

# Changing Role of Women on Elderly Care: An Analysis from Gender Theory Perspective

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## Abstract

Traditionally, women's involvement in caregiving activities is considered the primary responsibility of their lives. This expected gender role is influenced by traditional social norms and values, religious beliefs, and cultural practices which have been changing based on present socio-economic conditions. In this study, the role of older women and working women in elderly caregiving settings has been explored through applying the case study method. Older women who are providing care, embrace traditional social norms and values and perform this task with less support and physical and mental sufferings. Involvement in higher education, income earning activities, migration trends, cost of living, and change of perception in social values and norms were found as responsible factors for the changing role of women in elderly caregiving settings. Consequently, working women are trying to adopt multiple strategies in providing care to maintain their professional growth, and they expect to provide quality care through utilizing institutional support. In these circumstances, developing an efficient and affordable formal elderly care setting is vital not only for providing required elderly care but also for supporting the women in contributing to the economy of the country by self-growth.

**Keywords:** Gender Role, Elderly people, Formal Care Setting, Women Development.

## 1. Introduction

In 1950, approximately 128.2 million people were aged 65 and older which was 5.1 percent of the world's total population and today it is 807.8 million and 10 percent of the global population. By 2050, 1.6 billion persons will be aged 65 and older. Women live longer than men by an average of 5.2 years which comprises a greater share of older persons. Women aged 65 years

and above embrace 55.7 percent of the world population in 2023 which is highest in Latin America and the Caribbean (56.5 percent), Sub-Saharan Africa (56.6 percent), and Europe and Northern America (57.4 Percent) (UN, 2023).

Gender refers to the social construction of the identity of women, men, boys, and girls. Gender identity is influenced by social norms, beliefs, values, and traditions of the societies. Gender concept varies from society to society and due to the hierarchical nature of males and females, it creates gender discrimination and inequalities. Gender influences expectations and experiences of caregiving in elderly care settings. Gender inequality is one of the vital reasons along with facing discrimination for the risk to the health and well-being of women. For acquiring health-related information and services, women face greater hurdles than men. These hurdles or barriers include lower literacy rates, discriminatory attitudes of communities and healthcare providers, lack of access to decision-making power, lack of training and awareness amongst healthcare providers, restrictions on mobility, and lack of knowledge of caregivers about health systems of the specific health needs and challenges of women (WHO, Gender & Health, 2024).

Social norms have a great contribution to exploring gender roles in caregiving responsibilities. Discriminatory social norms create gender inequalities and put loads of caregiving on women. In most of the cases, socio-demographic and economic factors such as education, income, and employment status could not establish equality in caregiving tasks within the family.

According to the Time Use Survey (2021) of Bangladesh, it has been found unequal distribution of labor and invisible women's work through studying time use patterns of men and women in Bangladesh. Following gender norms and roles, women spent 5.8 hours on unpaid and domestic care work and men spent 0.8 hours. It has been found from the survey that women take the primary responsibility of domestic care work and their perception towards unpaid care work is women-centered. Due to the socio-economic context and patriarchal social system of Bangladesh, the gender gap, unequal distribution of unpaid care work and unequal distribution of time have significant impact on the healthy life of women. The quality of care which is an essential part of the family, is mainly maintained by women for children and aged people. Globally women account for three-quarters of all paid workers but more than 80 percent of unpaid care work is done by women (BBS, 2023). According to ILO 2018, due to intergenerational ties, about 45 percent of the population of Asia prefers family members especially women as a caregiver. These observations are shared but not equally by men and women. To achieve sustainable goals, care redistribution is necessary (Laura Addati, 2018).

It has been mentioned in Sustainable Development Goal of 5 that, we should achieve gender equality and empower all women and girls within 2030. The evidence shows that older women are more marginalized and disadvantaged than older men with high rates of poverty in both developed and developing countries (BBS, 2018). Gender and ageing-related targets under SDG 5 are directly related to caregiving issues and it has been said that we should recognize and value unpaid care and domestic work through establishing public services, infrastructure and social protection policy and the advancement of shared caregiving responsibility within the household and the family as appropriate nationally (UN, 2018).

The findings of a review of East Asian and European eldercare policies and changing socio-cultural contexts reveal that despite the restructuring of care, the family is continuing the primary responsibility of providing care. The family is supplying and managing most of the care with additional help from public and or private care services. Despite of divergence and different nature of caregiving, family plays a vital role in caregiving which is the base of home-based care. The outsourcing of care through private and public support does not free the family from care tasks but it supports the partial transfer of the direct labor of care from family members to other people. As care is fundamentally a personal and individual act conducted and inspired by love, affection, reciprocity, and relationship and most people want to provide care and to be cared for by their families, so it would not be possible or undesirable to eliminate or reduce familial care from the society.

