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Erasmus

"Be nice to your children, after all, they will choose your care home": Exploring the Aging and Care Experiences of Older Women in Care Homes in Dhaka, Bangladesh.

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List of Acronyms

FAO	Food and Agriculture Organization
ISS	Institute of Social Studies
UNDP	United Nations Development Programme

Abstract

This research contributes insights into the experiences of aging and care among older women (aged 60 and above) in care homes in Dhaka, Bangladesh. Employing a grounded theory approach, the study explores the intersectionality of culture and gender in understanding these experiences. An ethnographic approach and in-depth interviews were utilized to gather data from older women in two care homes: public and charity-run in Dhaka. The findings reveal that cultural elements, such as schemas and scripts acquired during early cultural socialization, actively influence the perceptions and experiences of older women. The research emphasizes how older women utilize the cultural framework of intergenerational caregiving to understand their requirements for care.

Furthermore, age-related physical changes and decline impact gender roles, particularly among economically disadvantaged women, for whom the body becomes a tool for both 'doing gender' and ensuring survival. For older women, actively participating in gender roles is essential to uphold their gender-specific 'symbolic capital,' ensuring that status and respect are crucial for survival. The disparity between the realities of aging and internalized cultural norms profoundly affects the self-perception of older women, resulting in emotional distress that undermines their well-being. Furthermore, this research makes several social policy recommendations, emphasizing the importance of gendered and culturally tailored interventions.

Relevance to Development Studies

This research contributes to the field of gerontology through a cross-cultural and gendered exploration of aging and care realities from the global South. Aging experience is influenced by gender and rooted within one's cultural context. Thus, by producing embodied forms of knowledge on the aging and care experiences of older women in care homes in Dhaka, Bangladesh this study challenges the epistemic bias and exclusion of non-western aging realities. In doing so, this study recommends the need for culturally sensitive and gender-inclusive interventions and policies for care in later life. Finally, this study aims to foster a cross-cultural and gendered understanding of global aging and recognition of diverse pathways of aging and visions of later life.

Keywords
Aging & Care; Older women; Culture and gender; Grounded theory; Ethnographic Approach.

Chapter 1 Gerontology: Exploring Culture and Gendered Dimensions in Aging and Care

This Research Paper (RP) will examine the intersection of aging, gender, and culture by exploring the aging experiences of older women aged 60 years and above in care homes in Dhaka, Bangladesh. The main findings are drawn from fieldwork conducted in July and August 2023 in Dhaka. The fieldwork was conducted in two separate care homes – a public care home and a charity-based care home. Older women residents in care homes and their caregivers were involved in the research. Data was primarily collected using an ethnographic approach through observations and in-depth interviews with older women. As research on the intersection of aging, culture, and gender is relatively new in Bangladesh, this study is explorative in nature. Thus, this study adopts Grounded theory as a methodological strategy to explore the underlying themes and issues on the topic.

The introduction provides an overview of global aging in gerontology study. It then provides background on aging in the cultural context of Bangladesh and situates it within the broader literature on cross-cultural gerontology. This is followed by a discussion on the relevance and objectives of the study that informs the main research question and sub-questions this paper aims to answer. The chapter concludes with a brief overview of the organization of the study.

1.1 Aging across borders: Global trends and gerontology perspectives on aging and care.

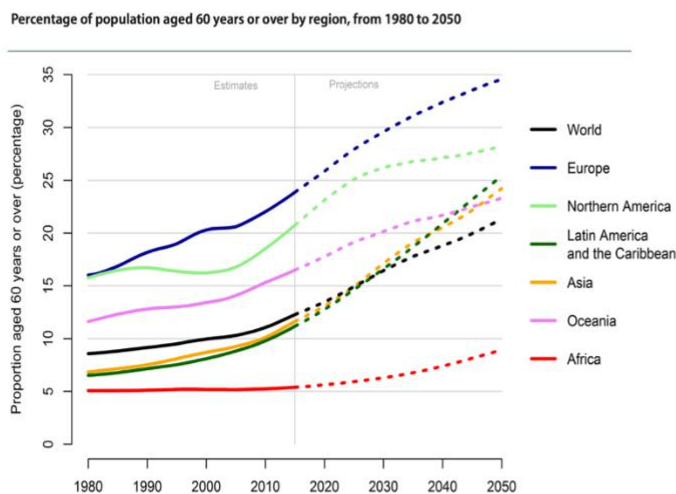

Figure 1.1 United Nations (2017). World Population Prospects: the 2017 Revision.

As the global population ages at an unprecedented rate, the field of gerontology emerges as a crucial arena for understanding the multifaceted dimensions of this demographic transition. Aging is not merely a demographic reality, but a complex social phenomenon influenced by cultural, gender, and socio-economic factors. Statistics reveal that by 2050, the number of individuals aged 60 and above is expected to reach two billion, representing a significant proportion of the global population (United Nations, 2013).

In Bangladesh, the demographic transition in aging is relatively new. In 2022, 15.3 million people were 60 years and older (World Bank, 2022). The older adult population accounts for 9.28% of the total population and is estimated to increase to 22% by 2050 (World Bank, 2022). While the global aging population continues to increase, most countries face challenges in adequately preparing for the demographic shift. These challenges include but are not limited to the provision of care homes, affordable healthcare, pension schemes, and other qualitative aspects essential for an older adult's well-being (Jahangir et al., 2023; Jhansi and Mishra, 2014; Razavi, 2007, as cited in Rutagumirwa, 2018).

Women generally live longer than men, leading to their predominance in the elderly population worldwide (UNDESA, 2013; Jhansi & Mishra, 2014, as cited in Rutagumirwa, 2018). In 2013, the global sex ratio for those aged 60 and over was 85 men for every 100 women, and for those aged 80 and over, it was 62 men for every 100 women (UNDESA, 2013, as cited in Rutagumirwa, 2018). Within this demographic wave, women emerge as a disproportionately affected group. In various regions, including Bangladesh, the aging female population faces unique challenges exacerbated by socio-cultural norms and economic disparities (Butler, 2004; Jahangir et al., 2023; Jhansi and Mishra, 2014, as cited in Rutagumirwa, 2018). Thus, accounting for the gendered dimensions of aging is pivotal to designing interventions for old-age care.

In response to the aging phenomenon, global policy responses and interventions have implemented various measures such as pensions, healthcare benefits, and state-spon-sored care homes (Razavi, 2007; Abenir et al, 2018). While these interventions aim to enhance the well-being of older adults, they are not without criticism.

Studies have found that residents often experience feelings of loneliness, neglect, and detachment in care homes (Allen et al., 2016, as cited in Pazhoothundathil, 2021). Many older adults also show signs of unwillingness to reside in care homes due to their place attachment (Allen et al., 2016, as cited in, Pazhoothundathil, 2021). Yet, conventional responses to old-age care have failed to widely incorporate alternative and diverse pathways of aging based on older peoples' perceptions, experiences, and expectations of care (Rutagumirwa, 2018; Dupuis & Nakamura, 2023).

To address these critiques and gaps in understanding, scholars advocate for a cross-cultural and feminist gerontology perspective. Arber (2003) contends that the "feminization" of old age highlights the intrinsic link between gender and aging, with gender being defined by age (Arber et al., 2003, as cited in Rutagumirwa, 2018)). Furthermore, the perception of old age is fundamentally gendered and influenced by cultural contexts (Twigg, 2004; Schwaiger, 2012, as cited in Rutagumirwa, 2018)). As Gullette (2004) noted, "We are aged by culture," emphasizing the significant role of cultural influences in the aging process (Gullette, 2004). Thus, a comprehensive analysis of aging experiences becomes necessary, one that integrates insights from cultural and gender studies. By adopting this interdisciplinary approach, policymakers can develop responses that better reflect the realities and perspectives of older adults.

The next two sections of this chapter provide background on aging in the cultural context of Bangladesh and situate it within the broader literature on cross-cultural and feminist gerontology.

1.2 Crisis in care: Aging in the context of Bangladesh.

Traditionally, within the cultural context of Bangladesh, care provided to older adults has been grounded in the intergenerational caregiving model (Jahangir et al., 2023; Amin 2007). Intergenerational caregiving is deeply embedded in the exchange of care between generations – between grandparents, parents, children, and grandchildren in multigenerational living arrangements (Jahangir et al., 2023; Amin 2017). Persisting patriarchal norms suggest that a son must care for older parents however, daughters and daughters-in-law primarily perform caregiving roles (Amin, 2017; Burholt & Dobbs, 2011). In the past two

decades, individual and material ways of life including industrialization, urbanization, and migration have led to a slow transition away from traditional intergenerational caregiving threatening access to old age care (Amin, 2017; Burholt & Dobbs, 2011; Rutagumirwa, 2018).

According to a World Bank report approximately 77 percent of older population lack sufficient income to cover their basic needs (World Bank, 2013, as cited in Rutagumirwa, 2018). In 2022, the dependency ratio for those aged 0-14 and 65 and older was 0.469 percent, projected to increase to 0.524 percent by 2051. Meanwhile, the labor force ratio for the 15-59 age group is currently 0.651 percent, expected to decline to 0.604 percent by 2051 (World Bank, 2013, as cited in Rutagumirwa, 2018). This study does not focus on the underlying causes of the transition in intergenerational caregiving. Rather it aims to explore the aging experiences of the increasing number of older women in care homes because of the transition in caregiving.

Currently, the government implements three main policies in the realm of old-age care. In 1998, the government introduced the 'Old Age Allowance Program' which initially provided an allowance of 100 taka and currently provides an allowance of 500 taka payable every three months (UNESCAP, 2013). The old age allowance which amounts to approximately 5 dollars paid every three months has been criticized for being insufficient (Molla, 2022; UNESCAP, 2013). Many older people consider it to be a dishonor, "Even children receive a higher pocket money today." Additionally, male beneficiaries of the old age allowance are required to be 65 years or older while female beneficiaries are required to be 62 years and above (UNESCAP, 2013). However, age eligibility for the allowance has been questioned after the passing of the National Policy on Older Persons in 2013.

The National Policy on Older Persons recognizes individuals aged 60 years or above as older persons. In 2014, the President of Bangladesh declared that older persons will be regarded as Senior Citizens – an attempt to ensure their respectful position in society (UNESCAP, 2013). The age discrepancy between attaining the status of an older adult (60 years and above) and receiving an old age allowance (62 years and above for women and 65 years and above for men) has caused confusion and distress amongst the

older population (Molla, 2022). Older populations continue to struggle to mitigate the age discrepancy and their demand for a fair old age allowance.

Additionally, Bangladesh's old-age care infrastructure is severely strained, underscored by the presence of only six public care homes in six divisions of the country dedicated to older adults who were previously employed in the public sector (Molla, 2022; UNESCAP, 2013; Haider, 2022). As the societal shift away from traditional caregiving accelerates, a stark reality emerges—older women in Bangladesh are increasingly abandoned by their families (Shariful, 2015). According to the Maintenance of Parents Act 2013, caregiving for older parents is a mandatory duty of the children (UNESCAP, 2013). Neglect and abandonment of one's older parent is a punishable offense (UNESCAP, 2013). However, the lack of awareness and enforcement of the Act compels many older women to rely on charity-based care homes, which, despite their benevolent nature, grapple with underfunding and under-staffing (Rahman, 2022; Shariful, 2015).

In response to the challenges of traditional caregiving, charity-based care homes have emerged as vital players (Molla, 2022; Rahman, 2022). While the exact number of such care homes is not documented, it is estimated that there are at least thirty such care homes in Dhaka itself. Observations within care homes have revealed overcrowded living conditions, a lack of essential amenities, and a palpable sense of longing for familial companionship among the residents (Jahangir et al., 2023; Molla, 2022; Shariful, 2015). Attempts to understand the circumstances through mainstream gerontological frameworks proved insufficient in capturing the depth of the challenges faced by older women. The aging realities of these women are invisible to mainstream gerontology studies.

