

Support in old age in the changing society of Bangladesh

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ABSTRACT

The assumption that social and economic transitions in a country pose a threat to the provision of support to older people is questioned in this study. The study investigates the availability and sources of such material, practical and emotional support in urban and rural areas of Bangladesh. The support provided by older people towards household functioning is also explored. It was found from an interview survey of 701 individuals aged 60 years and older that the propensity to receive support was greater among rural older people than their urban counterparts. Gender differences were also observed, in that men were mainly providers of material support, and women of practical and emotional support. Among married older people, spouses were reported as important sources of emotional support for both elderly men and women, and some regional differences were observed. The data show mutuality in the provision of support between older people and their family members. It is evident that support to elderly people from their families is strong in Bangladesh, and that the socio-cultural dynamics of the society influence its provision.

KEY WORDS – material support, emotional support, practical support, ageing, Bangladesh, South Asia.

Introduction

As traditionally the case in many other Asian countries (Ofstedal, Knodel and Chayovan 1999; Chang 1992; Sung 1992), support in old age in Bangladesh primarily comes from the family. During the past decade, it has been postulated that current social and demographic

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transitions are leading to the erosion of this family support in Asian countries and other world regions, *e.g.* in many African countries (Apt 1993). Trends such as urbanisation and modernisation are expected to change family structures, with adverse effects on the support and care of elderly family members.

There are numerous indications of the socio-demographic changes that may affect inter-personal support in old age in Bangladesh. Life expectancy at birth improved from 44.2 years in 1970 to 58.1 years in 1997 (United Nations Development Programme (UNDP) 2000), and the elderly population is increasing rapidly and at a faster rate than in western countries. The increase in the population aged 65 years or older during 1990–2025 is projected to be much greater in Bangladesh (219%) than in Sweden (33%), the United Kingdom (45%) or Germany (66%) (Basch 1999). Declines in fertility lead to decreased family size, which may have repercussions for support in old age in a country like Bangladesh, where the support and care of elderly parents has traditionally been the responsibility of the children. The total fertility rate per woman has declined from 6.1 in 1980, through 4.3 in 1990, to 3.0 in 1999 (World Bank 2000; World Health Organisation 2000). As a further decline in the fertility rate is projected (United States Census Bureau 2001), it is important to examine whether fewer children per family will have serious consequences for the care and support of elderly parents.

Bangladesh is a predominantly Muslim country, and family law is governed by religious laws, be they Muslim, Hindu or Christian. The Muslim law practised in Bangladesh states that, ‘children in easy [materially comfortable] circumstances are bound to maintain their poor parents, even if the parents are able to earn something for themselves’ (Choudhury 1997). The law specifies that sons, even if poor but earning something, are obliged to support their mothers and fathers if they are poor and without earnings, whether or not they are infirm. Similar responsibility is mandated for grandchildren, to provide for their poor grandparents. It is also the case that any other extended family members, who are subsequently to inherit from an older individual or couple, bear a responsibility to assist them if they are poor. It is difficult to say whether the social expectation that children are to look after their old parents comes from an awareness of such intricate legal dictates or from less formalised religious and cultural values. In a country where the level of adult literacy is low (51% for men, 29% for women), and access to education is still not universal, it is likely that the latter is the predominant influence.

The lack of material support from the state and its paucity from

non-governmental organisations limits non-familial sources of support for older people. The importance of cultural factors in determining the provision of inter-personal support was shown in a study of the receipt of assistance by elderly people in Sweden and the United States (Davey *et al.* 1999). After accounting for demographic differences between the two countries, it was argued that cultural practices that pre-date present public policies influenced the level and types of inter-personal support.

In Bangladesh, unpaid care-giving work and practical support that ensure the practical running of a household, as with cooking, washing and other chores, as well the provision of care to household members, are generally undertaken by women. The traditional norms that largely restrict women's activities to the private sphere also place a responsibility on men to provide financially for themselves and their families. A time allocation survey in rural Bangladesh in 1990 showed that women spent 65% of their time on non-market production activities compared to 30% by men, who were more involved in market-oriented production (UNDP 2000). It can be questioned whether the increasing number of women joining the labour force will jeopardise practical support to older people. There was a dramatic increase in women's participation in the labour force from 1965 (5%) to 1980 (42%) (UNDP 2000), but the rate has reportedly not changed during the past two decades (World Bank 2000). It should be noted, however, that women's increasing participation in paid work has not necessarily reduced their load of unpaid work. Findings from a 1995 survey of men and women who were employed in formal urban manufacturing showed that, on average, women spent 31 hours a week in unpaid household work, such as cooking, looking after children, and collecting fuel, food and water, compared to 14 hours spent by men in unpaid activities such as house repair (UNDP 2000).

The largely rural economy of Bangladesh is experiencing steady urbanisation. The percentage of the population resident in urban areas more than doubled from 1975 to 1997 (9.3 to 19.4%). By 2015, around one third (30.8%) of the total population is expected to live in towns and cities (UNDP 2000). Migrations by young adults from rural to urban regions are said to be the major contributory factor (Islam 1999). If a child or grandchild migrates, the forms of support for elderly people that require physical proximity, such as help with household tasks, may become impossible. It has been noted that increasing numbers of older people and children are migrating to the urban regions as accompanying family members (Islam 1999).

