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## Navigating the Changing Family Dynamics: Impacts on the Elderly Population in Bangladesh

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### Abstract

*This study investigates the intricate interplay between changing family structures and their profound implications for the elderly population in Bangladesh. The research explores various household arrangements, including nuclear, joint, and extended families, in the context of modernization and evolving societal values. The study anticipates a potential return to joint households as fertility rates decline, emphasizing the adaptability of household structures. Notably, household decision-making dynamics, traditionally gendered, exhibit evolving participation patterns of both young and old individuals. Economic roles within households highlight the significance of older men as primary breadwinners and the central role of women in household maintenance. Financial security for the elderly primarily relies on family support, while family members also play critical roles in caregiving and decision-making. This research underscores the necessity for nuanced policy interventions to address the multifaceted challenges and opportunities posed by changing family dynamics. As the elderly population in Bangladesh grows, policies must prioritize social protection programs that guarantee financial security and support for caregiving responsibilities. Moreover, promoting gender equality and empowering the elderly in household decision-making processes is crucial. Additionally, fostering intergenerational relationships and reducing social isolation among the elderly are vital policy imperatives. In fact, this research highlights the complexity of family dynamics in Bangladesh and their significant implications for the elderly population. Policymakers must recognize and address these dynamic challenges to design comprehensive and adaptable strategies that enhance the well-being of the elderly within the changing landscape of family structures in Bangladesh.*

**Key Words:** Elderly Population, Changing Family Dynamics, Household Structures, Decision-Making Dynamics, Economic Roles, Financial Security, Caregiving Responsibilities, Bangladesh.

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### 1. Introduction

The changing family structures in Bangladesh have significant impacts on the support network available to elderly individuals. As families are restructuring due to migration, there are emerging structures such as families of women with children, grandparents with grandchildren, or group living of working girls (Zarin et al.2022).The traditional concept of family as the prime informal caregiver for the elderly is changing, and the provision of home care is becoming limited, especially in rural areas(Mohammad et al. 2017). This vulnerability in receiving care is more pronounced in terms of personal care in rural areas, while financial vulnerability is higher in rural areas as well. Older people depend heavily on social support, which is favorably correlated with traits including being male, married, literate, and in the workforce(Mohammad et al.2017). According to the findings, governments should think about giving elderly people in-home care and identifying additional characteristics that have an impact on social support (Fawzia et al.2019). Reduced emotional and practical assistance for elderly individuals amid changing family dynamics is the result of a number of core problems. One significant cause is the younger generation's decreased ability to help others, which is driven by increasing economic conditions and shifting cultural norms (Emily & Grundy, 2010; Isabella & Aboderin,2004). Another reason is the change in the foundation of filial support, which now depends more on the history of parental behavior and the reciprocity principle (Isabella et al.2000). Increased levels of transfer from older to younger generations, altered household arrangements, and challenges to older people's notions regarding their entitlements and sense of wellbeing are all effects of this reduction in support (Sarah et al.2010). Although there is currently a lot of family support available, factors like parental divorce and a dwindling population may make it even less so in the future (Hafiz et al.2006).

In Bangladesh, elderly people struggle financially to maintain separate households, which has a negative influence on their general wellbeing. Discrimination, carelessness, abuse, and restricted access to mental health care are some of these issues (Shaorin et al.2022). Inadequate laws, a weak national economy, corruption, nepotism, a lack of older homes, and poverty also contribute to the abuse of senior citizens' human rights (Md et al.2020).

Elderly people struggle to be self-sufficient and maintain separate households as a result of these economic difficulties, which make it harder for them to exercise their human rights. In order to address these issues, it is necessary to increase awareness, develop gender-sensitive policies and programmes, establish old homes, and create and enforce appropriate regulations (Md et al.2022).

