos…I always watch live religious programs on TV and YouTube…Now it is time to know God to be attached with God…forget my sufferings.

Another respondent, E20, stated that how involvement in religious activities gives him mental peace in life,

I love to spend time with my daughter and her children…When they come to my home, I feel happy…I regularly watch the news on TV and other programs…By reciting Quran Sharif every day and namaz…gossiping with son and daughter-in-law…try to remain happy daily.

One older person, E10, opined that spiritual or religious belief is only natural, but the world's material things do not have value in later life.

Once I was a govt. service holder….everybody respected me, provided services to me on-call basis…had car facilities…but the scenario changed after retirement…I did not have enough time for prayers…now I have my flat….children are established, and they are busy with their life….so this asset does not have value in my life….the reality is that I am going to die one day…so only god can give support to me.

Another older person, E9, opined that participation in religious prayer in institutions or family brings mental peace to him in later life.

I have decided to stay in the house of my elder son in Dhaka because of the availability of religious institutions with a short distance from home. So I can go to the institutions for attending prayer in the evening regularly with some familiar friends of my same age…..sometimes my grandchild also gives accompany with me….it's give me mental peace to me.

One of the elderly persons, E7 has opined that her experiences of religious activities were better in her young life. Still, due to limited functional capacity, she cannot participate, but when her daughter-in-law arranged this ritual, she joined; now, she enjoys this way.

The Elderly People Prefers Ageing in Place

It was found from the elderly people and their caregivers that the living place or where the older person would like to live that was decided or determined by the elderly people. In wealthy or middle-class families, children value their parent's decisions about their living place. Most of the oldest-old persons were found in this study with many physical illnesses and disabilities. They depended on their children to perform activities of daily living. In the case of illness or other physical complexities of oldest-old persons, children decide on behalf of their parents, considering their physical and mental well-being and the availability of caregivers.

Some elderly people mentioned their views about the living place that they choose their housing by themselves, and their children did not interfere in this issue.

One of the older women, E13, mentioned her views that,

I have been living in this flat almost for twenty years. My husband has bought this flat, and this is our permanent residence. I have two daughters, and they are married now. They stay with their family in this city in different areas. I have wished to remain here until death if there are no other problems in my life.

Another older woman had the same living experience in her own house bought by her husband. The culture of our society approves that women will stay in the place of their husbands after marriage.

Another older woman, E17, mentioned that,

I am staying in the house of my husband that he built before his death…..almost thirty years ago. Now I live here with my son and daughter-in-law and my grandchildren. I wish I would like to die here because of many memories of my marital life with my husband.

One of the older women, E18, mentioned that she would like to stay indifferent to children's houses because she does not want to stay in a permanent place for a long time. She opined that,

I stay in different houses of my children… my husband is dead, and we did not buy any land or flat due to the limited income of my husband, so now I do not have any permanent house or residential place…all of my children stay in the same city in various areas…I stay in their homes, including my son and daughter's houses…and I have told them nobody should be worried about this issue. Because I can do all of my activities without caregivers' help, and if I fall sick, that is the other issue.

Older women who live alone, like respondent E15, who live in a rented flat, opined her views in this way,

"Once I lived in this flat with my husband, but he is no more now…I have only one daughter living in the USA who tells me to go there…but I do not feel comfortable living with my daughter and son-in-law's family…actually, I do not want to burden my daughter…I can do all my daily activities with the help of a temporary maid ….in this building I have a nephew and niece …the also help me ….I do not know what will happen tomorrow….

One of the caregivers (daughter-in-law) C10 mentioned her experiences about this issue,

My father and mother-in-law are staying with us now for three months. Both of them are very sick and need caregiving support all time. So their children have decided that their parents will stay in the entire children's house, but when they fall ill, they will remain with us due to space, caregiver support, and little stress in my family…I have one son, and my daughter-in-law is not involved in the working sector, and we also have a permanent maid to take care of them.

Another caregiver, C15 of the oldest old person, expressed her opinion about this issue**,**

Though my father-in-law has two sons and one daughter in a different district of Bangladesh, he prefers to stay with us because we have a temple in my area, and he goes there regularly, so he likes this place…He does not have a wife and likes my children very much, and my child also loves him and takes care of him. Sometimes he mentions that he likes this place.

Caring Responsibility towards Parents as a Daughter

It was found from the present study that daughters played a valuable role in caregiving settings for older adults. According to society's cultural and social norms, the son takes care of his parents in later life. But interestingly, it was found that daughters sometimes took the significant responsibility of their parents due to the absence of an elder brother or share roles with other family members. Daughters took responsibility due to emotional attachment and provided emotional and financial support towards their parents.

One of the daughters, as caregiver C8 of her mother, whose age was about fifty-five years old, commented that,

My parents had three sons and two daughters…now, all of my brothers are no more…grandchildren of my mother do not show any interest to take the responsibility of their grandmother…furthermore, my elder sister is very sick. She

does not have any household maid…so I have to take care of my mother…she stays with me for a long time…so being a housewife and staying at home all the time…I help my mother to perform her everyday activities like feeding, dressing, toileting, brushing hair, washing her clothes, spending time memorizing past events in life, giving medicine, visiting doctors check-ups…sometimes I have to sleep with her when she becomes very sick or cannot manage her toileting by herself.

Another daughter of older adults as caregiver C5 took the caring responsibility due to the avoidance of her brother for managing their parents and opined that,

I have two brothers, and they are married now and stay separately with their family in this city, but they do not look after my parents. My parents are old, and they cannot live independently due to their disabilities and illness…so I have decided to take care of them…I am a working woman, and my husband is also supportive….Whatever I eat, I would share it with my parents because they have brought me into this world. I cannot avoid or ignore the responsibility.

One of the daughters of elderly parents as caregiver C7 mentioned that without having a brother, being an elder daughter, naturally, she had to carry on her duties to parents as a caregiver in later life.

"We are two sisters. I am the elder daughter, and my younger daughter lives abroad after marriage with her husband; my parents are retired now and old…so I have decided to stay near them to take care of them. So we are now living in the same apartment, buying a flat permanently…now, I can look after them and help them provide IADL support like cooking, shopping, visiting doctors, attending the religious or social program. Besides this, I can observe their physical and mental condition can provide emotional support for reducing loneliness, depression, or anxiety...Provide suggestions to make healthy food or maintain a healthy lifestyle…Sometimes we go to watch movies and parks…most of the time, they enjoy time with my daughter."

One of the daughters of elderly parents as caregiver C9 told that she shared the caring responsibility with her brothers. She opined that,

I have one brother living in rural areas…most of the time; my parents stay with them in the village…wife of my brother takes care of them. But when they become

sick and need to go to emergency specialized treatment support, they come to my home, and I arrange medical and treatment support for them. Sometimes they come to my house and stay for a long time when they become depressed; in that time, I provide mental or emotional support.

Impact of Living Arrangement on Care

The study found different living arrangements of the elderly, such as a few elderly people living alone, some living with spouse only, and most of them living with children. The nature and source of assistance or support depend on the household living arrangement of the elderly people. It was observed that when elderly are living in empty nest households, that means without spouse or children or living with spouse only, they stay in those houses or communities or areas where their relatives or friends are available for giving support.

One of the elderly women E8 who lives alone expressed that,

I can do all of my daily tasks properly though I am alone after the death of my husband... I can cook for myself, prepare snacks, perform religious rituals, go to the temple beside my house, but I have to depend on the maid to clean my house and wash clothes. Besides this, I have to rely on my nephew and niece living in the same building for buying medicine, shopping, visiting the doctor, going to the bank, and emergency support.

One of the young, elderly couples, E5 and E6, living without children expressed that,

Our two daughters are married, and they stay in another area of the city…my husband is an elderly involved in a family business…As I am staying home, I can do every daily activity with the support of our temporary helping hand…my husband takes the responsibility of shopping, visiting doctors, buying medicine, going to the bank with me, seeing my daughter's house, neighbor's house, and religious institutions or programs.

One of the elderly couples, E9 and E10, living with their son and daughter-in-law, expressed that,

We do not stay in the house of a specific son… our sons have shared these caregiving responsibilities among them…we do not have any requirement…but when my wife becomes sicker and need twenty-four hours, then we go to the elder sons house because they have enough space available with helping hand in home…so we feel comfortable and secured during illness with them. Our sons and daughters-in-law provide ADL or IADL support according to their capacity…we are satisfied with them.

Another middle-aged, elderly couple who are living in the same area where their daughter is also living expressed views about the impact of their living arrangements on care in this way,

We have only one daughter...She is married and lives with her joint family…we have a permanent maid to look after us…she does all the household tasks. Prepare food, wash clothes, makes the bed, bring medicine to our hand, clean household and utensils, make snacks, watch TV with us, visit the temple with us...Sometimes my daughter and grandchildren visit us and bring some necessary things or medicines for us...Spend time with us and get us to the hospital for treatment purposes….in case of emergency, she stays with us and provides support.

One middle-aged, elderly E4, living with his son's family, expressed that only his wife looks after him. His son and daughter-in-law do not take care of them.

We have two sons and one daughter...daughter is married now and lives with her family…we are poor…so we have to stay with our son…but they do not take care of us…I have to earn money in this old age…but my wife gives me food, medicine, water on time, visits with me to the doctor…though we live with our son, he does not provide any support or assistance to us.

A similar experience was also found from the rich and poor class family that, though elderly people live with their son's family, due to their busy lives, they do not provide any physical, emotional support to them, and the elderly were not satisfied in this life.

One of the elderly E13 opined that,

We are two older people, staying in an empty flat from morning to night…my son is an engineer, and my daughter-in-law works in a private bank…we can see them at

breakfast. Most of the time they return home late-night…we have a permanent maid...my wife and the maid do all the household tasks and take care of me…we can only have lunch or dinner together at the weekend only…when any of us become sick then son help us to visit the doctor.

6.3 Findings of Focus Group Discussions

This study conducted two focus group discussions (FGD) with fourteen respondents to explore family members' feelings, opinions, and suggestions on elderly care. Two focus group discussions were conducted with the respondents having elderly people in their families. Through these FGDs, it was tried to explore the attitudes, perceptions, views of people towards family care of the elderly people, nature of family care, psycho-social needs of elderly, challenges of elderly people, support of the elderly, role of government and non-government agencies, the part of the community, and suggestions or recommendations for improving the quality of life of elderly people.

Attitudes toward Elderly Care

From these FGDs, it was found that respondents had positive feelings towards elderly people and family care. Respondents from ageing families had a more sympathetic and caring attitude than other respondents. It was also observed that female respondents had more positive and compassionate views than male respondents. They all expressed their feelings from norms, beliefs, traditional cultural points of view. Most of the respondents were interested in taking care of their elderly family members. A warm welcome was received from the respondents of ageing families because of this initiative as they could express their feelings, needs, and problems of the elderly. Focus group discussants mentioned that family size, family relationships, and caregiving and intergenerational relationships between elderly people and family members influence the outlook of the children of the elderly parents. They also identified that the busy life, stress in job, illness, financial insolvency, self-centeredness restrict people from serving the elderly community.

Nature of Family Care

Most of the respondents expressed that family members, especially spouses or other women, play a significant role in elderly care. They mentioned that women were the family's principal caregivers, especially the spouses and daughters. They observed from their childhood that women have been taking these caring responsibilities in the family. Respondents from ageing families opined that sometimes they need to help their family members in elderly care activities. Some of them said that despite being willing to take part in elderly care, they could not do that because of their job pressure. Most respondents agreed that all family members should participate in elderly care-related activities. A few of them from ageing families opined that support patterns differed in various age groups. They think that middle-old persons or oldest-old persons need support in performing daily activities. They mentioned that the young-old person in the family does not need ADL or IADL help but wants mental support, financial support, and social support. Generally, women as spouses, daughters, daughters-in-law carry the significant responsibility. Besides, son, son-in-law, and other people help them perform various activities like shopping, paying bills, buying medicines, managing money, etc.

Psycho-Social Needs of Elderly People

The psychological and social need of elderly people is a vital issue, so all the respondents were asked to share their views on it. Surprisingly, it was observed that most of the respondents have almost no idea about these needs. A few respondents shared some perceptions about this issue. All the respondents have only thought about the basic human needs of elderly people. Some respondents agreed that older persons need mental support in later life. They believe that other family members must keep them happy and satisfied. They also mentioned that children or other family members help elderly people to participate in social, religious, and cultural programs.

A few respondents mentioned that elderly people need comfort, freedom, dignity, love, respect, the value from the family members and society. If family members help them engage in any social or community or religious organization, they can keep themselves busy, bringing happiness to their lives. All of the respondents agreed on one issue that if family members value the advice or suggestions of the elderly, they

will enjoy their later life with satisfaction. According to respondents' perception, psychological needs are related to happiness and joy, and social needs indicate participation and engagement in social activities.

Challenges of Family Care

Generally, society and communities want to improve the health and social care for elderly people. In that case, it is essential to identify the challenges of family members and provide support to them. So it was asked to the respondents about the difficulties and problems of family members when they provide care to elderly people. Respondents identified some challenges of family care. Almost all of the respondents shared their feelings and opinions about this issue. They highlighted that reducing family bonding, migration from rural to urban areas, urban to abroad, degradation of norms and values, development of individualism or selfishness, increasing involvement in smartphones and social media, increased participation of women in the job market, lack of financial and health care support to elderly, changes in family structure, multigenerational families, lack of support from neighbors or community, lack of awareness about elderly care issue, lack of knowledge and training of elderly care, lack of involvement of print and electronic media into exploring the ageing issues are making challenges in the way of effective elderly care. They also mentioned that the country's institutional care system is unavailable, so this kind of support should be included. It was found that the respondents emphasized the care problems of the poor elderly people because they cannot fulfill the necessities in terms of food, clothes, housing, and treatment.

