

## **Transitioning Reasons and Health Complications Encountered by Older persons: A sociological study in Old age home, Dhaka**

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**Abstract:** It is important to understand the experiences of the elderly residents within old-age homes because of the shift in demographics towards an aging population, which brings about challenges. The study investigated the experiences of elderly residents in old age homes with particular emphasis on their socioeconomic status, reasons for shifting, and the challenges they face. With the rise in the aging population in the country, there is a growing need to address the emerging issues of enhanced social security, employment opportunities, and healthcare provisions for the elderly. This study has adopted a triangulation approach, using both qualitative and quantitative methods-methodologies that include social surveys, focus group discussions, and case studies. It identifies different factors that are forcing the aged to seek old age homes, including lack of support from children, children living abroad, loss of spouse, and neglect. The negative family environment has been found to be a major influencing factor in their decision to shift. It is also found that the residents prioritize security and dignity in old age homes over familial settings. While some elderly people are found to be satisfied with the services provided, others face severe problems regarding food, shelter, healthcare, and psychological support. This study also highlights the dire need for better living arrangements and healthcare facilities that are specifically targeted towards the elderly population in Bangladesh.

**Key words:** Elderly, Relocation, Health Complexity, Security, Old Age Home

### **Introduction**

It's facing another rising issue by way of population aging in one of the most sensitive demographics and development conditions that Bangladesh is: as the seventh-largest, or most densely populated, country in the world. At present, there are nearly 720 million people aged 65 years and over in the world, which is expected to increase to 1.5 billion by the year 2050. In Bangladesh, the population aged 60 and older is currently at about 15 million; projected to reach around 36 million by 2050 out of which would be 22 percent of the total population. As the country transitions from the intermediate to advanced stage of aging over the next 30-35 years, with 25 percent of its population aged 65 and above, the dependency of older individuals on the economically active population will notably escalate (Rahman, 2020). As Bangladesh's population ages, health services become increasingly crucial, with one senior citizen for every five citizens. Older adults face a myriad of health issues, including infections, vision impairment, mobility difficulties, and degenerative diseases. Traditionally, family support has been vital, but the prevalence of nuclear families is rising, leaving many elderly individuals isolated and vulnerable (Islam, 2017; Sarker, 2021). This situation necessitates greater attention to health and welfare services, along with expanded provisions for elderly support systems

(Islam, et. al., 2012; Rahman, et. al., 2009). Modernization and urbanization drive migration, with youth relocating for education and employment, disrupting traditional familial care roles. Adapting support systems to changing demographics and migration is crucial (Rahman, 1999). Elderly in Bangladesh encounter healthcare gaps, mistreatment, basic needs struggles, and isolation, exacerbated by societal factors (Islam & Dilip, 2012; Abdullah et. al., 2018). Moreover, the lack of suitable transportation and insufficient recreational facilities further compound the difficulties faced by the elderly population in the country (Hossain, et. al., 2006). Lack of elderly healthcare policies highlights the need for innovative approaches, crucial for integrating them into health and social systems (Gracon, et. at., 2016; Marasinghe, et. al., 2015). Fostering healthy aging is vital for economic growth in an aging world. Issues like loneliness and neglect in the elderly result from declining joint family systems. A comprehensive approach is needed to address their health concerns, covering physical, psychological, and cognitive dimensions (Jahangir, et. al., 2023). This retrospective study was prompted by insufficient data on elderly individuals in Bangladesh. It aimed to explore emerging challenges and vulnerabilities faced by the elderly population.

### **Literature Review:**

In Bangladesh, elderly individuals, especially women in rural and slum areas are integrated into socio-cultural systems, mental health systems and legal systems and suffer economically due to the family structure that emerges from the Muslim Personal Law. The changing of the family systems has led to their increased vulnerability while health issues prevalent amongst them are in most cases treatable (Barikdar et al., 2016). Older and older women in particular because of their social exclusion and longer life span, are left behind as children move away from them to the urban centers for education and work. In this study, elderly people are emigrating into old age homes for many reasons including the feeling of being left out and for economic reasons where family support is non-existing (Neupane et al., 2018).

