OPEN ACCESS

Bulletin of Humanities and Social Sciences

Abbreviated Key Title: Bull. Humanit. Soc. Sci. | ISSN 3139-3640 (E) |
Greenfort International Publisher, Assam, India
Journal homepage: https://gipublisher.com/index.php/bhss

Research Article Volume-02, Issue-02; 2026 (Jul-Dec)

Pathways to Institutional Elder Care in Bangladesh: A Phenomenological Study of Causes and Lived Experiences in Kushtia District

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DOI: 10.62046/bhss.2026.v02i02.000 | **Received:** 20.06.2026 | **Revised:** 15.07.2026 | **Accepted:** 30.08.2026 | Published**:** 03.11.2026

Abstract: Bangladesh is undergoing a demographic shift marked by a rapidly growing elderly population and a weakening of traditional family-based support systems. This paper examines the crucial components that lead to institutionalization of older adults as well as their psychosocial and emotional life in a government-administered institutional care home for the elderly in Kushtia, Bangladesh. Following a qualitative phenomenological design, 20 elderly residents, aged 60 and more, living in the same institution not less than six months, were interviewed using an in-depth interview method. Thematic analysis showed that family negligence, financial issues and unavailability of necessary assistance, persistent medical problems and lack of caregivers were the key factors that led to their placement into the institutional care. The participants indicated that they felt abandoned, emotional, and uprooted in social isolation, even though they appreciated that the institution was protecting and sustaining them in their most basic needs. They talked about a profound emotional desire to belong to their families, and identity that had been lost with the transition. Although the physical needs were met within the institution, the expectations of the elderly residents in terms of emotional and relational needs were not always satisfied. These findings demonstrate the multidimensional interaction between social, economic, health and demographical issues that are linked to the institutionalization of the elderly in Bangladesh. The paper shows the importance of more robust policies on elder care, such as more robust legislation, supplementary social systems, neighborhood geriatric services, and better emotional support provided in care centers. These initiatives are crucial to guarantee respect, centenarian welfare, and a sense of permanency among the aging in the country.

Keywords: Elderly care, Institutionalization, Old age homes, Psychosocial well-being, Bangladesh.

Citation: Sobnur Hena *et al*. Pathways to Institutional Elder Care in Bangladesh: A Phenomenological Study of Causes and Lived Experiences in Kushtia District. Bull. Humanit. Soc. Sci, 2026 Jul-Dec 2(2): 91-97.

INTRODUCTION

Most South Asian countries, including Bangladesh, are experiencing a rapid demographic transition, with the elderly population projected to rise from 22 million in 2030 to 45 million by 2050 [1, 2], alongside long-term demographic models that highlight continuing shifts in population growth and age structure [3]. Traditionally, family homes were the primary source of eldercare where multigenerational families achieved social, emotional and financial relief. However, the current situation is even more extreme due to an incline in urban migration, a declining family size, and the emergence of social-economic pressure [4]. Consequently, the greater numbers of older citizens are becoming more susceptible to neglect, isolation, and changing patterns of dependency [5,7]. One issue which is central in this dynamic environment is the rise of institutional living of the old. Old age homes, which used to be culturally inappropriate, are slowly becoming more visible in Bangladesh [8]. The process of moving towards institutional housing instead of family care is the consequence of not merely a demographic shift but the reflection of more fundamental shift in values and attachment forms, as well as intergenerational relationships. It is true that some elders feel safe and stable in institutions, whereas others see them as the results of abandonment and loss of emotion. The lived experiences that happen during this transition are pivotal to the formulation of relevant policy and support mechanisms in families.

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This research was guided by phenomenology to explore how older adults residing in an institutional care home in Bangladesh experience life within such a setting. Putting their voices to the fore, the research aims to find out not only the causes of their institutionalization but also the definitions they give to this change.

The objectives of the study were:

1. To explore the personal and social conditions that lead to institutionalization; and
2. To interpret the lived meanings of the elderly residents concerning their move out of family care into the institutions.

The novelty of this study lies in its focus on Kushtia district, an area previously unexamined in this context, and in its integration of emotional and theoretical dimensions into the discourse on elderly care. The expected contribution of this research is to offer deeper insight into the emotional realities of institutionalized aging and to inform policies that support more compassionate, secure, and inclusive elder care practices in Bangladesh.