Role of Government or Non-government Agencies

Some critical views about the role of Govt. and NGOs from the respondents were found. Most of the respondents think that if the Govt. and different NGOs come forward to fulfill both the primary and social safety needs of the elderly, then the elderly can lead a happy and healthy life. Some respondents know about the National Policy on Older Persons and Parents Maintenance Act. They think that Govt. should focus on implementing this policy for the well-being of the elderly. They mentioned that NGOs should create awareness programs in each of the wards of Dhaka city with

the help of a local authority. The government can utilize social media platforms, print, and electronic media to regularly spread the positive message about elderly care issues through different advertisements, drama, movies, and celebrating special days with senior citizens. NGOs can provide home-based care, health counseling, medical or treatment support to the elderly in their place. According to the discussants, agencies should provide food, clothing, housing, and primary health care support for the homeless and childless elderly. Some respondents mentioned about the government safety net program under which elderly people get old-age allowances. Still, they commented that government should properly monitor and increase the coverage and benefit of this program.

6.4 Analysis of Findings

This study was conducted to explore the relationship between the nature of family care provided for elderly people and the impact of family care on the life of elderly people. The study included twenty families as cases to know the nature and consequences of family care in the life of elderly people. Elderly people were considered care recipients, and family members were caregivers. These care recipients and caregivers were the respondents of this study. The elderly people provided opinions about physical, psychological, and social challenges and the extent of care. They also expressed hope and expectations related to care in the family. The family members identified some suggestions from their caregiving experiences in the family. The findings of this study were analyzed and compared with previous studies and theoretical perspectives. Further, it identified the similarities and dissimilarities with earlier research findings and created links with different theoretical perspectives. This section presents the research findings according to the objectives of the study.

6.4.1 Personal Information of the Elderly People

Global population ageing is a byproduct of the demographic transition in which both mortality and fertility decline from high to low levels. In the twentieth century, population ageing and its social and economic consequences draw increased attention to policymakers worldwide. A decline in fertility has increased the proportion of

people surviving to old age and eroded the traditional support base in old age. In Bangladesh, adult offspring, sons are considered the primary source of security and economic support to their parents in old age. However, rapid socio-economic and demographic transitions, mass poverty, changing social and religious values, the influence of western culture, increased involvement of women in the job market, and other factors have broken down the traditional extended family and community care system.

This study is designed to explore the personal information such as demographic and socio-economic information of elderly people living with families such as age, sex, marital status, educational qualification, place of residence, the financial situation. The study analyzed that all older men and women live with their families or in a family environment related to blood, marriage, or non-relatives. Most of them belong to Islam, and some are from Shonaton by religion. Among them, eight are the widow, and two are widowers. Half of them have minimum education, which indicates the primary level. Some of them passed SSC, HSC, or Graduation level. Most elderly couples stay with their unmarried children in the nuclear family. Some live with their married son, daughters-in-law, and grandchildren in the extended family. A few of them live only with their spouse. However, one older woman was found alone in the household without a spouse or children, where her nephew/niece live in the same building. It was found that a few older women live with permanent paid maids in the same household, and their children or siblings are living in the same community.

This study explored the financial conditions of elderly people based on sources of income, expenditure, savings, and assets, head of financial support, and unmet need for financial support from the government. This study found that most of the older men were in private or public service or business at a young age by profession. The elderly people from lower-income families worked for survival. They were rickshaw drivers and worked in a tea stall. Though they live with their spouse and children, they need to depend on their income to fulfill their basic human needs. Except for two elderly women, they all have been working as housewives throughout their lives. The two elderly women were involved in the teaching and banking profession. It was found that elderly people from the wealthy class have savings and sources of income from business and assets.

It was found from the study a variety of nature in the financial condition of elderly people due to different educational and professional backgrounds. According to the culture of Bangladesh, most of the women remain at home to take care of their families and stay as housewives or homemakers. So most of the elderly women were found as housewives in the study, and only a few were in service. In the lower-income class, all the elderly are involved in income-earning activities for life and livelihood. In a study of (HAI, 2011), it was found that older men and women had more opportunities to earn income in urban areas. Older men had a small business selling cakes and tea, working as rickshaw drivers, and doing-rag picking. Greater access to income-earning opportunities for older people would offer them dignity and increase the respect of family members towards them (Grundy, 2010).

Most of the elderly from wealthy families mentioned more than two sources of financial support: business, pension, provident fund, the interest of savings, assets (land, house rent, shop rent), and the elderly people from the middle class mentioned pension, savings interest and income of children. In wealthy families, children of elderly people do not require financial support from their parents but consumed their parents' assets. On the other hand, in middle-class families, children of the elderly must provide financial support to their parents to fulfill basic needs in daily living. In lower-income families, it was found that most of the elderly have to take responsibility for living and livelihood. In a few cases, both children and the elderly share the financial commitment.

In most Asia Pacific region countries, elderly people rely on four primary sources to meet their financial needs: work and income-generating activities, assets and savings, family support and private transfers, and social protection. In many countries in the Asia Pacific region, elderly people rely primarily on their earnings, mainly from employment; very few have incomes from savings or investments, particularly in poorer countries, and family support from adult offspring and financial assistance from other relatives is a significant source (UNFPA, 2017). Economic conditions of the elderly have a strong relationship with healthy ageing having physical and psychological well-being in the elderly people. In a study (Khan et al., 2016), it was mentioned that the elderly population with higher family incomes have a better quality of life than a family with few payments. Sustainable development goals (ending poverty in all its forms everywhere, ending hunger, achieving food security

and improved nutrition, ensuring healthy lives and promoting well-being for all ages, full and productive employment, and decent work for all) are directly linked with the financial condition of elderly.

To ensure the basic needs of the elderly, it was mentioned some critical areas for activities such as providing financial security, appropriate housing, appropriate diet, access to health and social care services, supports to complete basic tasks, meeting the need for personal safety will be implemented during the decade of healthy aging from 2021 to 2030 (WHO, 2021). The study observed that elderly people have to depend on their family members, especially children, in later life for financial support. The Elderly, especially from middle and lower-income groups, face many challenges due to limited income and savings in fulfilling health care needs. However, children, especially sons, provide financial support to their elderly parents except for a few cases from lower-income groups.

The social status of urban poor, middle-class, and wealthy elderly people are different. Urban middle class elderly people are socially, culturally, and economically in a better position than poor class elderly people. They comprise groups of retired officials or businessmen, and they often possess a secured place of residence. Most of them live in an extended family with different facilities. On the other hand, urban wealthy elderly are mostly retired senior employees of reputed top organizations, high government officials, or owners of big trading houses (Rahman, 2012). It was found from the study almost the same scenario that elderly people who belong to the rich and middle class were involved in garments business, export-import business, judicial service, custom department, electronic business, banking profession, teaching, and government job. At last, poor elderly people are rickshaw pullers and run small tea stalls, supporting the occupational demographic feature of poor class people of Bangladesh.

By focusing on the financial condition of elderly people, it was explored that urban rich elderly people are financially solvent with the help of pensions, provident funds, savings, interests, profit from their business, and other income sources like house rent, shop rent, income from lands and they also have different fixed assets like own buildings, cars, land, ornaments, etc. Urban middle class elderly people also have a pension, provident fund, savings, and a few fixed assets. However, the irony is that

they are not fully financially independent with these limited income sources because of costly health care, housing, and other fulfillment of their essential needs. They also need to depend on their children for the required financial support. On the other hand, urban lower-class elderly people have no earning source to lead their lives without working. For that very reason, they still need to work hard with their physical obstacles to fulfill their basic needs. Even their children do not also have enough capacity to support them fully. So it seems that they will have to continue their fight until their death. Financial barriers to accessing care and health services are prevalent in countries without universal health care or state pension provision (Tate, 2006).

The living arrangements of elderly people replicate choices made by elderly people and their families based on individual preferences and available resources considering the social, economic, and health constraints of the elderly (Kamiya, 2020)**.** This study explored the living arrangements or living conditions of elderly people in Dhaka city. It was found that living arrangements vary among the elderly due to differences in socio-economic factors or financial requirements. All elderly people from wealthy families live in their own houses or apartments. Again, most middle-class elderly live in rented houses, and most widows and widowers live in their children's houses. However, only one older widow and one older widower live in their own home and apartment. On the other hand, it was found that most of the poor elderly people live in their son’s house. Actually, in our country, it is a traditional culture that most parents prefer to stay in sons’ house rather than daughters’ house with son-in-law and for this reason one older widow is living alone.

Again, it was observed that all of the elderly people, either from the rich or middle class, have their separate rooms, bed, washroom, and other household facilities. Spouse, daughter, or paid maid helps elderly to clean their room, bed, bathroom for maintaining a healthy environment with hygiene. On the other hand, the elderly of lower income have no chance of having these kinds of facilities. They are bound to live in a miserable condition with a polluted environment, and they don’t have any choice or preferences to prefer better housing.

Living arrangements of the elderly depend on different factors such as income, savings, preferences, health status, availability of children, relationship with children, traditional norms, etc. This study explored that most elderly live with their children in

an extended family. However, at the same time, it was also found that few elderly live alone or they live with their spouse only. The United Nations have focused on the importance of the living arrangement of elderly people because it has become an increasingly important policy issue, especially in countries with advanced stages of population ageing. Living arrangements of elderly people are essential determinants of their well-being (UN, 2019). In many countries, the living arrangements of elderly people are associated with their economic well-being, physical and psychological health, and life satisfaction.

Understanding the interconnection among the living arrangements of elderly people, their socio-economic status, their wealth, and their well-being are particularly relevant to the promise of the plan for Sustainable Development. How and with whom elderly people live is especially suitable for the SDGs related to ending poverty in all its forms everywhere, ensuring healthy lives, promoting well-being for all ages, achieving gender equality, and empowering all women and girls. In this study, all elderly from wealthy classes prefer or choose their living place and partner. Many issues in middle-class families were seen in determining the residing area, such as when an older person has a better physical and mental functioning capacity. If there is more than one child is available; family members value their preferences. Still, on the other hand, family members decide on behalf of middle-old or oldest-old, focusing on the poor health condition and availability of care providing support and facilities.

Along with this, it was found that some elderly people live alone, but live close to their children residence like living in the same building, but in separate flats or live in the same area with walking distance. But the elderly people who live far from their children rely on their neighbors, friends, and relatives for support and assistance. In the study of (Begum, 2019)**,** the same scenarios were found in terms of housing, living conditions, and household amenities. In the study, co-residence with children is higher for the urban male, and co-residence with children and grandchildren is higher for the urban female. It was also found that urban males and females live with their spouse, spouse and children, and alone (widow and widower).

6.4.2 Challenges of the Elderly People and Types of Care

The number of care-dependent people is projected to be three hundred forty-nine million, and among them, the number of elderly people aged sixty years and above is one hundred one million in the world. When an individual cannot perform their daily activities without the help of others due to limited functional capacity with chronic diseases, then care dependency occurs in the life of elderly people. Family members as traditional caregivers such as a spouse, adult children, or other relatives as primary caregivers provide support or assistance towards the elderly people. Demographic changes and the health conditions of the elderly create challenges in society's caregiving setting. In the study, three categories of elderly people were included: young-old, middle-old, and oldest-old based on their age. An older person aged between sixty to seventy-five years was considered young old. An older person aged between seventy-six to eighty-five years was middle-old. An older person over eighty-five years was considered the oldest-old (WHO, 2017).

Living arrangements in terms of living with a spouse or spouse and grandchildren were essential for providing and receiving care or support. The majority of the elderly live in an extended family where they get help from their children. It was found in the study that supports for activities of daily living are affected neither by the number of living children nor by the number of co-residents nearby the spouse. Living with only a spouse, children, or extended family positively influence receiving support in ADL or IADL activities. The wife or spouse acts as a primary caregiver for providing ADL in both living arrangements. It was also shown in the present study that living alone in terms of without spouse; elderly people rely or depend on their neighbors or siblings, or relatives. Elderly people without a spouse live with their children, especially the older men who need to rely on themselves or their sons to get ADL and IADL support. Oldest-old women living without spouses got ADL or IADL help from their sons, daughters, and daughters-in-law. Though elderly people from lower-income groups lived with their children, they do not get any ADL or IADL support from children. So in this situation, co-residence with children may not have a positive relationship with receiving any type of ADL or IADL, mental, financial, and social support for the older persons from lower-income groups. According to Litwak’s Task-Specific Model, elderly people prefer his wife for personal care tasks. The second

preference for the instrumental activities of daily living is their children, grandchildren, relatives, neighbors. It was found that the primary caregiver is either the spouse or child of the elderly, and most of them live with or in proximity to their elderly relative. Primary caregivers provide various types of support such as personal care (ADL), household management errands outside the home (Brodsky, 2011)**.** In the case of the urban areas, the living arrangement of elderly people is the only significant predictor in receiving personal care (ADL) from spouses and children (Pradhan, 2017)**.**

This study found that young old persons have some common problems like weakness, diabetics, high or low blood pressure, back and neck pain, osteoarthritis. The middle-old elderly have everyday health-related issues such as high or low blood pressure, insomnia, frailty, urinary incontinence, joint pain. Oldest-old persons have some common problems as well with some significant and complicated experiences, and they are heart problems, dependency for performing activities of daily living, urinary inconsistency, loss of appetite, back and joint pain, kidney disease, stroke and paralysis, vision, and hearing failure, oral problem. This study explored that young-old persons do not need any assistance or support for their daily activities. They only need instrumental help in their everyday life in preparing meals, shopping, doing household work, managing finances, and going for doctor's visits. Middle-old persons need support in more than two domains in activities of daily living. They need assistance from family members in bathing (making hot water and pouring in pot), dressing, toileting, arranging sufficient water and light in the washroom, finding out dresses, washing dresses, climbing stairs, taking meals on time, etc. Middle-old persons cannot perform their daily activities independently, but with the help of family members, they can do these activities partially.

