

Exploring the Experiences and Perceptions of Elderly Residents in Old Age Homes: A Comprehensive Analysis

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Abstract

This research examines the experiences of elderly residents in old age homes with a focus on their demographic profile, shifting reasons for living in such facilities, and the challenges they face. The study aims to ensure social security, employment opportunities, and healthcare for the elderly, given the growing population of older adults in the country. Employing a methodological triangulation approach, the study combines qualitative and quantitative methods, including social surveys, focus group discussions, and case studies. The research identifies various reasons behind the elderly's decision to shift to old age homes, such as lack of children's support, children living abroad, spousal loss, and neglect by their children. Many residents choose old age homes due to negative family environments. The study also reveals that residents prioritize security and dignity in old age homes compared to living with family. Elderly individuals in the study suffer from various health issues and disabilities. While some are satisfied with the services provided, others face challenges related to food, shelter, healthcare, and psychological support. The research emphasizes the need for improved living arrangements and healthcare facilities for the aging population in Bangladesh. However, the study acknowledges its limitations, including its focus on a specific area in Dhaka city and its short duration. Further research is recommended to gain a comprehensive understanding of the overall scenario of old age homes in Bangladesh and the psychosocial conditions of elderly individuals living at home.

Keywords: Disengagement, Elderly, Old Age Home, Security, Safety

1.1 Introduction

Bangladesh the seventh largest (165.158 million in 2012) and one of the most densely populated countries (1015 persons per sq. km) in the world has started to experience another emerging issue of population aging in its highly vulnerable population and development context

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(BBS, August 2022). As of 2019, over 13 million people living in Bangladesh are aged over 60 which is 8% of the country's total population. The proportion of older people is expected to double to 21.9% in 2050 with 36 million people aged over 60. This means that for every five Bangladeshis, one will be a senior citizen. An aging population increases the demand for health services. Older people suffer from both degenerative and communicable diseases due to the aging of the body's immune system. The leading causes of morbidity are infections, while visual impairment, difficulty in walking, chewing, hearing, osteoporosis, arthritis, and incontinence are other common health-related problems (Help Age Global Network). India, like many other developing countries, is experiencing rapid population aging due to urbanization, modernization, and globalization. The changing economic structure and weakening of traditional societal values have led to a shift in roles and responsibilities within families. This has resulted in an increasing number of old age homes in India, where elderly people may end up due to neglect or being forced out of their homes by their children. Loneliness, negligence, and lack of proper healthcare are some of the challenges faced by the elderly population. However, there is a lack of clear policies and strategies for the development of healthcare for the elderly, and there is a need for innovation in health system development to cater to their changing needs. Addressing the health problems of the elderly requires a comprehensive approach that considers physical, psychological, and cognitive aspects (Sonam Kumari et al., 2016; Benson, Schwarz, Tofle, & Parker Oliver, 2018; McGrath, Sidhu, & Mahl, 2017; Arisha Akbar, 2021). The aging population presents both sociological and medical challenges, placing greater demands on community health services. Healthy aging is crucial for economic growth in a rapidly growing world. Loneliness and neglect in old age are recent phenomena resulting from the breakdown of joint family systems. Family support is vital for the elderly, providing a social network and improving their overall health and well-being. Studies have shown a direct link between family relationships and the mental, physical, and social health of older adults (Vanitha, 2014; Liberty Homecare & Hospice Services).

1.2 Statement of the Problem

Old age has existed throughout human society, and it is commonly defined as being sixty years of age or above. Aging is a biological process accompanied by declining energy and bodily resources. In earlier times, aging was not considered a social problem; older individuals were revered for their wisdom and authority in the family and community. However, modern institutions and changes in social living, such as increased life expectancy, commercialized agriculture, and nuclear families, have made aging a social issue. Old age homes and home nurses have emerged as alternate arrangements for elderly care. By 2030, with the increasing number of senior citizens, old age will become a crucial issue for society. Elderly individuals in Bangladesh encounter various forms of mistreatment and neglect, including instances of financial abuse, psychological maltreatment, physical harm, sexual abuse, and general neglect (Farid S., 2017). Many elderly individuals in Bangladesh grapple with health-related issues attributed to their challenging financial circumstances. These health concerns encompass issues such as weakness,