Thus, culture and gender are crucial perspectives for examining the intricate experiences of marginalized older women in Bangladesh. By amplifying their voices and shedding light on their struggles, needs, and expectations, this research aims to contribute meaningfully to the discourse on gerontology study in international development. Through an academically rigorous exploration of their aging experiences, it seeks to advocate for policy reforms and social interventions that address the unique challenges faced

by older women in Bangladesh, ultimately striving for more context, culture, and participant-driven interventions for the well-being of aging populations.

1.3 Gender and aging in the cultural context of Bangladesh.

In Bangladesh, aging can be viewed as a gendered phenomenon. The average life expectancy rate for women in Bangladesh is 74.28 years while the average for the male population is 70.6 years (World Bank 2013). However, it is no longer necessary to understand the context in which these women live. In Bangladesh, 'patriarchal norms impose stereotypical notions of femininity and masculinity that define gender roles' (Kabeer, 1988; Sultana, 2012). The prevailing cultural norms designate most women as housewives in rural areas, often grappling with low literacy rates and early marriages (Kabeer, 1988; Sultana, 2012). The absence of formal employment opportunities relegates women to perform caregiving roles within the household, reinforcing traditional gender roles (Kabeer, 1988; Sultana, 2012).

Furthermore, religious values, particularly within the Muslim community, restrict women from remarriage in the event of divorce or the death of a husband, rendering single or widowed women susceptible to abandonment (Kabeer, 1988; Sultana, 2012). Thus, disparities in access to resources, equal work and pay opportunities, and restrictions on women's freedom in their everyday lives perpetuate the marginalization of women throughout their life course (Kabeer, 1988; Sultana, 2012).

Data on the gender composition in care homes shows more female residents than male residents. The increasing need for care for older women has also led to the establishing of female-only care homes. Old homes are often contacted by locals when an older woman is homeless and found in dire physical and mental conditions. Most of these women spend months on the streets begging for money or food, suffering from malnutrition, age-related diseases, physical impairments, and mental illnesses like dementia, Alzheimer's, etc (Bari, 2016; Katy, 2022). These care homes 'rescue' such older women to nurse them back into proper health and provide the necessities they need to live.

Thus, they carry with them a burden of societal stigma, symbolizing the 'abrogation of responsibility' and 'failed motherhood' and a home of 'last resort' (Bari, 2016; Katy, 2022; Sharmin, 2014). Such prevailing narrative portrays charity-run care homes as sites for vulnerable, destitute, and abandoned old bodies, reinforcing the gendered meaning and interpretations of aging and aging realities within the cultural context (Bari, 2016; Katy, 2022; Sharmin, 2014).

Despite the importance of older women's experiences in understanding aging, their voices, perspectives, and experiences are often silenced and marginalized in both research and society. The dichotomy in cultural expectations of care and received care in these homes underscores the urgency of exploring, understanding, and centering the aging experiences of older women. The next section will illustrate the relevance of this study situated in its contribution to scholarship on gerontology and its societal relevance for marginalized older populations globally.

1.4 Justification and Relevance of the Study

This research seeks to contribute to the field of gerontology through a cross-cultural and gendered lens to aging and care realities from the global South. Gerontology study is a multidisciplinary knowledge system that theorizes on aging and old age. The discourse on aging is predominantly shaped by Western Eurocentric views, exemplified by ideas like 'successful aging, lifelong activation, and sexual continuity' (Abenir, 2018; Amin, 2017; Razavi, 2007, as cited in Rutagumirwa, 2018). These concepts fail to represent the diverse realities of aging populations worldwide, thus marginalizing and silencing those whose experiences do not align with these Western paradigms.

This perpetuates the othering of old age by creating dichotomies such as 'active vs. inactive, independent vs. dependent, and continuation vs. decline' (Abenir, 2018; Amin, 2017; Razavi, 2007, as cited in Rutagumirwa, 2018). Consequently, this intensifies the dual process of othering, encompassing both glorification and abjection. (Abenir, 2018; Amin, 2017; Razavi, 2007, as cited in Rutagumirwa, 2018). Such dichotomous categorizations and views of aging bodies disadvantage the most vulnerable – women, the

poor, the sick, and the dependents while older populations with more privilege can access care (Dyk, 2016; Kontos, 1998, as cited in Rutagumirwa, 2018).

This study aims to address the epistemic bias and injustice surrounding the othering of old age and the exclusion of non-Western and non-Eurocentric aging experiences by conducting an interdisciplinary analysis from gender studies and cultural studies perspectives (Dyk, 2016; Kontos, 1998, as cited in Rutagumirwa, 2018). Through this approach, the research strives to promote a cross-cultural understanding of global aging and acknowledge the diverse pathways and perspectives on later life.

A renewed understanding of gerontology is essential for the societal destigmatization of meaning and perceptions around aging. Scholarly research on the older in Bangladesh has been predominantly based on mainstream understandings of gerontology. Thus, implications of such research often reiterate the importance of state-led services (i.e., care homes, pension, etc) for the older populations and do not seek to examine the structural and cultural underpinnings of aging experiences to enable older populations to age well on their terms – whether one chooses to live independently at home, with their family, or at a care home.

This is essential to research in Bangladesh as cultural and gender norms associated with being old continually shape and affect the everyday life and experiences of the older adult population (Twigg, 2004; Schwaiger, 2012, as cited in Rutagumirwa, 2018). The meaning of old age is influenced by one's gender and cultural environment thus, centering the aging experiences of older women in care homes in Bangladesh is conducive to producing embodied forms of knowledge to design interventions that destigmatize the perceptions of old age and improve the social well-being of older people.

1.5 Research Objectives and Questions

This study aims to gain insights into the perceptions and experiences of aging among older women residing in care homes in Dhaka, Bangladesh. Additionally, it seeks to explore and understand the cultural and gendered factors that influence these women's views and experiences of aging and care to provide recommendations for designing policies and intervention programs that consider older women's perspectives of care in later life. Thus, the

paper aims to address the following research question: **How do culture and gender norms on aging and care affect older women's (60 years and above) perception experience of residing in care homes in Dhaka, Bangladesh?**

The sub-questions delve into this further, and are as follows:

1. What does the everyday life of an older woman in the care home look like?
2. How do cultural schemas influence older women's perception and experience of aging in care homes?
3. How do gender norms affect older women's perceptions of their aging bodies?

1.6 Organization of the Study

This study is organized into seven chapters. Three chapters examine various themes regarding older women's perceptions, expectations, and experiences of aging and care within care homes, which are deeply rooted in cultural norms and gender ideals of femininity. Additionally, the intersection of culture and gender is examined to understand how it shapes and influences the aging and care experiences of older women in care homes.

Chapter two explores the interdisciplinary theoretical framework from a culture and gender studies perspective used for the analysis of the research question. It discusses the cultural schemas theory (D'Andrade, 1992) to explore the cultural schemas underlying older Bangladeshi women's perceptions of aging and care. Additionally, it discusses Bulter's (1990) theory of Gender Performativity to examine how gender norms shape women's perceptions and experiences of their aging bodies. Furthermore, it builds a bridge using an intersectional approach to understand how the intersection of culture and gender influences the aging experiences of older Bangladeshi women in care homes in Dhaka.

Chapter three begins with a discussion of Grounded theory as a methodological strategy to explore the underlying themes and issues on the topic (Glaser & Strauss, 1967). The chapter describes the methods used for data collection and analysis. Additionally, the chapter reflects on my positionality as a researcher and the ethical considerations when working with older adults. The chapter concludes with a discussion of the limitations of the study.

Chapter four *(Sub-research question 1)* illustrates the everyday life of older women in care homes. This chapter describes the living conditions, access to necessities and facilities, and leisure time spent at care homes. The findings reveal that older women's circumstances have improved at the care homes, yet the lack of resources and opportunities results in inad-equate care for the residents.

Chapter five *(Sub-research question 2)* presents an investigation of the cultural schemas that shape how older women perceive care. The findings show that women base their views on past experiences and interpret these experiences using existing cultural schemas. These schemas inform their expectations of the kind of care they expect to receive in society.

Chapter six *(Sub-research question 3)* explores how older women in care homes perceive their aging bodies in the context of cultural expectations surrounding femininity. This analysis utilizes Butler's (1990) Gender Performativity theory to elucidate how older women, who often hold marginalized status, interpret their aging bodies in relation to feminine ideals (Butler, 1990, as cited in Rutagumirwa, 2018). The findings indicate that these women view their aging bodies as "a burden," a perception tied to their struggle to sustain an acceptable level of gender performance (Butler, 1990, as cited in Rutagumirwa, 2018).

Chapter seven consolidates the primary findings and their implications. It starts with a brief review of the research objectives and questions, and then summarizes the main findings for each sub-question. The chapter wraps up with a discussion of the significance of these findings and offers recommendations for policy and practical interventions.

Chapter 2 Theoretical Framework

The theoretical framework for this study is inspired by and adapted from the studies by Rutagumirwa, 2018 and Pazhoothundathil, 2021. The contextual and cultural parallels of their study and its valuable insights into gendered and cross-cultural gerontology are pertinent to this study. Drawing from their framework this study aims to understand aging and care in the Bangladeshi context, contingent on two main theories from culture studies and gender studies respectively. To examine the second sub-research question, this study adopts the Cultural Schema theory by D'Andrade (1992). To examine the third sub-research question, this study adopts the theory of Gender Performativity by Judith Butler (1990). Furthermore, this study uses an intersectionality approach throughout the study to examine how the intersection of culture and gender affects older women's perception and experience of aging in care homes in Dhaka, Bangladesh.

2.1 Cultural Schemas Theory

D'Andrade's (1990) Cultural Schemas Theory offers a conceptual structure to grasp the complex interconnection of culture and human cognition, particularly significant within the field of gerontology. In this framework, culture operates as a cognitive system encompassing shared beliefs, values, and norms (D'Andrade, 1990, as cited in Rutagumirwa, 2018). It not only molds individual perceptions but also significantly impacts both conscious and unconscious goals, desires, and motivations (D'Andrade, 1990, as cited in Rutagumirwa, 2018).

Cultural schemas function as cognitive templates or ingrained scripts within a distinct cultural setting. These schemas act as interpretative frameworks, assisting individuals in comprehending their surroundings, interactions, and encounters. In the field of cognitive anthropology, it is generally recognized that cultural schemas are internalized through the processes of learning and socialization, which are shaped by people's interactions and their previous experiences (D'Andrade, 1990, as cited in Rutagumirwa, 2018). It is also contended that "when cultural beliefs become ingrained in one's inner sense, they gain a goal-oriented nature and possess motivational influence" (D'Andrade, 1990).

Cultural schemas serve four main purposes, classified by D'Andrade (1984; 1992, as cited in Rutagumirwa, 2018): representational, constructive, evocative, and directive functions. The representational function entails shaping individuals' understanding and navigation of the social environment by defining their knowledge and beliefs about the world. In contrast, the constructive function pertains to the creation of cultural entities that individuals adhere to. The evocative function is concerned with eliciting specific emotions and emotional reactions (D'Andrade, 1992; 1984, as cited in Rutagumirwa, 2018). On the other hand, the directive function of schemas is perceived by individuals as a need or obligation to take certain actions. The sense of obligation is intricately connected to motivational influence: "A cultural schema endowed with a directive force, alongside the cognitive representation of cultural knowledge, shapes motivation" (D'Andrade, 1990, as cited in Rutagumirwa, 2018).