This study highlighted that when the elderly people come to the middle-old group, they partially or fully become dependent on others for the daily activities due to their increased age and lack of physical and psychological functioning capacity. However, when these middle-old people come to the oldest-old group, they become entirely dependent on others for all types of daily living activities. At the same time, they need ADL (Activities of Daily Living) and IADL (Instrumental Activities of Daily Living) support.

In this study, it was explored about the nature and extent of care for the elderly. Traditional values, norms, beliefs, family learning, family or religious culture play a vital role in establishing the nature of caregivers in our country. It was known from several studies in our country that family members are directly or indirectly involved in the care settings. Spouse, daughter, daughter-in-law, son are the primary caregivers of the elderly in the city. The study found all of the elderly live in a family with family members except a few elderly women. Spouse and children are considered as the primary caregivers. Grandchildren, relatives, helping maids are deemed to be secondary caregivers.

According to Cantors Hierarchical Compensatory Model, elderly preferences for informal caregiving reflect a normative pattern in the intimacy or closeness, past relationship, mutual trust (Birren, 2007). Life partners are the first choice, followed by daughters, daughters-in-law, sons, sons-in-law, other relatives, and hierarchy ends with the friends, neighbors, and other non-relatives. If a specific relationship is missing, the next person in the order is responsible (Bovenberg, 2010)**.** It was observed that if the elderly have a spouse or life partner, firstly, they depend on them. They are mutually interdependent and support or assist each other. In this study, it was found that some older widows and widowers are dependent on their children in the absence of a spouse. It was also observed that relatives and other non-relatives are caregivers to the elderly without spouses and children.

Previous studies of support and network composition suggest that care provision would follow specific patterns, likely structured by marital status and gender. Cantor's hierarchical compensatory model positions spouses and children as most preferred and formal sources of help as least preferred. Other relatives, friends, and neighbors are intermediate in this hierarchy (Spitze, 2000)**.** The present study indicated that wives, spouses, daughters, or daughter-in-law are primary caregivers. It was also found that all women caregivers are not working women. So they can stay at home all the time and spend more time providing care. They are involved in providing personal care tasks or direct activities such as helping with activities of daily living. There are some variations in the involvement of the primary caregivers in direct or indirect changes in the family. In wealthy families, primary caregivers are only engaged in personal tasks or activities of daily living in wealthy families. In middle-class families, primary caregivers take responsibility for direct or individual errands and

indirect or instrumental activities of daily living. On the other hand, elderly people and primary caregivers perform both tasks in poor families.

People receive many kinds of help and support from others in their network. Litwak's task-specific model indicates that different persons and groups are better suited for different helping tasks (Spitze, 2000)**.** In this present study, almost all of the caregivers provide support or assistance to the elderly in various tasks such as preparing meals, shopping, traveling, self-care supervision, bathing, dressing, feeding, toileting, transferring, emotional and social support, companionship, time spending in leisure activities, health and medical care, manage and give medications, prepare food for special diets, respond to emergencies, communicate with doctors, etc. In the study (Begum, 2019)**,** it was mentioned that only cooking is a source of providing care to the elderly. According to this study, in urban areas, female spouses paid cooks, or children cook food for the elderly, but in the case of elderly women, paid cooks, grandchildren, and others help for cooking.

Intergenerational relationships or family relationships greatly value the quality of life or satisfaction of elderly people. As the fundamental unit for human development, the family serves a critical function for the individual's psychological, social, and even biological needs. Family relations are experienced as positive or negative, improving and enhancing development and contributing to vulnerability and decline (Schulz, 2006). Different countries or regions have social, cultural, and religious values. The physical and psychological well-being of elderly people is strongly associated with interaction, cohesiveness, solidarity, and family bonding. In this study, it was observed that certain reciprocity between each family member creates benefits. Most of the elderly from young-old, and middle-old groups, no matter whether they belong to the rich or middle or poor class, can support family members and receive support from family members.

This study observed that the elderly from the wealthy class provide financial support to children but receive less emotional support from them. The elderly from the middle class offer emotional support to their grandchildren and children with advice and guidance and receive personal and practical support from them. In the lower-income category, the entire young-old and middle-old group provide financial support to their children, and in return, they receive food and shelter from them in most cases. Each

family has a different structure, pattern, culture, dynamism, socio-economic status, educational background, and religious background. Considering all these factors, it was observed some common ways in relationships.

As it is supposed to understand the relationship between these two actors, attitudes and experiences of both elderly people and family members were considered. In most families, members are actively and directly involved in caregiving activities. They can also be motivated by cultural norms of obligations associated with spousal responsibility (Hill, 2015). Experiences in earlier marital life or quality of relationship influence the positive or negative caregiving attitudes. On the other hand, if the spouse needs to take the responsibility of an older partner with lower physical and psychological capacities, it can deteriorate the quality of the relationship. When spouses both are physically and mentally healthy and active, it creates closeness in the relationship. This study observed that earlier marital life experiences, physical and mental condition of care receiver and caregiver, and financial status influence the spousal relationship in caregiving.

In this study, it was found that adult children take a significant part in caregiving. Adult children expressed that they provide care to elderly people because they believe that it is one of the prime responsibilities of their life. Also, their parents had a lot of contribution for their upbringing. Exchange Theory would suggest that children may expect to receive some reward in the future as an inheritance from their elderly parents, or they may want to reciprocate their parents for spending years caring or upbringing them (Hill, 2015). The filial responsibility of children also influences the caring setting. This study found that elderly people who live with families having three generations have a better relationship with their grandchildren than with their children. Because in our social and cultural context, the daughter needs to stay with their husband separate from their parents. Then, although sons are trying to help their older parents in instrumental activities of daily living, more aging parents cannot maintain a close relationship with the sons because of the non-capability of giving much time by the sons to their parents because of their professions. The emotional support that should have been found from the sons is seen from the grandchildren. However, elderly people who belong to wealthy and middle-class families get care from sons to some extent.

From the observations, it can be said that spousal caregivers, adult child caregivers, daughter-in-law caregivers of wealthy and middle-class families have a positive attitude towards elderly care. These positive attitudes indicate love, affection, responsibilities towards their parents. On the other side, a different scenario was observed in lower-income class families. All the older persons need to work to some extent, especially the men, to fulfill their livelihood despite having declining physical conditions. Some of them live with their sons, but their sons don't take care of them at all. However, like middle and wealthy families, poor class older persons have a close relationship with their wives and daughters. It is a fact that poor people's main problem is insufficient money. So most of the time, sons treat their elderly as a financial burden. So they deliberately ignore providing any care related to some sort of expense. So the elderly people need to work with their declining health to fulfill their basic needs. So it can be stated that co-residence with adult children may not bring happiness in poor class elderly people's lives.

6.4.3 Opinions of the Elderly People and Outlook of the Caregivers about Care in their Family

According to WHO, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic, or social condition. Every person in every country in the world should have the opportunity to live a long and healthy life. To explore or clarify the relationship between health and ageing, we have to prepare for the decade of healthy ageing 2021-2030. In the study, elderly people were asked to provide their valuable opinions on family caregiving activities considering their physical, psychological, and social conditions.

Healthy ageing was considered as the determinant of developing and maintaining the functional ability that enables well-being in older age. At present, the physical conditions or health status of the elderly depend on their available capacity. Nowadays, people live longer with chronic diseases, so finding a person without any diseases is rare. The physical health conditions of the elderly include some considering issues such as nature or pattern of disease, nature of health care support

from family; community; institutions, nature of environment whether it is supportive for elderly or unfavorable, living condition, living arrangements, availability of formal or informal care support, and personal and environmental resources. If we consider the health status of the elderly, we should keep in mind that it is an integrated concept including the physical, psychological, and social aspects. Then the co-morbidity or several chronic diseases or geriatric syndromes make the situation complex and stressful for elderly people. With this situation or condition, all the responsibilities of elderly care fall on the family members, especially spouse, daughter, son, and daughter-in-law. So there is a strong relationship between the health condition of the elderly and family care.

This present study explored the physical health condition of the elderly from two perspectives, such as the nature of the disease and functional ability (ADL or IADL) of elderly people. In this study, some everyday health-related problems were found, such as chronic diseases like people with diabetes, mellitus blood pressure, arthritis, osteoporosis, urinary incontinence, sleep disorder, dementia, heart disease, kidney disease, stroke, hearing impairment, loss of appetite, and gastrointestinal disorder in elderly people.

It was observed from the study that all of the elderly people above the age of sixty to ninety-five years suffer from two or more two chronic diseases, and they are suffering for an extended period. The common health problems that occur in elderly people are cardiovascular disease that includes hypertension, stroke, angina, and myocardial infarction or heart attack, diabetes mellitus and its complications, cataract cancers, arthritis, osteoporosis skeletal fragility, obesity, enlargement of the prostate of male, sleep disorder, change in behavior, dementia, etc. Some common health problems in the lower class were found: weakness, dizziness, heart disease, cataracts, and asthma, high blood pressure, and kidney problems. The study (Sara, 2018) observed that significant multi-morbidity among the elderly is a significant public health problem in most developing countries, including Bangladesh. The overall prevalence of multi-morbidity among the elderly was 56.4%, and the prevalence was higher among females, who are 64.18%, compared to the male, who is 54.17%. The most prevalent conditions were hypertension (33%), diabetes (27.6%), ischemic heart disease (12%), and chronic obstructive pulmonary disease (9%) (Sara, 2018).

In this study, it was found from the elderly people that most of the young-old persons can perform their daily activities independently. Still, sometimes they need help for instrumental activities of daily living. One of the elderly women from a young-old group is dependent on family members to perform ADL and IADL activities due to stroke. The middle-old group's functional capacity is comparatively better than the oldest-old group based on the dependency on ADL support. However, it was found that one elderly person from this group was dependent on family members for both ADL and IADL support. In the oldest-old group, almost all elderly need help from ADL and IADL support. In this study, it was observed that family caregivers fully take the responsibility of the oldest-old group. There is a strong relationship between physical and mental health with well-being. Elderly people may face many stressors throughout their life, but in later life, stress is a common issue in their life as well. Mental health has a significant impact on physical fitness and vice versa.

Oldest-old are also vulnerable to elder abuse, including physical, verbal, psychological, financial, and sexual abuse with abandonment, neglect, and severe loss of dignity and respect (WHO, 2017). In this study, elderly people opined that health conditions, functional ability, relationship with family members, attitudes of the society towards ageing, caring and loving attachment with family, emotional support or comfort, living arrangements, engagement in socio-cultural activities, life satisfaction, happiness, religious activities, perception towards life or spirituality, positivity without expectations from the environment are the critical determinants of psychological well-being of elderly. Moreover, a family has a lot of contribution to ensure the emotional well-being of elderly people due to co-residence with them. This study also found that spouse, daughter, son, grandchildren of elderly are the primary source of emotional support. They provide emotional support to the elderly during illness, family problems, personal problems, etc.

It was observed that despite having physical problems, most elderly people positively view their lives. Even the elderly people, who live alone or with only a spouse, don’t mention life dissatisfaction. The oldest-old people become happy when spending time with their children and grandchildren. When they were asked about their mental status, it was observed that they were less interested in exploring their mental state negatively. Still, they emphasized the coping strategy to become happy in later life. When describing their mental condition, it was noticed they linked their past life

experiences with family and social structure present life conditions. They mentioned that society's values, norms, beliefs, or culture are changing rapidly due to available modern facilities, and they accepted this fact without any expectation.

Some elderly mentioned their tension or anxiety about their children and grandchildren, but they were not anxious about their present and future lives. Most of them were attached to religious and social activities, and in this way, they tried to get mental satisfaction in their life to some extent. For elderly persons, spouse, daughter, grandchildren are the most important source of mental support and peace in later life. According to the study, most elderly people expressed that they become happy and satisfied when their family members or children enjoy a comfortable life without problems. An important observation revealed that no older persons from middle and affluent families have negative feelings about their family members in a caring context. On the other hand, poor elderly persons reported negative feelings about caring responsibility of children.

Some elderly people expressed their positive mentality towards ageing, accepting their later life with mental preparation and accommodating their present situation. In middle and wealthy class families, spouses, children, and some helping hand are available in the family, and the health condition or functioning capacity of the elderly is better than poor families. On the other hand, elderly people of poor families are not satisfied with the caring attitude of their family members, especially the caring responsibilities of their children. Their frustration and helplessness were observed towards caring conditions. Because at this stage of life, they still need to do hard work to fulfill their basic needs but don’t get any support or care from their children. A few elderly expressed that although they live with sons and grandchildren, they have to only depend on their spouse for receiving reasonable care and grandchildren for emotional support due to their apathetic attitude. It was observed the same feelings in both rich and poor class families.

Ageing is associated with an increased reliance on health-related and support services. Old age often goes hand in hand with increasingly complex and often interrelated problems, encompassing physical, psychological, and social health. Social support addresses real needs, such as assistance with transportation, home, personal care, and emotional support, such as being listened to, understood, and comforted. Social

support is recognized as an essential social determinant of health because it assists individuals in reaching their physical and emotional needs. It reduces the effects of stressful events on their quality of life. Many studies have recently demonstrated a relationship between social support and health, including mortality, chronic diseases, cognition, depressive symptoms, and well-being. Self-rated health (SRH) is often considered a valid, reliable, and robust measure of health and a predictor of mortality among older people. Associations between low social support and poor perceived health, including health-related quality of life and SRH, have also been demonstrated. Therefore, interventions that target social support may be a priority to improve the well-being of older people and maximize their health and functional capacity (Bodeker, 2020).