It appears that there is social support and this enhances mental health and in effect physical health. Stress is a function of income, but stress is consistently relieved by social support. "Number of close friends" is one of the factors that have a significant effect on the distress. Low socioeconomic status correlates with reduced social support and mental health issues (Boen, et. al., 2012). Enhancing elderly quality of life involves managing depression, staying active, engaging the mind, and maintaining social connections, which mitigate depression and isolation (Bhat, et. al., 2021). Elderly residing in geriatric homes in Iraqi Kurdistan were influenced by factors like migration, cultural shifts, and lack of family support. While some satisfaction with health services existed, concerns emerged regarding the facility's environment, social activities, safety measures, and transportation services (Sangar, et. al., 2015). Emotional support greatly impacted the psychological well-being of elderly individuals in assisted living facilities, while companionship played a vital role in their psychosocial well-being (Oluwagbemiga, 2016). These studies highlight changing living arrangements and the significance of support for the well-being of elderly.

### **Rationale of the Study:**

The aging process is typically regarded as an epoch starting at the age of 60 and above. It is a natural biological process as people get older their energy levels and resources of their bodies start to wear out. In the past, older people were revered in the community as authorities because of their level of understanding, experience and mastery of various aspects. But elderly persons

today often experience non-communicable diseases, namely cardiovascular diseases, respiratory diseases, cancers, diabetes and other chronic diseases (Suhrawardy & Coll, 2012; Kabir, et. al., 2013). A study by differed in regards to Brian defining HRQoL and indicated that several factors including sociodemographic, social support, healthcare services, surrounding, transportation and mobility, and psychosocial variables remarkably impact the HRQoL of aged people in different environments (Farahani, et. al., 2018; Jung, et. al., 2018; Lee, 2016; Talarska, et. al., 2018). In addition, the Health-Related Quality of Life in the elderly people can be reduced further with a wide range of exposures such as poor education, poverty, less social engagement, or cultural barriers (Mellor, et. al., 2008). Unsurprisingly, the void of investigation means that vital public health topics are poorly tackled in Bangladesh (Arulprakash & Umaiorubahan, 2018; Hamiduzzaman, et. al., 2018; Jabeen, et. al., 2015; Uddin et. al., 2017). Elderly people in Bangladesh need more attention and care from the State and society. However, due to poor prioritization and poor implementation of existing laws at policy level, their rights are often being violated (Ferdousi, 2020). In 2013, Bangladesh adopted a national policy for older persons' protection and welfare, where it was stated that the state is responsible for ensuring all human rights of older persons (Mamun & Chowdhury, 2021). Comprehensive plans, policies, and programs are essential in Bangladesh to handle its increasing elderly population, supplemented by an effective legal system. Infrastructure and human resource development, including caregivers, should be developed in regards to this demographic transition of the country (Alamgir, 2022). Bangladesh needs to focus on policies that cater to its increasing elderly population, such as healthcare, social welfare, and retirement planning, to prevent potential economic and social issues (Saif, 2023). This study examined the living conditions of elderly residents in old age homes in Dhaka city, with the goal of gaining a thorough understanding of their challenges and needs.

**Objectives of the Study:** The followings are the objectives of the research:

1. To deeply examine the socio-economic status and familial dynamics of the elderly.
2. To discern the evolving motivations behind the decision of transition to old age homes.
3. To investigate the health challenges and prospects of older persons.

### **Methodology**

The research adopts a descriptive approach to analyze study variables, employing both descriptive and inferential techniques. Descriptive analysis provides a comprehensive understanding of situational facts and subjects' backgrounds, while statistical analysis elucidates the precise relationships between variables. Data collection utilized qualitative and quantitative methods, including focused focus group discussions, case studies, and social surveys, aligned with the study's objectives. The study area, Dhaka, was purposefully selected based on research goals, with primary data collected from key locations such as the Bangladesh Association for the Aged and Institute of Geriatric Medicine, Subarta Trust, and Child & Old Age Care Foundation. This social research spanned a four-month period from May 2022 to August 2022. Secondary materials, comprising online journals, newspapers, theses, books, seminar papers, websites, and official documents, complemented the primary data. Determining an appropriate sample size is critical in research design, and for this study, a sample of 25 was chosen from old age homes in Dhaka City.