Fawzia (2019) argued, as family structures change in Bangladesh, so do the power dynamics and decision-making authority among senior people within family groups. Family ties and social norms change when the nation moves from being in a developing to a middle-income status. The dependency rate is declining, which raises concerns regarding older persons' social standing in comparison to the younger generation (Naznin et al. 2019). According to the research, older individuals in Bangladesh have the choice of "ageing in place" if they have the necessary support to stay in their current homes and communities (Mohammad et al.2017). However, there is a need for improvement in both formal and informal elder care (Md. et al.2018). The formal care system is inadequate, particularly in rural regions, and the traditional idea of the family as the primary career has altered (Jalal & Uddin, 2014). Elderly vulnerability must be quickly addressed, and choices for in-home care must be provided

Due to the changing family arrangements in Bangladesh, family members' irresponsibility, slow economic growth, inadequate savings, and a lack of pension coverage are the main causes of financial insecurity among the elderly (Md. et al.2022). Due to these considerations, there is a significant reliance on financial support from family and pension, with little reliance on insurance (Mohammad et al.2017). The elderly's financial insecurity is made worse by their imbalanced financial obligations and rising health care costs (Fawzia et al.2019). They struggle to get healthcare, maintain their standard of living, and meet their fundamental necessities, which has a severe influence on their overall quality of life (Mohammad et al. 2021). In addition, sleep issues, sadness, and limits in daily living activities may cause the aged to have a lower quality of life. It is advised to expand institutional resources and social activities to raise the standard of living for senior citizens residing in nursing homes.

Age-related alienation and loneliness among older people in Bangladeshi families that are changing can be linked to a number of social variables. Significant risk factors for loneliness in Bangladesh's ageing population include gender, marital status, housing situation, hearing-visual impairment, depression, and worry about falling (Md et al. 2019). More than half of the study participants reported feeling lonely, indicating a significant prevalence of loneliness among older persons in Bangladesh (Riski et al. 2022). The absence of social support from family members and the loss of a spouse or friends can also make an older person feel lonely (Abdol et al. 2014). These results emphasize the significance of addressing social aspects and assisting the elderly in order to lessen feelings of isolation in Bangladesh (Rabia et al.2012).

The quality and accessibility of healthcare services for the elderly in Bangladesh are significantly impacted by the changing family structure, which has a negative influence on their health and wellbeing. For older women with multimorbidity, gender concerns and inequities pose significant obstacles to accessing healthcare, especially in rural areas (Mohammad et al.2017). The difficulties that the elderly have in getting healthcare are exacerbated by political upheaval, slow economic growth, and inadequate savings, which has a severe effect on their household's level of living (Mohammad et al.2019). The accessibility of healthcare for the elderly is further hampered by the lack of healthcare facilities in rural and semi-urban areas, emphasizing the demand for specialized physicians and diagnostic facilities (Jaafar et al.2018). Low social networks, economic hardship, and neighborhood cohesion are linked to poor self-rated health status, according to the association between social capital and health outcomes of the ageing population in Bangladesh (Md et al.2020). In order to address these challenges, it is important to pay attention to gender inequality, the alleviation of economic hardship, the development of rural healthcare services, the encouragement of social networks, and neighborhood cohesion

Changing family structure greatly influences the status, roles and functions of aged population in family and community in Bangladesh. This paper focuses on five major sections. The first section states the explicit objectives of the study. Secondly, the introduction portion converges the reviews of relevant literatures. The third section is the methodology that encompasses the methods and data sources used for further analysis and evidence to support the main themes of this paper. The next section, findings, consist of several subsections. Where the variety of household structures, elderly authority and decision-making, economic roles, financial security, support from family

noteworthy. Finally, the fifth section outlines the discussion with recommendations for the wellbeing of elderly people living within family in Bangladesh.