To explore the social conditions of the elderly, they were asked to provide valuable opinions about the social activities, social support, and attitude of society towards ageing, social relationship, social status, and family contribution in this context. It was found that some of the elderly participate in various socio-cultural activities with the help of family members. They participate in various marriage ceremonies, birthday programs, religious programs of their relatives and neighbors. A few are partially engaged in part-time jobs or family business activities. Some of them go to the parks regularly and get the opportunity to create peer groups and attend family programs of group members. Most elderly people, both men, and women go to religious institutions regularly. Older women from young and middle-aged groups have positive and better relationships with their neighbors and spend their leisure time gossiping with them. A few older men from the middle-aged group are engaged in social welfare activities. They provide legal, financial, counseling support to their relatives and neighbors. It was observed that physical and mental ability, education, and economic conditions are essential social engagement factors.

The children of the elderly inspire or encourage their parents to engage in some social activities. Most of the time, elderly people's children travel with their elderly parents. The social engagement or social support of oldest-old is shallow because most of the elderly cannot move or walk independently due to their physical incapacity. It was observed that the social status or dignity of the elderly from the rich or middle class is higher than the elderly belongs to the lower-income group. Due to educational qualification, financial situation, knowledge-based skills, active engagement in social

programs, participation in charitable activities, elderly people get honor, respect, value, and importance from society. The elderly from the lower-income class have lower social status due to lower financial conditions, lack of education, and filial piety. Older adults of Bangladesh are greatly influenced by the rapid demographic and social changes, amongst which they often find themselves devalued, stigmatized, and powerless. Particularly in low-income families, they struggle with financial insecurities and neglect and are challenged to remain functionally independent (Amin, 2017). However, elderly people from all social classes opined similar experiences about society's mentality towards ageing.

Elderly respondents mentioned some issues or factors about the societal condition such as fastness of the current generation, break-down the joint family culture, changing mentality, decreasing family bonding, value degradation, lack of collaborative or helping attitude of young people, lack of neighborhood support or community support, emphasizing on self-interest, lack of value; respect towards elderly, etc. The study of (Amin, 2017) had the same observation about the views of the elderly towards society. The same opinion or opinions of the elderly about social participation was found. The changing cultural values and the increasing complexities and economic and political instabilities create stress. Frustration was expressed regarding how respect for the seniors is fading away.

In the elderly caregiving setting, attitudes of caregivers are associated with some factors such as age and health problems of care receiver and caregiver, socio-economic status of each family, availability of support network and the relationship between elderly people with their family members, social and cultural norms, and practices of the family. In the study, the age range of caregivers is between thirty to sixty-three years. Cultural values, standards, family structures, the traditional practices of society also influence caregivers' attitudes to elderly care settings. Almost all caregivers from all ages asserted positive views towards the elderly. But when caregivers provide ADL support such as bathing, dressing, feeding, and toileting to paralyzed, bedridden, immobile, disabled oldest old, and elderly with dementia symptoms, they express negative feelings focusing on the challenges of caregiving. It was also found that spending more hours providing care, lack of choice in being a family caregiver to parents, lack of supportive assistance, sacrificing hobbies and leisure time, and social isolation create caregiving tasks more complex, challenging,

and stressful. The same things were found in the study that oldest-old people were more dependent than other age groups, and at the same time, they could not provide help to the caregiver in household activities.

Caregivers are likely to experience a higher level of distress when care recipients exhibit more problem behavior and show greater dependency when caregivers spend long hours helping with ADLs or IADLs or when they do not receive reciprocal help or positive feedback from care recipients (Lin et el., 2012). At present, urbanization, modernization, individualism, changing family culture, life expectancy, dependency ratio, prevalent chronic diseases, and negative or apathetic mentality indirectly influence the caregiver's attitude. In this study, it was observed that in the absence of spouse and daughter in elderly people's family, daughter-in-law of middle-old is playing the role as a primary caregiver. Still, it was also found that young-aged daughter-in-law is not doing the same in the same situation. The son of the elderly is playing the role of a primary caregiver with ADL and IADL in the family. It is a new dimension that the caregiving task should be reevaluated. Another finding explored was that older women without spouses and daughters now live with paid maids in rich families and rely on them for personal tasks. In another study of (Amin, 2017), it was found that this is a very recent trend and not well accepted in the middle class and lower-income families.

6.4.4 Suggestions of Elderly People and Family Caregivers towards Family Support

The study explored various ideas about the care expectations of elderly people on better and appropriate age caregiving. Family caregivers also expressed their suggestions for reducing family caregiving challenges and improving the quality of care to the elderly. This would be helpful to identify the gap between demand and supply in the family setting. It was observed that the elderly are receiving some care from their spouse, children, daughter-in-law, grandchildren and providing support towards children and grandchildren. It can be considered a two-way process where each member interacts, communicates, and contributes to each other. It was found that although the elderly had problems in their physical and psychological functioning, they expressed mostly positive feelings or views towards family. Actually, in the

culture of Bangladesh, elderly people don't want to explore their children's faults or limitations to everybody. This society is structured in a way where parents love their children unconditionally, and most of the time, they try to shadow children's negativity to outsiders. Again, limited functioning capacity and increasing dependency indirectly influence this positive attitude towards the children. They want little care in personal, practical, and emotional support. They only expect value, respect, honor, importance from family and society. They want to stay with their children at home, and these attitudes encourage ageing in place and indicate healthy ageing. The same experiences from the study of (Bai, 2020) found that elderly people expressed preferences for ageing with family members, followed by receiving care from community care professionals, domestic workers, and other informal care sources.

Care dependency may influence the expectations of the elderly. Elderly people from the rich and middle class might express their satisfaction in their words, but it was observed that their voices don't support their words most of the time, which indicates some frustration towards their present life. Again, most of them also mentioned no complaint against family members when co-residing with children. Many of the studies about ageing explored the co-residing living arrangement of the elderly in Bangladesh (Begum, 2019)**,** (Rahman, 2012), (Kabir et al. Z. M., 2002)**,** (Bhuiyan, 2020).

In this study, elderly people expressed their life experiences from societal and cultural perspectives. According to the elderly, decreasing joint family, increasing nuclear family, lack of family bonding or emotional attachment, lack of religious or moral education, increasing materialistic approach, an increase of detachment, generation gap, jealousy and selfishness, involvement in social media of new generation, the difference in opinions, and different needs between generations are the present scenario of the society. Elderly people as care recipients expressed their views and expectations regarding family care within changing socio-cultural context. In the study, the elderly from the middle and wealthy class did not explore expectations in the care context but had some expectations from the community or society. It was observed from their views that elderly people want peace, healthy life, supportive neighbors, an old age home, caregiver support, etc.

This study also explored caregivers' different ideas and suggestions in the elderly care context within the family. In the present study, two types of caregivers were found: primary and secondary caregivers. Primary caregivers are those people who consistently provide care to the elderly and involve in activities of daily living or personal care tasks. On the other hand, secondary caregivers do not always offer personal care to the elderly but provide instrumental support. This study identified wife, daughter, son, daughter-in-law as primary caregivers and daughter-in-law, son-in-law, grandchildren, helping maid as secondary caregivers whereas, young people, middle-aged people, and even elderly people are involved in providing care towards elderly people in the family.

In this study, it was observed that having positive feelings of caregiving, caregivers mentioned some resources within the family such as availability of multiple caregiver support, care receivers better functional capacity, division of caregiving responsibilities among all children, better financial support, caregivers better health condition, supportive social network. These caregivers revealed satisfaction and gratification by getting such an opportunity to pay back to their parents as a reward for their past life contribution. This reflects social exchange theory because it ensures the mutual exchange of relationships where both caregiver and care receiver have similar resources and enjoy their duties or activities. They suggested that a positive mentality helped them to cope with the situation. On the other hand, caregivers for oldest-old persons indicated that the availability of informal support from the community, respite care system, cost-effective home health care support, counseling, and training support for caregivers might reduce the stress of caregiving and increase the positivity towards elderly care in society. Sometimes caregivers mentioned some negative experiences and challenges when they assist their elderly parents. They need to face some sudden challenges when their parents become ill at midnight, fever, diarrhea, high blood pressure, diabetes. Then they have to sacrifice their routine work, which creates more pressure on the middle-aged and elderly caregivers. Middle-aged women feel pressure when managing their children and elderly parents simultaneously and older women who support their older husbands; reduced their physical and mental capacity. It seems more challenging when older women support older husbands and cannot care for them. In this study, caregivers mentioned that when they need to go outside for an emergency, they cannot go outside, keeping the

elderly alone at home. So they recommended for establishing a daycare center for elderly people where they can keep their parents for emergency purposes.

In a study by (Mason, 2014), the majority of the respondents expressed distinctly negative responses by using stress, stressful, frustration, less tolerance, horrible, less time, resentment, and misunderstanding. Several answers were notably positive by using the term we are closer; we talk more. Several respondents said that they need the support that comforts the caregiver, while others referred to the needs of an older adult. The study validated the idea that since care for an older adult began, family life was found to be very stressful and frustrating (Mason, 2014)**.** In the present study, both positive and negative responses were identified. But when caregivers explored the negative experiences or challenges of caregiving, it was observed that at the same time, they were mentioned the social norms and cultural practice of filial piety. So it indicates that still now there is a practice of elderly care in our society. If we can reduce the suffering of family members and provide support to the family, then it would be helpful to reduce the burden of a state (Kabir et al. R. H., 2013).

6.4.5 Formal and Informal Policies, Traditions, Practices, and Service Systems on Elderly Care

Every human being is entitled to uphold some fundamental human rights from birth until death. Elderly people are not out of this list. In fact, it is the fundamental responsibility of the State to ensure the basic human rights of all the citizens. The constitution of Bangladesh also ensures the human rights of the citizens of Bangladesh, including the elderly people. According to the 15^{th} provision of the constitution of Bangladesh, it is the basic responsibility of the State to ensure basic necessities of life such as food, shelter, clothing, medical care, and education. Along with these rights, State must ensure the right to reasonable rest, recreation, leisure, social security at every age of life (LPAD, 2021).

Compared to the other aged group citizens, elderly people as senior citizens deserve more care and attention from both society and the State. However, the constitution cannot extensively ensure the rights of elderly people. Hence, the Bangladesh Government formalized National Policy on Older Person in 2013 to provide extensive

support and care to elderly people by increasing the social facilities. One of the significant purposes of this policy is to strengthen health care services for elderly people by ensuring age-friendly health centers. To provide age-friendly health care, this policy highlights some points such as prioritizing medical assistance for the elderly people in every Govt. and private hospital, ensuring medical service to all helpless and poor elderly people at free of cost or with minimal charge, initializing health access vouchers and health service card for the elderly people in every hospital, arranging training program for the health workers and family members of the elderly people so that they can ensure good food habit, better nutrition, and complex health care, arranging referral service, and ensuring health insurance for the elderly people.

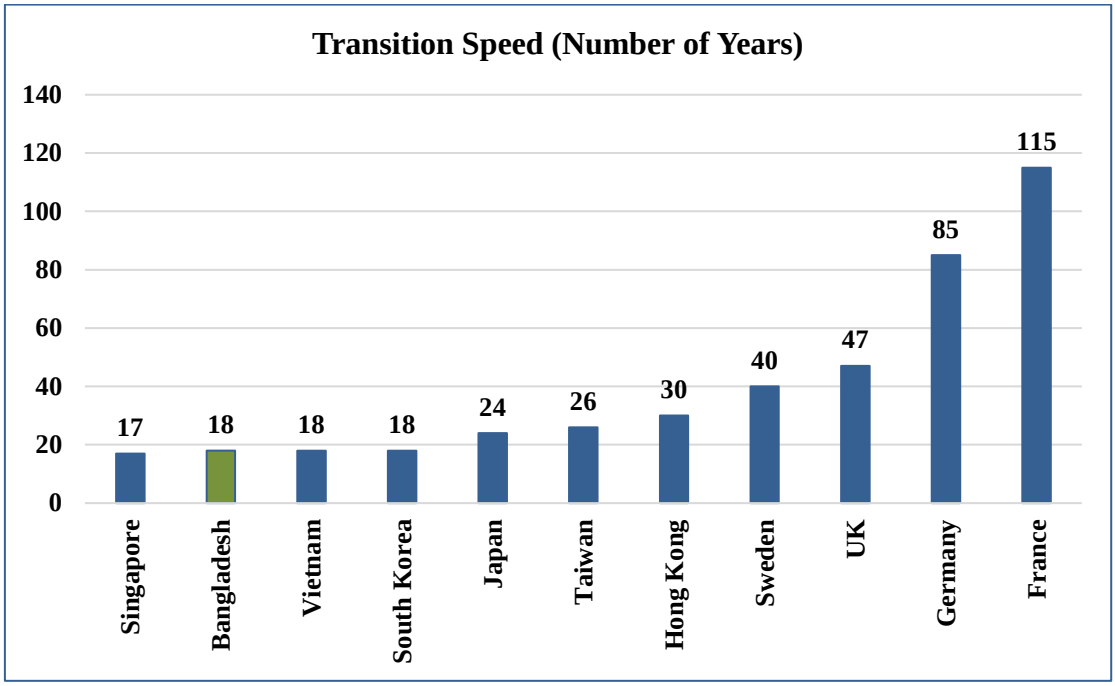
Furthermore, this policy includes some initiatives for the better life of the elderly people such as the inclusion of ageing issues in the education so that new generation can acknowledge them, ensuring solidarity among different generation groups, influencing the new generation to provide care to their elderly family members, providing acknowledgment as the senior citizen, ensuring smooth life without having any discriminations, providing every basic human right beyond the religion, caste, class, gender aspects, ensuring recreational; cultural; and religious participation of elderly people, establishing daycare center and old age home, adding geriatric care subject in the general medicine study, arranging training programs for all aged people to teach them about the old age process, impact of old age on life, responsibilities of family members towards the elderly. Bangladesh Government established National Health Policy in 2011 for the purpose of ensuring primary health, emergency treatment facilities, establishing quality health care, preventing diseases, developing cost-effective care system, etc. for all the citizens of Bangladesh (DSS, 2014).