## Result and Discussion

Elderly individuals in Bangladesh and similar settings were traditionally centered within their families. However, recent years have witnessed significant shifts, attributed to factors such as urbanization, evolving cultural norms, and differences in values across generations. Findings from institutions like the Bangladesh Association for the Aging and the Institute of Geriatric Medicine validate this study's conclusions. Admission requirements to these facilities typically mandate women to be at least 55 years old and men to be at least 65 years old, though exceptions may be made based on individual circumstances. The quantitative data underwent meticulous processing using SPSS-19 software, involving thorough examination, editing, compilation, and analysis before being presented in this section.

### Socio-economic condition of elder people in old age home:

Elderly individuals who are admitted to old age homes typically include males aged 65 and above and females aged 55 and above. In this study, the researcher examined individuals aged 50 and above. The age distribution is as follows: 40% are between 50-60 years old, 32% fall within the 61-70 age group, 20% are aged 71-80, and 8% are over 80 years old. Among these elderly residents, 64% are male and 36% are female, indicating a higher number of male residents compared to female residents in these facilities. Bangladesh is a predominantly Muslim country, but it also has significant Hindu, Christian, Buddhist, and other religious communities. The study reveals that approximately 80% of the elderly residents in old age homes are Muslim, 16% are Hindu, and 4% are Christian. Regarding marital status, the study found that 16% of the elderly residents are married, 4% are unmarried, 60% are widowed, and 20% are divorced (Touhiduzzaman, et. al., 2024). Education plays a crucial role in shaping economic stability, with a direct link between educational experiences and occupational involvement, which significantly influences economic support.

### Elderly Support Dynamics in Transition:

Elderly individuals, often unable to engage in work due to physical limitations, depend on others for financial support and seek emotional bonds with relatives during their later years. However, the breakdown of joint family structures and the establishment of single-family units have weakened traditional support networks, presenting challenges in obtaining assistance. Studies reveal diverse degrees of familial backing among the elderly, with a considerable portion having children to offer economic and socio-psychological aid, thereby ensuring their welfare and safety in their advanced age.

The decision to move to an old age home often stems from various reasons, such as the absence of children, children living abroad, or children neglecting parental care, as well as the loss of a spouse. Supporting these factors, data indicates that 12% of elderly individuals have no children, while 28% have children residing abroad. Notably, a significant portion, accounting for 40% of the total participants, have children who fail to provide parental care or financial support. Qualitative findings from the study further reinforce the rationale behind relocating to old age homes.

As stated by the participants,

*We and our sons are without financial aid, forcing us to reside alone in our residence. Their spouses' lack of communication adds to our distress, as they remain unaware of our circumstances. Their neglect arises from their*

*prioritization of their own families and children, exacerbated by our economic challenges (FGD with elder, Subarta Trust).*

**Table-1: Elderly Family Relationships in Transition**

Number of Children	Percentage	Shifter	Percentage
No Children	8%	Own	44%
One	20%	Son	20%
Two	32%	Daughter	12%
Three or more	40%	Relative/Friend	24%
Reason of Shifting	Percentage	Family Relation	Percentage
No Children	12%	Very Good	4%
Child lives in abroad	28%	Good	8%
Do not take care	40%	Neutral	20%
Death of Spouse	20%	Poor	28%
Total	100%	Very poor	40%

Source: Touhiduzzaman, et. al., (2024) Exploring the experiences and perceptions of elderly residents in old age homes: A comprehensive analysis, Journal of Gono Bishwabidyalay, Vol. 5, Issue: 1.

The research also indicates that 20% of the elderly residents have experienced the loss of their spouse. Moreover, findings reveal that 44% of the elderly individuals admitted to the old age home due to neglect and lack of care from their children. In contrast, 32% are admitted with the assistance of their offspring, while 24% are brought by relatives or friends. Examining the relationship dynamics of the elderly residing in old age homes, the study highlights that their connections with family members are often strained, with minimal attachment. Raw survey data shows that only a small percentage (8%) of elderly residents have a positive relationship with their family, of which only 4% report a very good relationship. Conversely, a significant portion (40%) have poor relationships with their family members, 28% have strained relationships, and the remaining 20% are neutral. The crisis of the family of the elderly explored through the study as an elder stated that,