Though socio-economic and cultural changes such as women's increased participation in the labor market and education, diverse household structure, gender equality, and women-friendly social policies, little changes have occurred in family and gender relations. Women and men have different gender-assigned roles in society which indicates that women provide more time and energy in care and domestic work. Besides this, gender stereotyping and discrimination put women at risk in old age, so we should put effort into changing societal and cultural issues about the gender division of labor, particularly about care. In the caregiving context, we can see the influence of social class dimension in the arrangement of substitute support for elderly people. Those people are financially solvent, they arrange or purchase better service or care from the caregiving institutions with pay to reduce their burden in caregiving. Due to socio-economic class differences, all elderly people can't get equal access to quality care. This inequality creates more burden on poorer women in the family because they cannot purchase care to supplement or substitute their family care responsibilities (UN, 2017)

Government influences, religious systems, cultural principles, and societal ethics are the influential factors that shape social norms. This socio-cultural influence on social norms defines women as the primary caregivers, fulfilling family values, moral considerations, and gender expectations. Gender determines the caregiving arrangements within the households and it also influences caregivers' motives to provide care, and coping strategies to reduce caregiver burden. Women caregivers to elderly people are influenced by ancient female responsibilities, which indicates emotional attachment to care receivers. On the other hand, male caregivers are influenced by traditional male roles which are not emotionally attached and only task-oriented. Gender stereotypes make the beliefs about the nature of women as supportive, caring, sympathetic, sensitive, cooperative, kind, and sacrificing, and on the other hand men as dominating, aggressive, lacking of caring attitude, independent, and avoiding weakness (Ioanna Zygouri, 2021)

In order to gain empowerment and gender equality for women, it is vital to recognize unpaid care work and domestic work by supporting the women which will lead towards achieving the Sustainable Development Goals. It has been found that, compared to men, women spend 2.5 times more hours in unpaid domestic work and care for others. Through the infrastructure; provision of public services; social protection policies; and the promotion of shared responsibility within the household and the family, domestic work and unpaid work of women

can be recognized and provided value which can help to achieve one of the targets of Sustainable Development Goal 5 (UN, 2024).

## 2. Method

As this study focused on qualitative aspects of the changing role of women in elderly care settings, so case study method was found appropriate and applied to the study. In this study, 30 families were considered as cases where each family had an older person aged 60 to 80 years old receiving care from the caregivers. Through using the purposive sampling technique, families were selected so that a comparative analysis could be possible by exploring the changing role of women, between housewives or homemakers and working women as caregivers in caregiving settings. Each family was considered as a case or unit of analysis of the study. Data were collected from forty respondents who were women caregivers, using a semi-structured interview schedule. Primary data was collected through interview and observation techniques and secondary data was collected from journals, books, published research reports, census records, periodicals, research monographs, and dissertations, international reports of the United Nations, World Health Organization, Help Age International, United Nations Population Fund and other national reports of Bangladesh Bureau of Statistics. Among forty respondents, twenty respondents were older women and twenty respondents were working women and students, who were directly involved in providing elderly care. Dhaka city especially the south city corporation area was selected as the study area of this research. Data were analyzed and presented using thematic analysis techniques. Respondents verbatim were explored according to objectives and utilized to create sub-themes.

## 3. Theoretical Framework

It has been estimated that during death, seven out of ten men have a spouse or someone whereas, seven out of ten women are living alone without anybody during death. Disability causes dependency and it needs informal care due to gender differences in disability the provision and caregivers are gendered. Due to age structure and socio-cultural context, women in old age do not get support from their spouses, when they need care to live a smooth life. Most of the older men die earlier than their wives, so he has the opportunity to get support, but older women die as widows so they have a dependency on children and formal institutions (Timonen, 2008).

### 3.1 Gender Theory

The major roots of gender theories lie in the concept of gender socialization and social role perspectives. According to gender socialization, gender roles are incorporated on individual characteristics and behavior which is the outcome of gender differences from childhood. Whereas, the social role perspective has a different concept that explains the gender differences in behavior due to existing and constant social realities and experiences of social life. So, connecting with early role socialization and personality factors of women, greater involvement of women in caregiving could be explained through gender socialization. On the other hand, due to fewer alternative roles to perform in daily life, women feel more attachment to caregiving than men (Tajvar, 2015). Various studies identified different types and volumes of care based on gender where gender is considered as most important part of fixing caregiving

hours for elderly people. As gender role is previously explained through role socialization so, it has been found that women perform more complex and time-consuming task at home in performing activities of daily living and instrumental activities of daily living than men. So on the other hand, men are usually more involved in financial issues, transportation, care management, shopping, etc. which tasks are not more complex. Women take more household and caregiving loads as they are playing a dominating role in family care which makes them more distressed. It is also found that most caregivers are elderly women, daughters, spouses, and daughters-in-law whereas other family members rarely share the caregiving task (Johnson, 2005). Different family caregiving studies explored that, having employment status or not women spend more time to provide care compared to men. If women and men both perform caregiving activities then tasks are considered from gender perspectives. Few gender differences have been found where it has been seen that both husbands and wives spend almost the same amount of time in caring for each other (Birren, 2007), (Phillips et al., 2010).