## **2. Objectives of the Study**

This study aims to thoroughly investigate the complex web of issues and implications surrounding elderly people in light of the changing environment of family structures. Our main goal is to investigate the dramatic effects of shifting family dynamics on the domestic support networks available to the elderly. By closely examining these changes, we hope to identify the underlying factors and wide-ranging effects of the declining emotional and practical support that ageing family members feel. This study will also carefully examine the financial obstacles that older people must overcome in order to maintain separate residences. We want to raise awareness of how these financial difficulties can have a significant impact on people's general wellbeing and quality of life. In addition, we will concentrate on how the power structures and the authority of the decision-making processes within families with senior members are changing. This goal will enable us to comprehend how these changes affect the autonomy and agency of the elderly in topics pertaining to their families. Exploring the ubiquitous problem of elderly people's financial instability as a result of shifting family configurations is a crucial component of our research. Understanding the complex facets of financial instability and its subsequent effects on the general level of life satisfaction among the senior population depends on achieving this goal. Additionally, we will explore the complex social dimensions of the loneliness and alienation that older people encounter in the face of altering familial circumstances. This goal strives to provide readers a clear image of how emotionally well older family members are. Finally, we will evaluate the availability and caliber of healthcare services for the senior population in the context of the dynamic nature of family arrangements. By doing this, we want to offer useful insights into the healthcare issues this demographic faces. Our research aims to provide a thorough understanding of the complexity surrounding elderly people within changing family structures through these interconnected objectives, with the goal of improving policy and practice to better serve this vulnerable population.

## **3. Methodology**

The present study employed a methodology that aimed to provide a comprehensive understanding of the experiences of caregiving and care receiving processes among elderly individuals in both rural and urban areas of Bangladesh. In order to achieve this objective, a combination of quantitative and qualitative methods was utilized, including interviews, intensive observation, questionnaires, and case study techniques. This multifaceted approach was chosen to delve deeper into the subject matter beyond what a survey alone could provide. The study focused on two distinct areas, namely, a rural setting in Sakowa Union under Panchagarh district and an urban setting in Thakurgaon Poursobha under Thakurgaon district. These locations were selected based on the researcher's familiarity with them, allowing for a comparative analysis of the elderly population's backgrounds. In each area, a sample of forty respondents was carefully chosen for in-

depth investigation. The data collection process encompassed various methods, including interviews, questionnaires, and case studies. A case-study approach was adopted, with close observation of respondents from both rural and urban areas. To ensure accurate information sharing, respondents were kept separate during data collection. It is worth noting that natural hazards occasionally presented challenges during this phase. Following the data collection, a rigorous analysis ensued. The collected information was meticulously edited, categorized, and tabulated based on its characteristics. Different statistical methods were applied to process the data, and the outcomes were visually presented using bar diagrams. In this study, several key terms were operationally defined to maintain clarity. Elderly persons were defined as individuals aged 60 years and above. The household was operationally defined as a group of persons who shared the same cooking pot, and a regular household member was defined as someone who had slept in the household the previous night. The research concentrated on specific regions within Bangladesh, with a focus on understanding the caregiving and care receiving experiences among the elderly population. These regions included the rural Sakowa Union in Panchagarh district and the urban Thakurgaon Poursobha in Thakurgaon district. By combining these elements in our methodology, we aimed to provide a robust framework for investigating and gaining insights into the complex dynamics of caregiving and care receiving among elderly individuals in both rural and urban settings within Bangladesh.

#### 4. Findings

**A Variety of Household Structures:** Within Bangladesh, there exists a diverse array of household structures in which the elderly resides. These structures include nuclear families, joint families, and extended families. Nuclear families consist solely of the husband and wife or parents with unmarried children. Joint families, however, entail related males from multiple generations living together, sharing resources, and making communal decisions. Extended families feature paternally related members living separately while maintaining economic independence. Nonetheless, the majority of households in Bangladesh still live in a joint and extended family system with strong kinship ties.

**Table: 01: Percentage of Households According to Type of Household, Household Structure and Household Head by Age, Sex and Residence.**

Household Type	Rural		Urban	
	Male	Female	Male	Female
<b>All ages</b>				
<b>One person</b>	6.4	21.7	3.4	12.9
<b>Nuclear</b>	69.2	38.5	66.1	22.6
<b>Extended</b>	24.4	38.5	29.5	62.9
<b>Less than age 60</b>				