Bowlby's Attachment Theory provides the theoretical lens for this inquiry. According to the theory, people want to establish safe emotional attachments over the course of their life, and when such ties are disrupted, whether due to negligence, parental migration, or the family breaking up, the elderly can feel even more emotionally insecure [7, 9]. Such unfulfilled attachment needs can drive the older individuals to institutions where they take efforts to build new emotional attachments with care givers or companions [10]. Previous studies in South Asia have revealed that institutionalized older adults tend to feel chronically lonely, even though they obtain material support [11,12].

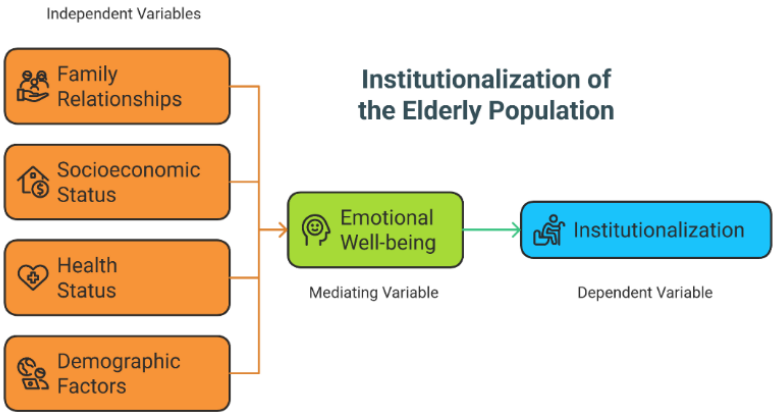


Figure 1. Guiding Framework

RESEARCH METHOD

This qualitative research employed a phenomenological research design because it enables the exploration of the meaning that older adults can find in their transitioning out of family households to live in an institution. Giving emphasis on personal narratives, the design made it possible to hear the emotional, relational, and existential aspects of their life [13,14].

This study was conducted in a government-registered old age home in Kushtia, Bangladesh, a facility specifically designated for elderly residents. The site of study was selected purposely in accordance to the study goals. The 20 participants (over 60 years of age) were recruited purposefully. The participants included those individuals who had remained in the institution for at least six months and were physically and mentally capable of participating in interviews, which is why their ability to reflect on the reality of institutional stay was ensured [15,16]. Sample size of 20 was deemed sufficient to achieve the thematic saturation in the qualitative research based on the discussions of methodology in the past literature [17].

Interviews were done in Bangla via in-depth and semi-structured interviews. The interviews prompted the participants to relate stories about their family connections, separation, and life at the institution. The duration of each session was 30-60 minutes. A recording of a conversation was taken with the permission of the participants and was later transcribed word to word and translated into English preserving their tone and intent of the voice of participants. The study received ethical approval within the Departmental Research Committee, whereas the participants signed the informed consent, after learning the objectives of the study, privacy provisions, and ability to stop participating at any time [13].

A thematic analysis was used to interpret the data, following the six-phase framework of thematic analysis [18]. Transcripts were read repeatedly to familiarise themselves with it before systematic coding. The codes were then grouped into provisional themes, which were iteratively processed, and deemed final to represent the central streams of experiences of participants. Bowlby

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Attachment Theory was used to interpret the linkage between personal experiences in terms of collective needs associated with preserving security and a sense of belonging [7, 9].

Multiple validation methods were applied in order to guarantee rigor such as member checking, peer discussion, and audit trail. Credibility and trustworthiness was also enhanced by good documentation at every phase of the analysis [19, 20].

RESULTS AND DISCUSSIONS

Sociodemographic Overview

The study engaged 20 residents of the Government Old Age Home in Kushtia, Bangladesh. All respondents were 60 years or older and had spent a minimum of six months in the institution, ensuring they could reflect meaningfully on their experiences. Table 1 presents a summary of their demographic background.