In 2013, Bangladesh Govt. enacted the Maintenance of Parents Act, under which children are compelled to provide maintenance towards their parents. According to this act, the children must take the initiative to care for their parents by providing food, clothing, medical services, shelter, and mental support. Furthermore, without the parents' willingness, children cannot send their parents to any old homes under any circumstance. However, if the parents don't stay with the children, they are compelled to pay a minimum of 10% of their income regularly and pay a regular visit at the parents' residence. It also enables the parents to make lawsuits against their children if they deny providing support, and the State will take necessary steps by arranging first

class magistrate court. Violation of the law allows the magistrate to make a fine of 200,000 BDT or six months jail in default. Even the spouse or any relative can be treated as an offender and may face punishment (HAI, 2013).

The 8th five-year plan (8FYP) of Bangladesh has been developed to focus on the period from 2021 to 2025. It also focuses on the development of elderly care. They have highlighted two major concerning issues related to elderly people. The first one is about a transition that Bangladesh will soon face. After evaluating the age-wise population structure of Bangladesh, we can consider Bangladesh as still "young" today. However, in the coming few decades, Bangladesh will age very fast. According to (Oizumi, 2013), if 7% percent of the total population holds people of 65 years or more, society is considered "ageing." On the other hand, when this percentage touched 14%, society is termed as "aged." According to this definition, Bangladesh will face the transition in 2029. Bangladesh is facing a higher speed than any other Asian advanced countries and rich European countries for the transition to "ageing" to "aged" stage, and it may take 18 years (i.e., 2029-2047). The following figure points out this scene. This is by far one of the fastest speeds of ageing compared with both historical (e.g., France, UK, Germany, and Sweden) and current data of other countries. However, the transition took place to the Asian advanced countries and European rich countries when they were at significantly advantageous stages of their development. Still, Bangladesh will face this transition at a much lower stage of development (GED, 2020).

Figure 9: Transition Speed from "Ageing" to "Aged" Societies



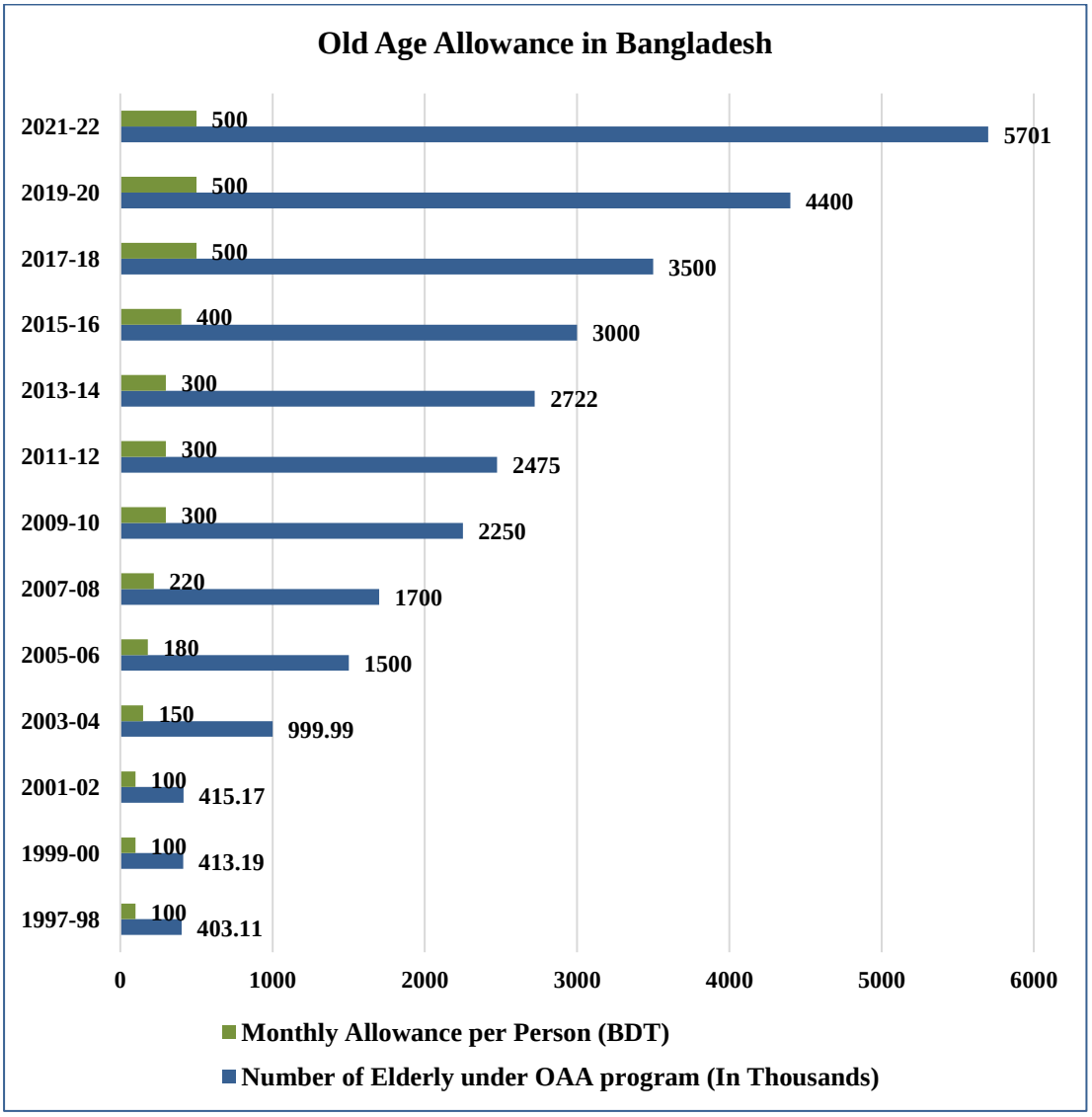
Source: (GED, 2020)

The second issue is concerned with the declining support ratio. The potential support ratio, which means the number of working-age people (15 to 64) required to support one elderly person (65+), has decreased since 1960. In 1960, one elderly person got support from 20 working-aged people. After that, we see a 35% decline in the support ratio. It is estimated that this ratio will become only six persons of working age for one elderly person by 2040. This is an alarming issue for developing sustainable elderly care programs in Bangladesh. By concerning these two issues, this 8FYP initiates some plans. First, the age of the elderly can be redefined from 60 plus years to 65 plus years in order to the purpose of retirement and pension benefits according to international convention. Second, developing and implementing the Old Age Program according to National Social Security Strategy (NSSS) 2015. Third, a universal old-age pension scheme can be implemented through public, private, and voluntary funding. Forth, implementing a Universal Health Care System (UHC) with the help of public and private funds and developing low-cost health care facilities for elderly people.

Bangladesh Govt. launched the Old Age Allowance (OAA) program in 1997, considered a social pension scheme for elderly people. The applicable age for the male and female elderly is a minimum of 65 years and 62 years respectively to avail

of this allowance. Again, the elderly whose annual income is below 10000 BDT is considered applicable for this allowance. Initially, it could serve only 400,000 elderly people, but now in 2021, almost 5.7 million elderly people are getting allowance under this program. Each elderly is now getting 500 BDT monthly. Although the program is growing annually, it cannot provide help broadly. Sometimes, the poorest and helpless elderly don't get the opportunity to get allowance under this program which makes their life miserable. The Govt. has plans to gradually bring all the eligible elderly under this allowance program by 2025 (DSS, 2021).

Figure 10: Old Age Allowance in Bangladesh (From 1997-98 to 2021-22)



Source: (DSS, 2021)

Unless initiating some formal practices, it becomes challenging to implement the policies in the best way. It is challenging for Govt. and NGOs to provide effective and adequate formal or institutional care to elderly people in a developing country. Despite having different challenges, both Govt. and NGOs have been undertaking other care practices throughout the country. However, without projecting the future number of elderly people and budgetary requirements, it becomes difficult to offer adequate support from the policy perspective. There are a few old age homes for taking care of elderly people. Even the existing ones cannot provide the necessary support that the elderly need to lead their lives without difficulties. Lacking of staff and resources are two main reasons for this gap. Many NGOs may have been working to develop the elderly life, but few of them can provide effective services. In this report, services of three NGOs are discussed below,

Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM): This NGO was established in 1960 by providing an old home at Agardaon in Dhaka city. Formerly it was known as 'Probin Hitoishi Sangha.' At the initial stage, their old home could facilitate accommodation for 50 elderly people whose age is between 60 to 80 years. Their main vision is to promote rights-based welfare for the elderly people in order to keep them physically, mentally active, free from worries and make them able to contribute to the development of society with their experience and intellect. They set a great mission to arrange shelter, food, safety, clothing, recreation, therapy programs and engage them in income-generating activities to fulfill this vision. Along with their old age home, they are now providing different services.

A 50 bedded Geriatric Hospital is functioning under their supervision with experienced doctors and nurses. In the outdoor department of Geriatric Hospital, they opened a platform from where poor vulnerable elderly can diagnosis themselves such as USG, X-ray, Echo, ECG, Color Doppler, and other pathological tests. They can also get treatment such as eye, dental, surgery, general medicines, etc., with free medicines facilities. BAAIGM also opened a medical education institute called the Institute of Geriatric Medicine (IGM) in 2010. After taking approval from the Bangladesh Technical Education Board, they are running this institution. This institution's main objective is to develop a capable workforce to provide effective

medical services to elderly people. Three four-year diploma courses, such as Pathology, Nursing, and Physiotherapy, are provided. BAAIGM can be treated as one of the frontline NGOs working effectively to develop elderly people (BAAIGM, 2021).

Resource Integration Centre (RIC): At the initial stage, providing rehabilitation, relief, and financial help to rural women was the primary purpose of RIC, which was established in 1981 as an NGO. RIC is considered one of the frontline organizations for the development of elderly people, especially recognized for adopting the changes of the society and maintaining the international standard for implementing the different elderly development-related programs. They have undertaken the Social & Health Services project for vulnerable older people in Bangladesh to improve quality of living by facilitating health and Social Services. This project is implemented at 12 Unions in 5 districts. Their community-based rehabilitation and support program can be treated as one of the noteworthy activities of RIC. At the initial stage, they focused on housing facilities, providing health care, forming a recreational club, arranging pension systems and funerals, etc., at Narsingdi.

In 2013, they initiated Older People Welfare Fund Program to provide financial and material support to vulnerable elderly people to fulfill their specific needs. At present, the fund is generated from their micro-credit operation services and the donation from their staff, other personnel, and organizations. They plan to generate more funds from NGOs, educational institutions, and corporate sources. Besides this, RIC provides eye care services in different eye camps around the country and operates cataract operations. They have another noteworthy plan by which they will appoint physicians in every working area. RIC has another project in Munshiganj named by ‘Uplifting the Lives of Elderly People’ program by which they want to improve the elderly people’s livelihood in that area. For this program, they have initiated some specific objectives such as forming a community-based elderly people committee, including elderly people in income-generating activities based on their abilities, arranging social and recreational activities with health care services, and developing inter-generation solidarity.

For fulfilling these objectives, they have been generated different activities such as conducting baseline surveys to know the actual need of the elderly, generating health

services along with para physiotherapist training, awarding to those elderly people who contribute to the society with their great initiatives, arranging micro-credit programs, training for the elderly, providing loan facilities, forming Older Peoples' Association (OPA), setting a meeting for developing coordination among the elderly people and other stakeholders, arranging skill development training with a view to developing leadership, establishing Older People's Centre, providing an allowance to the neediest and helpless elderly, providing funeral support for the last work of the elderly, arranging material support such as walking stick, blanket commode chair, etc. for frail vulnerable elderly, and developing social awareness campaign. Almost 10000 elderly people are direct beneficiaries of this program and 1500 indirect beneficiaries. RIC has been contributed to such remarkable activities for the last 40 years, which helped to change many elderly people's lives in a positive direction. Even they have contributed to 10 goals of the UNDP sustainable development program such as no poverty, good health and well-being, Industry, Innovation and Infrastructure, Reduced Inequalities, Climate Actions, Quality Education, Gender Equality, Affordable and Clean Energy, Decent Work, and Economic Growth and Partnerships for the Goals (RIC, 2021).

Sir William Beveridge Foundation (SWBF): It is a UK-based international charity organization that was established in 2006 for the purpose of addressing problems generated from poverty. Along with women empowerment and education, SWBF also provides social and health care for developing poor elderly people in Bangladesh. Their head-operated office is located in Dhaka, and they run their Foundation after getting approval from both NGO Affairs Bureau and the Social Welfare Ministry. They have undertaken different programs such as,

- **Health and Social Care Support Program:** SWBF provides a home care-based support program and creates opportunities for those elderly who can do something but fail to do it because of lack of opportunity and support. Under the home care service, they focus on general health, physical and mental condition, hygiene, the relationship between elderly with the family members, socio-economic status, etc. After the assessment, a Service Acceptance Agreement is signed between SWBF and family members or service users. A customized care plan is prepared based on the need and requirements of each

family. A gift pack is provided to all the service users containing soap, cotton buds, oil, mirror, towel, comb, antiseptic cream, etc. An occasional fruit basket is also provided containing many seasonal fruits. Beveridge Careers are trained in-house for proper delivery of care by the Foundation. Trainers are also monitored by British social care standards. Currently, 150 elderly people are getting home care services from the SWBF care assistants.

- **Health and Social Care Training Program:** To ensure the quality of home care service, they have been providing health and social care education training since 2008 to all the interested people after taking Govt. accreditation and international recognition. With the help of different international famous physicians, psychotherapists, surgeons, training programs are given to the Community Care Assistants (CCA) so that they can provide accurate home care services to the elderly people.