hearing loss, heart disease, vision impairment, diabetes, dementia, Alzheimer's, and other related conditions (Rahman S., 2017). According to Khan N. (2014), the research established a correlation between elderly individuals and illness, revealing that approximately four-fifths of the respondents experienced various diseases. The study indicated that males generally had better health outcomes compared to females. Additionally, elderly individuals confronted various forms of abuse, including forced labor, material exploitation, scolding, threats, and physical assault (Islam M. S., 2015). The study by Farid S. (2017) reported a relatively lower incidence of sexual abuse compared to psychological abuse and negligence, which were prevalent across all groups. Notably, instances of physical and financial abuse were more prevalent among economically disadvantaged individuals with disabilities. In both rural and urban settings in Bangladesh, various forms of neglect are observed. Affluent elders in urban areas often assert that their children exploit them financially. In rural areas, elderly family members are derogatorily referred to as "*Bura, Buri.*" Given the prevalent poverty in Bangladesh, where many people live below the poverty line, elderly individuals are dependent on family support, especially during laborious activities like construction, agriculture, rickshaw pulling, and other hazardous occupations. Unfortunately, they frequently experience abuse and mistreatment from the younger generation in these sectors (Rahman S., 2017). Md. Raziur Rahman's research in 2018 identified various forms of abuse, including abuse within households, property exploitation, financial mistreatment, abuse through media, imposition of unfavorable rules and regulations on elders, and instances of elderly individuals being subjected to begging. The concept of old age is socially constructed, influenced by social, economic, cultural, and political factors of both traditional and modern living systems. Understanding the social conception of old age requires studying various aspects of the respective contexts and the environment of old age homes.

1.3 Objective of the Study

1. To know the demographic profile of the people living at old age homes.
2. To identify the shifting reasons of elderly people in the old age home.
3. Examine the challenges faced by the elderly people in old age homes.

1.4 Rational of the Study

Societal changes are forcing older people to leave their homes and families. In Bangladesh, as in other countries, there are more and more retirement homes. The nation's elderly face loneliness and unexpected social experiences. The Government has also implemented various programs for these older people at the Bangladesh Aged Association and Institute of Geriatric Medicine, Subarta Trust, and Child & Old Age Care Foundation. This study was conducted to investigate the living patterns of elderly people living in old age homes in Dhaka city. Bangladeshi society once cared for the elderly, but now its condition is distorted by changing social, psychological, and economic perspectives. From a social, economic, and political perspective, the elderly population is currently growing rapidly and is a major problem for Bangladesh.

Traditionally, sons are responsible for providing food and housing for their parents and taking care of other older family members. Because of their economic situation, they are unable to meet their basic needs. Older people may beg to meet the needs of themselves and their families.

2. Literature review

In their article "The Situation of the Elderly in Bangladesh," Barikdar et al. (2016) found that elderly people in Bangladeshi society face various social, mental, medical, and economic problems. The situation is particularly difficult for elderly women in rural and slum areas who often do not own property due to traditional norms and the Muslim Personal Law. The breakdown of traditional family structures has led to a lack of respect and vulnerability for the elderly. Health issues such as weakness, hearing and vision loss, arthritis, and respiratory problems are prevalent among the elderly, leading to the need for medical care and support. Additionally, elderly individuals often face neglected and isolated as their children migrate to cities for work and education, leaving them alone and emotionally vulnerable. The study also revealed that older women are more adversely affected due to their longer life expectancy and social and economic marginalization.

Elderly people often opt for old age homes due to reasons such as feeling isolated and lonely, lacking sufficient financial support, and having no one to care for them in their family. Neupane et al. (2018) discovered these insights through their exploratory study. On the other hand, Boen et al. (2012) found that social support plays a critical role in alleviating psychological distress among older adults, acting as a buffer against somatic health problems. Income was identified as the main factor influencing psychological distress, but the positive impact of social support on mental and physical well-being remained consistent across the study's findings. In multivariate analyses, social support showed significant independent associations with psychological distress, particularly concerning the "number of close friends" and "concern and interest from others," while "practical help from neighbors" lost its significance. This suggests interconnectivity among social support factors. Social support also partially mediated the associations between somatic disorders, psychological distress, and physical impairments. Low socioeconomic status was linked to decreased social support and mental health issues. In another study, Bhat et al. (2021) found that improvements in the quality of life for the elderly could be achieved by managing depression, staying physically active, keeping the mind engaged, and maintaining social connections. Depression and isolation among the elderly can be mitigated through supportive measures.