Supportive functions that can be provided through inter-personal

relationships have been described as conveying esteem and providing emotional support, informational support, instrumental support and companionship (Wills 1985). Emotional support refers to having the opportunity to talk about one's problems. Informational support refers to the process through which others provide information, advice and guidance. Instrumental support, also known as tangible support, indicates assistance with practical tasks, while social companionship involves various types of social activities. An important dimension of support that is usually neglected in western representations of interpersonal support for older people is economic support: although there are notable exceptions (Attias-Donfut and Wolff 2000). Asian contributions to the debate generally include economic support (Knodel and Debavalya 1992; Chang 1992), probably because in low-income countries it mostly comes from family members (Chang 1992), whereas in high-income countries the main source is old-age pensions (Palme 1990).

Two frequently cited models of the provision of support are Cantor's hierarchical compensatory model and Litwak's task-specificity model (Cantor 1979; Litwak 1985; Spitze and Ward 2000). The hierarchical compensatory model suggests that family support is of primary importance in old age, and that patterns of assistance follow a hierarchical selection process determined by individual preferences (Penning 1990). Such preferences are normatively defined in terms of the primacy of relationships between the providers and the receivers of support. The task-specificity model stresses the structural characteristics of family support groups, as well as the types of support tasks involved in provision (Litwak, Messeri and Silverstein 1990). The structural characteristics include the number of members, their proximity, their resources, and the nature of their commitments. The model suggests that the structural characteristics determine the group's ability and effectiveness in providing support for specific tasks, and that different groups will provide different types of support.

The hypothesis that urbanisation and modernisation will affect support in old age in Bangladesh in similar ways to those that occurred in high-income and particularly western countries is contested in this paper. It is postulated alternatively that these processes are likely to be influenced by the cultural values of Bangladeshi society. This paper thus aims to explore the availability of material, practical and emotional support for older people and the sources of such support in the changing environments of rural and urban Bangladesh. It also examines the contributions of older people to the functioning of their households, both financially and with specific household tasks.

Sources and methods

The survey of the situation of older people (aged 60 years and older) was conducted between November 1995 and February 1996. The sample comprised 786 men and women, and the non-response rate was 10.8 per cent (17.9 per cent in the urban region and 2.5 per cent in the rural area). The number of respondents was therefore 701 older people. The survey collected information on socio-economic and demographic characteristics, family support, self-reported health problems, functional ability, including physical and cognitive ability, and the utilisation of health care facilities (Kabir *et al.* 1998). The urban and rural areas selected for the present study were comparable with the country's other urban and rural regions in terms of basic socio-demographic indicators, such as the sex ratio, household size and literacy rates.

The rural study area is Jamalpur, one of 17 districts in Dhaka division, and its economy is largely agrarian. It is situated approximately 80 kilometres north of the capital city, Dhaka, and in 1991 its population was approximately two millions, and the sex ratio was 105 men to 100 women (Bangladesh Bureau of Statistics 1995). The average household size is five people and the literacy rate is 21 per cent. Since early 1995, the Research and Evaluation Division (RED) of a non-government organisation, the Bangladesh Rural Advancement Committee (BRAC), has maintained a regular registration of vital life events for the entire population of Titpolla Union in the Jamalpur-Sadar sub-district of Jamalpur. Titpolla was chosen to take advantage of the information collected by BRAC about its population. Six villages in Titpolla Union were randomly selected, and the study population was all the residents aged 60 years and more.

The urban study area was the City of Dhaka. According to the 1991 census, its population was about seven millions, three times larger than that of Chittagong, the second largest city in the country. Dhaka is comparable with most of Bangladesh's cities in terms of household size (5.5 people) and the literacy rate (55%). Its sex ratio in 1991 was 127 men to 100 women (indeed, men were more numerous than women in the country's four major cities) (Bangladesh Bureau of Statistics 1995). Motijheel sub-district within Dhaka city was selected for its socio-economic heterogeneity, and subsequently six localities were randomly selected: all their older residents made up the urban study population.

TABLE 1. *Personal characteristics of the study sample*

| | Urban | | Rural | |
|---|-------|------|-------|------|
| | Women | Men | Women | Men |
| Age-group (%) | | | | |
| 60–64 years | 57.9 | 46.4 | 62.8 | 41.1 |
| 65–69 years | 20.0 | 22.0 | 14.0 | 25.6 |
| 70–74 years | 12.1 | 16.7 | 10.5 | 18.3 |
| > 74 years | 10.0 | 14.8 | 12.8 | 15.0 |
| Marital status (%) | | | | |
| Married | 26.4 | 89.0 | 35.5 | 94.4 |
| Divorced/separated | 1.4 | 0.0 | 1.7 | 1.1 |
| Widow/widower | 72.1 | 10.5 | 62.8 | 4.4 |
| Never married | 0.0 | 0.5 | 0.0 | 0.0 |
| Living arrangement (%) ¹ | | | | |
| Live alone | 2.1 | 9.6 | 16.3 | 0.6 |
| Live with someone | 97.9 | 90.4 | 83.7 | 99.4 |
| Children (%) ² | | | | |
| Have no children | 2.1 | 1.9 | 1.7 | 1.7 |
| Have sons | 88.6 | 93.7 | 94.2 | 96.1 |
| Have daughters | 91.4 | 94.7 | 90.1 | 92.2 |
| Mean number of children | 5.1 | 5.7 | 4.7 | 5.4 |
| Gainfully employed (%) | 20.7 | 74.5 | 12.8 | 72.2 |
| Weekly household expenditure ³ | 377 | 370 | 129 | 139 |
| Sample size | 140 | 209 | 172 | 180 |

¹ Datum missing for one man.