The extent to which the observed differences in major geriatric health indicators (such as morbidity, mortality, and disability) are due to socially constructed, and thus potentially modifiable, factors or biological differences is not clear. Except for mortality, women have poorer health than men. Older women report more disease; however, as compared to men, those illnesses are generally less serious or catastrophic. Women show a higher prevalence of functional impairment than men, but there are no gender differences in incidence. Self-reported perceptions of health are lower for women than men. Of interest to gerontologists has been the effort to understand to what extent categories of gender intersect with those of race, ethnicity, class, and sexuality. However, progress in the area is slow because research to identify the social determinants of health is both methodologically and conceptually challenging (Schulz, 2006).

Feminist scholars theorized that gender had a structural relation between groups that focused on women's experiences. The experiences of women differ from men in considering gender relations and gender roles. Older women's status in old age is usually widows, and without a spouse, they have lower income. Though having the status of widows and living alone more than men, they have more social networks and are less dependent on social integration and performing activities of daily life. Men and women experience similar events in life in different ways which include financial status, retirement, caregiving, marital status, and roles and living arrangements. Caregiving activities throughout the life course which include practical daily tasks, emotional tasks, and personal care tasks performed by women, and social constructs label these tasks as women's work. Women are responsible for doing primary caregiving tasks in all racial and ethnic communities without consideration of class, age, religion, employment status, educational status, and social-cultural context. Caregiving tasks tend to be gendered because both women take the responsibility. The nature and types of tasks vary for women and men, which indicates that the personal care task is the responsibility of women and the instrumental tasks are the responsibility of men. So, it influences the division in domestic labor, in which women perform all family and indoor tasks whereas men do more outdoor tasks. These generalizations determine all caregivers and caregiving relationships. Women reported more stress, anxiety, depression, and physical problems in caregiving tasks than men. Scholars

suggest that, due to gendered roles, men perceive caregiving as a job or a series of tasks (Birren, 2007).

#### **4. Findings of the Study**

Caregiving is such a traditional task that involves practical, emotional, and social support provided by women throughout their entire lives. In all societies, the majority of primary or personal care tasks are conducted by women, and men are engaged in only instrumental tasks. Society and families expect to rely on women for household, domestic, and caring tasks within the family setting. Caregiving tasks and relationships are determined by the values and norms of society. Spouses especially women are the first and primary caregivers expected by older people in old age. Due to greater life expectancies of women than men, older men would be the care receiver in old age, not care caregiver as spouse. The study found that in the majority of the ageing families where both older men and women are living together; women in the form of spouse, daughter, and daughter-in-law took major responsibilities of care. On the other hand, marital gender relationship influences the caregivers' experience with the shaping of care receiving spouse. It has been found from the study that if older men express gratitude towards wife, it lessens the stress of care and enhances the quality of care. The overall findings of this study have been divided into two areas. The first one is to find out the present scenario of elderly care by women which is influenced by traditional aspects of society. The second one is to find out how and why the changing role of women is affecting elderly care with future possibilities.

##### *4.1 Background of Women Caregivers*

The study revealed that women play a significant role in providing support within the family environment. The study found spouses (wives), daughters, daughters-in-law, and female maids were involved for a long time with caregiving support. The age range of the women caregivers was 28 to 70 years old and all of them were living in the same house with elderly people. All of the spouses were housewives and took all the responsibility of supervision and monitoring of the household tasks. Most of the daughters were involved either in job sectors or in study. The study found some daughters-in-law both housewives and working women. Some female maids (helping hand) which could be mentioned as non-formal caregivers worked as permanent helpers and some of them as temporary helpers. The major observation was that all of these women mentioned in the study worked as a team and complement each other and balanced caregiving tasks.

##### *4.2 Background of Elderly People Receiving Care*

In this study, it was found that the majority of elderly people need support from family members to continue their daily life activities. The study revealed that elderly people especially older men are getting care due to their frailty and disability. Elderly people of different ages need multiple support, young old aged from 60 to 70 years receive support and also perform some personal care by themselves. On the other hand, it has been found that middle-aged people aged from 70 to 80 years and the oldest aged 80 years and above need 24-hour support from family members.

#### 4.3 Context of Providing Care by Women

The reasons for providing elderly care by women in the family are determined by the social norms, values, religious beliefs, gender identity, and cultural practices in which they grow up. Worldwide the expectations and hope of society that the major caring responsibility should be conducted by girls and it is their primary task in life. Particularly in Bangladesh, our society is expecting and believing that taking care of both family and elderly people is the responsibility of women. One of the respondents in this context shared her feelings in such a way, *“From my birth, I have seen my mother taking care of our family, she is a housewife and she always stays inside the family. Now she is old and as an elder and only daughter of her, I have the responsibility to take care of her in her old age.”* Again, the culture of Bangladesh, our beliefs, norms, upbringing, and religious thoughts are also influencing the decision of who should be the caregivers.