In their study "Old Age Satisfaction Regarding Geriatric Home Services in Erbil City," Sangar et al. (2015) found that various factors, including migration, urbanization, cultural shifts, and lack of family support, have led to older people increasingly residing in geriatric homes in Iraqi Kurdistan. The majority of residents were male, single, and had low education levels. Despite some satisfaction with health services, there were concerns about the environment, social

activities, safety measures, and transportation services in the geriatric home. In another study titled "Effect of social support systems on the Psychological well-being of the Elderly in Old People's Home in Ibadan," Oluwagbemiga O. (2016) found that emotional support significantly influenced the psychological well-being of the elderly in assisted living facilities. Companionship was also crucial for their psychosocial well-being, as supported by other researchers' findings. Overall, these studies shed light on the evolving living arrangements and the importance of emotional and companionship support for the well-being of elderly individuals in geriatric homes.

3. Theoretical framework

The topic of disengagement theory is particularly relevant when exploring the social safety and security of elderly individuals residing in old age homes. As individuals age and experience physiological and psychological changes, some may naturally withdraw from society, a phenomenon explained by the disengagement theory. This withdrawal can have significant implications for the well-being and security of older adults in care facilities. Elderly residents who disengage from society may experience decreased social interactions and a reduced sense of belonging, leading to feelings of isolation and loneliness. This can negatively impact their mental health and overall quality of life. Moreover, as older adults become more dependent on others for their care, the lack of social engagement may hinder their ability to access necessary support and resources. In the context of intergenerational conflict theory, competition for resources and employment between different age groups may further exacerbate the social safety concerns faced by elderly individuals in old age homes. If resources are limited, there may be tension between generations, potentially affecting the quality and availability of care and services for older adults. As nurses play a vital role in caring for the elderly in old age homes, understanding and applying theories of aging, such as the disengagement theory, can help healthcare professionals devise interventions to address the social safety and security challenges faced by older residents. By recognizing the impact of disengagement on mental health and well-being, nurses can develop personalized care plans that encourage social interactions and foster a sense of community within the facility. Furthermore, integrating knowledge from various disciplines, such as sociology, psychology, and healthcare, can lead to a comprehensive understanding of the multifaceted challenges that arise with aging. This interdisciplinary approach is crucial for providing holistic care and ensuring the social safety and security of elderly individuals in old age homes. In conclusion, theories of aging, particularly the disengagement theory, offer valuable insights into the social dynamics and challenges faced by elderly individuals residing in old age homes. By acknowledging and addressing the potential impacts of disengagement on social safety and security, healthcare professionals can work towards creating supportive and inclusive environments that promote the well-being of older adults as they age.

4. Methodology

The research is descriptive. The variables in the study were described using both descriptive and inferential techniques. By using descriptive analysis, the precise situational facts and the subject's true background were given. The precise relationship between the various variables was presented by statistical analysis. For the goal of the study, information has been gathered nearby and at the old residence in Dhaka. Data has been collected by using both qualitative and quantitative methods (mixed methods). To conduct the study mixed method has been used to enrich the research. Data has been gathered through concentrated group discussions, case studies, and social surveys to achieve the study's goal. Quantitative data undergoes analysis through SPSS, while qualitative data is subjected to thematic analysis. The study area is selected purposively based on the objectives of the study. Namely "Bangladesh Association for the Aged and Institute of Geriatric Medicine, Subarta Trust, Child & Old Age Care Foundation". I have collected the primary data from that area. This social research was conducted over four months from May 2022 to August 2022. In this research, the target groups for primary sources of information are the old people who lived in old age homes in Dhaka City. The sample size is one of the most important considerations during the design stage of a research project, yet it can be challenging for researchers to choose an acceptable sample size. In this study, 25 samples were selected from old-age homes in Dhaka City. For this study data was gathered from the old age home "Bangladesh Association for the Aged and Institute of Geriatric Medicine, Subarta Trust and Child & Old Age Care Foundation". Available and trustworthy facts are crucial for a successful study preparation. Two different types of data sources are used to conduct the study. The first is primary data, or field surveys the authors conducted in 2022 in a particular area of Dhaka city. Secondary materials that are pertinent to the study are the other data sources. These sources include online journals, newspapers, theses, books, papers from seminars, numerous websites, and official documents of the selected institutes. Face-to-face conversation with every respondent from each household for the necessary observation that was selected randomly; Content analysis, Facts, and literature review, Collection of relevant data from online sources, article and journal review. Data was collected using an interview schedule, focus group discussions, social surveys, and case studies.