² Data missing for three men.

³ Median *per capita* Bangladesh Taka (US\$1 = 40 Taka at time of the study); data missing for one woman and three men.

Dimensions of support

Material, practical and emotional dimensions of support are examined in this paper. The providers could reside in the same household as the older person or live elsewhere. The respondents were asked if they received *material support* from anyone. If they said ‘yes’, they were then asked about the type of support received, *i.e.* whether it was in the form of cash, shelter, food, medical costs or clothing; and from whom it was received. They were also asked to identify the income-earners in their household. More than one person could of course have been mentioned.

Practical support was defined as help in carrying out activities of personal care, *i.e.* getting up from bed, going to the toilet, bathing, feeding, dressing, undressing, moving indoors, moving outdoors, and taking medicine, and secondly in household tasks, *i.e.* cooking, shopping, washing clothes and house cleaning. If practical support was received, the informant was asked who provided it. The older people were also asked, ‘Who usually looks after the daily running of the

household?’ When one or more individuals were identified, it was asked how each one contributed. *Emotional support* was indicated by reports of discussions with someone about specified problems, namely family problems, economic problems, health problems and personal problems. The respondents were asked to identify the confidant(s).

Analyses

The initial descriptive analysis profiled those providing support by sex and region of residence. Chi-square tests were used to assess the statistical significance of regional or sex differences, and logistic multiple regression analyses were conducted using age-groups (60–64, 65–69, 70–74 and 75 years or older), sex, region, marital status (married, unmarried), employment status (gainfully employed or not), and per capita weekly household expenditure as independent variables. Per capita weekly household expenditure was used as a measure of socio-economic status, and categorized into low, middle and high groups based on the median national per capita weekly household expenditure (as explained in Kabir *et al.* 2001). Household expenditure was based on a selection of basic food items. As food prices are generally higher in Dhaka City than in the rural areas, the median per capita weekly household expenditure was calculated separately for each region.

Types and sources of support

As Table 1 shows, there were fewer women (44.5 %) than men (55.5 %) respondents, reflecting the ratio in the national population (Bangladesh Bureau of Statistics 1994). Except for the youngest age group (60–64 years), men were more numerous in all age groups. The sample is almost equally divided between the rural and urban regions, but a higher proportion of the men lived in Dhaka City. In both regions, around 90 per cent of the men were married and a majority of the women were widowed. Nearly all men and women reported that they lived with at least one other household member, and 98 per cent reported having children. In both regions, nearly three quarters of men were gainfully employed, while among women the percentages in gainful employment were 21 and 13 in the urban and rural regions respectively. The median per capita weekly household expenditure was higher in the urban than the rural region.

A higher proportion of elderly people in the rural region than in Dhaka reported receiving all forms of material support (excepting

TABLE 2. *Odds ratios for receipt of different types of material support: older people in Bangladesh, by age group, sex, area of residence, marital status and socio-economic status*

| Personal attribute | Form of support | | | | |
|---|-----------------|---------|--------|---------------|----------|
| | Cash | Shelter | Food | Medical costs | Clothing |
| Age (baseline group: 60–64 years) | | | | | |
| 65–69 years | 1.4 | 0.8 | 1.1 | 1.5 | 1.2 |
| 70–74 years | 1.2 | 1.1 | 1.0 | 1.3 | 1.2 |
| > 74 years | 1.0 | 1.7 | 1.5 | 1.9* | 1.8 |
| Sex (baseline group: men) | | | | | |
| Women | 0.7 | 11.2*** | 3.9*** | 2.8*** | 2.9*** |
| Region (baseline group: rural) | | | | | |
| Urban | 0.4*** | 0.9 | 0.4*** | 0.6** | 0.4*** |
| Marital status (baseline group: unmarried) | | | | | |
| Married | 0.7 | 2.5** | 1.0 | 0.9 | 0.9 |
| Gainfully employed (baseline group: employed) | | | | | |
| No | 2.2*** | 3.1*** | 4.5*** | 4.2*** | 5.4*** |
| Household expenditure ¹ (baseline group: high) | | | | | |
| Middle | 1.4 | 1.2 | 1.4 | 1.7* | 1.4 |
| Low | 1.0 | 1.5 | 1.6 | 1.3 | 1.5 |

¹ Entered data were per capita in the household per week.

Significance levels: * p value < 0.05; ** p value < 0.01; *** p value < 0.001.

among men, support with shelter or accommodation). This regional difference was statistically significant, as was the difference between men and women (see Table 2). With the exception of support with cash, significantly more women than men reported receiving all forms of material support. Although being in gainful employment was inversely associated with receiving material support, another indicator of socio-economic status, per capita weekly household expenditure, was not found to influence receiving such support (except with medical costs) (Table 2).