- **Dementia and Dementia Friendly Care Village**: Dementia is considered one of the biggest problems elderly people face in their later lives. The elderly who suffer from dementia get less care and are ignored by their family members. The aim of the Foundation is to create awareness about dementia and reduce all the myths about this disease. They have the plan to establish different dementia clinics around the country to help with the diagnosis and care of people. They have an ongoing project to develop a 'Dementia Friendly Care Village' in Kapasia, Gazipur, where at least 50 dementia suffered elderly will get a chance to lead the rest of their lives in a friendly environment. Different facilities will facilitate this village to lead a modern life, such as a well-trained team of doctors and nurses, wide walkways, resting arrangements, indoor games facilities, gardening opportunities for physical and mental recreation, and so on (SWBF, 2021).

However, other national and international organizations contribute to the development of elderly people's lives to some extent. Bangladesh Women's Health Coalition (BWHC) has undertaken a program by which older women will get a chance to incorporate in education services by taking a "Life Cycle Approach" to health (BWHC, 2021). After the formalization of this National Policy on Older Person,

many temporary mobile camps were established in different mobile areas in order to spread the health care services of those areas' elderly by the government. Elderly people are being educated about healthy lifestyles, and illness prevention gets the highest priority by increasing awareness about risk factors and non-communicable diseases. Along with these, ensuring safe water sanitation, training programs for physicians, arranging health insurance schemes, providing geriatric and gerontological training, and supporting mental health services of elderly people are some of the initiatives taken after initializing the ageing policy.

Besides that, there are two government old homes in Faridpur and Barisal where many helpless elderly get a chance to lead their lives comfortably. Boyoshko Punorbashon Kendro is one of the reputed old age home centers established in 1987 where any elderly people belonging to any religion can lead their lives. It is considered the most significant old age home in Bangladesh. There is a program organized by the Help Age and SHARE Foundation named "Strengthening Ageing Network in Asia (SANA II)" with the purpose of developing the life of elderly people by self-sustaining community-based organizations and improving social protection. This program has established the Older Peoples' Association (OPA) model by which sustainable elderly people development is possible (Ahmed, 2015).

The countries that consider the elderly people one of the most incredible wealth of the country develop effective ageing policies, actions plans, and programs not only to develop their elderly people's lives but also to get the highest benefits from the elderly for the betterment of society. Other countries take different policies, and action plans by both the government and private organizations are given below from which a comparative and contrast scenario with Bangladesh will be enlightened,

- Under The National Program for Health Care of the Elderly (NPHCE), the Indian Govt. has undertaken National Policy on Older Persons (NPOP), under which a maintenance act for senior citizens has been developed. The main objective of this program is to provide preventive, curative, and rehabilitative services to elderly people. Besides that, this program tries to strengthen the referral system to develop a trained team to provide health care services (NHP, 2015).

- The Govt. of the Philippines arranges training programs for elderly people to teach skills development, livelihood training, and support to add them to income-generating activities. The Govt. also provides subsidiaries to companies that hire older employees in different posts.

- The Govt. of Thailand provides loans to elderly people without having any interest in their occupational capital and arranges training programs for unemployed elderly people who have physical and mental capability to earn but lack skills. Mongolia's National Strategy for Population Ageing (2009-2030) undertakes a discrimination-free employment opportunity system for elderly people. The Law of Indonesia ensures the right of the elderly to get employment based on their merit.

- Like Bangladesh, China, India, Fiji, Malaysia, Nepal, Thailand, and the Maldives also have social pension plans for elderly people. However, China and India have arranged an extra pension payment system for the oldest elderly. Plan of Action for Older Persons of Malaysia encourages ongoing education for the elderly. This plan also provides 100% tax rebate on the costs of elderly people. Sri Lanka has developed their policy so that the community health care system gets the highest priority to promote disease prevention and healthy ageing. The Law of DPR Korea gives responsibilities to all the medical institutions to register every single elderly people to their respective center so that they can conduct a regular visit to the elderly home to examine their health conditions (Williamson, 2015).

- TATA, one of the leading organizations in India, initiated Elderly Care Program in 2017 under Tata Trust in order to develop the quality of elderly life by generating social and economic opportunities for the elderly. Their comprehensive elderly care initiatives have been taken to prevent, cure, promote, and rehabilitate treatment for the overall soundness of the elderly, especially for the rural elderly. With the partnership of the Odisha Government, TATA launched a multi-activity center in Bhubaneswar where elderly people can entertain with different programs such as spiritual discussions, yoga classes, health check-ups, digital literacy sessions, and

entertaining activities. In Hyderabad, they launched a telephone-based Helpline system by which elderly people take different services like taking free information, counseling, emotional support, legal advice, etc. During the lockdown for Corona Virus Disease (COVID), Govt. took over the system and spread the system around the country. There are many other initiatives that TATA has been taking for the last four years for the betterment of elderly people (TATA, 2021).

The above policies and actions plan taken by different countries' governments and organizations enlighten the fact that Bangladesh lacks the development of elderly people. Although Bangladesh has pensions plan, allowance programs, various NGOs with tremendous success, community care facilities for the elderly people, lack of effective implementation of Nation Ageing Policy and other action plans are the main reasons why many elderly people are still out of the benefits of those programs. Especially the rural elderly people are suffering from their poor health, negligence from family members, incapability of earning, lack of proper training and education about healthy ageing. It is high time when Bangladesh needs to consider the elderly people as one of the country's valuable assets and treat them accordingly by fulfilling their needs with undertaking effective actions both formally and informally.

6.5 Conclusion

This study mainly focused on how the caregiving activities within families were performed, who were involved in this activity, and why they accomplished this. On the other hand, the study also explored whether physical, psychological, and social support from the family influenced or created any changes in the life of elderly people. It was found that the pattern or types of care differ in different families due to socio-economic conditions and health conditions of elderly people. Caregiving relationships and living arrangements also had contributions to support activities. Relationships based on blood or marital connections act as valuable factors determining the caregivers, and living arrangements also play a vital role in influencing the physical and psycho-social condition of elderly people. The study found that most young-old people can perform their daily tasks without the help of

others. In contrast, middle-old and old-old were dependent on family for performing their daily activities. The study found that the family members expect better home-based care with specialized health treatment at home and in the community. Elderly people desired to live with families with dignity and respect.

Chapter Seven: Summary of the Findings and Recommendations

7.1 Introduction

Globally significant changes have been occurred in population ageing and families, particularly those performing roles and responsibilities for their elderly family members aged 60 years or above. As a South Asian country, Bangladesh has an extensive tradition of elderly caregiving in families and societies. The increasing life expectancy and decreasing fertility rate create family pressure to support their elderly people at home. It was found from the projection that among seven divisions of Bangladesh, the highest number of older people aged 60 years and above, about fifty-six lac, would live in Dhaka division in 2050. But still, the majority of the elderly people are in the young age groups, and the family has provided the care or support. Elderly people and their family caregivers' needs or demands in the caregiving context have been explored in this study. This chapter summarizes the findings with policy implications and recommendations to improve the policy and planning related to elderly people in Bangladesh. The chapter also presents new insights attained from the study through highlighting informal, non-formal and formal caregiving situation in the context of Bangladesh. Further, this chapter offer some suggestions for future researchers in the elderly caregiving setting of Bangladesh.

7.2 Major Findings

This present study explored the demographic and socio-economic conditions of elderly people and their family members. Because in this study, elderly people were considered care receivers, and family members were considered caregivers. In this study, elderly people lived with their family members. Most of the elderly belong to the Islam religion, and some of them belong to the Shonaton religion. The majority of the elderly have minimum education, which means they receive only primary education, and some of them passed SSC, HSC, and Graduation levels. It was found from the present study that among elderly people, half of them were male, and half of them were female. Most of the elderly people were engaged in private or public

service and business sectors at a young age, and some of the elderly were found as working people.

The present study indicated that chronic diseases and functional disability lead to intensity of elderly care. Young-old people need less support for ADL functioning from their caregivers. Still, middle-old and oldest-old people need more direct help and assistance for performing ADL and IADL functioning. Chronic and long-term diseases like diabetes, blood pressure, heart and kidney diseases, and sensory impairment indicate the degree of service to elderly people. Women as spouses, daughters, and daughters-in-law were served as primary caregivers, and sons, son-in-law, and paid maids were considered secondary caregivers. Family relationships or mutual relationships between elderly parents and their adult children depend on family values, norms, religious practices, cultural practices, social and economic status, power or asset of elderly people, health condition of elderly and caregiver. When elderly people live with their children, all types of support come from them, but when elderly couples live without their children, they support each other.

One of the objectives of this study was to know the impact of care on the physical and psycho-social conditions of the elderly within the family environment. It was found from the study that the health conditions, nature of diseases, period of sufferings from chronic diseases, health care getting from the family influence the physical and psycho-social needs of the elderly. When family members or children provide ADL or IADL support to the elderly, they remain strong and energetic. They can participate in family or socio-cultural activities with the help of their children. Physical and psychological conditions are interrelated because when elderly people get emotional support or attachment from their children, they feel better. It is an important note from the study that when elderly people have a positive attitude and less expectation towards family and society, they can lead an enjoyable life.

The present study highlighted the opinion and ideas of elderly people towards family support. Most elderly people shared their positive views about the attitude or behavior or quality of care from family. It was also noticed that the elderly were not interested in expressing critical evaluation about their family due to love and affection for their children. But they mentioned some earlier life experiences when comparing the present condition of society. Elderly people experienced respect, values, attachment,

emotional bonding, co-operation, quality care in their life, but now they do not get a supportive environment. They mentioned that nowadays, increasing nuclear family instead of joint family, lack of emotional attachment, selfishness, and self-centeredness, lack of moral or religious values creates challenges for the physical and psycho-social well-being of elderly.

This present study explored the outlook and ideas of caregivers about elderly care in the family setting. Family relationships or caregiving relationships between aging parents and their children influence through exchanging support towards each other. Most of the adult children as primary caregivers expressed satisfaction regarding caregiving tasks. Some of them mentioned some recommendations to improve the quality of life of the elderly such as the establishment of a daycare center, respite care center, counseling and training support for family members, emergency health check-up service at home, health insurance, tax incentives for family members, etc.

7.3 New Insights Gained out of this Study

Elderly people and their family members gain unique information, insights, and experiences when they face and address multidimensional challenges, needs, and actions that are practically unprecedented. For providing efficient care and sustainable development in the care system of the elderly people, a combination of informal care, non-formal care, and formal care is vital, especially for the dynamic changes that Bangladesh has been facing for the last two decades. In this study, the researcher tried to highlight the present scenarios and issues of informal, non-formal, and formal care systems that affect elderly care.

Informal care refers to voluntary or unpaid care offered by family members, relatives, friends, and neighbors. Informal care is such care and assistance which is provided by family, friends and neighbors. Sometimes family care is considered as informal care. Informal care encompasses assistance or helps mainly in four areas: 1) regular or routine activities of daily living such as bathing, toileting, eating, and dressing, 2) instrumental activities of daily living such as housework, transportation managing money, medicine, 3) companionship and emotional support, and 4) nursing task. Non-formal care refers to activities provided by a housemaid or non-trained person for a

person in need. Formal care for elderly people refers to paid care services provided by healthcare institutions and professional and skilled persons. These can be categorized into 1) home-based care, 2) community-based care such as daycare centers with trained staff, and 3) residential care. Three forms of caregiving involve a continuum of tasks and activities, but informal and non-formal caregivers hardly ever receive training for these tasks. On the other hand, formal caregivers are trained in this ground and have more professional and specialized experiences providing care for elderly people.

In the traditional practice of Bangladesh, the elderly care system was mainly dependent on family-based informal care where family members solely took part in caregiving. This family-based informal care faces new challenges because of the upshot of demographic shift and women's advancement. There is a substantial nexus between demographic changes and elderly care. Population control through proper family planning activities encouraged people to reduce their family size to attain a better family life. The structure of modern families and their functions are being changed and influenced through lower fertility and mortality. This change creates a more significant effect on elderly people than other working-age people and children. According to (Rahman, 2012), ageing process of Bangladesh is mainly induced by income opportunities, downward trend of fertility and mortality, rapid urbanization and migration, family planning program, etc.

In general, spouse, daughter, son, and daughter-in-law are considered the most important caregivers in the informal care system. Traditionally, women played a significant role in providing care in Bangladesh because of the lack of women's education and employment opportunities. However, now women are going outside for higher education and employment, leaving behind their elderly parents and in-laws. So providing care to family members is not the sole function for this generation nowadays. Again, sons, who are also responsible for traditionally taking care of their elderly parents, move from one place to another within the same city, outside the city, and even abroad for better education and employment, resulting from globalization, urbanization, and modernization. This study found that some children are not living in the same household with their parents for education, job, and marital purposes. Daughters also leave their parents' house after their marriage.

As a result, traditional family-based informal care is at serious risk, leading to uncertainty of getting adequate and appropriate elderly care. It also leads to a lack of family members' support, affecting their physical and psychological capacity and quality of care and life. This study revealed all the changes related to demographic shifts and women's advancement. Among the twenty-five respondents as care receivers, three care receivers or elderly people mentioned that their sons are not living with themselves because of their son's employment in another city. Again, four elderly people revealed that they do not get continuous and regular support from their daughters because; they are busy with their higher studies and part-time jobs. It was also found that sons of two elderly people stay abroad for their higher studies.

Traditionally, daughters leave their parents' house after marriage, but they try to provide support whenever possible. Nowadays, people tend to leave the country with their family and settle abroad permanently, leaving behind their elderly parents, affecting the informal care system. In two cases, it was found that after the marriage, the daughter of the elderly people left Bangladesh and settled themselves in a foreign country, eliminating the opportunity to get informal care from their daughters. Along with these demographic shifts and women's advancement, informal care is also affected by cultural change, personal value system changes, and a reduced sense of responsibility towards elderly parents. Because of this, Bangladesh Govt. enacted the Parents Maintenance Act in 2013, which compelled the children to provide sufficient elderly care towards their parents. Soon the Govt. plans to start implementing this act in full fledge to sustain informal care. The government is trying to sustain informal care by enacting this act, but the act cannot be the only solution for sustaining sufficient informal care. Whether the children will provide informal care to their elderly parents depends on their value system, sense of responsibility, respect, and selfless attitude. To ensure these, community-based psycho-educational and care programs can significantly remind the children about their responsibilities towards their older parents.