5. Result and Discussion

In the past, elderly people in Bangladesh and in many other countries frequently lived with family members. However, this is beginning to change in recent years. This includes deprivation in communal and commercial areas, migration, urbanization, shifting cultural norms, and increasingly divergent values between younger and older generations. Based on a former residence of the Bangladesh Association for the Aging, Institute of Geriatric Medicine, Subarta Trust, and Child and Old Age Care Foundation. Elders who attend the home center for women should be 55 years old or older, while elders who attend the home center for men should be 65 years old or older. However, depending on the situation of the elder, there may be some exclusions. All

quantitative data have been processed scientifically by using SPSS-19 software. After proper scrutiny, edition, compilation, and detailed analysis various results were obtained which are shown following tables.

5.1 Demographic Information:

Old age people who can be admitted to an old age home are normally people who belong to more than 65 years old for males and more than 55 years old for females in contrast. In the study, the researcher has found that people age between 50 and above and according to the categories 40% are in age between (50-60) years, 32% belong to the age group (61-70), 20% belong to the age group (71-80), 8% belongs to the group (80 years above). Among the elderly people, 64% are male 36% are female.

Table 01: Age, gender, marital status, and religious beliefs of the old aged people

The gender of the respondents		Religious Beliefs of the respondents	
<i>Gender</i>	<i>Percentage</i>	<i>Religion</i>	<i>Percentage</i>
<i>Male</i>	<i>64%</i>	<i>Islam</i>	<i>80%</i>
<i>Female</i>	<i>36%</i>	<i>Hinduism</i>	<i>16%</i>
<i>Total</i>	<i>100%</i>	<i>Christianity</i>	<i>4%</i>
Age of the respondents		Marital Status of the respondents	
<i>Age-group</i>	<i>Percentage</i>	<i>Types</i>	<i>Percentage</i>
<i>50-60</i>	<i>40%</i>	<i>Married</i>	<i>16%</i>
<i>61-70</i>	<i>32%</i>	<i>Unmarried</i>	<i>4%</i>
<i>71-80</i>	<i>20%</i>	<i>Widower/widowed</i>	<i>60%</i>
<i>Above 80</i>	<i>8%</i>	<i>Divorce</i>	<i>20%</i>

Source: Fieldwork (2022)

The number of elder people in these old age homes, who are male is greater than female in ratio. Bangladesh is a country in which the majority are Muslim, also Hindu, Christian, Buddhist, and other religious-minded people live here. In the study, about 80% of elders are from a Muslim background. 16% of the elderly people living in old age homes are from Hinduism and the rest 4% are from Christianity. In the case of the marital status of the respondents of the study, 16% of the elder people are married, 4% of them are unmarried, 60% are Widower/Widowed and 20% of respondents are divorced. Education is one of the important aspects that can shape the economic solvency. There is an interrelation between educational experiences and involvement in an occupation that directly works as influencing factors to economic support during the rest period of life.

5.2 Factors behind shifting at old age home

Elder is the age group of people who are dependent and not physically able to work. They need the assistance of others for economic support as well and they eagerly expect attachment with their close relatives and family members during their last period of life span. The traditional family pattern has strong family ties but because of the breaking down of joint families and establishment of single families these traditional family ties become less durable creating difficulties for the elderly to get support from their close relatives. To express the supporting group of the elder people, throughout the study, the researcher reveals that, 8% of the elders had no children, 20% had one child, 32% of the elders had two children and 40% had three or more children. So a large number of the elder generation had someone to support during economic, and socio-psychological support as well as ensure safety and security in every aspect during old age.

Table 02: Number of children, the reason for shifting, Shifter, and Relationship of the elder people with their family.