It was only among those in the middle household expenditure category that socio-economic status was found to influence support with medical costs. It may be that potential providers of this type of support in the low expenditure group do not have the economic resources to pay for medical costs for the older members of their families. A study on old age support in South India reported that elderly parents could not rely on their sons for material support when the sons themselves lived in poverty (Dharmalingam 1994). The majority of elderly men in both regions reported receiving support for cooking, cleaning house and washing clothes, while most women reported received help with shopping. Practical support from paid

TABLE 3. Primary provider of practical support with specific household tasks in urban and rural regions of Bangladesh (percentages)

| Type and provider of support | Urban | | Rural | |
|--|-----------|-----------|-----------|-----------|
| | Women | Men | Women | Men |
| Cooking ¹ | (n = 139) | (n = 200) | (n = 169) | (n = 179) |
| Self | 33.1 | 4.0 | 52.1 | 1.7 |
| Spouse | 0.0 | 49.5 | 0.0 | 65.9 |
| Percentage of married elderly people receiving support from spouse | 0.0 | 55.6 | 0.0 | 69.8 |
| [n = 37] | [n = 37] | [n = 178] | [n = 60] | [n = 169] |
| Daughter | 17.3 | 7.0 | 4.1 | 5.0 |
| Son | 0.0 | 0.5 | 0.0 | 0.0 |
| Daughter-in-law | 30.2 | 16.5 | 36.1 | 25.1 |
| Domestic help | 17.3 | 14.0 | 3.6 | 1.1 |
| Others ³ | 2.1 | 8.5 | 4.2 | 1.2 |
| Shopping ¹ | (n = 138) | (n = 202) | (n = 168) | (n = 179) |
| Self | 12.3 | 65.8 | 4.2 | 78.8 |
| Spouse | 8.0 | 5.0 | 19.6 | 0.0 |
| Percentage of married elderly people receiving support from spouse | 29.8 | 5.6 | 51.6 | 0.0 |
| [n = 37] | [n = 37] | [n = 180] | [n = 60] | [n = 169] |
| Daughter | 5.8 | 1.0 | 0.0 | 0.0 |
| Son | 40.6 | 12.4 | 58.9 | 17.3 |
| Daughter-in-law | 0.7 | 1.0 | 0.0 | 0.0 |
| Domestic help | 13.8 | 8.4 | 3.0 | 1.7 |
| Others ³ | 18.9 | 6.5 | 9.6 | 2.3 |
| Washing clothes ² | (n = 139) | (n = 203) | (n = 169) | (n = 178) |
| Self | 39.6 | 22.7 | 55.0 | 20.8 |
| Spouse | 0.0 | 24.6 | 0.0 | 52.8 |
| Percentage of married elderly people receiving support from spouse | 0.0 | 27.6 | 0.0 | 56.0 |
| [n = 37] | [n = 37] | [n = 181] | [n = 60] | [n = 168] |
| Daughter | 15.1 | 9.9 | 9.5 | 7.9 |
| Son | 0.7 | 0.5 | 0.0 | 0.0 |
| Daughter-in-law | 9.4 | 6.4 | 26.0 | 12.9 |
| Domestic help | 32.4 | 34.0 | 4.1 | 4.5 |
| Others ³ | 2.8 | 2.0 | 5.4 | 1.1 |
| Cleaning house ⁴ | (n = 138) | (n = 203) | (n = 170) | (n = 179) |
| Self | 23.9 | 14.3 | 68.2 | 6.1 |
| Spouse | 0.0 | 20.2 | 0.0 | 60.9 |
| Percentage of married elderly people receiving support from spouse | 0.0 | 22.7 | 0.0 | 64.5 |
| [n = 37] | [n = 37] | [n = 181] | [n = 60] | [n = 169] |
| Daughter | 17.4 | 7.9 | 2.9 | 10.6 |
| Son | 0.0 | 1.0 | 0.0 | 0.6 |
| Daughter-in-law | 15.9 | 13.3 | 20.0 | 16.8 |
| Domestic help | 34.8 | 41.4 | 3.5 | 2.2 |
| Others ³ | 7.9 | 2.0 | 5.3 | 2.8 |

¹ Data missing for 14 individuals.² Data missing for 12 individuals.³ Others include grandchildren, son-in-law, other male and female relatives, and neighbours.⁴ Data missing for 11 individuals.

TABLE 4. *Providers of emotional support to elderly persons in urban and rural regions of Bangladesh (percentages)*