#### 4.4 Degree of Women's Involvement in Elderly Care Based on Different Generations

For decades, it has been believed that a woman is in her mother's caste by birth, and providing service is the ultimate and natural conviction. So, from birth, a girl could know about her responsibilities towards their parents, older people, disabled, children, and those who are dependent for care and assistance. The study revealed that older women who are recognized as Generation X (born between 1965 and 1979) are engaged in elderly caregiving tasks for 20 to 25 years long along with other household activities. Social norms, religious beliefs, and the thinking of society members highly influence this generation of women. They completely believe that providing care is one of the major responsibilities in their lives. That's why they don't back down as long as they have physical strength. One of the caregivers whose age was nearly 60 expressed, *“I have been taking care of my mother-in-law for the last 20 years, now I also need to do care activities for my husband who is severely ill now, I believe that it is my duty”*.

This study found that women who are recognized as Millennials (born between 1980 and 1994) are also influenced by social norms, religious beliefs, and cultural aspects of society. But unlikely to Generation X women, these generation women are concerned about their personal growth and professional careers. So, they try to balance between providing care and their professional life. One of the respondents (daughter-in-law) uttered, *“After my marriage in this family, as an elder daughter-in-law, I had to take the responsibility of taking care of my father and mother-in-law for last ten years, but by profession, I am a university faculty. So, I try to make a balance between these two roles although it becomes hectic sometimes.”*

This study found some caregivers who are recognized as Generation Z (born between 1995 and 2009). Unlike Generation X and Millennials women, they are not highly influenced by social norms, religious beliefs, and cultural aspects of society. They believe that providing care should not be the only responsibility of women. This responsibility should be shared with the male person in the family as well. Because this generation women are more concerned about their professional careers. They believe that formal care should play a vital role in elderly care along with informal care which will provide advantages to both elderly people and themselves. One of the daughters of older parents mentioned *“As I am a graduate student, I cannot spend more*

*hours to help my parents. On the weekends, holidays, and occasions, I try to assist them but my mother herself took major responsibilities of caring for us.”*

#### *4.5 Lack of Formal Support System Creating Burden on Women*

To provide the best elderly care, caregiving should not be an individual effort, rather it needs to create a pathway of intertwining formal and informal support. Globally the number of elderly people is increasing day by day and at the same time, the insufficient interventions of formal health care support create uncertainty in the healthy life of elderly people. Traditionally family, friends, relatives, neighbors, and kin played significant roles in the community to take care of senior persons with available resources, but due to urbanization, industrialization, modernization, changing norms and beliefs, lack of intergenerational commitment towards older persons, informal support system are not fulfilling caring responsibilities for elderly people efficiently. One of the respondents mentioned the importance of a traditional support system in this way,

*“When I was young, I saw a joint family with 10 to 12 members in a household, all helping each other, young members took responsibility for children and older persons. But nowadays, it is not seen extended family, friends, and relatives do not come to help others without self-interest.”*

Another respondent who was a caregiver for her older husband explored another experience about the present condition of formal support in this way,

*“A few months ago, my husband had to face surgery. After recovery, he was not able to walk even though he needed support to get up from bed or sit down. Then we appointed a physiotherapist to increase the capacity of movement. The cost of therapy for one hour in a day was 1000/ but he did not come properly on time due to distance and traffic jams in the city. Many of the therapists refused to come at home and some agreed to come at a high price. So, the service was not appropriate or satisfactory and after seven months we did not continue the support.”*

Another respondent who was a caregiver of her mother shared her experience with formal and informal support in this way,

*“I have to go to the office in the morning and back at night. My mother needs 24-hour support in daily life activities. We tried to find a female helping hand to stay with her and found one from the village. Actually, due to raising awareness of parents and the lack of safety, it is difficult to find a female helping hand nowadays. But after one year, she did not stay and we tried to hire a female nurse for the daytime, but it was costly for a long time. Now my daughter tries to help her grandmother after returning from college, but she is unskilled.”*

All the above-mentioned experiences of different respondents indicate the poor condition of the formal elderly care support system in Bangladesh which is ultimately creating a burden on women and also the older people are not getting the best care that they deserve.



#### *4.6 Caregiving Responsibilities Affecting both Physical and Psychological Health of Women*

The study revealed that all of the older women who were caregivers for elderly people are facing multiple health problems. They mentioned that, due to the workload of care tasks, lack of family support, apathetic attitude towards health, financial sufferings, lack of formal support, 24-hour routine work, and other responsibilities of all household activities, they often feel sick and could not get up from the bed for a long time and feel mentally depressed which ultimately affect the elderly care as well. One of the respondents mentioned,

*“I have been suffering from high blood pressure and diabetes for ten years. I have to take medicine at the proper time and regularly go to a doctor for a check-up. But when my husband becomes very sick due to an upset stomach, urine problems due to cold weather, dizziness due to weakness, and regular falling tendency ...I have to take more care and be careful...in the way my pressure becomes high or low...I become sick.”*

#### *4.7 Influence on Elderly Care by Coping Strategies of Women*

The study revealed that women use various coping strategies to adjust to new caregiving roles within the family receiving support from family members and community. Women especially apply emotional-focused coping strategies because they perform caregiving tasks with emotion and affection. On the other hand, men utilize problem-focused coping strategies in performing caregiving responsibilities. Reducing the caregiving burden and strengthening caregivers' coping potential is one of the important issues in the caregiving context.