Number of Children	Percentage (%)
No Children	8%
One	20%
Two	32%
Three or more	40%
Reason of Shifting	Percentage (%)
No Children	12%
Children live abroad	28%
Children do not take care	40%
Death of Spouse	20%
Shifter	Percentage (%)
Own	44%
Son	20%
Daughter	12%
Relative/Friend	24%
Relationships with family	Percentage (%)
Very Good	4%
Good	8%
Neutral	20%
Poor	28%
Very poor	40%

The reasons for shifting to an old age home, these including having no children, having children but living abroad or not taking care of their parents, and the death of their spouse. Supporting the causes, the data present that, 12% have no Children, 28% have their children but Children Lives in Abroad, 40% have children but don't take care, and 20% of the elders have lost their spouses. The research showed that 44% of elder themselves admit to old age homes as they are highly ignored and don't take care of their children. On the contrary, 32% of elders admit an old age home with the assistance of their son or daughter, and 24% of the elders are brought here by relatives or friends. To identify the relationship pattern of the elder people who live in old age homes, the researcher found that, in most cases, their relation with family is not so good even their attachment is very poor. According to the raw data collected through the survey present that, only a very small number of elders at old age homes have good relationships and that is 8% of the respective elders where only 4% have very good relationships with their family members, On the contrary a large number of elder at old age home have very poor relationship (40%) with family members, 28% have poor relationship and the rest 20% response were neutral in case of relationship pattern with family.

An elder stated that,

I have no money right now. Three sons and a daughter were left in poverty after my older son died in a train accident. My youngest daughter is married but has one son; My three older daughters have all filed for divorce because I have failed to pay the dowry. They won't be able to pay for my medical expenses if I get sick. Due to financial constraints, I am unable to facilitate my daughters' second marriages. I'm not just starving myself; When I look at my three daughters who have split up, I'm also very unhappy. (Male, 67, SSC). Several other study participants frequently referred to the fact that, neither our sons nor we receive any financial assistance. Since they never take care of us, we live alone in the house. Their spouse has cut off contact with them, which hurts, and they are unaware of our predicament. They disregard us because they are preoccupied with their own homes and children and because we are poor. (FGD with elder)

5.3 Adaptation to a new environment (old age home)

A person lives with his family and holds all the tasks during his guidance to maintain a family. He or she does all the tasks that are necessary to support the family both economically and psychologically. But in old age, the elderly have to suffer from difficulties even being forced to live at old age homes. So it is very hard to adjust to a new environment without family support. This table shows that 20% of elders always feel helpless, and 44% of the elders sometimes feel helpless. In the aspect of sharing personal matters, 12% share their matter with spouses, 4% share with children, and 16% share with friends. On the contrary, a large number of elders share their matters with their roommates and that is about 40% of the respondents. The study also reveals that 28% of the elderly have none to share their matter and they feel very lonely at old age homes.

Table 03: Living arrangements before coming here, visit of family members, helpless in old age home & sharing personal matter

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

Source: Fieldwork (2022)

Before coming here to the old age home, these elder people had lived with their close relatives. This table showed that 12% had lived alone, 24% of elders had lived with their spouse, and 40% had lived both with their spouse and children before being admitted to this old age home about 16% of elders had lived in another old age home, and the rest 8% elder had lived with others before coming this old age home. The above table also showed the frequency of visiting the family members at the old age home with the view to meeting with the elder person who once lived with them. Here the data showed that 12% of the elder's family members and friends often come to visit them, 32% of the elder's family members and friends sometimes come to visit them, 16% of the elder's family members and friends rarely come to visit them, 40% of the elder's family members and friends did not come to visit them and it's a large number of the elder who didn't get their family and friends to meet up with.

A participant in the study stated that,

Sometimes they don't come at all; other times they come twice a year. Other times, since they live far away, we communicate via cell phones. They could have helped us, but they never extended an invitation for us to visit and stay with them. They don't have time to come or invite us since they are too busy with their jobs. (Female, 67, Primary)

5.4 Health Challenges and Opportunities of the Elderly at Old Age Homes

The above table showed that 60% of the elderly had sometimes faced health risks, 28% had always faced health risks, and 12% elderly had never faced health risks. The table also showed that 36% elderly were facing medical-related difficulties, 16% elderly were facing food-related difficulties, 28% elderly were feeling lonely and 20% elderly had a lack of treatment facilities. There are some

Table 04: health risks, types of difficulties, and health problems of the respondents

Health risk	Percentage (%)
Sometimes	60%
Always	28%
Never	12%
Difficulties type	Percentage (%)
Medical related	36%
Food	16%
Loneliness	28%
Lack of treatment	20%
Types	Percentage (%)
Diabetes	12%
High blood pressure	28%
Sleeping problem	16%
Joint Pain	24%
Asthma	12%
Any type of disability	8%

Source: Fieldwork (2022)

common diseases that the elder people in old age homes frequently face and most of them are related to age. This table showed that 12% of the elderly had diabetes, 28% of the elderly had high blood pressure, 16% elderly had sleeping problems, 24% elderly had joint pain, 12% elderly had asthma and 8% of the elderly had any other type of disability.