Due to demographic shifts and women’s advancement, informal care by family members has been reduced significantly, which increases the need for non-formal care. In the Bangladesh context, a non-formal care system can be defined as providing care by the paid maids by staying with elderly people at their residence either temporarily or permanently. However, the supply of non-formal caregivers is less

compared to the demand. So the scarcity of paid maids cannot fulfill the increasing need for non-formal care. There are many reasons behind this scarcity of non-formal caregivers. The Revolution of the garments industry of Bangladesh in the last two decades is one of the vital reasons behind it. Currently, almost forty-two lacs and twenty thousand women are working in the garments industry, nearly 65% of the total workforce. Among this women workforce, maximum women work as labor for daily wages or monthly salary and are not highly educated. Only 23% of this women labor force completed their primary education, indicating that a majority failed to complete at least their primary education (Sobhan, 2021). Women can earn more by engaging themselves in the garments industry than paid maids. Again, the job of a maid requires more physical work than working in garments where they need to use different machines most of the time. Furthermore, different bonuses, leave opportunities, and other benefits encourage women to shift their jobs from maid to garments workers.

These women are getting jobs in the garments industry and are also involved in other industries. For the continuous economic development of Bangladesh, the government is also influencing women to work in garments and other industries. Because of this, it becomes challenging to find a paid maid for the elderly care. Even the women who start as paid maids shift to different factory jobs because of better opportunities. As a result, the scarcity of non-formal caregivers increases day by day. In this study, the researcher explored the reality of this scenario. One of the elderly people mentioned that his son and daughter-in-law are looking for a permanent maid, especially for taking care of himself, as both the son and daughter-in-law stay outside the home the whole day due to their professions. Although they have a temporary maid, they need a maid who will stay 24/7 to provide both ADL and IADL services. But they are not getting such a maid even after offering a high salary. Again, employing a full-time maid is not possible for all families, especially those with financial difficulties. The scarcity of maids also instigates them to charge a higher salary for their services. Again, many maids are unwilling to do many ADL activities of the elderly care such as bathing, toileting, and dressing even after getting a higher salary.

Although there is an increased need for non-formal care in the present context of elderly care settings in Bangladesh, non-formal caregivers must have basic health care knowledge of elderly people, which is almost missing. So, employing paid maids for

the elderly would not efficiently fulfill the need for non-formal care in Bangladesh. As they will spend a handsome amount of time with elderly people, they must know how to manage the complex and multifaceted health condition of the elderly. One of the respondents (caregivers) from this study revealed one experience related to this issue. He revealed that she had appointed a maid who stays from 10 am to 6 pm every day. One day, her mother suddenly started feeling weak with her head roaming. As she had low blood pressure issues, these were the symptoms of this low blood pressure. But as the maid had no idea about low blood pressure and what to do in this situation, she could not take any necessary actions. After this incident, that caregiver didn't dare to leave his mother under the supervision of that maid.

Some private organizations, such as Patient Home Care BD, Dhaka Maid Agency, and Bangladeshi Maid Agency, provide professional maid services to care for elderly people. Although they demand to provide training to their maid related to elderly care, their training programs have no government accreditation. Furthermore, for taking their services, families need to spend a handsome amount of money which may not be possible to afford for lower income families (DMA, 2021).

So before employing the paid maid as a non-formal caregiver, providing training is necessary by which they would learn some basic health care knowledge. But the fact is that this group of women cannot adopt the training knowledge because of a lack of education. As Bangladesh Govt. makes compulsory to complete at least primary education, this group of women completes the primary education at the most. But this primary education is not enough to gain the elderly-related health care knowledge from the training. So before developing a solid and effective non-formal care system in Bangladesh, Govt. needs to modify their education policy and make minimum secondary education compulsory for the entire citizens of Bangladesh. In Germany, caregivers must have to attain at least secondary school graduation. Then knowledge of training related to elderly health care would be adaptable for this group of women.

However, even this step may not be the ultimate solution for developing non-formal care in Bangladesh. When this group of people gets higher education, they might lose interest in paid maid jobs. They might engage themselves in other sectors, which is very much promising in the present economic condition of Bangladesh. So it isn't easy to develop an effective and efficient non-formal care system in Bangladesh. So it

can be said that non-formal care may not be enough to fulfill the need of elderly people in the family care setting.

After the above discussion about the present scenario of both informal and non-formal care systems, it can easily assume the necessity of a solid and sustainable formal elderly care system in Bangladesh. In this formal care system, the Govt. and different NGOs needs to take significant initiatives in elderly caregiving setting. To provide both institutional and home-based formal care, there is a need for many skilled and expert nurses with geriatric knowledge. After formulating National Policy on Older Person in 2013, Govt. has started to take various initiatives regarding ageing issues. They have begun to open geriatric wards in different public hospitals, but these wards do not provide institutional-based formal care. Many elderly people do not get services in those wards because of limited beds and nurses. Again, there is no home-based formal care system from Govt. so that the elderly could get services at their home with affordable service charges.

In this study, it has been found that the number of elderly people has increased in Bangladesh for the last twenty-five years. There is also a projection of continuous growth in the number of elderly people in the future. So establishing wards in public hospitals is not enough to fulfill these increasing needs of elderly people. It is high time for the Govt. to open specialized geriatric hospitals in every district of Bangladesh. Although it might need huge time and investment, it is one of the most needed initiatives that will help to develop a sustainable formal elderly care setting in Bangladesh. However, geriatric hospitals will not be able to provide formal care without skilled nurses having geriatric knowledge. In different nursing institutes, one or two geriatric courses are being taught. Again, a few public universities have a theoretical course on the geriatric and gerontology medicine field. But these are not enough for the in-depth knowledge about the geriatric field. Among them, Institute of Social Welfare and Research (ISWR) of the University of Dhaka (DU), National Institute of Preventive and Social Medicine (NIPSOM), Department of Sociology of Rajshahi University (RU), and Department of Sociology of DU are offering courses successfully (Rahman, 2012). Nurses must provide degrees in the geriatric field with theoretical and practical knowledge by which geriatric hospitals will get expert, specialist, and knowledgeable nurses to care for elderly people.

To establish a strong formal care setting in Bangladesh, Govt. may need a huge amount of time and investment, so different NGOs need to take effective steps to set up formal care as community-based care in Bangladesh. Although many local and foreign NGOs have already taken a few initiatives regarding formal care, these are not sufficient. BAAIGM- an NGO established a 50 bedded geriatric hospital with experienced doctors and nurses from where poor, vulnerable elderly people can take different services such as diagnosis and treatment with medicines facilities. BAAIGM also opened a medical education institute called the Institute of Geriatric Medicine (IGM) in 2010 to develop a capable workforce to provide effective medical services to elderly people by providing three four-year diploma courses such as Pathology, Nursing, and Physiotherapy (BAAIGM, 2021).

Sir William Beveridge Foundation (SWBF) is a UK-based international charity organization established in 2006 to provide home care services to elderly people. SWBF is one of the few NGOs that is providing effective home care services to elderly people. Under the home care service, they focus on general health, physical and mental condition, hygiene, the relationship between the elderly with the family members, socio-economic status, etc. Currently, 150 elderly people are getting home care services from the SWBF care assistants. To ensure the quality of home care service, they have been providing health and social care education training since 2008 with the help of different internationally famous physicians, psychotherapists, surgeons (SWBF, 2021). Again, a few private hospitals also offer home care services for elderly people, like Apollo Home Care. However, such home care service is not affordable for all families. Only the elderly people belonging to a higher-income class can afford such services. So a very few elderly people get the opportunity to take home-based formal care, although there is a considerable need for such kinds of services. So if Govt. needs to take such initiatives to provide home-based care, especially to the vulnerable elderly, at an affordable price. In this study, many respondents have mentioned this issue. One of the respondents (caregiver) mentioned that he wants to take institutional home care service for his 85 years old father, but their charges are not affordable. He demanded such kind service arrangement from Govt. with reasonable price.

This study also identified that elderly people who do not get any support from their children expected to get community-based support. So if the state would take proper initiatives to establish the senior center in each ward in Dhaka City with a public and private partnership just like other developed countries under the formal care setting, the center would be able to provide home-delivered meals, household chores related services, transportation, daycare, case management, legal assistance, counseling, respite and support group training, and nutrition information related services. The center would select the elderly people based on disabilities, vulnerabilities, chronic illness-related information through a community survey. It may help delay the arrival of chronic diseases and improve the physical, social, spiritual, emotional, and economic well-being of elderly people. So if we can identify the number and needs or challenges of elderly people of different age groups and provide assistance to both the elderly people and family careers, it may ensure healthy ageing at home, which would reduce the pressure on the government.

This study found a new trend where elderly women started living alone without family support. Because of different reasons, they need to live alone, such as their children living abroad; children feel comfortable staying alone without parents. They lead their lives by taking support from their maids, neighbors, and relatives. One of the respondents found from this study was an older woman aged 65 years who lived with her husband in a rented apartment for many years. But she lost her husband six months ago, and her only daughter lived in the USA. She does not want to go to her daughters' house. Her husband left some savings, and she leads her life with it. She receives daily support such as shopping, buying medicine, paying bills, visiting doctors from her relatives living in the same apartment. Her flat owner is so kind that he doesn't increase the rent price of the apartment. She wants to live independently until becoming sick. Even she wants that when she will face severe sickness, she wishes to live in an institutional arrangement with pay. She does not want to trouble her child and desires to live independently with dignity.

Another elderly widow aged 75 years was found in the study lived without the support of family members. Her three sons live abroad and one in another city, and she is living in her permanent house made by her husband. There is a small temple adjacent to his home where she maintained all the religious rituals. Her house is situated in the marketplace, so the staff and other market employees help her for her religious

activities and buying medicines. They provide all the daily necessaries to her for everyday living. Along with this support, she had a temporary assistant to assist her in household works. She did not mention the need for family support. Her only son lives in another city with his wife and children. So it indicates that the physical and social environment may act as an alternative supportive instrument instead of family members.

One of the elderly widows aged 68 years lives with her relatives in the same house. Her children live in another city and abroad. She does not like to live with their children's families because; they are busy with their jobs. So she selected those relatives who are not engaged in professions. Her son bears all her expenses along with the expenses of those relatives. She also maintains a close relationship with the house owner and neighbors. She did not mention any other needs from children except the financial one. After analyzing these cases, this study revealed this new trend where elderly people want to live independently with dignity and self-esteem. They need community support to lead their lives comfortable. To ensure community support, the local Govt. can arrange a seminar program where different psychologists may participate in counseling the community about their role and responsibilities towards the elderly people of the community. Arranging volunteer programs can also ensure efficient community supports, which can remove different challenges from the life of elderly people.

This study identified the traditional perception of the elderly people from maximum respondents (care receivers) that their children don't spend quality time with them. Besides this, elderly people believe that their children try to avoid them, don't communicate with them without any need, and do not pay enough attention to their mental health. However, this study identified a change in this perception and belief system regarding their children's attitudes. Two elderly people mentioned that elderly people must understand the situation of the children. Because of excessive pressure in the job, the excessive burden of responsibilities, different family problems keep the children or caregivers under excessive pressure, which reduces both their mental and physical strength and holds negative mood on a continuous basis. So even after having the desire, children may fail to spend quality time with their parents every day. So if the elderly people understand their situations, then the demand that elderly people have from their children will be reduced, ultimately reducing some mental

stress of the elderly people. This changing perception can play a significant role in maintaining a quality relationship between caregivers and care receivers. However, many elderly people may not understand this kind of situation of their children. So community-based counseling programs may help to realize the situations of the caregivers, which will reduce the depression of the elderly people to some extent.

With the above discussion about the present scenarios of informal, non-formal, and formal care settings in Bangladesh, it can be mentioned that setting up both institutional and home-based effective formal care systems is vital for sustainable development in elderly care. Most of the elderly people in this study desired to live in the same house they lived in for a long time. But it should also be mentioned that the elderly can live alone without spousal or children support only when they have strong financial support and human resources available in the environment. Globally, in many countries like Germany, Japan, and the USA government is reallocating more resources to home-based and community-based care from formal residential care for the benefits of ageing in place. It can effectively reduce the burden of family caregivers. In Asian countries, home-based care aligns with traditional values and beliefs, suggesting that sending elderly people to residential care is unfilially. So through the new dimensions explored in the elderly care setting from the study would help policymakers to improve existing policy on the elderly people in Bangladesh.

7.4 Policy Implication

Family caregiving of elderly people is both an individual and secretive issue and public and societal concern. From an individual's perspective, caregiving to elders is a personal, spousal or filial responsibility. It is also a shared responsibility to help protect the well-being of a nation's elderly people. The degree to which society cares for its senior citizens reflects its maturity, commitment, and concern (WHO, 2019). Some national and international policy, legislation, or action plans focused on older people and ageing issues. The national and international policy documents which have a direct link with the present study are National Policy on Older Persons 2013, Parents Maintenance Act 2013, National Population Policy 2012, National Health Policy 2011, UN Principles for Older Persons 1991, Vienna International Plan of

Action on Ageing 2002, Madrid International Plan of Action on Ageing 2002, Sustainable Development Goals 2030, Decade of Healthy Ageing (2021-2030). Policy on care and support for caregivers was found in all national plans on ageing in Asia and the Pacific Region. Across the region, the policy addresses the responsibilities of families, relatives, and the state for caring for older people, providing and coordinating multiple and varied care services, and support and training for informal and professional careers (Williamson, 2015).