*Currently, I lack funds. After my eldest son's death in a train accident, poverty befell my three sons and daughter. My youngest daughter, married with a son, and my three older daughters are all divorced due to unpaid dowries. They cannot afford my medical bills, and I can't finance their remarriages. This situation leaves me not only starving but also deeply saddened by my daughters' broken marriages (Male, 72, Secondary education).*

### **Adjusting to Life in Old Age Homes:**

An individual, responsible for all family tasks, struggles with the transition to an old age home without family support. According to the data, 20% of elders always feel helpless, while 44% sometimes feel this way. Regarding sharing personal matters, 12% confide in their spouse, 4% in their children, and 16% in friends. Surprisingly, 40% of elders share with roommates, while 28% have no one to confide in, leading to loneliness. Prior to the old age home, 12% lived alone, 24% with a spouse, and 40% with both a spouse and children. Additionally, 16% resided in another old age home, and 8% lived with others before relocating.

**Table-2: Elderly Insights from Living in Old Age Homes**

<b>Living Arrangement</b>	<b>Percentage</b>		<b>Share personal matter</b>	<b>Percentage</b>
Alone	12%		Spouse	12%
With Spouse	24%		Children	4%
With Spouse & Children	40%		Friends	16%
Another old age homes	16%		Room mate	40%
Others	8%		Don't Share	28%
<b>Family members Visit</b>	<b>Percentage</b>		<b>Feeling helpless</b>	<b>Percentage</b>
Often	12%		Always	20%
Sometimes	32%		Never	36%
Seldom	16%		Sometimes	44%
Not coming	40%		Total	100%

Source: Touhiduzzaman, et. al., (2024) Exploring the experiences and perceptions of elderly residents in old age homes: A comprehensive analysis, Journal of Gono Bishwabidyalay, Vol. 5, Issue: 1.

The study reveals the frequency of family visits to the old age home, with 12% of elders' relatives and friends often visiting, 32% sometimes visiting, and 16% rarely visiting. Surprisingly, 40% of elders receive no visits, highlighting significant familial absence. This survey data is supported by a case study conducted at the Child & Old Age Care Foundation. A participant of the study stated that,

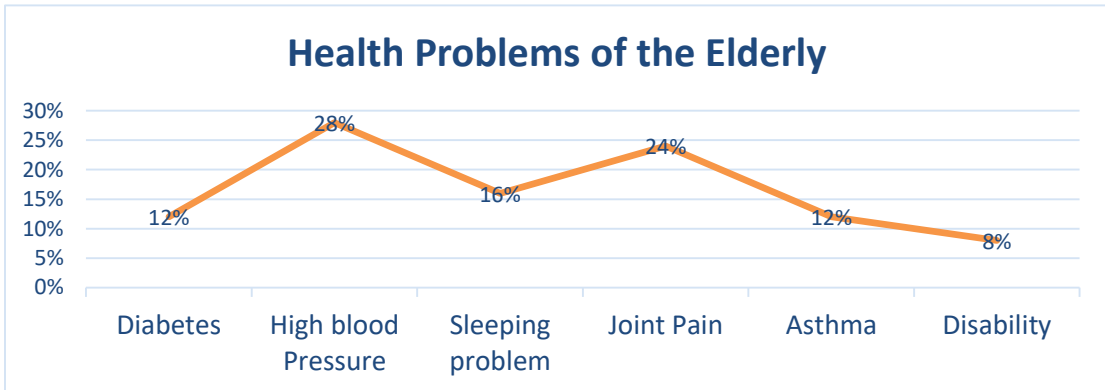
*Occasionally, they never visit; on other occasions, they visit twice a year. Since they reside far away, we communicate via cell phones. Although they could have assisted us, they never invited us to stay with them. Their busy work schedules prevent them from visiting or extending invitations (Female, 77, Primary education).*

**Elderly Health Risks: Insights, Interventions:** Understanding elderly health challenges is vital. This study explores prevalent risks and issues, aiming to inform targeted interventions for better elderly care. Findings reveal 60% of elders face health risks due to age-related immunity decline. Despite the adage "Health is Wealth," 28% always face health risks, with only 12% never experiencing them. Medical concerns affect 36% of elders, while 16% face food-related difficulties, and 20% lack treatment facilities. Loneliness, a common issue, affects 28% due to lack of family connection. As supported by the qualitative study, one of the participant stated that,