One of the participants stated that,

We've been suffering for a long time, and we think God has left us. If our bodies and minds were in good health, we could anticipate our death. We're not happy and don't want to live long. Loneliness and depression, in our opinion, are the most prevalent issues that older people face. (female, 75, pre-primary)

Some recommendations for the better life of the elderly people of our country are given below:

- A sense of awareness should be created among the youth so that they can be aware of their future and save money, which will later be useful in meeting their basic needs.
- Helping hands should be effectively extended at the public and private levels for the overall welfare of the elderly.
- The new generation should be educated and developed so that in the future they will not have to live like the present elders.

- To maintain harmony with the family members, awareness should be created among the elders that they should not make their will wealth in the name of their children.
- Religious feelings should be inculcated in the family members so that they can provide for the elderly with respect.

The older people who live in old age homes have some desire to the government as well as to the society. For them, *we ask the government to provide social safety nets and free health care for the elderly to make us happy and improve our financial situation. We also think that older people should be able to find work based on things like their physical and mental health, education, needs, and other things (FGD with elder people).*

6. Conclusion

The aging population of Bangladesh has become an important social concern and it is an emerging issue in Bangladesh. With the enormous changes in traditional family systems, norms, and values the elderly face difficulty in meeting their physiological, psychological, and social needs. Urbanization, migration, and persistent poverty are wreaking the traditional norms of family support for elderly people. So elderly are mostly vulnerable in terms of living arrangements, health care, honor and dignity, and participation in family decision-making, older people want a secure home, where they get a place for peaceful rest and security for food and clothes as well as entertainment and accompany so that they can live a respectful life. Eventually, they want the recognition of the experiences that they gather in their whole life and the scope to propel those among their future generation, through their demands are very simple, but it is difficult to fulfill those. It is tough in the context of Bangladesh. The old home is the main way to provide required services to older people. Our society is in a transition period in which cherished values are being eroded. The materialistic attitude of an individual made aging a social issue. The incidence of elder abuse is being observed in the Family setup as well as at old age homes of paid and free kinds. The study revealed that the elders were subjected to various forms of elder abuse during pre and post-admission at old age homes. It was observed that most of the elders at old age homes said that they were not undergoing any abuses because when family waned its responsibility to take care of them but institutionalized old age homes gave a warm welcome. They reiterated that conscience was the God. The collation values alone situation to the social issues.

Old age had never been a problem for Bangladesh where a value-based joint family system is supposed to prevail. Indian culture is automatically respectful and supportive of elders. Aging. As a natural phenomenon has all along engaged the attention of the civilized world. Provision for the aged in society has become one of the constitutive themes of our modern welfare state. The problems of the aged vary from society to society and have many dimensions in our country. However, the disintegration of the joint family system and the impact of economic change have brought into sharp focus the peculiar problems that old people now face in our country. And in the

traditional sense, the duty and obligation of the younger generation towards the older generation are being eroded. The older generation is caught between the decline in traditional values on one hand and the absence of an adequate social security system, thus, finding it difficult to adjust in the family. Ultimately, it could be concluded that the general feelings of the elderly women living in the families had a better position than those of the elderly women of the institution. Better social relations were maintained by the family dwellers because they had regular interaction, expressions of feelings, and support from the family. The existing condition of the elderly women living in the institution was that they felt lonelier, depressed, and had a lower level of satisfaction with life. In this context, the need to preserve our tradition of a joint family and the cooperation and understanding between the younger and the older generations could be more pressing. The situation calls for concerted efforts of the older generations that could be more pressing. The situation calls for concerted efforts of the government, non-governmental organizations, religious institutions, and individuals not only to understand but also to solve or at least mitigate the whole gamut of problems resulting from graying society so that the aged people can lead a dignified and meaningful life. The care for the elderly should focus more on the physical facilities provided, the moral support, and concern on the part of the caregiver. The feeling of warmth and 'home away from home' is what is expected by many – which they truly deserve.

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