One of the respondents express her views in this way,

*“From my childhood. I used to be happy hearing some appreciation from other people. If anybody values my task, recognizes my sacrifice, and acknowledges my sufferings, it means a lot to me. So when my older mother blesses me and is happy with me, it removes all sufferings which I face daily, when I provide care to her.”*

Women implement more emotional-focused coping strategies, whereas men implement more problem-focused coping strategies. Transgressing gender lines and expanding gender possibilities can ease the caregiving burden and strengthen caregivers' coping potential. There is a need for gender-sensitive and culturally informed multimethod research that involves participants across the gender continuum. Future studies need to move beyond typical femininity and masculinity assessments while exploring informal caregivers' gendered experiences (Ioanna Zygouri, 2021)

#### *4.8 Old Age Acts as a Barrier to Women for Providing Care*

Women in old age could not provide quality support to other elderly persons, especially their older husbands. Traditional family caregiving task was a sharing activity because a joint family with three or more generations lived together under one roof and they helped each other in any crisis moment of the family. So, all of the family members shared the caregiving task among family members and in this way, they did not feel any burden or stress in fulfilling this task. But now the present socio-economic and family context, we can hardly observe any joint family, but a small family size comprising father, mother, children, mother and father-in-law, or

grandparents is seen everywhere. Besides this, older people suffer from multiple chronic diseases and both older men and women need quality care. One of the older women who was providing care to her older husband aged 76 years opined in this way,

*“Traditional extended family had lots of benefits especially caring to family members who are children and older person which I have experienced in my own life....after the marriage of my two daughters and due to belonging in a nuclear family.....we both are alone....the pressure and load of all household activities depend on me whereas I am older women of sixty-eight years ....I should not become ill or stay in bed for a long time for taking rest...then who would serve meals on time to my husband... but with this, I have to continue it because no alternative support is available.”*

The following finding focuses on why and how the changing role of women is affecting elderly care and future consequences. As discussed earlier, Millennials Women are also focused on how to develop their growth by attaining education and professional careers along with the responsibilities towards their families. Unlike them, Generation Z women are more concerned about their personal growth. Women’s roles are not limited within the family premises, rather it has been expanded in different areas for different reasons. Some of the reasons are discussed below along with the consequent impact on elderly care.

#### *4.9 More and More Participation of Women in Higher Education*

There was a socio-cultural norm in society that girls should not be involved in education. If girls and women would enter into the world of learning knowledge, it would not be possible to maintain family roles and responsibilities, which were only tasks of women like cooking, childbearing, taking care of elderly parents, sick and disabled persons, and home management. But this perception has been changing. Like other countries, Bangladesh has also realized that educated women can be assets like educated men for the growth of countries. Even the main theme of Sustainable Development Goals is leaving no one behind, which has one of the important goals is ensuring inclusive and equitable quality education and promoting lifelong opportunities for all. So different governments have taken different initiatives to increase women's participation in institutional education. This participation has been expanded up to higher education. By getting higher education, women are now providing economic benefits to the country. In this context, we could not expect that all girls and women would always stay at home and keep them engaged in providing quality care towards their elderly parents or family members. However, access and participation in higher education would create uncertainty in the availability of future women caregivers. Because this society is still lagging behind the belief that caregiving is an equal responsibility for both men and women. So, women's participation in higher education is creating a gap in informal elderly care. One of the daughters of older parents said that due to involvement in studying for higher education, she could not properly take care of her parents.

*“I have to go to university at 7:00 am...after completing all classes and lab work I return at 6:00 pm. I am the only child of my parents...have duties towards them. But I could not help them with daily activities...only on weekends, I help with cooking, cleaning, and other household tasks...I feel they need more help of me, but I cannot stop everything and stay at*

*home 24/7...I need to create my career too.”*

Although women's involvement in higher education is compelling them not to spend enough time in elderly care, we find some benefits in elderly care due to higher education. Decades ago, when women didn't have any basic education, they had no basic knowledge about elderly care. They even applied different superstitions when the elderly got sick. But nowadays women know what would be the best for their loving elderly members of their families. One of the respondents expressed that,

*“I am the eldest daughter-in-law of this family and pursuing a master's degree now...my mother-in-law has been suffering from high blood pressure, thyroid, and anger issues...but I know what I need to do when her BP gets high...I don't need to call a doctor each time...maybe I cannot provide enough time for my education, but I believe my previous generation women could not provide the care that I can provide now...of course, my education is the main reason behind it.”*

This study identified that women cannot provide sufficient time in elderly care due to more participation in higher education, but this education adds a new feather to elderly care. Women are now making decisions based on science rather than superstitions or old beliefs which is ultimately affecting elderly care in a positive manner. But at the same time, we cannot deny that women now cannot provide the required time for elderly care. So, it leads to the necessity of effective formal care. If the nation can arrange for formal care, then women can take part in both developing the country's economy and elderly care as well.