Table 1. Sociodemographic Information of Participants

Characteristic	% (n=20)	Frequency
Age		
60–69 years	60.0	12
70 years and above	40.0	8
Sex Distribution		
Men	40.0	8
Women	60.0	12
Marital Background		
Currently married	40.0	8
Widowed	60.0	12
Schooling Background		
No schooling	60.0	12
Primary level	25.0	5
Secondary and above	15.0	3
Previous Living Pattern		
With relatives/children	65.0	13
Alone or with others	35.0	7

Table 1 summarizes the background characteristics of the 20 participants. Most respondents (60%) were in the younger-old category, aged 60–69 years, while the remaining 40% were aged 70 years and above. Women accounted for a higher proportion (60%) compared to men (40%), reflecting the greater life expectancy of women in Bangladesh. With respect to marital status, the majority were widowed (60%), while 40% were still married at the time of the study.

Educational attainment was generally low: three-fifths of participants had never attended school, one-quarter had completed only primary education, and a small proportion (15%) had reached secondary or higher levels. Before entering the institution, nearly two-thirds (65%) had been living with children or other relatives, while the remaining 35% were living alone or with non-family members. These patterns suggest that both the breakdown of intergenerational caregiving and the absence of close kin were important factors leading to institutionalization.

Main Reasons for Institutionalization

Figure 2 presents the main reasons why older adults entered institutional care. The most common factor was family mistreatment, reported by 60% of participants. Chronic illness or poor health followed at 55%, highlighting the dual burden of declining physical capacity and the stress it places on family members. Economic hardship accounted for 45% of cases, showing the role of financial insecurity and lack of income in shaping late-life vulnerability. Finally, 40% reported the absence of family support, such as childlessness or abandonment, as a key driver of their institutionalization.

These findings reveal that institutional admission is rarely triggered by a single issue. Instead, it reflects the intersection of social neglect, financial strain, health deterioration, and relational breakdowns. Together, they demonstrate how structural inequalities and weakened family care systems contribute to the need for institutional support among the elderly.

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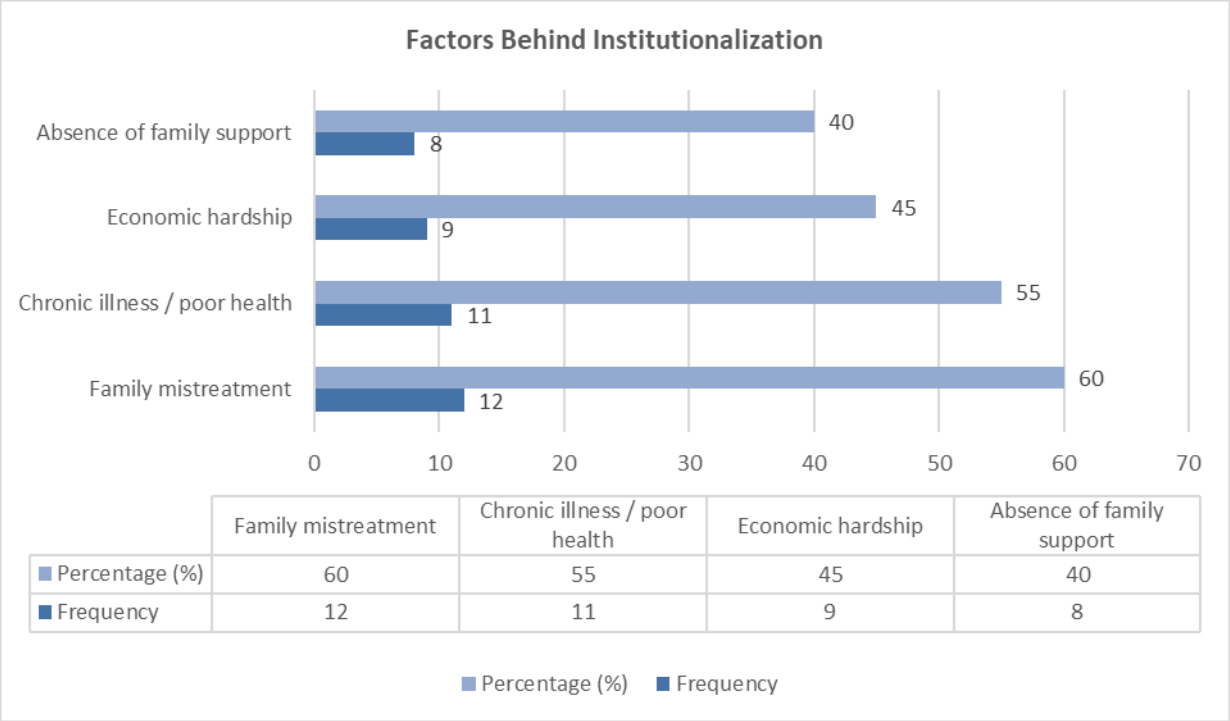