| Type and provider of support | Urban | | Rural | |
|--------------------------------------|--------------------|-------------------|--------------------|------------------|
| | Women (n = 137) | Men (n = 196) | Women (n = 171) | Men (n = 180) |
| Family problems | | | | |
| Spouse | 10.2 | 46.9 | 28.1 | 42.8 |
| Rate of spousal support ¹ | 37.8 | 52.9 | 80.0 | 45.3 |
| Daughter | 19.7 | 8.2 | 15.8 | 2.2 |
| Son | 32.1 | 33.7 | 50.9 | 41.7 |
| Daughter-in-law | 8.8 | 2.6 | 7.0 | 0.6 |
| Others | 12.4 | 16.3 | 13.5 | 25.1 |
| Have no problem | 6.6 | 6.6 | 0.0 | 0.0 |
| Confide in no-one | 19.0 | 7.1 | 2.3 | 3.9 |
| Economic problems | | | | |
| Spouse | 9.5 | 32.7 | 27.5 | 37.8 |
| Rate of spousal support ¹ | 35.1 | 36.8 | 78.3 | 40.0 |
| Daughter | 17.5 | 9.2 | 15.2 | 2.2 |
| Son | 40.9 | 40.8 | 53.2 | 54.4 |
| Daughter-in-law | 6.6 | 2.0 | 4.7 | 1.7 |
| Others | 13.1 | 22.4 | 12.3 | 19.5 |
| Have no problem | 8.0 | 6.6 | 0.6 | 0.0 |
| Confide in no-one | 13.1 | 7.7 | 2.3 | 1.7 |
| Health problems | | | | |
| Spouse | 10.9 | 43.9 | 31.0 | 66.1 |
| Rate of spousal support ¹ | 37.8 | 49.4 | 86.7 | 70.0 |
| Daughter | 34.3 | 11.7 | 21.6 | 3.3 |
| Son | 35.0 | 33.2 | 53.8 | 39.4 |
| Daughter-in-law | 17.5 | 4.1 | 15.8 | 0.0 |
| Others | 8.0 | 17.3 | 12.3 | 8.4 |
| Have no problem | 2.2 | 1.5 | 0.6 | 0.0 |
| Confide in no-one | 8.0 | 9.7 | 1.2 | 0.0 |
| Personal problems | | | | |
| Spouse | 5.8 | 51.0 | 27.5 | 87.8 |
| Rate of spousal support ¹ | 21.6 | 57.5 | 76.7 | 92.9 |
| Daughter | 27.0 | 4.6 | 24.6 | 0.6 |
| Son | 1.5 | 13.8 | 15.2 | 6.1 |
| Daughter-in-law | 12.4 | 1.5 | 31.0 | 0.6 |
| Others | 13.9 | 11.2 | 13.6 | 3.4 |
| Have no problem | 19.0 | 8.7 | 0.0 | 0.0 |
| Confide in no-one | 22.6 | 12.2 | 1.8 | 4.4 |
| Confidant | | | | |
| Spouse | 5.1 | 34.4 | 25.7 | 76.7 |
| Rate of spousal support ¹ | 18.9 | 38.7 | 71.7 | 81.2 |
| Daughter | 35.0 | 10.3 | 33.9 | 1.7 |
| Son | 5.8 | 10.8 | 14.0 | 11.1 |
| Daughter-in-law | 10.9 | 2.6 | 12.3 | 1.7 |
| Others | 26.9 | 42.4 ² | 12.8 | 17.3 |
| None | 27.0 | 14.4 | 17.0 | 6.7 |

Note: Data missing for 17 individuals.

¹ Percentage of married elderly people receiving support from spouse. The sample sizes for each of the types of support were 37 (urban women), 174 (urban men), 60 (rural women) and 170 (rural men).

² 29.7 per cent reported confiding in neighbours.

domestic help was reported most often in the urban region, particularly for washing clothes and house cleaning.

Receiving some sort of emotional support was reported by the majority of the older men and women in both regions. A regional difference was found, however, particularly for elderly women, in whether problems concerning the family, finances, and health were discussed with anyone. Men tended not to discuss personal issues with anyone. A higher proportion of the urban than the rural respondents reported not discussing such problems.

Providers of support to older people

Support came from relatives of various degrees, and there were clear associations between the type of support and who provided it. In general, material support was provided by male relatives, such as husbands and sons, whereas both practical and emotional support were provided by female relatives, such as wives, daughters and daughters-in-law (Tables 3 and 4). Beyond this broad generalisation, the patterns of who provides what types of support and to whom were complex. For example, in the case of emotional support with personal problems, the older women turned to their daughters and daughters-in-law, whereas the older men turned to their wives. For emotional support requiring some form of decision-making, *i.e.* family or economic problems, women turned to their sons. In addition to support from sons, particularly for economic problems, men received support from their wives (particularly for family problems). Evidence from Britain also shows that men turn to their spouse for emotional support to a greater extent than women, partly because more men are married and more women are widowed (Bernard *et al.* 2000; Wenger and Jerome 1999).

When the data were disaggregated by marital status, however, a greater proportion of both married men and women reported receiving emotional support from their spouses than from any other relative (with the exceptions among men for discussing economic problems, and among urban women as confidants). Older men received practical support (except for shopping) from their wives, whereas older women more often reported that they did tasks for themselves or received help from relatives other than their spouse (see Table 3). This finding is similar to that observed in an Indian study (Kumar 1997).

Approximately 70 per cent of the older women in our survey were widowed (Kabir *et al.* 1998), which plausibly explains why they turn to their children for all forms of support. This finding is consistent with Cantor's hierarchical-compensatory model of support which predicts, for example, that formerly married persons would turn for support to

their adult children, if available, whereas married people tend to rely on their spouses (Barrett and Lynch 1999). On the other hand, a majority of men were married (approximately 90%), and so could turn to a spouse for support. Similar hierarchies of support providers were found for several types of support, as with material and emotional support. It is notable, however, that married women do not receive support from their husbands with household tasks such as cooking, washing clothes and cleaning house. Social and cultural norms obviously structure the support hierarchies that were observed.