Cultural schemas are internalized through learning and social interactions, shaped by individuals' experiences. D'Andrade (1992) highlights the importance of motivational force in how these schemas guide behavior and perception. For instance, higher-level schemas can strongly influence how individuals see and act in their environment. As cultural beliefs become deeply rooted, they become goal-driven and motivate actions. These values also shape how individuals perceive their responsibilities and obligations within their community (D'Andrade, 1990, as cited in Rutagumirwa, 2018).

Despite the cognitive theories of motivation available, gerontologists have been relatively hesitant to integrate them into aging research. This study posits that the characterization of old age is not only gender-specific but also context-dependent. Consequently, individual perspectives on aging and care are entrenched in cultural schemas, generating pertinent insights into a specific array of behaviors, norms, opportunities, and constraints. These elements can be subject to alteration or preservation through targeted interventions aimed at enhancing the overall well-being of older individuals.

2.2 Gender Performativity Theory

In the realm of feminist gerontology, scholars underscore the necessity of examining the intricate relationship between gender and aging as multifaceted socio-cultural phenomena. This perspective entails delving into how cultural interpretations linked to gender intersect with the tangible experiences individuals undergo during the aging process. Grounded in

social constructivist theories, particularly drawing from Butler's notion of gender performativity, gender is conceptualized as a social construct. This implies that gender encompasses acquired behaviors coupled with cognitive interpretations of these behaviors (Turner, 1967). Gender identity is intricately molded by cultural and societal influences, where the classification of behavior as masculine or feminine is contingent on prevalent cultural norms and expectations (Butler, 2004; Turner, 1967). Within this framework, femininity encompasses a diverse range of characteristics, practices, and norms associated with female conduct, delineating specific roles and responsibilities (Butler, 2004; Turner, 1967).

Butler's theoretical framework highlights the performative essence of gender, challenging the belief that gender is an expression of inherent qualities. According to Butler (1999), gender is not a manifestation of intrinsic traits but rather a culturally shaped performance, grounded in societal norms that classify individuals into male and female identities. The performative dimension of gender is influenced by the inherent power dynamics within gender divisions (Butler, 1990; 1999; 2004). As individuals undergo socialization, they internalize these gender norms, and this performance is evident at various levels within familial and societal settings (Butler, 1990). Furthermore, Butler (1990; 1999) posited that individuals' gender choices are constrained within societal frameworks. The performative nature of gender identities suggests that these identities are not fixed; they are both constructed and sustained, open to deconstruction and redefinition.

An essential question within the intersection of gender performance and aging has yet to receive comprehensive attention: how does the definition or preservation of gender performance evolve as individuals age and experience changes in their bodies? This inquiry holds significant importance in unraveling the intricacies of gender identity within the aging context and offers promising avenues for additional exploration within the domain of feminist gerontology.

2.3 Intersectionality

The concept of intersectionality was introduced to the field of legal studies by Kimberlé Crenshaw (1989; 1991). Originating from critical race studies, intersectionality reveals the

intricate connections between race, gender, and various systems that collaborate to both oppress and grant privilege. It is a dynamic concept, highlighting how race, gender, and other factors intersect to shape individuals' experiences. Crenshaw used intersectionality to illustrate how race, class, gender, and other elements combine, creating both privilege and disadvantage. By examining these intersections, Crenshaw exposed the structural, political, and representational violence faced by minorities in workplaces and society. Additionally, she emphasized the significant role played by gender, race, and other forms of power in shaping intersectionality within politics and academia (Crenshaw 1989; 1991).

In the realm of feminist gerontology, intersectionality is deemed a vital approach to understanding the aging experiences of minorities and marginalized communities. Using an intersectional approach to understanding aging experiences allows us to embed the narratives into wider structures of society such as culture and gender norms and other elements like socioeconomic status that affect older adults' aging experiences. This not only allows for a better cross-disciplinary understanding of aging experiences but also fosters cross-cultural understandings of global aging.

Chapter 3 Methodology and Method

This chapter delves into the methodology and method employed in the study, focusing on the grounded theory approach. Grounded theory, rooted in both Glaserian and Straussian (1967) perspectives, serves as the guiding principle for exploring the aging experiences of older women in care homes in Dhaka, Bangladesh. The study integrates theories such as cultural schemas, gender performativity, and intersectionality to analyze emerging themes. The comprehensive approach to data collection and analysis, along with an interpretive-constructivist lens, ensures a nuanced understanding of participants' perspectives.

3.1 Grounded Theory Methodology

This research uses the grounded theory methodology, employing the Glaserian and Straussian approaches. The Glaserian approach underscores theory emergence from the data, whereas the Straussian approach involves the incorporation of structured questions to guide the process (Glaser & Strauss, 1967). The open-ended research questions provided flexibility for the inductive exploration of emergent themes (Charmaz, 2000). The design cycle commenced with open questions, allowing themes to emerge organically as participants' experiences revealed deeper insights (Onions, 2006). Subsequently, theoretical frameworks such as cultural schemas, gender performativity, and intersectionality were applied to analyze the emerging themes.

The incorporation of existing theories offered theoretical sensitivity and added meaning to the collected data, ensuring a thorough analysis of participants' narratives (Glaser, 1978). Simultaneously, the narratives contributed rich content on the aging experiences of older women. Consequently, the fieldwork facilitated a profound comprehension of their lives, perceptions, and experiences. Establishing trust through established networks and familiarity with the community further enabled the collection of rich, nuanced data.

Adopting an interpretive-constructivist lens, the research centered on directly comprehending participants' perspectives (Henning, 2004). This approach underscored

the significance of meaning-making in individuals' lives, scrutinizing how their realities were mentally constructed rather than treated as external entities (Braun & Clarke, 2006). Acknowledging that researchers, including myself, carry theoretical backgrounds shaped by literature and existing theories when delving into a topic, the study recognized the inevitable influence of these theoretical orientations on the research process. Therefore, the utilization of a grounded theory methodology allowed for flexibility in presenting a narrative that closely aligns with the community's reality.

3.2 Data Collection Method

Data was collected primarily using an ethnographic approach through observations and in-depth interviews conducted at two care homes (public and charity-based) in Dhaka, Bangladesh. Interviews were conducted with a total of 20 older women: 11 older women from government-run care homes and 9 older women from charity-based care homes. The profile of the participants is presented in Table 3.2. Additionally, short informal conversations with carers at the care homes were also recorded and audiotaped.

Furthermore, detailed field notes were diligently recorded, capturing thoughts and observations during and after interviews with study participants. The memos written after each interview and after each visit to the care homes proved very valuable. They allowed for a retrospective analysis, enabling me to revisit previous interactions and identify crucial insights. Re-examining the field notes and memos was pivotal to recognizing central themes and observing the evolution of research questions in response to emerging categories. This method not only enhanced the research process but also proved to be a liberating experience for the participants. Many expressed satisfaction in participating and sharing information they had never shared before, making the interview process meaningful and enriching for them.

Category		*Number of participants*
Age (years)	60-69	10
	70-79	6
	80+	4
Previous Location	Rural	13
	Urban	7
Type of care home	Government	11
	Charity-based	9
Duration of stay in care home (years)	1 year/less	6
	More than 1 year	14
Marital Status	Married	0
	Widow/Divorce/Single	20
Number of children	None/One child	4
	More than 1 child	16
Level of education	None/primary	9
	Secondary/higher	11
Previous Occupation	Formal sector	11
	Informal sector	9
Religion	Islam	20
	Other religions/Not religious	0

Table 3.2 Profile of Participants Interviewed (N=20)

3.3 Data Analysis

The study involved a meticulous approach to data collection and analysis. Initially, all raw data from individual in-depth interviews were transcribed verbatim. Special attention was

paid to capturing not only verbal but also nonverbal cues such as laughter, tone changes, and pauses, ensuring a comprehensive understanding of participants' intended meanings. Transcripts in Bangla were translated into English, safeguarding confidentiality by using pseudonyms instead of real names.

The transcripts were imported into Atlas.ti 7 for data analysis. A codebook was developed based on the adapted theoretical framework from Rutagumirwa, 2018, and Pazhoot-hundathil, 2021. This was used to code the interview transcripts. Additionally, I added new codes through open coding to identify relevant categories and then used axial coding to organize these categories. Selective coding was also used to choose the main categories that other themes relate to within the scope of this study. Finally, the study's validity was strengthened by analyzing information from field notes.

Themes/categories	***Deductive theory/concepts***	***Analytical Questions***	***Inductive-emerged Sub-categories***
Cultural schemas	Cultural Schema Theory	How do cultural schemas influence older women's perception and experience of aging in care homes?	i. Schemas underlying caregiving perceptions ii. Internalization of cultural schemas iii. Perceived care expectations and underlying schemas
Aging body and ideals of femininity	Gender Performativity theory	What are older women's perceptions of their aging bodies?	i. The aging body is 'deficient' in feminine traits and 'declining' in gender performativity ii. The decline of the body represents a loss of status and selfhood

Table 3.3 Themes and Sub-themes

3.4 Ethics and Positionality

The participants provided verbal consent forms before the start of the interview due to low literacy among older women. I used pseudonyms to safeguard participants' anonymity and prevent their identification. Participants were assured that their involvement was voluntary, they could withdraw at any time, and their information would be strictly

confidential and used solely for academic purposes. They were also assured that they could decline to answer any questions that made them uncomfortable.

In qualitative studies, the researcher operates as a medium of data collection thus, it is essential to reflect on the positionality of a researcher i.e., their background and social identity, and how this influences the research process (Creswell, 1998 & Robson, 2002). This research has been undertaken under a specific positionality that includes my nationality (Bangladeshi from Dhaka), profession (postgraduate research student), gender (female), social status (a daughter, a granddaughter), and religion (Islam). Creswell (2007) explains that in qualitative studies, researchers approach their studies with a certain worldview that guides their inquiries (Creswell, 2007). As a result, it is difficult to separate the self (as a person) from our other selves (as a researcher) thus, I do not claim complete objectivity in the data collection of this study.

During this research, I faced various challenges and discouragement about researching and working with older adults. Notably, my first communication with a charity-based care home in Dhaka was met with hesitation, the founder of the care home commented "All the women here are *pagol* – crazy they cannot provide you with any valuable information." The term *pagol* is often used as a derogatory term in Bangladesh to refer to people with mental illnesses. The assumption that deteriorating aging conditions both physical and mental make one incapable and unworthy of participating in research continues to exclude and marginalize the older population. Additionally, a recent news broadcast that criticized the internal conditions of a care home through an undercover investigation exacerbated tensions and restricted access to care homes. Finally, after weeks of communication, only two care homes agreed to allow me to conduct my study. As I started preparing for the fieldwork I grew sense of mixed feelings, excited yet anxious, I was determined to overcome these challenges through a participant-centered research design.

In qualitative research, a researcher's insider/outsider status can influence data collection, interpretation, and analysis (Yow, 2006). For this study, I acknowledged my outsider-within status. Firstly, being a Bangladeshi and a native Bengali speaker, I was viewed as an "insider" who understands the language they speak and can grasp cultural reference points. However, their view of me did not directly translate to a smooth process

as some older women speak a mix of Bengali and their rural dialect while communicating. Additionally, as a young foreign student, I was an outsider to the age group of my participants and quickly learned that working with older people requires patience, sensitivity, and compassion as physical and mental health conditions i.e., memory loss, speech delay, and fatigue create substantial challenges to data collection.

Pierce (1995) argues that the terms "insider," "outsider," and "outsider within" are dynamic and multifaceted rather than fixed or binary categories (Pierce, 1995). In this light, my identity as a Muslim woman contributed to safer, more comfortable, and more willing women participants. Most of the women viewed me as a granddaughter and this reciprocal familial relation provided a positive research experience as it helped to minimize the imbalance of power between me and the older women - the researcher and the participants.