Figure 2. Main Reasons for Institutionalization (Multiple Responses Possible, N = 20)

Linking Institutionalization Factors to Phenomenological Themes

The experiences of 20 elderly residents were studied to identify the essence of institutional life and the meanings of their shift from family homes to a government-based old age home. The thematic analysis commenced with the responses of the subject about why they were institutionalized and through the phenomenological interpretation they have emerged into five lived meaning themes signifying the emotional, relational, and existential aspects of their experience. The table 2 describes this transformation between the causes and lived experiences.

Table 2. Linking Institutionalization Factors to Phenomenological Themes

Institutionalization Reason	Emergent Phenomenological Theme	Lived Meaning Described by Participants
Abuse and neglect	"When Home Hurts More Than It Helps"	Experiencing betrayal, emotional harm, and loss of safety in once-trusted family relationships.
Financial crisis	"When Survival Costs More Than Dignity"	Feeling economically powerless, invisible, and undervalued without financial contribution.
Poor health condition	"When Illness Turns Love into Liability"	Sensing that declining health shifted them from valued elders to burdensome dependents.
Lack of caregivers / childlessness	"When Loneliness Echoes Louder Than Aging"	Confronting deep relational voids and existential isolation in the absence of close family.
(Emerging from participant reflections)	"Safe, But It's Not Home"	Appreciating institutional safety and care, yet feeling persistent longing for familial love.

Theme 1: When Home Hurts More Than It Helps

For many participants, "home" had lost its meaning as a place of comfort. Instead, it became a source of emotional pain and exclusion. Several shared experiences of neglect and coldness from their own family members, including children and grandchildren.

"They said I was too much trouble… I had no place there anymore." (P7)

"Even my grandchildren would look away; I felt like a stranger." (P3)

This emotional displacement reflected not just the absence of care, but a loss of identity and value within the family. Through the lens of attachment theory, these narratives highlight the collapse of secure emotional bonds, making the home feel unsafe. Similar patterns have been observed in Bangladesh, where emotional

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and psychological neglect drive older adults toward institutional care [8].

Theme 2: When Survival Costs More Than Dignity

For some, the pain of aging came not from the body, but from financial dependence. As their income faded, so did their value in the eyes of family.

"I wasn't earning, so I didn't matter." (P11)

"They only valued me when I could give them something." (P15)

Without economic power, participants felt invisible and disrespected. Their reliance on others brought not care, but humiliation. Within attachment theory, this reflects bonds based on utility rather than emotional security. In Bangladesh, the absence of pensions, weak social protection, and out-of-pocket health costs often diminish elders' social standing and accelerate dependency [21]. In this study, that loss of dignity quietly led many toward institutional care.

Theme 3: When Illness Turns Love into Liability

For many participants, illness marked a turning point in family life. As they became dependent, care turned into avoidance, and emotional warmth faded.

"After I got sick, no one wanted to touch me." (P2)

"They kept me in a separate room, like I could pass something on." (P8)

Illness brought not just pain, but emotional isolation. Though some understood the burden of caregiving, the deeper wound came from feeling unwanted. Chronic illness often strains family bonds and may lead to distancing or neglect. Research in Bangladesh highlights how increasing dependency — often due to declining health — is closely linked with elder mistreatment and emotional neglect within families [4]. For these participants, declining health didn't just weaken their bodies — it displaced them emotionally, making institutional care seem like a safer, more responsive option.

Theme 4: When Loneliness Echoes Louder Than Aging

For some, the deepest pain came not from illness or poverty, but from being alone. A few had no children, while others were abandoned or distanced by family.