The differentiation of the providers of emotional and practical support also exhibits some features of the task-specificity model (Spitze and Ward 2000). For example, while older people generally relied on sons for financial support, for emotional support related to personal problems, they more often turned to their daughters or daughters-in-law – especially so among women. In a Norwegian study, sons and sons-in-law were the principal sources of help to their elderly parents for household maintenance, but daughters for shopping and laundry (Lingsom 1989). Practical support in contemporary Bangladesh can be related to gender socialisation, and emotional and material support may be seen as linked to social expectations.

Urban-rural differences

The finding that male relatives, particularly sons and husbands, provide material support, while female members, particularly wives, daughters and daughters-in-law, provide instrumental and emotional support is not surprising. Similar results have been found in France, a high-income nation (Attias-Donfut and Wolff 2000). The percentage of daughters who provided support, particularly material support, was exceptionally high in the urban region. This corroborates the finding of a recent study on older people's situation in Bangladesh, that daughters are taking increasing responsibility for supporting older people, particularly in Dhaka (HelpAge International 2000). This may indicate a shift from the traditional practice, by which sons provided financial support to their elderly parents.

An urban-rural difference was also observed in spousal emotional support. Married older women in the rural area reported receiving emotional support from their husbands at least twice as frequently as their urban counterparts. Even greater differentials were found for support with personal problems and having a confidant. Similar urban-rural differentials in these two forms of emotional support of a personal nature were also observed for older married men. A check was

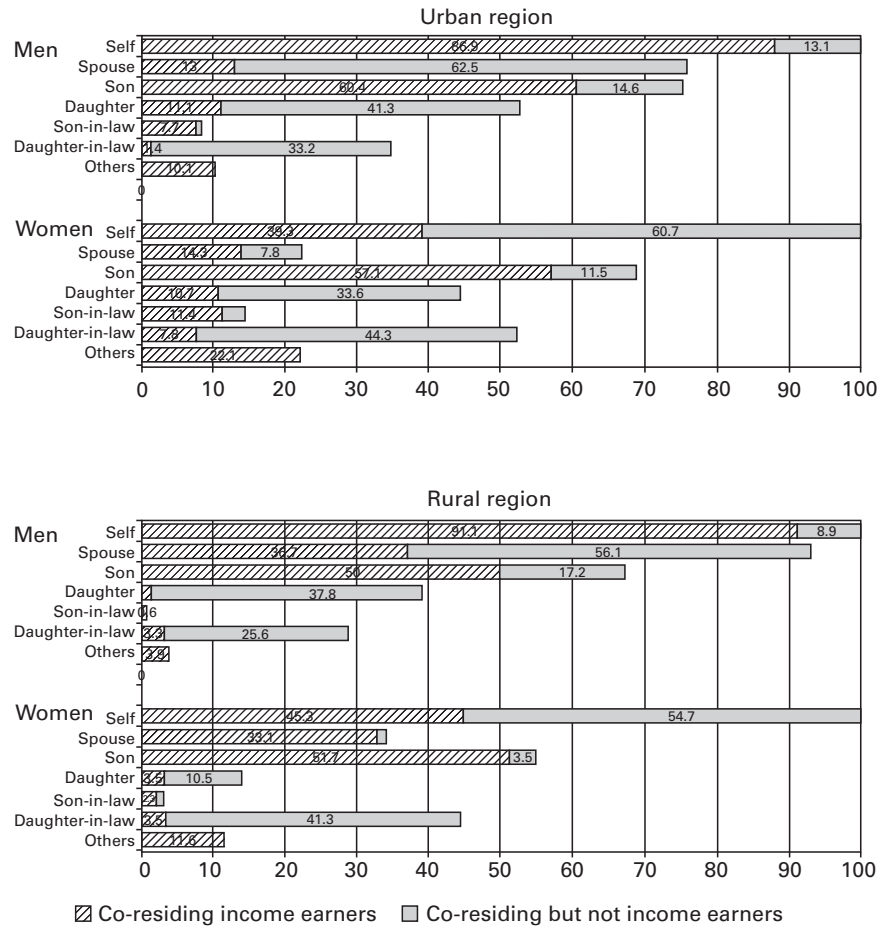


Figure 1. Percentage of co-resident household members who were and were not earners. Notes: Data missing for two urban men. Based on reports by older men and women household members. 'Others' include grandchildren. Information on co-residents is not available for 'others'.

made to see if urban spouses more often lived apart, but this was not the case. Additional analyses (not presented here) indicate however that among co-resident married couples, there was a higher propensity in the urban than the rural area to co-reside with their children. Whether the greater frequency of crowded households in urban areas, through the lack of privacy, gives rise to the more diffused pattern of intimate emotional support, or whether the more individualistic lifestyle of the city is responsible, requires further exploration (Kabir *et al.* 1998).