Finally, although this study yielded rich data and meaningful interactions, it has challenged me as a researcher, often with feelings of guilt, disappointment, and helplessness. For example, I was anxious about the feelings and emotions that may arise if older women recall difficult past experiences. I realized that even though this process was challenging for all, older women shared a sense of satisfaction in being able to speak to someone and have someone to listen to them. Example of memo reflecting on experience during fieldwork.

Memo: *[23/07/2023] The condition in the care homes is extremely poor - nutrition-poor meals, crowded living arrangements, and lack of proper medical treatment are some of the many challenges. I have spent hours at the care homes and wondered how a researcher is meant to handle such situations. How can I merely collect information from them and leave? How do I give back? I have volunteered for various chores at the care homes – cooking, cleaning, administrative work yet it never seems enough. While I feel this sense of guilt and helplessness, ironically the women look forward to speaking to me. One woman told me "Don't worry, these tears help wash away the pain." I am constrained as a researcher (maybe as a human too) and such situations raise ethical questions and concerns; that we still need to account for in academia.*

3.5 Limitations of the Study

Despite the strengths of the current study, which uncovers cultural schemas of intergenerational caregiving, the limitations lie in the fact that the findings are predominantly based on the narratives of older women. Future research should focus on the younger generation's perceptions of the intergenerational care model. This will allow for a more nuanced understanding of the value and reliability of the cultural care model.

In addition, the findings in this study are derived from a homogenous group of older women who predominantly share the same cultural and socioeconomic background and previously lived in rural areas. Hence, future research should explore the perceptions and experiences of older women who come from different locations and differ in socioeconomic status. Furthermore, the gendered analysis in this study only focuses on the aging and care experiences of older women in care homes. To provide a complete picture of how gender norms affect aging and care experiences in later life, future research should also include older men as participants. Exploring gender dynamics is vital to provide a comprehensive understanding of gender and aging.

Lastly, practical constraints during the fieldwork limited the opportunity to compare findings between care homes. The emergence of many charity-run care homes only creates a pressing need to investigate the experiences of older women in these care homes to provide a grasp of the true reality. As such societal actors and institutional caregivers should create more openness and transparency for future researchers.

Chapter 4 Meals, Medicines, and Chanting in Melancholy: Everyday Life in a Care Home

This chapter aims to illustrate the everyday lives of the older women living in care homes in Dhaka. This chapter is categorized into six main elements namely, management, accommodation and food, healthcare, religious and recreational facilities. The findings suggest a stark disparity in the quality of care received in the two care homes underscored by the disparity in access to funding and other resources. The public care home has better provision for accommodation, nutritious meals, and medical services compared to the charity-run care home. In both care homes, religion is a major part of the resident's everyday life and is practiced every day. However, both care homes lack the availability of recreational facilities and activities.

4.1 (Un)Worthy of care.

The management and the resident compositions of the care homes differ significantly. The public care home houses 50 veteran residents who previously served in the government or public sector. The care home is available for both male and female residents. Currently, the care consists of many facilities such as its own medical center, pharmacy, prayer room, swimming pool, and other indoor sports facilities. Residents that stay in these care homes often come at their own will and pay a monthly fee of 7000 taka – 4000 taka for accommodation and 3000 taka for food. The total amount is approximately equivalent to 70 euros. Additionally, the organization also receives funds from various donors such as the Ministry of Social Welfare, nongovernmental organizations like the World Health Organization (WHO), and revenues generated at their hospital.

On the other hand, the charity-run care home currently houses 90 female residents who were found homeless, in dire physical and mental conditions usually belonging to a lower socioeconomic status. The suffering of older women motivated the founder to establish this care home in the year 2010. Since then, the care home has had a total of 229 residents. About 84 residents have been buried and 55 residents have been rehabilitated and sent back to their homes. As a charity-run care home, the organization depends on

unofficial and uncertain donations from individuals, foundations, and charities. Thus, the care home struggles to afford and provide quality accommodation, food, and healthcare facilities to the women.

"For every child, their mother is the best in the whole world because every mother does their best and gives their all to raise a child. I lost my mother at a very young age… when I look at the faces of any old woman suffering, I am reminded of my mother. If we saw them (old women) as our mothers then today they would have lived a better life…" (Founder, Charity-run care home 65).

The disparity in funding creates considerable challenges to access to quality and equal care for all older people. Thus, depending on the type of care home one resides in, is associated with their socioeconomic status in society (Molla, 2022; Shariful, 2015). This difference in care portrays the notion that some are independent, able, and worthy of care while others are impaired, unworthy, and dependent on the mercy of other people's donations (Molla, 2022; Shariful, 2015).

4.2 Sharing is caring.

The public care home has a private and independent living arrangement. The male and female dormitories are separate, and each resident has a private bedroom for accommodation. Residents share common spaces like the prayer room and other recreational facilities. Every day the residents are provided with three meals however, residents expressed dissatisfaction with the quality and variety of food they were served. When a resident has a visitor who brings them food, they share it with other residents. This is seen as an experience that bonds women and brings them closer together.

"Food is not served properly in this care home…Whenever they (management) receive donations from individuals, they do not use them to improve conditions in the care home…They are too corrupted, it takes a demon to snatch money from the innocents… The woman who lives next to me is much younger than me sometimes her sister comes to visit her and brings her food. She always shares with me." (Woman, 73).

On the contrary, the charity-run care home accommodates seventy women in two different rooms. Older women share beds, and sleep on the floor, in crowded conditions often difficult to imagine. These women are served three meals a day barely sufficient to appease their hunger or meet the needs of their frail aging bodies. Sanitation facilities remain extremely poor and the dire physical and mental conditions of some women mean that they urinate and defecate in the bed. Below is a memo I wrote that reflects on the situation.

Memo: *[14/07/2023] It is extremely difficult to witness the situation of the care homes. When I walk through the room trying to interact with women, I have to move past very slowly, tiptoeing to ensure that my feet do not touch the bodies of the women lying on the floor. It would be a sign of disrespect…The women here are served a smaller portion of food than the public care home. Yet these women do not tend to complain…A woman who was homeless for 17 years before she came to the care home expressed that having a roof over her head and a meal to eat is more than she could have asked for…*

Cross-cultural studies on aging show that sharing food is a vital part of community formation, kinship, and a sense of belonging (Dupuis & Nakamura, 2023). This is essential for old people as a sense of place attachment provides support, comfort, and warmth through informal bonds (Pazhoothundathil, 2021). This is conducive to the psychosocial well-being of older people who struggle with traumatic experiences, feelings of neglect, and detachment. Scholars like Dupuis and Nakamura (2023) find that in the Kuma region in Japan producing food, cooking together, and sharing is a way for older women to make connections with others, and find practices of surviving well together. Thus, care homes could involve older women in food production and cooking as an everyday activity that helps them develop a sense of nurturing and being nurtured.

4.3 From health to healing.

The public care home has a provision for routine medical check-ups. Doctors specialized in treating older people are available 24/7 at the care home. Additionally, an in-house pharmacy is also present. Since 2010 the care home has been affiliated with a medical education program on geriatric medicine which aims to train professionals to provide medical services to older people. Currently, a total of 154 students attend the institute.

While the management of the care home thinks it is a 'noble initiative,' residents of the care home have expressed their concerns.

"Some days they bring in students in our rooms without seeking prior permission. They use us as lab rats to train the students how to treat older people…When you have lived in the home for as long as I did (seven years), you tend to grow tired of being an example of a frail, almost dead body." (Woman, 68)

On the other hand, there is one in-house doctor in the charity-run care home and two nurses for all residents. The doctor is mainly specialized in medicine and struggles with the treatment of diseases with require specialized care. Additionally, the care home does not have medical equipment and facilities like the public care home and medicines have to be bought from external local pharmacies. The quality of healthcare services is low and inadequate and continues to be one of the main challenges for the care home. Lack of proper medical care has led to the suffering and death of many older women.

"I do not remember for how many months I was on the streets; I do not recall how I got there. When they (caregivers) found me, my left foot was rotten from an untreated infection…covered in dried-up blood, puss, and mites. It was too late, we couldn't save my foot…" (Woman, 75).

While some form of physical healthcare provisions was available at both the care homes, none of the care homes had access to mental healthcare facilities. Despite dealing with a group of people who come from severely harsh and traumatic experiences or have degenerative mental health conditions, there is no access to psychiatrists or psychologists. Upon inquiry, the caregivers suggested that even though it is an essential requirement, it is not a priority considering other challenges they encounter like providing space and meals for women. However, a resident at the public care home had a different view on the issue.

"Why would they provide mental healthcare for us when people think that we were abandoned by our families because we are pagol (crazy)? Some people would also call this (care home) the mental institution for the old…" (Woman, 68)

The lack of mental healthcare facilities underscored by the stigma and awareness around mental health illnesses because of aging is a major threat to older women's well-being in care homes (Hurd, 1999). Thus, the destigmatization and provision of mental healthcare facilities are necessary for women's psychosocial well-being (Hurd, 1999).

4.4 Lingering hopes of the afterlife.

In the public care home, there is a separate prayer room for Muslims. Male residents usually come together to pray in this room while female residents pray in their rooms. Every resident has a practice of praying five times a day. Prayers are one of the most valued times for these residents as faith and spirituality enable them to let go of their current miseries and transcend to feelings and thoughts about the rewards in the afterlife - *Jannah* (heaven). While there is no separate prayer room in the charity-run care home, women perform their prayers within the confines of the tiny row spaces they accommodate.

"As you grow older you inevitably lose your relationships…Partner, family, friends, neighbors everyone I had in my life either joined Allah on the other side or are busy with their lives. I spend most of my time in prayers. My relationship with Allah is more valuable than the material attachments one has to this temporary world." (Woman, 78).

Older women's perspectives and reliance on religion and spirituality have made the quality of their lives better and can be explained using Tornstam's (1997) theory of Gero-transcendence. Tornstam's theory of gerotranscendence is a vital contribution to the field of gerontology. Tornstam (1997) viewed aging as a natural developmental process toward maturity and wisdom. Gero refers to 'old' while transcendence means 'rising above'. Thus, aging is a process where there is a shift in the meta-perspective of a human that allows them to move beyond rationalistic and materialistic ways of life toward a more spiritual, cosmic, and transcendent one (Tornstam, 1997). Studies on gerotranscendence have found that it increases the life satisfaction of older people as they reinterpret the meaning of being old from notions of the self toward notions of health, harmony, and healing (Rutagumirwa, 2018; Tornstam, 1997).

Furthermore, in comparison to the public care home, the charity-run care home lacked space for entertainment both indoors and outdoors. Residents showed a keen interest in being able to go out and enjoy time in nature. Additionally, during my evening interactions with older women, residents thoroughly enjoyed sitting together, singing, dancing, and sharing stories. However, this is not the usual scene at care homes.

"When I was a young girl, I would always sing and dance at the local fair in our village…Now my voice shakes and trembles but it's surprising how I remember the lyrics of my childhood songs. This place feels gloomy and morbid on most days. It's difficult to keep the spirits up around so much suffering… But I think we should sing and dance more often" (Woman, 68).

This chapter illustrated the everyday lives of the older women living in care homes in Dhaka by reflecting on six main elements namely, management, accommodation and food, healthcare, religious and recreational facilities. The findings suggest a stark disparity in the quality of care received in the two care homes was underscored by the disparity in access to funding and other resources. The public care home has better provision for accommodation, nutritious meals, and medical services compared to the charity-run care home. Thus, increased funding and resources are dire for charity care homes in the country (Molla, 2022; Shariful, 2015).

Additionally, while the provision of nutritious meals is a constraint, sharing food is an essential part of the everyday lives of older women and establishing kinship (Dupuis & Nakamura, 2023). Older women suggest that involvement in food production and cooking together may not only provide them with healthier and tastier meals but also be a meaningful part of their everyday lives that allows them to connect to the nature and environment they inhabit (Dupuis & Nakamura, 2023).