#### *4.10 Participation of Women in Labor Force*

Increasing labor force participation of women makes them self-dependent which changes their traditional gendered role in the present socio-economic context. For example, even today uneducated or less educated but skillful women are taking part in Readymade Garments which is not only developing their lives but also developing the overall economy of the country. Due to the increasing access of females in education, naturally, the attitude and expectations of family, society, and state have been changed towards women's employment. To value their educational qualification and desire to contribute to society like men which would create gender equality and increase social status, educated women prefer to work in the outside world. So in this context, we would not expect or guarantee that women would provide care or take the responsibility of caregiving of elderly people. One of the daughters who is a working woman, lives with her older parents and younger brother expressed her limitation of caring for her parents due to workload. She said that,

*“I stay busy for five working days from morning to evening...after returning home I feel tired....my mother makes and gives me food and takes care of me. My brother is always busy with his studies and is short-tempered and does not provide assistance to his parents in a single day of a week. But I try to help my mother with household tasks on weekends...I want that she should take rest for few hours.*

One of the older men expressed his care-receiving experiences while living with working unmarried daughter with a positive attitudes,

*“Actually the society and its culture, way of life has been changed...we should not compare it with previous days...when I was young all females in a family always stayed at home to provide support and care towards family members...but we have to help children to establishment for future....we have changed our mindset...as long as possible me and my wife would try to help each other but after marriage of my daughter...we do not know who would take care of us.”*

#### *4.11 Migration Trend Negatively Influencing the Elderly Care*

The migration tendency of children especially sons and even daughters for higher education, employment opportunities, and better life and livelihood, would be other factors in the future that would put elderly people at risk of crisis of care. Elderly people expect that in the future when they become old, their children will take care of them living with them in entire lives. But the scenario is changing gradually and there is a recent trend of going abroad for middle-class families, especially to access better opportunities in higher education and employment and for immigration purposes. Traditional family bonding, filial piety, and commitment to family responsibility all these are not working as a base of traditional family caregiving. Children sometimes are helpless and most of the time they do not think about their older parents. But now parents also are interested in sending their children abroad to think about their safe and secure future. One of the adult married daughters who lived with her parents expressed her concern about her older parents,

*“After marriage, I went to the UK for higher education for two years and left my child to my parents...now I have planned and arranged to settle in the UK with my husband and child...it was easy to make this decision because my brother is now married and he would take responsibility for my parents...my parents are active and fit and they do not need any support....in future if my brother plans to settle abroad I do not know what would happen to them.”*

#### *4.12 Increasing Cost of Living*

In the last decade, the cost of living has been gradually increasing in Bangladesh. It has now become very difficult to run a four-five-member family having elderly people with only one income source which is mostly coming from men. So increasing the cost of living of a family compels both the husband and wife to be involved in income-earning activities. At present time, it is very difficult to maintain a family with limited income, if the family has children and older parents suffering from multiple problems and need medical support. After the retirement of an older person, the responsibility of the family goes to the elder son according to our society's culture. So, to fulfill basic human needs like food, clothing, housing, education, treatment, and recreation of family members, each member tries to get involved in income-earning activities. So, in this context, both male and female members would not be able to stay at home to provide care to their elderly parents. Nowadays it is a hard reality, which we cannot ignore or deny, even, if we think of formal care provided by institutions, you have to pay for the services. One of the sons shared his experience about his mother's caregiving by his homemaker wife whereas, after the death of his mother, his wife started her job.

*“I am the only one son among seven sisters of my parents....so naturally my family expect that*

*I and my wife would take care of my widow mother who is seventy years old and partially paralyzed due to stroke...she could not do any single task by herself....my wife had been taking care of her for last 5 years...but it has become impossible to run all the expenses with my single job...so recently my wife has started a job...now we have hired a permanent maid for taking care of my mother, but we know, she is not enough...but we are helpless too against this increasing cost of living.”*

#### 4.13 Changing Social Attitudes and Cultural Values

Changes in social attitudes and cultural values have played significant roles in shifting gender roles and expectations in caregiving settings. People are living longer with multiple physical and mental health-related problems that require long-term care at home by caregivers. Cultural values of familism and filial piety of society have a great impact on caregiving attitudes, needs, and expectations. It differs from generation to generation and young, adult people respond to caregiving experiences differently. Women from the generation of Baby Boomers and Generation X have believed that taking care of family is their primary responsibility. Gradually this perception has been changed starting with women of the Millennials generation. Especially Generation Z women are more concerned about their personal growth rather than their responsibilities towards their families. They believe that taking care of the family should be the responsibility of both men and women. They believe that they can equally contribute to society by taking higher education and participating in employment. So, the parents are now bound to accept the changing perception of their children. This cultural change is affecting the informal elderly care setting, but developing the formal elderly care setting can fill the gap very easily. One of the middle-aged women share her observation about the changing attitude of children or the new generation in this way,