*We've endured for a while now, feeling abandoned by God. If only our bodies and minds were healthier, we might welcome death. Unhappiness clouds our days; we're reluctant to prolong our lives. Loneliness and depression, we believe, are common struggles among older individuals (female, 69, pre-primary education).*

The study also shows the diseases that people in old age home encountered in elderly likely 12% of the elder had diabetes, 28% of the elder had high blood pressure, 16% elder had sleeping problem, 24% elder had joint pain, 12% elder had asthma and 8% of the elder had any other type of disability. These findings emphasize the importance of tailored healthcare solutions and support networks to address the multifaceted needs of older adults. By prioritizing preventive measures and enhancing access to medical services, we can strive towards a healthier and more fulfilling aging experience for our elderly population.

**Figure-3: Health risk, types of difficulties and health problems**



Source: Fieldwork-2022

**Conclusion and recommendations** The aging population in Bangladesh presents a complex social challenge, exacerbated by shifts in family structures. These changes manifest in diverse hurdles for the elderly, encompassing physical, mental, and social realms. Elder vulnerability is particularly pronounced in housing, healthcare, and decision-making autonomy within families. Elders seek secure environments offering not just basic necessities but also social engagement to preserve their dignity. However, societal perceptions increasingly view aging as burdensome, contributing to instances of elder abuse across familial and institutional settings. Nevertheless, some elders find solace in institutional care, underscoring the necessity for robust support systems. While Bangladesh traditionally reveres elders within the joint family system, economic transformations have added layers of complexity to their welfare. Overcoming these challenges demands collaborative efforts from government bodies, NGOs, religious entities, and individuals, prioritizing holistic support, encompassing physical infrastructure, caregiver assistance, and emotional well-being, to ensure elderly individuals lead meaningful lives.

In Bangladesh, the growing population of elderly individuals faces multifaceted challenges, particularly evident in the conditions of those residing in old age homes. According to the elderly residents in old age home,

*We urge the government to implement social safety nets and offer free healthcare for the elderly to enhance our well-being and alleviate financial burdens. Additionally, we believe older individuals should have employment opportunities tailored to their physical and mental capabilities, education, and individual needs. (FGD with elder people, Bangladesh Association for the Aged and Institute of Geriatric Medicine).*

Urgent action is required to address their challenges, by implementing targeted interventions and fostering collaboration among stakeholders, as the study recommend to

- Increase public awareness campaigns highlighting the importance of elderly care and the challenges faced by older adults.
- Implement training programs for caregivers in old age homes to enhance their skills in providing physical, emotional, and social support to elderly residents.
- Establish regular health check-ups and medical facilities within old age homes to address the healthcare needs of elderly residents effectively.
- Develop recreational and social activities tailored to the interests and abilities of elderly residents, promoting mental stimulation and social interaction.
- Strengthen intergenerational programs that facilitate meaningful interactions between elderly residents and younger generations, fostering mutual respect and understanding.
- Advocate for the inclusion of elderly care education in school curricula to instill values of respect and empathy towards older adults from a young age.
- Establish support groups for families with elderly relatives in old age homes, offering emotional support, information, and resources to navigate the challenges of caregiving.
- Provide legal assistance and advocacy services for elderly residents to protect their rights, particularly in matters related to inheritance, property, and guardianship.
- Allocate funding for research initiatives to understand the needs and preferences of elderly residents in old age homes, informing the development of targeted interventions.



- Strengthen partnerships between old age homes and local community to expand access to services such as meal delivery, home repairs, and transportation assistance.
- Promote financial literacy and retirement planning among the elderly population to empower them to make informed decisions about their finances and future care.
- Provide opportunities to engage in meaningful activities that contribute to their sense of purpose and fulfillment, such as gardening, crafts, or mentoring programs.
- Conduct regular assessments of old age home facilities and infrastructure to ensure they meet safety, accessibility, and quality standards for elderly residents.
- Establish partnerships with local businesses and organizations to provide employment opportunities, vocational training, and volunteer positions for elderly.
- Advocate for policy reforms to support the expansion and improvement of old age home facilities and services, in line with the evolving needs of an aging population.

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