Furthermore, access to mental healthcare is conducive to understanding, awareness, and destigmatization of degenerative mental health illnesses because of aging (Hurd, 1999). In both care homes, religion is a major part of the resident's everyday life and is practiced every day. Based on the theory of gerotranscendence we find a positive impact

on older women's emotional well-being through reinterpretation of the meaning they assign to their aging journey (Rutagumirwa, 2018; Tornstam, 1997). However, both care homes lack the availability of recreational facilities and activities. Engaging residents in music, dancing, painting, storytelling, or other activities of their interest is valuable in finding purpose, and meaning, and aging better, if not well in their everyday lives (Chazan & Whetung, 2021).

Chapter 5 Cultural Schemas: Navigating aging experiences among older women in care homes.

Using the cultural schemas theory, this chapter explores the cultural beliefs older women have about caregiving. The most prominent beliefs are that caregiving is both a religious and cultural duty, and it demonstrates respect, love, and status for those receiving care. Because of these beliefs, older women often see receiving care from their children as a cultural and religious obligation. However, the study found that many older women's realities were different from these cultural beliefs, as they did not feel cared for by their children. This disconnect between cultural expectations and reality often led to feelings of anxiety, sadness, frustration, and neglect. The research highlights the importance of developing programs that promote intergenerational caregiving. These interventions should not only acknowledge but also strengthen cultural values and beliefs to better support older adults and their families (Rutagumirwa, 2018).

5.1 Intergenerational Caregiving – Upholding tradition and reverence for older parents.

The first theme that was analyzed is about the model of intergenerational caregiving often described as a positive duty and obligation. From the older women's narratives of what caregiving means to them, this chapter identified that intergenerational caregiving is the cultural model of care. This model was religiously and culturally transmitted and internalized as a goal schema by older women as they took care of their parents.

"I dedicated my days to tending to my parents, believing that my children would learn from this act of unwavering devotion. In the Quran, the word mother is mentioned three times in a verse, compared to the mention of father just once. That etched in my heart the sacred duty of caring for my parents and then my parents-in-law after marriage. I never hoped for anything in return, just that one day my children would take care of me in the same way…" (Woman, 65).

The perception of care for older women is based on the intergenerational caregiving model, one that has been the norm in the Bangladeshi context of care. The underlying schema of intergenerational caregiving portrays that caregiving is a sign of love and respect

(Rutagumirwa, 2018). Children are socialized into their duty of providing care for their parents early in their childhood through religious texts, and observation of care roles within their families and in society at large. Thus, caregiving is a sign of obeying and a sign of honouring one's parents and their contributions to the family. Caregiving is a sign of reciprocity and when older parents are provided care by their children it is a show of successful parenthood (obedient and respectful children) that portrays the good values of the family.

"My son sold the house we were living in and migrated to Oman to work as a laborer in a construction company. I did not know where to go for months and heard people gossip about why my family may abandoned me. How does it matter when they (people) disrespect me when my son has dishonored me?" (Woman, 72).

In the charity care homes, most women expressed a sense of feeling disrespected and dishonored by their children. While older women in public care homes expressed a similar sentiment, they share the view that "living respectfully in a care home is better than being disrespected in the confines of one's home." This suggests that over time women with a higher socioeconomic status prefer living in a care home when they do not receive the expected care from their children. Additionally, women from a lower socioeconomic status are more vulnerable when not cared for by their families due to their marginalized position in society (Kabeer, 1988). While studies on intergenerational caregiving find that older people's well-being is negatively impacted when they are not cared for by their families, they do not consider the nuanced relation between an individual's socioeconomic status and the type of care received (Burholt & Dobbs, 2011; Rutagumirwa, 2018). This study suggests the need to consider such nuances to better understand the aging realities of the most marginalized and vulnerable older women.

5.2 Shaping Intergenerational Caregiving Schemas – Socialization and Early Life Experiences.

The second theme that emerged was the role of religious and cultural socialization in the formation of the caregiving schema. This was derived from older women's narratives of the messages they received in their early childhood either directly or indirectly from

different sources. The narratives portrayed how religious and cultural teachings constructed the beliefs and commitments toward caregiving.

"When I was a child, we would visit the mosque every Friday. Every prayer conducted first began by asking for good health, prosperity, and long life for our parents. We also asked for the ability to fulfill our duty as children and never let an inch of our actions hurt our parents… It was different for me as a young daughter… My duty was mostly to take care of my parents-in-law when I got married but my brother's was to take care of my parents. But as a daughter, I still felt the double burden of taking care of both my parents and parents-in-law"… (Women, 72).

Both in the rural and urban areas of Bangladesh, religious scripts are taught to children from a young age. Religious texts, in this case, the Quran, and prayers with the community at mosques served as a key method to instilling beliefs and values about intergenerational caregiving in children. This socialization process is further aided by observations and different stories and tales shared in the villages. These references contributed to the socialization of young individuals, educating them in ethics, including the responsibility of caring for the elderly. Essentially, these obligations were shaped by personal life encounters, societal norms and cultural upbringing, and religious duties (Rutagumirwa, 2018).

'When we were young our whole world was confined within my village. We knew everyone and everything about our village but thought very little about the world outside of it... Nowadays, you can go to the moon if you want. Once my children migrated to the city, I never heard from them." (Woman, 78).

Childhood socialization and early life experience are important dimensions of the intergenerational caregiving model (Quinn, 2011; Rutagumirwa, 2018). The shift away from this model is indicative of the weakening of the socialization process thus, considering the perspectives of the children of the older women is essential to understanding this process. While the scope of this study and the circumstances of the fieldwork did not allow us to include the children's or families' perspectives, findings from complementary studies suggest that the expansion and diversification of one's social network reduces the influence of young-age socialization processes over time (Muia et al., 2013). In this case, access to formal education, migration from rural to urban areas, and increased

connectivity due to digitization and globalization expand one social network providing them with diversified information that mitigates the influence of early childhood socialization (Tsutsui et al., 2013). Thus, it is important to account for later life socialization and experiences in shaping intergenerational caregiving schemas.

5.3. Enforcing Schemas of Intergenerational Caregiving through Rewards.

The third theme that emerged was the motivational force or the directive force of the cultural schema (D'Andrade, 1992). An influential aspect of the cultural framework was observed in shaping the caregiving practices of participants. This influence extended to their understanding of appropriate cultural conduct, especially concerning the care of older parents. This perspective was closely tied to the way cultural messages about a child's responsibilities towards their aging parents were internalized and interpreted (D'Andrade, 1992).

"*Growing up I had a fear of letting my parents down… In our religion, we fear a single teardrop from our parents. We say that a parent never curses a child but when you hurt them their pain reaches Allah…We also knew at the back of our minds that someday we will grow too and if we do not treat our parents well then, our children won't treat us well either. Who knows how I may have hurt my mother to be alone here today…" (Woman, 65).*

As previously discussed, the intergenerational caregiving model seems to provide a framework for how caregiving responsibilities are carried out across generations. To support and reinforce this model, specific regulations and rewards were established. Positive social reinforcements, such as blessings and praise, were given to children who successfully fulfilled their caregiving roles. Conversely, there were negative consequences, including the fear of curses, karma, and reputation for those who did not meet these expectations. These forms of reinforcement played a significant role in encouraging caregiving behaviors.

"Growing up we were always taught to live a life of dignity and respect…Gossip and judgment about someone's ill actions spread like wildfire in our village. A bad reputation could tarnish your image and bring shame to your family, but nowadays children don't care." (Woman, 68).

The findings suggest that negative reinforcements for not caring for one's parents have become less severe as more people migrate to cities, have nuclear families, and live more individualistic lives (Muia et al., 2013; Tsutsui et al., 2013). Thus, the fear of one's reputational damage is often negligible. To accommodate this shift in landscape it is essential to reconsider the reinforcement mechanisms that shape caregiving practices.

5.4 Balancing Expectations and Realities in the Care Landscape.

The schema of care older women expect from their children includes material care, physical care, and emotional care. Material and physical care involve providing resources like food, shelter, and healthcare or assisting in day-to-day activities while emotional care is the 'expression of love, dedication, and attachment toward older people' (Rutagumirwa, 2018). As previously discussed, older women's schema of expected care is based on the cultural model of intergenerational caregiving. However, their real-life experience of residing in a care home is contrary to their expectation. Thus, this section examines their perception and experience of aging in care homes by reflecting on the findings based on three dimensions of care – material, physical, and emotional.

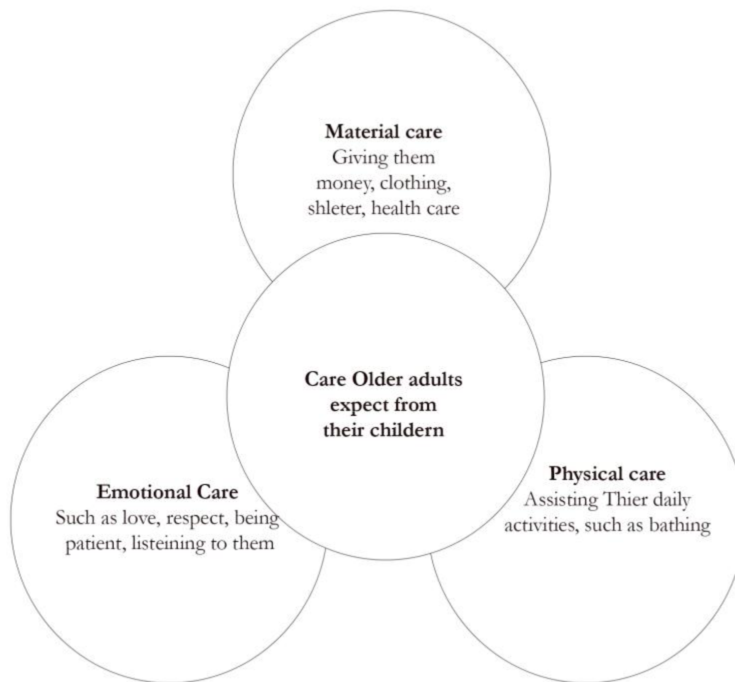

Figure 5.4 Care older women expect from their children.

Material care is one of the most crucial needs for aging populations, especially the most vulnerable and the marginalized. Both the public and charity care homes provide shelter, food, and healthcare which older women in charity care homes were previously deprived of. Most women expressed a sense of gratefulness to have access to material care from their respective care homes yet, observations during the fieldwork also indicate that even though women have shelter, they do not feel at home in the care homes.

"Every structure that has four walls cannot be considered a home. A home is made of one's belongings, loved ones…I do not have any possession here not even a picture of my children" (Woman, 72).

Establishing place attachment and creating a sense of home is crucial for developing one's identity and feeling safe and cared for in institutional care settings (Scannell & Gifford, 2010, as cited in Pazhoothundathil, 2021). This process ultimately contributes to experiences of subjective well-being. Homemaking involves the transformation of a place into a cherished environment through the emotional connections fostered by experiences such as love, happiness, and care (Scannell & Gifford, 2010, as cited in Pazhoothundathil,

2021). Establishing a sense of attachment to the care home depends on cognitive elements such as memories, knowledge of a place, and how much one values institutional care (Pazhoothundathil, 2021; Scannell & Gifford, 2010). However, a lack of individual arrangements, ownership, possession, and control over the care homes shows a lack of adequate material care (Pazhoothundathil, 2021).

Studies on place attachment and homemaking have shown that personal possessions that invoke memory such as photographs, heirlooms, or other cherished items can invoke a sense of home in a place (Casale, 2011; Pazhoothundathil, 2021). Care homes need to provide adequate individual living arrangements that allow older women to decorate and maintain their rooms with their personal possessions. This will invoke a sense of attachment and belonging in the care homes.