*“We saw an extended family in my childhood, where my grandparents, uncle, aunt, cousin all of us lived together and had an emotional attachment with each other....if we saw the sorrows of other we became sad and we enjoyed the happiest moment in our life...but we cannot expect that we would get same respect and care or sympathy from my children in old age....it is the money-oriented life which gives people status and values in family and society...lots of complexities, challenges, competitions, and survival risk...all of these make people machine.”*

#### 4.14 Change in Social Attitude and Role Performance

All people of the communities and societies have to go through a socialization process where they can learn expected social role functions that they have to perform and maintain throughout their entire lives. Through the gender socialization process society provides learning of social and cultural roles to each generation. Each people of a different generation comprise new ideas, coping strategies, lifestyles, behaviors, and expectations which have a great impact on the elderly caregiving role. At present, the wife, daughter, and daughter-in-law of elderly people think and act differently and they are performing caregiving tasks that are influenced by their education, employment, skill, expectations, way of performing tasks, needs and demands of present days. One of the young sons having older parents and an elder daughter expressed his views about the elderly caregiving process in this way,

*“I have been separated from my parents for seven years ... due to going abroad for higher studies.....my sister has also been staying for five years in abroad for study.....I have a plan to do business or settle abroad because, in Dhaka city, the IT sector has not developed yet...so naturally I would not be able to take care of my parents...I have told my sister to make plans for parents.....if a maid, nurse, or professional expert comes home to provide service in home...it would be better....my parents rely on my sister very much...because she is emotional and attached to parents...but I have to go.”*

All the above factors or reasons that have been revealed from this study behind the changing role of women towards elderly care are directed to the higher dependency on non-formal and formal elderly care settings. Both non-formal and formal care become one of the important strategies to continue elderly care at home. Apart from the above-mentioned reasons, changing family structure, multiple roles of adult working women, unavailability of children in the family, and death of a spouse are some other reasons for high dependency on non-formal caregivers which are usually known as maids or helping hands. As these helping hands are mostly uneducated and lack of personal bonding, the elderly people are not getting the proper care.

## **5. Implication of Findings and Recommendations**

All the above discussions indicate that the changing role of women is negatively affecting the required elderly care. Women from the Baby Boomer generation are not fit to provide care, rather they need care. However, most women from Generation X are still fit enough to provide care to the elderly unless they are facing any serious illness. They still believe taking care of their family is their primary responsibility. However, women from the Millennial generation believe that providing elderly care is as important as developing their self-growth both in their educational and professional lives. However, most of the women of Generation Z believe that providing care should be an equal responsibility of both men and women and they are more focused on their careers. This change of perception is affecting elderly care because most older adults feel more satisfied and secure within a family caregiving support environment than institutional setting which is one of the most important findings of the study. One of the important United Nations Principles for Older Persons is care which highlights the importance of family and community care. Older adults need 24/7 nursing care at home from formal and informal support networks (UN, 2023). As our formal care setting is not well enough to provide emotional support to the elderly, so older adults' emotional and social care is still largely dependent on family members, especially spouse, daughter, and daughter-in-law. Most of the older adults of Bangladesh do not want to go to institutional settings to get nursing care. They don't find that comfort or mental support from formal institutions. However, the changing role of women is forcing them to develop strong formal care settings.

This study found that daughters are involved in caring for their older parents for a short period before getting married or being involved in a formal job. Again, older women, daughters, and daughters-in-law did not get proper support from non-formal and community networks so they could not continue care tasks for a long time. At present those older women have been found as caregivers in the family, they were not involved in any formal paid job. So without getting alternatives and motivated by social norms and values, they identify themselves as caregiver

which is an expected gender role by society. When middle-aged daughters-in-law provide care to older mothers and fathers-in-law, they feel stressed. When older spouses especially older women take care of their husbands and cannot get proper care and support from family, they suffer for a long time. If women could have gotten support from male members of the family in case of emergency or crisis or frequent critical condition of care receiver, the situation could have been better for females. But still, a large portion of our society believes that providing care is women's responsibility and men should be focused on earning (HelpAge, 2021).

It cannot be denied that women contribute significantly to the economy of this country by taking education and entering employment. So, it is now impossible to confine them only to family boundaries and keep them busy to provide care. So, long-term care for elderly people in combination with informal and formal institutions has been a new global gender priority. To get smooth care, older people require both informal and formal care. This study explored the need for a formal institutional support system in elderly care. However, limited or few formal institutional support systems with few trained caregivers make this service unavailable and expensive. It is hard for middle and lower-income families to afford this service for their older parents from any professional institution because most of the institutions are private. Again, it is hard to find any non-formal caregivers like professional maids or caregivers, especially in cities.