"Everyone I had was gone, and I was just alone." (P4)

"No one was left to call me theirs." (P14)

Festivals and family occasions intensified this emptiness. Even kind neighbors or fellow residents could not fill the void. As one woman put it, "Family is different — you can't replace that with anything." A peer-reviewed study from rural Bangladesh found that nearly 60% of older adults experience loneliness, particularly those who are widowed, living alone, of lower education, or with poor health—which aligns closely with these participant experiences [22]. In this study, loneliness was not occasional — it was a main driver of institutionalization.

Theme 5: Safe, But It's Not Home

Many participants described the old age home as a place of safety and routine. They appreciated regular meals, protection, and respectful treatment.

"Here I am safe… but my heart is still in my old home." (P6)

"We are like a family here, but it's not the same." (P9)

Despite these comforts, most missed their real homes—the sounds, smells, and bonds that once defined their identity. Institutions met physical needs but fell short in emotional fulfillment. Research from old-age homes in India confirms that loneliness and social isolation severely undermine psychological well-being, irrespective of material care [23,24]. For these participants, safety came at the cost of emotional distance—a compromise between secure care and deep connection.

Interpretation of Key Findings

The five themes collectively reveal that institutionalization is rarely the result of a single factor. Instead, it reflects a buildup of emotional distress, financial insecurity, declining health, and social isolation. For most participants, the shift followed a gradual erosion of belonging and safety once found in family life.

Abuse and neglect undermined trust [22], while financial dependence reduced perceived worth [21]. Illness often triggered emotional distancing, consistent with findings that declining health can strain family relationships [4]. Those without close family experienced deep loneliness, echoing research showing that the absence of close kin contributes significantly to emotional suffering among Bangladeshi elders [11,22].

Though the old age home offered care and safety, it was viewed more as a refuge than a replacement for familial connection. Within Attachment Theory [9, 25], these patterns suggest that when bonds are broken late in life, individuals seek new sources of emotional security. The study builds on existing Bangladeshi research by offering deeper insight into the personal meaning of this transition—showing that institutionalization is often an unwanted, yet necessary, path to preserve dignity and care when family support fails.

CONCLUSION

This study explored the lived experiences of elderly individuals residing in an institutional care facility in Kushtia, Bangladesh. Using a phenomenological approach and Attachment Theory as a lens, the research identified five key themes: emotional neglect within the family, financial devaluation, health-related exclusion, profound loneliness, and the complex tradeoff between institutional safety and emotional absence. These

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themes reflect how aging, in the absence of family care, often becomes an experience of silent suffering rather than secure support.

The study contributes to the field of gerontology and social care by offering context-specific, theory-informed insights into why older adults in Bangladesh turn to institutional care. It deepens understanding of how relational breakdowns — particularly loss of emotional bonds — can outweigh even material considerations in the decision to leave home. By foregrounding emotional and psychological needs, the research shifts attention beyond physical caregiving to the deeper human need for connection and dignity in old age.

These findings imply that elder care systems must evolve to include not only infrastructure but also relational care. Institutional policies should integrate counseling, family mediation, and opportunities for emotional expression. Staff training should also prioritize empathy and attachment-sensitive care practices.

The study's limitations include its small, purposively selected sample and single-institution focus, which may limit generalizability. Future research could adopt a multi-site or longitudinal design to explore how experiences evolve over time and vary across settings. Comparative studies with non-institutionalized elderly populations would also enhance understanding.

Importantly, the expectations set in the introduction that institutionalization stems from broken familial attachments and unmet emotional needs were confirmed in the results and discussion. The research points to the need for a new care model in Bangladesh, one that recognizes aging as an emotionally complex journey. These findings can serve as a basis for developing psychosocially enriched elder care policies and designing future interventions that prioritize emotional well-being alongside physical care.

ACKNOWLEDGEMENTS

The authors gratefully acknowledge the support of the Government registered Old Age care Home in Kushtia district of Bangladesh, for granting access to the research site and facilitating the study process. Special thanks are extended to the elderly residents who generously shared their time and life experiences, without which this study would not have been possible.

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