"It is easier to ask these people (caregivers) for help than my own children. One time my daughter-in-law complained to my son – she asked me to make too many cups of chai (tea)…He asked me to go to the tong (street shop) and drink chai there" (Woman, 65).

Older women in both care homes felt that they received considerable physical care from the caregivers. Caregivers assisted residents with everyday activities like eating, bath, taking medicines, and going on walks. Older women in the charity care home expressed that sometimes they hesitate to ask for assistance from caregivers or that they feel that caregivers carry a burden to tend to them. This is because while the charity care home is overcrowded, it is also understaffed. This means that caregivers often work very long hours. In contrast, older women in charity care homes expressed that caregivers have a duty towards them as they pay a monthly fee to reside in these homes. They claimed that it is easier to ask for assistance from caregivers than their children as they often experience hesitation and neglect at home.

Emotional care is the most essential dimension of care for an older adult's wellbeing. As people age emotional care becomes more valuable. In both care homes, women expressed a quenching need for emotional care. Emotional care is the most challenging

to provide at a care home as filling the void of one's children or other family members such as the relationship with one's grandchildren is almost impossible. However, older women expressed a sense of kinship with fellow residents, and caregivers provided emotional support and feelings of being loved and cared for (Hurd, 1999). Thus, strengthening the informal bonds in care homes can tremendously improve the subjective well-being of older women (Hurd, 1999; Pazhoothundathil, 2021). Findings during the fieldwork support this view.

"I miss the warmth of my granddaughter's hug… Her tiny fingers would be wrapped around my hands as we strolled through the village during our morning walks to the vegetable market. She would always be adamant about buying candy" (Woman, 64).

Programs on intergenerational care in countries such as the Netherlands have found a positive correlation with older people's well-being (Van der Pas et al., 2007). Fostering relations with the younger generations through older people's assistance programs or collaboration with orphanages and youth centers allows older people to rekindle a sense of feeling valued and respected (Van der Pas et al., 2007). Thus, care homes in Dhaka can implement programs that foster intergenerational caregiving. This can mitigate between older women's schema of expected care and their real-life experience of care received at care homes.

In essence, the cultural schemas theory has illuminated the intricacies of aging and care perceptions, emphasizing the need for interventions that adapt to the evolving cultural landscape. These insights guide the development of interventions that align with the lived experiences of the most vulnerable and marginalized older women in Dhaka, fostering a more gendered, inclusive, and culturally sensitive approach to gerontological care. Thus, the next chapter will explore older women's perceptions of their aging bodies using a gender lens and intersectionality approach.

Chapter 6 Doing Gender: Older Women's Perceptions of their Aging Bodies

The importance of the "body" in aging has received a lot of attention in gerontology and feminist studies (Siverskog, 2015; Twigg, 2004, as cited in Rutagumirwa, 2018). Scholars emphasize the body's condition as a crucial indicator of aging (Clarke & Korotchenko, 2011). While it's a common understanding that the body undergoes changes throughout life, the interpretations assigned to these changes, especially in the context of aging, are influenced by gender and embedded within cultural norms (Twigg, 2009). Additionally, the state of an older adult's physical body carries different implications based on their gender and surrounding environment (Siverskog, 2015).

Old age poses distinct challenges for women compared to men, often reinforced by societal stereotypes (Sandberg, 2013). There is a prevailing assumption that women lose not only their beauty but also their sense of self and social standing as they age (Sandberg, 2013). Research in Western societies has indicated that women are frequently judged and identified based on their beauty more than men (Krekula, 2007). This disadvantage experienced by aging women stems from the intersection of sexism and ageism (Rutagumirwa, 2018). Nevertheless, this varies significantly based on the intersection of identities such as age, gender and sexuality, nationality and ethnicity, socioeconomic status, and religion (Rutagumirwa, 2018).

This study delves into the experiences of aging women with low socioeconomic status, exploring how they attribute meaning to their aging bodies concerning societal ideals of femininity. The study results indicate that older women view their aging bodies as a "burden." This perception is closely connected to the aging body's incapacity to align with women's gendered roles (Butler, 2004). The struggle between their physical constraints and the aspiration to fulfill gender-specific responsibilities (shaped by their internalized feminine habits) profoundly impacts these women's self-identity (Butler, 2004; Twigg, 2004). Consequently, this internal conflict leads to emotional distress, endangering their subjective well-being (Rutagumirwa, 2018). The findings underscore the importance

of providing tailored interventions and support for older women, considering their unique cultural and socioeconomic backgrounds (Rutagumirwa, 2018).

6.1 Gender Performativity: 'Deficient' and 'Declining' Aging Bodies

The first theme that emerged is, that the aging body is 'deficient' in feminine traits and 'declining' in performance with aging. From their conversations, older women identified certain feminine traits and attributes embedded within the cultural framework. Encompassing these attributes provides women with respect and honor thus, women perform their gen-dered role in society aligned with these expectations. However, most of the older women expressed that their aging bodies are 'declining' and 'deficient' in bodily functions which are essential for gender performance and femininity (Butler, 2004; Twigg, 2004).

"I was once the primary caregiver in my family. My husband only got home the money, but I managed the entire household – cooking, cleaning, tending to our poultry, and cow, knitting clothes, and saving money for our children's education. My family respected me then, even my in-laws. But this body and mind stopped supporting me, it was the only thing I could rely on. I started becoming forgetful, incapable of doing daily household chores so my son got married and now his wife has replaced me" (Woman, 73).

Butler (2004) argues that women internalize feminine traits over the life course. This provides a framework used to develop a sense of identity and meaning in one's life through the repetition of gender performances (Butler, 2004). Additionally, Turner (1967) argued that the repetition and re-enactment of gender performances is a ritualized form of gaining legitimacy (Turner, 1967,). Turner viewed aging as a 'last liminal stage' that limits gender performativity. This is congruent with the findings that find that the aging body constrains one's embodiment of femininity (Rutagumirwa, 2018). Women's inability to perform their daily chores and caregiving responsibilities presents a loss of bodily function resulting in feelings of being 'deficient' and 'incapable'. Thus, the difference between older women's experiences with aging bodies and cultural expectations of femininity negatively impacts how they view their own aging bodies (Antoninetti & Garrett, 2012, as cited in Rutagumirwa, 2018). The next section will explore the impact of women's limited gender performativity on their societal status and identity.

6.2 Fading Identities: Loss of Status and Selfhood.

The second theme that emerged is, the decline of the body represents a loss of societal status and a sense of selfhood. The findings in this section suggest that women's ability to perform gender allows them to maintain their status and respect in society, and thus their 'symbolic capital' (Bourdieu, 1986, as cited in Rutagumirwa, 2018). However, the gap between their belief that they should be a good wife and mother (symbolic capital) and their inability to fulfill gender roles (body capital) and meet societal expectations (expected femininity) represents a loss of status and respect and erodes one's selfhood (Bourdieu, 1986; Butler, 2004; Twigg, 2004, as cited in Rutagumirwa, 2018). This in turn triggers feelings of anxiety, disappointment, and emptiness.

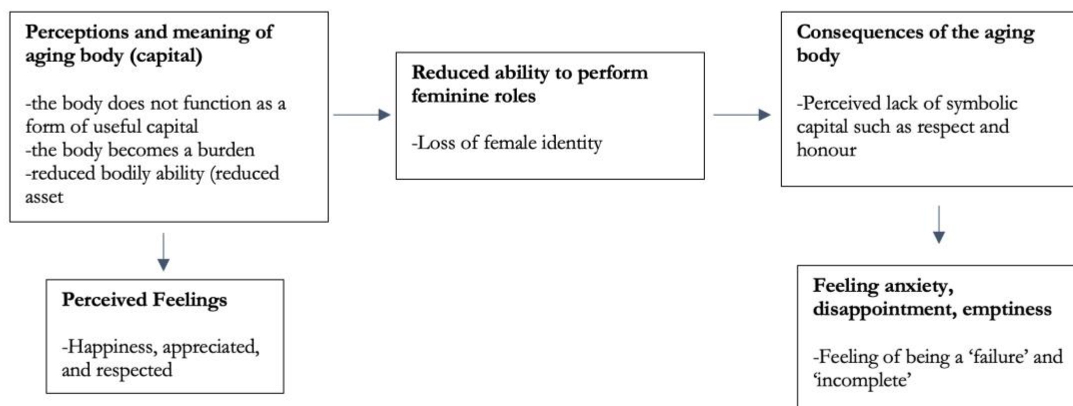

Figure 6.2 Viewing and experiencing one's aging body.

"A good woman is judged by her ability to perform her duties. Be a good daughter, wife, mother…not be educated or successful. I was everything until my husband divorced me for another woman. I did not wish to return to my family and made his institution of care my home. The money I had saved helped me maintain my dignity" (Woman, 78).

This remark by an older woman shows that the intersection of her marital status plays a role in determining her status in society. Additionally, it illustrates that women do not make or have a conscious choice to perform gender roles like they wish to but must perform and maintain a gender performance embedded within the cultural framework (Butler, 2004). This is congruent with Butler's argument that gender identities are not chosen but produced and reproduced through repetition (Butler, 2004). Regardless of

being an educated woman previously employed in the public sector, her identity in her household directly impacts her aging and care experience in later life. The intersection of other disadvantages such as lower socioeconomic status and a lack of education or formal employment makes older women even more vulnerable to a lack of care in old age. A narrative of an older woman in the charity care home sheds light on this aspect:

"My husband loved and respected me in our marriage. When he was alive my world was complete. After he passed away over a decade ago my children and his siblings deprived me of the land where we had a small house, it was the last symbol of love, memories, and security he had left for me… With no education or savings, I had nowhere. I went begging and being homeless for two till I got terminally ill, and this care home saved my life" (Woman, 69).

This account of an older woman illustrates the intersection of marital status -being a 'widow' and belonging to a lower socioeconomic status makes women vulnerable to discrimination, and neglect in old age (Rutagumirwa, 2018). Widows who lacked resources or did not inherit property were at a greater risk of poverty (Rutagumirwa, 2018). Additionally, other participants commented that widowhood becomes a part of one's new identity that signifies loss. When a woman becomes a widow, they not only lose their partner but there is also a loss of property, security, social networks, and respect (Rutagumirwa, 2018). Thus, the findings suggest a need for a deeper and more nuanced understanding of how the intersection of gender and other disadvantages affects women's aging and care experiences in later life. This is essential to provide tailored interventions and support programs for older women, considering their unique cultural and socioeconomic backgrounds.

The next chapter will discuss the summary of the key findings, reflect on the theoretical analysis, and provide recommendations for aging and care for older women in Bangladesh.

Chapter 7 Discussion and Conclusion

7.1 Summary of main findings

This section provides an overview of the study's main findings. **Chapter 4** illustrates the everyday lives of older women in care homes by reflecting on six main elements of daily care needs – accommodation, food, healthcare, religion and spirituality, and recreation. The findings revealed that there is a stark disparity in the quality of care received by older women in public and charity-run care homes (Molla, 2022; Shariful, 2015). This is underscored by disparities in access to resources, funding, and the cultural perceptions of these two types of care homes. Residents in public care homes are considered independent, able, and worthy of care while residents in charity care homes are deemed as impaired, unworthy, and dependent on charitable care (Molla, 2022; Shariful, 2015). In addition, observations and accounts from participants' interviews identified that food is an essential component in older women's daily lives and that sharing food provides a sense of belonging and kinship (Dupuis & Nakamura, 2023). Furthermore, we find that stigma around degenerative mental health illnesses due to aging and lack of understanding and psychological care is detrimental to women's psychosocial well-being (Hurd, 1999). Nevertheless, based on the theory of gerotranscendence we find that religion and spirituality have a positive impact on older women's emotional well-being as they reinterpret the meaning of being old from notions of the self toward notions of health, harmony, and healing (Tornstam, 1997).