This study mentioned some essential issues based on observation of various policies and programs of the Asia Pacific region, such as-promote the concept of active and healthy ageing in health policy, identifying the health problems in the elderly, and providing appropriate health interventions in the community with a strong referral backup support, community-based primary health care approach including domiciliary visits by a trained health care worker, tax relief for those whose parents live with them, allowing rebates for medical expenses and giving preferences in the allotment of house, various social services including long term care for elderly, home help services for homeless, live alone or those who need help. It has been mentioned in the 8th five-year plan that health service delivery system of Bangladesh would be reoriented due to an increase in elderly people. It would include an awareness-raising program, the establishment of palliative care units, introducing up-to-date medicine, introducing unique senior citizen cards, and enhancing the capacity of the health workers for the well-being of the elderly people.

7.5 Program and Future Study Recommendation

In Bangladesh, the number of elderly people with unmet care and support need is rising significantly due to the challenges facing in the informal and formal caregiving system. So in order to address these unmet needs and develop efficient initiatives, this present study tried to understand care and support needs of elderly people and their family members. This study presented some program and future study related recommendations where program related recommendations would be beneficial for establishing ageing in place. Again, recommendations for future study would help the future researchers to explore new areas in elderly care setting.

A) Program Recommendation

I. To create an age-friendly community where elderly people can access health care, home-based care, personal care, residential care, and emergency care. Non-Government organizations, professionals, geriatric experts, young people as volunteers can contribute in a community setting as service providers for the well-being of the elderly community.

II. To increase intergenerational and family interaction, it is necessary to involve print, electronic, or social media. Rather than focusing only on commercial programs, the electronic media should produce other dramas and movies to positively influence the young generation's relationship between the elderly and young people. The young age is now obsessed with social media. Along with that, Government and Non-Government organizations can arrange various programs on elderly issues. In this way, the young generation can feel or realize the importance of senior citizens in their life and acknowledge their contribution.

III. Elderly people living in the city expect an age-friendly environment required for their mental and physical soundness. The atmosphere and spaces should be comfortable, clean, and safe to go out from the house and some quality time in the natural environment. Buildings, walkways, pavements should be accessible and age-friendly. For example, a park with green trees and sufficient seating arrangements can reduce mental stress, depression, anxiety, and other mental problems. Elderly people in city areas can spend quality time in these settings. The government and community should take responsibility for providing this kind of facility to the elderly by adequately utilizing the open spaces or creating open areas or playgrounds in the city.

IV. To help families with elderly people, it is necessary to build support systems with the help of youth groups in the community. It will ensure the probability of receiving ADL or IADL or direct or indirect support for the long term. It will promote the healthy and active ageing and well-being of older persons. It would also delay the onset of diseases and institutionalization.

V. To introduce daycare or short-term or respite care to help family caregivers time off from caring responsibilities. Singapore established center-based weekend respite care to cover family members' care duties to support them. China, Malaysia, Russian Federation, and Uzbekistan provide financial incentives to family members for looking after family members (UN ESCAP, 2017). Caregivers can get some personal space in that time to refresh them from the pressure associated with caregiving to some extent. It can also ensure ageing in place with quality care and well-being. Daycare or short-term care can allow elderly people to remain in their homes while receiving external care support or at an outside location. Outside location facility in daycare can also provide a new atmosphere to the older persons who can reduce the boredom of staying at same place days and days. A recent change can boost them mentally to live the remaining life with joy and soundness.

VI. To establish home care for some older persons living alone or with their spouse only. It may include volunteer programs with the help of neighbors or friends, or young people of the residential community. Because when these types of older persons cannot perform their basic tasks independently, regardless of which social and economic class they belong to, they need emergency health care support ADL or IADL support from the outside. It is expected from the elderly people from the middle and poor classes that these types of support will be voluntary and without pay so that elderly people can enjoy healthy and independent living. Thus it may reduce the institutionalization of the elderly and ensure human rights.

VII. Establishing community-based models of care is another dimension to meet the unmet needs of the elderly. Because family-based care is likely to decline due to changing family structure, labor force migration, and increased female participation in the workforce. However, there are opportunities to use existing systems and institutions, including local authorities, community-based organizations, and religious centers, to develop community-based models of care. It is an urgent need for the elderly from the middle or poor class to improve the quality of life of the elderly and their families. Caring for and

supporting older people in their families, communities, and society is an important goal of policy and laws. With the help of various community organizations or associations and people from young age groups, middle or rich class, community-based voluntary care can be introduced. Help-Age-International is implementing this model in Vietnam by establishing International Self Help Club.

VIII. It was found from the study that elderly people and their family members did not have any information and knowledge on various issues about ageing or later life. So if the government or any voluntary organization provides training through conducting an online session on health-related, treatment-related, care-related personal problems, it would increase the skill and quality of care.

B) Future Study Recommendation

The study contributed to understanding family care and its impact on the life of elderly people in the family setting. The study tried to provide a transparent scenario within the family by exploring each respondent demographic, socio-economic information, the pattern of the assistance provided by the family members, relationship pattern between care receiver and caregiver, the feelings, opinions, and suggestions of family member's and the elderly people. Several limitations emerged in the course of the research. In this study, the family was considered a case to understand the caregiving situation.

In the future, the study in the elderly care setting may focus on specific social classes in the society, generating greater insight into the knowledge. This study did not find any working woman as a family caregiver providing services to elderly people. So in the future, the researchers may consider this issue because elderly people with working spouses, daughters, or daughter-in-law may face different challenges in the family. In this study, case study method was followed to explore the situation of family care in Dhaka city, so only urban elderly people have been considered as a population of the study, but due to demographic, social, economic, cultural changes, we should also know the situation of elderly care in the family of rural areas. A

longitudinal study would be more effective in the family care setting because it could observe changes in both the groups and revise the cause and effect relationship between variables. Any researcher in the ageing field could incorporate the views of elderly people outside the family environment in a group to explore unidentified experiences in the family care setting. A new trend in Dhaka city was found that elderly widows and widowers are living independently without their children having sufficient financial resources. So the future researcher may explore new survival or coping strategies through studying these elderly people. The researcher may study focusing only on the problems and challenges of caregivers, when they provide support towards elderly people in family environment.

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Appendices

Appendix A

Interview Schedule for collecting data of the research project titled "Family Care and its Impact on the Life of Elderly People: A Study in Dhaka City."

(Data would be used only for research purposes, and confidentiality of data would be maintained. The following questions would be asked in Bengali.)

A) Information about Demographic and Socio-Economic Condition of Elderly People and Family Caregiver

Table 36: Demographic Information of Respondents

Name of elderly	Name of caregiver
Age of Elderly	Age of caregiver
Sex of Elderly	Sex of caregiver
Marital Status of elderly	Educational qualification of caregiver
Religious status of elderly	Profession of caregiver
Address of elderly	Relationship with care receiver
Profession of elderly	Marital status of caregiver
Educational qualification of elderly	Religious status of caregiver
Monthly income of elderly	Monthly income of caregiver
Number of family members	

B) Information about Physical Condition of Elderly

1. Please mention your present physical condition.

2. Are you suffering from any chronic diseases?

3. Do you have any physical movement, vision, or hearing problems?

4. Could you perform activities of daily living without any support?

5. Could you perform instrumental activities of daily living with or without any support?

6. Which type of disease or illness are you suffering?

7. How long have you been suffering from diseases?

8. With whom do you go to doctors for treatment purposes?

C) Information about Mental Condition of Elderly

9. What types of factors would affect your mental health and wellbeing?

10. Did you experience events such as health problems, loss of a job or socio-economic status, bereavement that may cause the mental problem?

11. Do you face any mental health-related problems like loneliness, depression, anxiety in your daily life?

12. Do family members provide mental support or spend quality time with you?

13. Which type of social or community support would you recommend for improving the mental well-being of the elderly?

14. Is there any relationship between living arrangements and the mental health of the elderly?

15. How would living arrangements affect mental or emotional wellbeing?

D) Information about Social Condition of Elderly

16. Do you have satisfying social relationships with your friends or neighbors?

17. Do you participate in any cultural or social activities in your family or community?

18. Do you get any social support or assistance from your household or locality? If yes, then which type of service do you receive from them?

19. What would be your suggestion to encourage social solidarity through social participation for the well-being of the elderly?

20. Why and when do you need any support from the community for a better and healthy life for elderly?

E) Information about Care Need of Elderly

21. Which type of care do you need regularly?

22. Could you do activities of daily living by yourself?

23. Which types of support do you need to fulfill personal activities like toileting, bathing, dressing, medication?

24. Which types of instrumental support do you regularly need, like household activities, meal preparation, shopping, and doctor visits?

25. Who provides you primary and secondary support?

26. Do you need help regularly in daily activities or in a week?

F) Information about Living Arrangements of Elderly

27. With whom do you live in this household?

28. Why do you live with children or a spouse?

29. How many days are you living with children in this community?

30. Do any of your friends or relatives reside in the same community?

31. Do you have a separate room, bed, toilet facilities in the household?

32. Are you satisfied with your living facilities at home?

G) Information about Challenges of Caregiving

33. Which types of challenges do you face in providing the services towards elderly people?

34. Who provides help to perform the caregiving activities?

35. Are family members, relatives, neighbors supportive of elderly care?

36. Do you have any professional training or learning about elderly caregiving?

37. Which intervention strategies do you develop and apply in emergencies?

38. Do you think that elderly care creates a burden or stress in a caregiver's life? If yes, then mention the causes.

39. What should the government do to reduce caregiver suffering and improve the quality of care?

H) Information about Impact of Care on Elderly People

40. Do you get food, medicine, regularly on time from family?

41. Do you go to doctors regularly with family members?

42. How do you feel in your home environment?

43. Who provides you the mental or emotional support at home?

44. Do you participate in any social or cultural activities?

45. Do you face any psychological disorders like depression, anxiety, frustration, loneliness in your daily life?

I) Information about the Relationships with Caregiver

46. Do you think that your family is supportive towards elderly people?

47. Do the family members respect or obey you?

48. Do you participate in any decision-making process in the family?

49. Do family members value you?

50. With whom would you share your problems in the family?

51. How do you maintain relationships with relatives or friends?

52. Are you satisfied with the behavior or activities of your family members?

53. Do your family members give proper time or quality of time for you? Share your experiences.

J) Experiences and Expectations about Elderly Caregiving from Elderly People

54. How do you feel when living with family members at home?

55. What types of assistance do you get from your family during illness?

56. When do children or spouse helps you?

57. What do you expect from your family members?

58. Are you satisfied with your existing services available at home?

59. Do you have any information or knowledge about healthcare or personal care at old age?

60. Could you take a bath, dress, and meal without the assistance of others?

61. Could you prepare a meal, manage your medicine, money, and shopping with yourself?

K) Experiences and Expectations about Caregiving Activities from Caregiver

62. Which type of services do you provide to elderly people?

63. When did you participate or contribute to elderly care activity?

64. Why do you provide assistance to elderly people?

65. Could the care receiver help you in performing household activities?

66. How many hours do you engage in caregiving activities in a day?

67. Do any family members as secondary caregivers assist you in caregiving activities?

68. How do secondary caregivers assist you in elderly care?

69. How do you manage the elderly at home?

70. What types of problems do you face when providing services to elderly people?

71. What do you expect from family members or elderly people about elderly caregiving?

72. How could the state or government help the caregivers manage elderly services at home?

73. Do you have any training or educational knowledge about elderly caregiving?

74. Do you want to participate in any elderly care training program for better management of elderly?

Appendix B

Focus Group Discussion guideline for collecting data of a research project on "Family Care and its Impact on the Life of Elderly People: A Study in Dhaka City."

(The collected data will be used only for research purposes, and confidentiality of data will be maintained. The following questions would be asked in Bengali.)

A) Information about Attitudes towards Elderly Care

1. What do you know about elderly caregiving?

2. Do you have any idea or plan for your elderly parents?

3. How do you participate or contribute to caregiving activities?

4. Do you want to introduce yourself as your parent's caregiver?

5. Do you have any aged person in your family?

B) Information about Nature of Family Care

6. What is the relationship with an elderly member of your family?

7. Who is the caregiver for an elderly person in your family?

8. Why do you provide care to your elderly parents?

9. How do you help in caregiving activities?

10. When did you start your caregiving job?

11. Do you think that family size and number of children influence elderly caregiving activities?

12. What would you say about the impact of modernization and urbanization on elderly care?

13. Which type of changes or transformations could you observe in caregiving activities?

C) Information about Psycho-social Needs of Elderly People

14. What are the major psychological needs of the elderly you would view nowadays?

15. Do you have any idea about the emotional problems do elderly face regularly?

16. How could family members support elderly people to fulfill their emotional needs of elderly people?

17. Do you think that family can help elderly people to increase social activities and interaction of elderly with society?

18. What should a family do to ensure the psychological and social well-being of elderly people in later life?

19. What do you think about the capacity or ability of family members to assist elderly people in the present socio-economic context?

D) Information about Challenges of Family Care

20. Do you think that family plays an essential role in the elderly care setting?

21. If yes, how is the family managing this caregiving function?

22. What are the major challenges of family members in providing services to elderly people?

23. How could family caregivers get rid of caregiving's physical, psychological and economic challenges?

24. Which types of initiatives should the family pursue to solve these problems?

E) Information about the Role of Government and Non-government Organizations

25. Do you know about the national policy on the elderly person and Bangladesh's parent's maintenance act?

26. What do you know about government programs for the well-being of elderly people in Bangladesh?

27. Could you tell the name and functions of NGOs working for the elderly people in Bangladesh?

28. How could various ministries and government departments reduce the challenges of caregiving?

29. Which type of activity is very much essential to support the elderly and their families in later life at home?

30. Do you have any suggestions for improving the physical and psycho-social conditions of elderly people?