TABLE 5. *Self-reported contribution to household work by older people in urban and rural Bangladesh (percentages)*

| Type of work | Urban | | Rural | |
|---------------------------------------|-------|-------------------|-------|------|
| | Women | Men | Women | Men |
| Cooking | 50.7 | 4.4 | 62.9 | 2.2 |
| Cleaning house | 30.7 | 14.1 | 71.2 | 10.6 |
| Making bed | 30.7 | 15.6 | 78.2 | 11.7 |
| Washing clothes | 47.9 | 23.4 | 62.4 | 45.6 |
| Drying clothes | 40.7 | 19.5 | 67.1 | 46.1 |
| Look after others | 12.9 | 14.1 | 34.1 | 26.1 |
| Look after house in absence of others | 55.7 | 30.2 | 84.7 | 73.9 |
| Overall supervision of household | 64.3 | 65.4 | 88.2 | 58.9 |
| Look after domestic animals | 2.9 | 1.0 | 0.0 | 0.6 |
| Tend vegetable garden | 0.7 | 3.9 | 38.2 | 45.6 |
| Shopping | 12.9 | 67.8 | 4.1 | 81.7 |
| Other ¹ | 17.1 | 36.1 ² | 10.0 | 7.2 |
| At least one of the above activities | 86.4 | 85.2 | 93.0 | 94.4 |
| Sample size | 140 | 205 | 170 | 180 |

Note: Data missing for six individuals.

¹ The other activities include taking family members to pharmacy/physician, helping children/grandchildren with studies, taking grandchildren to school, looking after agricultural land/paddy field, going to bank, paying the bills, doing odd jobs around the house, and paddy processing.

² Paying bills was reported by 31.7% of urban men.

Our data indicate that the lack of spousal support in the urban region was not compensated by support from children or others. It is notable that around one in five urban older women reported that they did not confide in anyone about family or personal problems. Furthermore, more than a quarter of the older women living in Dhaka did not have a confidant.

Elderly people as providers of support

Approximately 90 per cent of older men and around 40 per cent of older women reported themselves as an earner (Figure 1). In terms of providing practical support in the household, a high proportion of older people in both urban (> 80%) and rural (> 90%) regions reported being active in at least one household task. When asked to identify the main actors involved in the daily supervision of the household, more than 70 per cent of the older men and women in both regions identified themselves (Table 5).

In summary, the survey findings indicate that the providers of emotional, practical or material support to older people were primarily spouses, daughters, sons and daughters-in-law. The person turned to

for support depended however on its type and nature as well as the sex of the recipient. Men, particularly sons and husbands, mainly provided material support, while women, particularly wives, daughters and daughters-in-law, provided most support with practical tasks and emotionally. Other relatives, such as grandchildren and siblings, also provided support but much less frequently. Spouses were an important source of emotional support for both male and female older married people. Data showed provision of support to be mutual between elderly persons and their family members.

Discussion

Support from family

The lack of historical data on family support in old age makes it impossible either to establish or refute speculations about the erosion of family support for older people in Bangladesh. Amin (1996) reported that the reliance of older people on sons for support had not changed from the 1970s to the 1990s. Data from this study indicate that support from family members in old age is strong in Bangladesh. The availability of family members is of course an influential factor in the receipt of support. Approximately two per cent of the older men and women reported not having a child, while a greater percentage of women than men had no spouse.

The role of neighbours is reported to be particularly important in providing emotional support, especially in the urban region. Previously published findings from this survey showed that approximately 60 per cent of older people in both urban and rural regions had regular contact with their neighbours (Kabir *et al.* 1998). Studies carried out in the United Kingdom have reported that 11 to 20 per cent of the providers of practical support to older people are neighbours and friends (Nocon and Pearson 2000). Non-relatives were rarely mentioned by the Bangladesh respondents as providing practical or material support, but they were reported to be a significant source of emotional support, especially in the urban region.

Material support as a function of need and social norms

A close examination of those who reported not receiving any material support yielded interesting results. The higher percentage of older men than women who do not receive material support may indicate two things. On one hand, it is possible that men need less support than

women. Many more men were gainfully employed than women. Of those who did not receive material support, a greater percentage of men than women were in the higher income groups. On the other hand, the cultural expectation is that men should provide for themselves and women should be provided for. In addition, the cultural environment or social norms in Bangladesh allow men to make an independent living, but restrain women from paid employment. Hence, women depend on others for material support. The survey findings therefore show that traditional gender norms about who provides and receives support remain dominant in Bangladesh.

While the survey did not clarify the content and quality of the support that is provided for women, the evidence that it provides about women's very limited financial resources indicates their lack of empowerment. Poverty among women in Bangladesh has been linked with their high mortality rates, especially among widows (Rahman, Foster and Menken 1992). The high percentage of men who report no support with shelter may reflect the patrilineal system of inheritance among both Muslims and Hindus, particularly with reference to land and property.

Variations in individual's needs or in their perception of need may partially explain the variable patterns of support. The social processes that account for women not receiving financial support are very different from those that deny them support with shelter. While shelter is perceived as a basic need, for women to have cash-in-hand is not. By providing help with shelter, food, medical and clothes costs, whether by their children or their spouse, they believe that they have 'taken care of' a woman's material needs. Cash was the most frequently mentioned form of material support for men but not for women. If the social norms hinder women from venturing into public places such as markets, cash-in-hand may actually be less useful than help in kind. Among men, however, cash gives them the opportunity to meet wants over and above their essential needs.

Mutual support

It has been noted that accounts of inter-generational support often concentrate on that received by older and frail people and fail to represent its bi-directional character (Berkman and Glass 2000; Spitze and Logan 1992). Discussions of reciprocal support point to the life-course context of support exchange (Antonucci 1990). Concepts and models of intergenerational reciprocity are often framed in terms of a long-term calculus, in that parents provide support to their children

when young, while children in turn provide support to their parents when old (Jones 1992).