Chapter 5 explores various cultural schemas evident in older women's perceptions of caregiving. The most prevalent schemas are that caregiving is both a religious and cultural duty, and it symbolizes respect and love (Rutagumirwa, 2018). These schemas lead older women to view receiving care from their children as a religious and cultural obligation. However, our findings reveal a significant disparity between these cultural schemas and the actual experiences of these women, many of whom did not feel cared for by their children. Older women in charity care homes expressed a sense of feeling 'disrespected' and 'dishonored' by their children. The narratives portrayed how religious and cultural teachings constructed the beliefs and commitments toward caregiving. However, the shift

away from this model is indicative of the weakening of the socialization process thus, considering the perspectives of the children of the older women is essential to understanding this process. This led to feelings of anxiety, sadness, frustration, and neglect. Older women's narratives show a sense of kinship with fellow residents, and caregivers emotional support, and feelings of being loved and cared for. Thus, strengthening the informal bonds in care homes can tremendously improve the subjective well-being of older women.

Chapter 6 delves into the experiences of aging women with low socioeconomic status, exploring how they attribute meaning to their aging bodies concerning societal ideals of femininity (Siverskog, 2015; Twigg, 2004). The first theme that emerged is the perception that the aging body lacks feminine traits and experiences a decline in performance as it ages. The study results indicate that older women view their aging bodies as a "burden" (Bulter, 2004; Rutagumirwa, 2018). This perception is closely connected to the aging body's incapacity to align with women's gendered roles (Butler, 2004; Twigg; 2004). The second theme that emerged is the notion that bodily decline signifies a loss of societal status and personal identity. The findings indicate a gap between older women's perceived duty to fulfill roles as good wives and mothers (symbolic capital) and their decreasing ability to perform these gender roles (body capital) and conform to societal expectations (expected femininity) represents a loss of status and respect and erodes one's selfhood (Bourdieu, 1986; Butler, 2004; Twigg, 2004; Rutagumirwa, 2018). This in turn triggers feelings of anxiety, disappointment, and emptiness. Furthermore, narratives of older women illustrate the intersection of marital status - being a 'widow' and belonging to a lower socioeconomic status makes women vulnerable to discrimination, and neglect in old age (Rutagumirwa, 2018). Thus, the findings suggest a need for a deeper and more nuanced understanding of how the intersection of gender and other disadvantages affects women's aging and care experiences in later life.

7.2 Conclusion

This study offers valuable insights into the cultural factors that shape the perspectives on aging experiences and gender identities among elderly women in Bangladesh. The key findings underscore the lasting impact of early cultural socialization, including schemas

and religious scripts, on the way older women perceive and experience aging and care in care homes (D'Andrade,1992). Discrepancies between expected vs received care for older women question the reliability of intergenerational family care and stress the importance of culturally specific interventions to strengthen familial bonds. Changes in the body due to aging contribute to shifts in gender performances, creating a disconnect with internal ideals of femininity (selfhood) and loss of respect and honour (status), leading to emotional distress (Butler, 2004; Twigg, 2004). The study advocates for interventions tailored to the cultural context to address this disparity and improve the well-being of older women in Bangladesh.

While family care remains crucial, the study suggests reinforcing formal care in conjunction with social protection programs. Inclusivity in schemes like the old-age pension, covering older women without formal employment, is recommended. Strengthening government involvement in welfare and enhancing non-family-based care options such as interactions with younger generations is essential for the well-being of older women.

Understanding cultural norms and gender dynamics is fundamental for driving behavioral changes and promoting awareness. The research uncovers detrimental gender norms impacting the well-being of older women necessitating policy initiatives and interventions. Gender-transformative programs, community education, and empowerment initiatives emerge as critical tools. Additionally, acknowledging the vulnerability of older women to discrimination calls for gender-sensitive policies. Examining the complex intersections of privilege and disadvantage informs strategies for revising state support programs, services, and policies to better cater to the needs of older women in Bangladesh.

Appendices

Appendix 1: Interview guides for older women in English

Introduction

Thank you very much for agreeing to talk with me. My name is Syeda Sayema Mayesha. I am a postgraduate student at Erasmus University. I am researching Aging and Care for older women. This is purely academic research. Involvement in this study is entirely voluntary. The data collected are solely for academic purposes. If you agree to be in this study, your involvement will consist of a single interview that will last approximately one to two hours. You are free to skip any questions that you would prefer not to answer during the interview. **Payment:** You will not receive any payment for being in this study.

Confidentiality: All information and records relating to your participation will be confidential. Only the research team will be able to look at these records. If the results of this study are published, no names or other identifying information will be used.

Consent: Take oral/verbal consent before starting the discussion. Take permission to record the discussion.

Background information

No. of interview	
Date	
Age	
Previous place of residence	
Education	

Religion	
Marital status	
Previous Occupation	
Number of children/people in the family	
Duration of stay in old home	

Opening question

1. Please tell me a little about yourself
    a. **Probe**: Where did you grow up?
    b. **Probe:** Who did you live with in your childhood?

Economic capital, social capital --- intergenerational support

1. Do you or did you own any resources?
    a. **Probe**: assets, land, houses, livestock
    b. **Probe**: Any changes of ownership and control? Why?
2. How many children do you have?
    a. What are their sex and ages?
3. Do they or did they give you support/care?
    a. **Probe**: financial, emotional, social support, moral
4. What have been your experiences with contacting significant others for help?
    a. Probe: (Children, relatives, grandchildren, spouse)?
5. As you age, how has life changed? For example, how have your family roles and responsibilities changed?

Cultural sources of female gender role socialization

Now I'm going to ask you some questions about gender socialization, it may have been a while so I don't expect you to remember every detail. I just want to know what you remember from that time in your life.

1. When and in which ways were you made aware of your gender/feminine roles?
    a. **Probe:** source of gender socialization
    b. **Probe:** from family/community? School? Religious messages?
2. What kind of things/messages you were told about womanhood/femininity?
    a. **Probe:** behaviour, roles, responsibilities, dos and don'ts
    b. **Probe:** Can you remember any specific conversation (or comments) that people made to you at any point in your life concerning your behavior as a woman?
3. What do you think about it (i.e. early socialization messages), in which ways they influenced the way you perceive and experience your femininity
    a. **Probe:** experienced, and defined your womanhood?
    b. **Probe:** What of this information did you feel was most important to you personally?

Perceptions of femininity

1. What was expected of you as a woman? (in your family and community)
    a. **Probe**: your roles, rights, responsibilities, decisions, control
    b. **Probe**: What was your position as a young woman?
    c. **Probe**: How does your position change in your adulthood?
    d. **Probe:** How does this experience compare to back in your young age?
2. Were there particular periods in your life where you felt more or less feminine?
3. Do you think what you were told/ learned about womanhood (from your community or other sources) shape/affect the way you perceive your femininity now?
    a. **Probe:** If so, how?
4. What is happening to you (as a woman) when confronted with aging?
    a. **Probe:** Please tell me a specific story that describes how things have changed because of aging.
    b. **Probe:** behavior, roles, responsibilities, dos and don'ts

5. How do you feel when you don't fulfill your role as a woman? (Please give me your experience on how you feel when you failed to fulfill your role as a woman).

Femininity and aging (in later life)

1. Tell me what it means to age
2. When did you feel that you started to become old? How did you feel?
3. Tell me about some of the changes and losses/gains you have experienced as a woman as you age.
   a. **Probe:** What are the most difficult things you have had to face?
4. How did/do you react when these things (mentioned above) happened?
   a. **Probe**: How did you get through these hard times?
   b. **Probe:** What was/is of help to you during the difficult times?
5. What types of things did you do in your youth that were not helpful to you?
6. How could you have handled things differently?
7. Are there things you cannot do as a woman as you age?
   a. **Probe:** Worries or fears as you grow older? Probe: Why
   b. **Probe**: What has changed?
   c. **Probe:** Why?
8. What do you think would be helpful to older women as they deal with loss, and challenge?

Aging body and femininity

1. Do you perceive your body as less functional (declining) now that you are getting old?
   a. **Probe**: If (yes) how did that make you feel?
2. Are you able to do the same things with your body now compared to when you were younger?
   a. **Probe:** culturally assigned feminine roles
3. How does that make you feel—particularly in terms of femininity?
4. Does age-related changes in body (e.g body functioning) affect your view of your own personal feminine identity?
   a. **Probe:** Body image
5. How do you deal with such views?

a. **Probe:** coping strategies

Institutional life

1. How did you come to live in this old home?
2. What was your situation prior to moving here?
3. Can you briefly narrate to me your usual day in this home?
4. How do you see the care services that you are receiving from this institution?
5. What did you think about an old age home before making your move here?
6. What are the changes happening in your life after you start living in this old home?
7. Do you think of this old home as your own home?
8. How is your relationship with other fellow residents or caregivers?
9. In your opinion how should an older adult be looked after?
    a. **Probe**: Children, Governments, Old Age Institutions
10. How is it different than when you cared for your parents?
11. What are your suggestions for improving the experience of living in old homes?
    a. **Probe:** From institutional caregivers, government, society at large
12. What is your advice for those who are living/are going to live in old age homes?

Appendix 2: Interview guides for older women in Bengali

ভূমিকা

আমাদের সাথে কথা বলার জন্য আপনাকে অনেক ধন্যবাদ। আমার নাম সৈয়দা সায়েমা মায়েশা। আমি ইরাসমাস বিশ্ববিদ্যালয়ের একজন স্নাতকোত্তর ছাত্র। আমি বার্ধক্য এবং লিঙ্গ পরিচয়ের উপর গবেষণা পরিচালনা করছি। এটি সম্পূর্ণরূপে একাডেমিক গবেষণা। এই গবেষণায় সম্পৃক্ততা সম্পূর্ণরূপে স্বেচ্ছায়। সংগৃহীত তথ্য শুধুমাত্র একাডেমিক উদ্দেশ্যে। আপনি যদি এই অধ্যয়নে থাকতে সম্মত হন, তাহলে আপনার সম্পৃক্ততা একটি একক সাক্ষাৎকার নিয়ে গঠিত হবে যা প্রায় এক থেকে দুই ঘণ্টা স্থায়ী হবে। সাক্ষাত্কারের সময় আপনি উত্তর দিতে চান না এমন কোনো প্রশ্ন এড়িয়ে যেতে পারেন। অর্থপ্রদান: আপনি এই গবেষণায় থাকার জন্য কোনো অর্থপ্রদান পাবেন না।

গোপনীয়তা:আপনার অংশগ্রহণের সাথে সম্পর্কিত সমস্ত তথ্য এবং রেকর্ড গোপনীয় হবে। শুধু গবেষণা দলই এই রেকর্ডগুলো দেখতে পারবে। এই গবেষণার ফলাফল প্রকাশিত হলে, কোন নাম বা অন্যান্য সনাক্তকারী তথ্য ব্যবহার করা হবে না।

সম্মতি:আলোচনা শুরু করার আগে মৌখিক/মৌখিক সম্মতি নিন। আলোচনা রেকর্ড করার অনুমতি নিন।

পটভূমির তথ্য

সাক্ষাৎকারের সংখ্যা	
তারিখ	
বয়স	
আগের থাকার জায়গা	
শিক্ষা	

ধর্ম	
বৈবাহিক অবস্থা	
পুর্বের পেশা	
পরিবারে শিশু/মানুষের সংখ্যা	
বৃদ্ধাশ্রম থাকার সময়কাল	

খোলার প্রশ্ন

1. আপনার সম্পর্কে একটু বলুন
    a. **ক্ষত পরীক্ষা করা**: আপনি কোথায় বড় হয়েছেন?
    b. **ক্ষত পরীক্ষা করা**:শৈশবে কার সাথে থাকতেন?