Another important finding of this study is how women are being affected by providing elderly care in their lives which indicates the necessity of taking immediate steps to ease their lives. Although men outnumber women until the age of 50, women outnumber men at older ages due to their longer life expectancies. By 2030, 54 percent of the world's 1.4 billion older people will be female, and 60 percent of people aged 80 and over. Partly due to their longer life expectancy, women spend a greater proportion of their lives in ill health or with a disability. This means they face greater need for health and care services support. At the same time, as many as 70 percent of the health and care workforce globally are women, and women and girls of all ages – including older women – are the main providers of informal care (Helpage, 2023). But the irony is, still women are playing a major portion of the role in providing elderly care. This study found many cases where an old woman is providing care to her old husband although she also needs proper care from others. By doing so, they have been suffering from both mentally and physically. Still, a large portion of women of Bangladesh face various risks and inequalities throughout life which have a negative impact in old age, because they are not enjoying income and social security (Foiadelli, 2023). Women are more vulnerable than men because they are traditional family caregivers, living alone as widows without spouses, have less access to land and other assets, experiencing widowhood, and face barriers and discrimination in access to education, employment, and health care. All of these disadvantages are interconnected with socio-cultural norms, values, practices, and demographic characteristics including age, disability, and ethnicity (HAI, 2024). Thus, society cannot deny the need for better care for older women. We have to understand that older women require as much care as older women. An affordable and easily accessible formal care setting is highly required to be developed.

The changing role of women is affecting the changes in family sizes, increasing numbers of

younger people moving away to cities or other countries, and more women now working and staying outside of home which are the major causes of lack of availability of caregivers at home to provide care and support. Again, we cannot ignore the traditional contribution of family members as caregivers, so we have to recognize and redistribute caring tasks to reduce the stress and load of caregivers. Changing family structure, changes in the care needs of older people, and multimorbidity conditions indicate the necessity of outside support is increasing. Now it is a global discussion that we should distribute the care tasks among individuals, families, communities, and the state. The goal of quality care is to promote healthy ageing where an individual can maintain a quality of life with dignity, independence, autonomy, active participation, and self-fulfillment (HAI, 2013).

However, there is a major challenge in building care systems in developing countries like Bangladesh to meet the care needs of elderly people which includes training support to create skilled caregivers, financial aspects for infrastructural development, and cost of care that should be minimized to maximize the care support for most of the people. If we invest in the caregiving sector, it would create better opportunities for skilled manpower, relieve unpaid family caregivers, and new professional careers by generating employment opportunities (UN, 2019).

In this study, older women and working middle-aged women both are engaged in providing support to older persons in the family within the home environment. As older people need care from both informal and formal settings, we have to take care of the family caregivers who are directly engaged in care and need support and respite care at home. Because providing long-term care to the elderly affects their mental and physical health severely. So, we could recommend basic training for caregivers about the health conditions of older adults and caring skills, so that they can provide care in a more efficient way which will ultimately reduce their work burden. We need to make available institutional resources like daycare centers, nursing homes, respite care, health care centers, and recreational centers in the community so that caregivers can get support in times of emergency. We need to support working people who want to serve their families by creating awareness for flexible working hours to take care of their older members. We need to arrange financial support for caregivers so that they can provide quality care to their older family members. In this study, it has been found older persons without adult children and living far away, in that case, alternative of unpaid family caregivers should be established through government and non-government partnerships. Institutional care homes could be the alternative to family care targeting the poor and shelter-less older people and older people without resources and children. If we would like to improve the well-being of women caregivers, we have to recognize the contribution of women who are engaged in family caregiving for a long time. We have to reduce the workload or care load of women by redistributing care work among all family members and communities and rewarding care work from the state. Gender norms, roles, and relations create a negative impact on the lives of women and create a care burden on women, and do not address the specific needs of women and men. Therefore, we should move beyond gender-sensitive and gender-specific interventions to gender-transformative policies so that countries would benefit (WHO, 2022).



## 6. Conclusions

Women in the family have been playing a vital role in performing various responsibilities from ancient times, among all the responsibilities, one of the common and most important roles is caregiving towards dependent family members especially older adults with multiple complexities. The role and expectations of women in the caregiving context are changing due to socioeconomic and cultural factors that have been found in this study. Older women who provided care to their older partners suffered a lot due to their deterioration of physical and mental conditions and lack of support from other members of the family and expecting respite support. Nowadays women are involved in income-earning activities and working inside and outside the home and would like to make balance in life despite providing quality care. Gender inequality and gender discrimination have negative consequences on women in caregiving settings, which could be addressed by applying the major dimensions of gender theory including gender socialization and social role perspectives. Through developing strong formal and non-formal elderly care settings, we cannot only create healthy ageing where the older persons will get the best care from the combination of formal and informal care but also women can get an adequate chance to develop themselves in professional life which will ultimately benefit the economy of the country.

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The data that support the findings of this study are available on request.

### Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

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