<b>One person</b>	5.9	12.8	1.4	12.5
<b>Nuclear</b>	76.0	55.3	75.7	41.7
<b>Extended</b>	18.1	31.9	19.6	45.8
<b>Age 60+</b>				
<b>One person</b>	8.8	33.3	6.3	13.2
<b>Nuclear</b>	35.3	16.7	37.5	10.5
<b>Extended</b>	55.9	47.2	56.2	73.7
<b>Household Structure</b>				
<b>All ages</b>				
<b>One generation</b>	6.3	20.5	3.9	14.5
<b>Two generation</b>	69.7	41.0	70.9	30.7
<b>Three generation</b>	69.7	41.0	70.9	30.7
<b>Less than age 60</b>				
<b>One generation</b>	6.0	12.8	3.0	12.5
<b>Two generation</b>	76.6	57.4	80.1	50.0
<b>Three generation</b>	17.4	29.7	17.0	35.5
<b>Age 60+</b>				
<b>One generation</b>	7.8	30.6	6.3	15.8
<b>Two generation</b>	35.3	19.4	46.4	18.4
<b>Three generation</b>	56.9	50.0	47.3	65.8
<b>Household Head</b>				
<b>Self</b>	81.3	47.3	87.2	52.2
<b>Spouse</b>	2.8	8.9	4.3	4.5
<b>Son/Son-in-law</b>	15.0	39.3	7.6	38.6

Source: Samad and Abedin, 1998; Tables 2.2, 2.2a, 28.5

**Trend Towards Nuclear Families:** Due to modernization, there has been a shift towards nuclear families. This has resulted in elderly individuals having fewer family members residing with them. Nevertheless, despite this trend, many households in Bangladesh still maintain joint and extended family structures, emphasizing strong kinship ties.

**Predicted Reversion to Joint Households:** It is anticipated that as fertility rates decline, household structures will likely revert to joint households. Joint households facilitate shared decision-making and resource pooling among family members, with the elderly retaining important roles within these structures.

**Elderly Authority and Decision-Making:** Household decision-making often depends on the authority and status of the elderly. Traditionally, men have held greater decision-making power in Bangladeshi households. In extended families, decision-making is more communal, involving multiple family members. The ESCAP 1998 survey reveals that high proportions of young-olds compared with old-old have a say in a range of household decision making (about 70%), with more males than females being involved (Samad and Abedin, 1998).

**Table: 02: Percent Distribution of Elderly who have a say in Selected Household Decision Making by Age and Sex**

HH Decision Making	Age group		Sex	
	60-69	70+	Male	Female
a. Daily expenditures	72.9	27.1	66.7	33.3
b. Type daily food to buy	74.2	25.8	65.2	34.8
c. Education of young members	72.7	27.3	66.8	33.2
d. Marriage of young members	70.9	29.1	62.9	37.1
e. Investments	71.0	29.0	64.7	35.3
f. Buying major hh items	70.8	29.2	67.1	32.9
g. Where to go for treatment when member falling ill	71.6	28.4	65.2	34.8

Source: Samad and Abedin. 1998; Table 38.2

**Economic Roles:** Typically, older men serve as the primary breadwinners and are responsible for income generation. Women, on the other hand, play a crucial role in maintaining households and performing non-income-generating tasks such as cooking, cleaning, and caregiving.

**Financial Security:** Elderly individuals rely on their families for financial security as maintaining a separate household can be financially challenging. Single-person households, which are often comprised of older women, face economic difficulties.

**Support from Family:** Elderly individuals receive support from their spouses and children. Daughters often take on caregiving responsibilities for older women. Sons are crucial for providing financial support and hold decision-making authority within the family.

**Living Arrangements:** Most elderly individuals in Bangladesh live in households with their spouses and children. These households often follow a three-generational extended structure, where multiple generations co-reside. Even those elderly individuals not living with their children maintain frequent contact with them. These elaborations provide a more in-depth understanding of how family structures in Bangladesh influence the roles, authority, and support systems for elderly individuals. This sheds light on the complexities of family dynamics and their impact on the elderly population.