অর্থনৈতিক পুঁজি, সামাজিক মূলধন --- আন্তঃপ্রজন্মীয় সমর্থন

1. আপনি বা আপনি কোন সম্পদের মালিক?
    a. **ক্ষত পরীক্ষা করা**: সম্পদ, জমি, ঘরবাড়ি, পশুসম্পদ
    b. **ক্ষত পরীক্ষা করা**: মালিকানা ও নিয়ন্ত্রণের কোন পরিবর্তন? কেন?
2. আপনার কতগুলো সন্তান আছে?
    a. তাদের লিঙ্গ এবং বয়স কি?
3. তারা কি আপনাকে সমর্থন/যত্ন দিয়েছে?
    a. **ক্ষত পরীক্ষা করা**: আর্থিক, মানসিক, সামাজিক সমর্থন, নৈতিক
4. সাহায্যের জন্য উল্লেখযোগ্য অন্যদের সাথে যোগাযোগ করার ক্ষেত্রে আপনার অভিজ্ঞতা কী ছিল?
    a. অনুসন্ধান: (সন্তান, আত্মীয়, নাতি-নাতনি, পত্নী)?

5. আপনার বয়স হিসাবে, জীবন কিভাবে পরিবর্তিত হয়েছে? উদাহরণস্বরূপ, আপনার পারিবারিক ভূমিকা এবং দায়িত্বগুলি কীভাবে পরিবর্তিত হয়েছে?

নারী লিঙ্গ ভূমিকা সামাজিকীকরণ সাংস্কৃতিক উত্স

এখন আমি আপনাকে লিঙ্গ সামাজিকীকরণ সম্পর্কে কিছু প্রশ্ন জিজ্ঞাসা করতে যাচ্ছি, এটি একটি সময় হয়ে থাকতে পারে তাই আমি আশা করি না যে আপনি প্রতিটি বিস্তারিত মনে রাখবেন। আমি শুধু জানতে চাই আপনার জীবনের সেই সময় থেকে আপনি কী মনে রেখেছেন।

1. কখন এবং কোন উপায়ে আপনাকে আপনার লিঙ্গ/নারী ভূমিকা সম্পর্কে সচেতন করা হয়েছিল?
    a. **ক্ষত পরীক্ষা করা:**লিঙ্গ সামাজিকীকরণের উৎস
    b. **ক্ষত পরীক্ষা করা:**পরিবার/সম্প্রদায় থেকে? বিদ্যালয়? ধর্মীয় বার্তা?
2. নারীত্ব/নারীত্ব সম্পর্কে আপনাকে কী ধরনের জিনিস/বার্তা বলা হয়েছিল?
    a. **ক্ষত পরীক্ষা করা:**আচরণ, ভূমিকা, দায়িত্ব, করণীয় এবং করণীয়
    b. **ক্ষত পরীক্ষা করা:**আপনি কি মনে রাখতে পারেন কোনো নির্দিষ্ট কথোপকথন (বা মন্তব্য) যা আপনার জীবনের যে কোনো সময়ে একজন নারী হিসেবে আপনার আচরণের বিষয়ে লোকেরা আপনাকে করেছিল?
3. আপনি এটি সম্পর্কে কি মনে করেন (যেমন প্রাথমিক সামাজিকীকরণ বার্তা), কোন উপায়ে তারা আপনার নারীত্বকে উপলব্ধি এবং অনুভব করার উপায়কে প্রভাবিত করেছে
    a. **ক্ষত পরীক্ষা করা:**অভিজ্ঞ, এবং আপনার নারীত্ব সংজ্ঞায়িত?
    b. **ক্ষত পরীক্ষা করা:**এই তথ্যগুলির মধ্যে কোনটি আপনি ব্যক্তিগতভাবে আপনার কাছে সবচেয়ে গুরুত্বপূর্ণ বলে মনে করেছেন?

নারীত্বের উপলব্ধি

1. একজন নারী হিসেবে আপনার কাছে কী আশা করা হয়েছিল? (আপনার পরিবার এবং সমাজে)
    a. **ক্ষত পরীক্ষা করা**: আপনার ভূমিকা, অধিকার, দায়িত্ব, সিদ্ধান্ত, নিয়ন্ত্রণ
    b. **ক্ষত পরীক্ষা করা**: একজন তরুণী হিসেবে আপনার অবস্থান কী ছিল?
    c. **ক্ষত পরীক্ষা করা**: আপনার যৌবনে আপনার অবস্থান কীভাবে পরিবর্তিত হয়?
    d. **ক্ষত পরীক্ষা করা:**এই অভিজ্ঞতা আপনার তরুণ বয়সে ফিরে কিভাবে তুলনা?
2. আপনার জীবনে কি এমন কিছু নির্দিষ্ট সময় ছিল যেখানে আপনি কম বা বেশি মেয়েলি অনুভব করেছিলেন?

3. আপনি কি মনে করেন যে আপনাকে নারীত্ব সম্পর্কে যা বলা হয়েছে/শিখেছে (আপনার সম্প্রদায়ের অন্যান্য উত্স থেকে) আপনি এখন আপনার নারীত্বকে যেভাবে উপলব্ধি করছেন তা আকার/প্রভাবিত?

    a. **ক্ষত পরীক্ষা করা:**যদি তাই হয়, কিভাবে?

4. বার্ধক্যের মুখোমুখি হলে আপনার (একজন মহিলা হিসাবে) কী ঘটছে?
    a. **ক্ষত পরীক্ষা করা:**অনুগ্রহ করে আমাকে একটি নির্দিষ্ট গল্প বলুন যা বর্ণনা করে যে কীভাবে বার্ধক্যের কারণে জিনিসগুলি পরিবর্তিত হয়েছে।
    b. **ক্ষত পরীক্ষা করা:**আচরণ, ভূমিকা, দায়িত্ব, করণীয় এবং করণীয়
5. আপনি যখন একজন নারী হিসেবে আপনার ভূমিকা পালন করেন না তখন আপনার কেমন লাগে? (একজন মহিলা হিসাবে আপনি যখন আপনার ভূমিকা পালন করতে ব্যর্থ হন তখন আপনি কেমন অনুভব করেন সে সম্পর্কে দয়া করে আমাকে আপনার অভিজ্ঞতা দিন)।

নারীত্ব এবং বার্ধক্য (পরবর্তী জীবনে)

1. বয়স মানে কি বলুন
2. কবে থেকে বুড়ো হতে শুরু করলো? আপনি কেমন অনুভব করলেন?
3. আপনার বয়সের সাথে সাথে একজন মহিলা হিসাবে আপনি যে পরিবর্তনগুলি এবং ক্ষতি/লাভগুলি অনুভব করেছেন তার কিছু সম্পর্কে আমাকে বলুন।

    a. **ক্ষত পরীক্ষা করা:**আপনি সম্মুখীন হয়েছে সবচেয়ে কঠিন জিনিস কি কি?

4. যখন এই জিনিসগুলি (উপরে উল্লিখিত) ঘটেছিল তখন আপনি কীভাবে প্রতিক্রিয়া দেখিয়েছিলেন?
    a. **ক্ষত পরীক্ষা করা:** এই কঠিন সময়গুলো কীভাবে পার করলেন?
    b. **ক্ষত পরীক্ষা করা:**কঠিন সময়ে আপনার জন্য কী সাহায্য করেছে?
5. আপনার যৌবনে আপনি কি ধরনের কাজ করেছেন যা আপনার জন্য সহায়ক ছিল না?
6. আপনি কিভাবে ভিন্নভাবে জিনিস পরিচালনা করতে পারে?
7. এমন কিছু আছে যা আপনি বয়সের সাথে সাথে একজন মহিলা হিসাবে করতে পারবেন না?
    a. **ক্ষত পরীক্ষা করা:**আপনার বয়স বাড়ার সাথে সাথে উদ্বেগ বা ভয়? অনুসন্ধান: কেন
    b. **ক্ষত পরীক্ষা করা:** কি বদলে গেছে?
    c. **ক্ষত পরীক্ষা করা:**কেন?
8. আপনি কি মনে করেন বয়স্ক মহিলাদের জন্য সহায়ক হবে কারণ তারা ক্ষতি এবং চ্যালেঞ্জ মোকাবেলা করে?

বার্ধক্যের শরীর এবং নারীত্ব

1. আপনি কি এখন বুড়ো হয়ে যাচ্ছেন বলে আপনার শরীরকে কম কার্যকরী (হ্রাস) বলে মনে করছেন?
    a. **ক্ষত পরীক্ষা করা**: যদি (হ্যাঁ) তাহলে আপনার কেমন লাগলো?
2. আপনি যখন ছোট ছিলেন সেই তুলনায় এখন কি আপনার শরীরের সাথে একই জিনিসগুলি করতে সক্ষম?
    a. **ক্ষত পরীক্ষা করা:**সাংস্কৃতিকভাবে বরাদ্দ করা মেয়েলি ভূমিকা
3. এটি আপনাকে কীভাবে অনুভব করে - বিশেষত নারীত্বের ক্ষেত্রে?
4. শরীরের বয়স-সম্পর্কিত পরিবর্তনগুলি (যেমন শরীরের কার্যকারিতা) কি আপনার নিজের ব্যক্তিগত মেয়েলি পরিচয় সম্পর্কে আপনার দৃষ্টিভঙ্গি প্রভাবিত করে?
    a. **ক্ষত পরীক্ষা করা:**শরীরের প্রতিচ্ছবি
5. আপনি কিভাবে এই ধরনের মতামত মোকাবেলা করবেন?
    a. **ক্ষত পরীক্ষা করা:**মোকাবেলা কৌশল

প্রাতিষ্ঠানিক জীবন

1. আপনি কিভাবে এই পুরানো বাড়িতে থাকতে আসেন?
2. এখানে যাওয়ার আগে আপনার অবস্থা কী ছিল?
3. আপনি কি আমাকে এই বাড়িতে আপনার স্বাভাবিক দিনটি সংক্ষেপে বর্ণনা করতে পারেন?
4. আপনি এই প্রতিষ্ঠান থেকে যে পরিচর্যা সেবা পাচ্ছেন তা কিভাবে দেখছেন?
5. এখানে আপনার স্থানান্তর করার আগে আপনি একটি বৃদ্ধাশ্রম সম্পর্কে কি ভেবেছিলেন?
6. আপনি এই বৃদ্ধাশ্রমে বসবাস শুরু করার পর আপনার জীবনে কী পরিবর্তন ঘটছে?
7. আপনি কি এই পুরানো বাড়িটিকে নিজের বাড়ি বলে মনে করেন?
8. অন্যান্য সহকর্মী বাসিন্দা বা যত্নশীলদের সাথে আপনার সম্পর্ক কেমন?
9. আপনার মতে একজন বয়স্ক প্রাপ্তবয়স্ককে কীভাবে দেখাশোনা করা উচিত?
    a. **ক্ষত পরীক্ষা করা**: শিশু, সরকার, বার্ধক্য প্রতিষ্ঠান
10. আপনি যখন আপনার পিতামাতার যত্ন নেন তার চেয়ে এটি কীভাবে আলাদা?
11. পুরানো বাড়িতে বসবাসের অভিজ্ঞতা উন্নত করার জন্য আপনার পরামর্শ কি?
    a. **ক্ষত পরীক্ষা করা:**প্রাতিষ্ঠানিক পরিচর্যাকারীদের কাছ থেকে, সরকার, বৃহত্তর সমাজ
12. যারা বৃদ্ধাশ্রমে বসবাস করছেন/যাচ্ছেন তাদের জন্য আপনার পরামর্শ কী?

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