The survey findings show that the provision of support is mutual (or bi-directional) between older people and their younger relatives, and not restricted to the longitudinal model of parent-child exchange described above. The provision of mutual support between the older person and the family occurs simultaneously, although the type and quantity of support may vary among providers and over time. Empirical data from rural areas of North Wales show that the majority of the older people give as well as receive practical and emotional support (Wenger 1984). Data from this study indicate that in Bangladesh, older people both receive support from their relatives and provide practical and financial support for their household. Similar findings are reported from Indonesia, Sri Lanka, Thailand (Andrews and Hennink 1992) and Botswana (Ingstad and Bruun 1994). Data on the emotional support provided by older people to others would have enriched the present study. A British study found that older people are active confidants, particularly to their close relatives (Bernard *et al.* 2000).

Pooling resources

In both the rural and urban regions of Bangladesh, a large percentage of older people live with their offspring (70% rural; 86% urban) (Kabir *et al.* 1998). In the rural area, a further 23 per cent share the same residential compound as their children. Such living arrangements coupled with the mutual provision of support, amount to a pooling of limited family resources. Older men and women contribute by active participation in both the paid and unpaid labour force.

Inter-generational transfers as found in this study are not unique to Bangladesh. Speare and Avery (1993) cited examples of similar multi-generational pooling in North America. Some older people ameliorate poverty by living with children or others; and unmarried children of low income parents co-reside with them. The authors point out, however, that among people from Asia living in the United States, the co-residence of adult children and their older parents is not only a response to economic privation but also an expression of cultural norms. A pilot study that has examined the support networks of older people in the country of immigration and the country of origin, shows that older immigrants from Bangladesh living in Britain reproduce the support networks of their country of origin (Burholt *et al.* 2000). In Britain, there is other evidence that a large percentage of South Asian

older people (including those from Bangladesh) co-reside in inter-generational households (Finch 1994; Phillipson *et al.* 1998). Burr and Mutchler (1993) suggested that by combining resources, a higher standard of living becomes possible for all generations, and an earlier study argued that the level of dependency of older persons on their children in inter-generational co-resident households is often exaggerated (Crimmins and Ingegneri 1990). At times the determining factor for co-residence with adult children is more the needs of the children than of their parents.

Change in family structure

Changes in family structure as a result of fewer children in the family are not reflected in this study population. The family planning policies that were introduced in Bangladesh from the late 1970s have not affected the study population. The fertility rate of 3.0 in 1999 suggests however that there will be fewer support options for Bangladesh's older people in the future. It may be that the responsibility to care and support older parents (or members of an intergenerational household) will be shared among fewer children. Declines in infant and child mortality rates have however improved the survival of children to adulthood (Amin 1996). On the other hand, a study in India reported that a large number of surviving children did not necessarily ensure more support in old age (Dandekar 1996: 43).

Perceptions of practical support

It is important to understand that practical care is more than the performance of specific household activities. In Bangladesh, an important element is sharing responsibilities. When asked who was responsible for the practical daily running of the household, sons (among others) were named more frequently by older people (with the exception of rural women) than they were identified as providing practical support (as in cooking, shopping, cleaning and washing clothes). A gendered division of labour in household tasks is clearly demonstrated. It should be noted, however, that a biased picture may have been produced by the selection of household tasks included in the survey. A more comprehensive list would provide a fuller understanding of the interaction between tasks and gender roles. Older people more often reported themselves as being responsible for the daily running of the household than as those who carried out the household tasks specified in the survey. In effect, they differentiated the locus of responsibility from those who undertook mundane daily tasks, pointing

to the limitations of specific tasks as indicators of practical support. Such nuances should be recognised when seeking to understand the dynamics of the support process in specific socio-cultural contexts.

A lower proportion of the co-resident younger generation of women (daughters and daughters-in-law) than of older women were income earners. This contradicts the national picture in 1995, for 60 per cent of women aged 20–49 years were economically active, compared to 33 per cent women aged 60 years or more (United States Census Bureau 2000, Table o69). While it should be remembered that the survey findings represent the respondents' views of the roles and contributions of different household members, it is also likely that the younger women named by the older respondents as supporters could perform this role because they were not gainfully employed.

It has often been argued that social and economic development and transitions, such as urbanisation and the increased participation of women in the formal labour force, are threats to the continuing support of older people. Evidence from high-income countries has shown such predictions to be simplistic (Finch 1994; Bengtson 1993). Patterns of familial support in these societies may have changed over time but are reported to be strong. This study has provided a picture of the dimensions of support provided to and by the older people in rural and urban Bangladesh. Whether the ubiquitous support to older parents is guided by cultural and social expectations, or necessitated by the needs of either party, or even by a combination of both, has not been fully examined here. Support in old age has been described from the perspective of older people, not that of their relatives and household members. It is nonetheless evident that support to older people from their families remains strong and that the type of support provided is to a large extent determined by the genders of the provider and the recipient of support. It remains for policy makers to recognise the strength of such support and to help older people and their families make the mutual process as efficient as possible.

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Accepted 2 June 2002

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