## 5. Discussion:

In our research, we have unearthed a multifaceted landscape of household structures and their impact on the elderly population in Bangladesh. Our exploration has revealed several key insights that warrant comprehensive consideration. Primarily, we have observed a diverse range of household structures within the country, encompassing nuclear families, joint families, and extended families. This diversity reflects the intricate tapestry of social norms and familial ties in Bangladesh. However, the dominant trend of modernization has ushered in a shift towards nuclear families, resulting in elderly individuals having fewer family members residing with them. This transformation can be attributed to urbanization, changing lifestyles, and evolving societal values. Nonetheless, the persistence of joint and extended family structures, with their strong kinship ties, remains a prevalent feature of Bangladeshi households. This endurance suggests that traditional

values and the importance of familial bonds continue to influence the choices people make regarding their living arrangements.

Our research also points to a potential reversion to joint households in the future, as fertility rates decline. Joint households facilitate shared decision-making and resource pooling among family members, with the elderly retaining crucial roles within these structures. This anticipated shift underscores the dynamic nature of household structures and their adaptability to demographic changes. Crucially, household decision-making appears to hinge on the authority and status of the elderly. Traditionally, men have held greater decision-making power in Bangladeshi households. However, our findings reveal a noteworthy involvement of both young-olds and old-olds in household decision-making, with more males than females participating. This evolving landscape of decision-making dynamics warrants further exploration.

Economic roles within households also emerged as a significant aspect of our research. Older men predominantly serve as primary breadwinners, while women are central to maintaining households and performing non-income-generating tasks. This division of labor may influence financial security and independence among the elderly, particularly older women. In terms of financial security, elderly individuals primarily rely on their families, as maintaining separate households can be financially challenging. Single-person households, often composed of older women, face economic difficulties. This highlights the importance of family support networks in providing economic stability to the elderly.

Family support extends beyond financial aspects, encompassing caregiving responsibilities and decision-making authority. Daughters often shoulder caregiving duties for older women, while sons play a pivotal role in providing financial support and holding decision-making power within the family. The prevalence of three-generational extended households in Bangladesh is a testament to the enduring significance of kinship ties. Even when elderly individuals do not co-reside with their children, they maintain frequent contact, emphasizing the value placed on intergenerational relationships. The elderly population in Bangladesh faces unique challenges, which are shaped by the complex interplay of cultural, social, and economic factors.

Our research has highlighted the importance of considering the multifaceted nature of household structures when designing policies aimed at improving the well-being of the elderly. The persistence of joint and extended family structures, alongside the emergence of nuclear families, suggests a need for nuanced policy interventions that take into account the evolving dynamics of household structures. As the population ages, there is a growing need for social protection programs that provide financial security and support for caregiving responsibilities. Additionally, policies that promote intergenerational relationships and reduce social isolation among the elderly are essential.

The findings of our research also underscore the need for further exploration of the evolving decision-making dynamics within households. The involvement of both young-olds and old-olds in household decision-making, as well as the notable gender disparities in participation, require in-depth analysis. Policies that promote gender equality and empower the elderly in decision-making processes could have significant positive impacts on the well-being of the elderly population.



Therefore, our research has uncovered a complex picture of household structures and their impact on the elderly population in Bangladesh. The enduring significance of kinship ties, alongside the emergence of new household structures, highlights the dynamic nature of societal changes. Policies aimed at improving the well-being of the elderly must take into account the multifaceted nature of household structures, including economic roles, decision-making dynamics, and intergenerational relationships. By doing so, we can ensure that the elderly population in Bangladesh receives the support and care they need to live fulfill lives.

## 6. Conclusion

This study sheds light on the complex relationship between changing family patterns and the welfare of senior citizens in Bangladesh. It demonstrates the presence of various home configurations, the prospective trend towards joint households, changing decision-making processes, and the economic roles of older people. It is significant because it emphasizes how important family support is in the lives of the elderly. Nuanced policies that offer financial security, advance gender equality, involve the elderly in decision-making, and promote intergenerational connections are essential for addressing the particular problems these dynamics present. In the end, this study emphasizes the necessity of thorough, flexible methods to enhance elderly people's quality of life in Bangladesh as a result of shifting family patterns.

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