



Editorial

Elderly care in Bosnia and Herzegovina: the nexus of family and institutional care

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Contemporary Bosnian and Herzegovinian society is confronted with multiple distinct challenges that significantly affect overall quality of life. These challenges disproportionately impact vulnerable groups, particularly older adults. Global social trends, including depopulation and population ageing, combined with the erosion of family structures, empathy, and social solidarity, alongside deficits in institutional capacities and compounded by local economic instability and poverty, represent key predictors of a crisis in elderly care. With a demographic transition driven not only by migration but also by a drastic decline in fertility rates, a profound imbalance emerges in the labour market, which directly affects pension, healthcare, and social protection systems.

Migration, whether external or internal, is not solely an economic phenomenon, and directly affects the structure and dynamics of family relations (Buljubašić and Šadić, 2021). According to Stojak et al. (1990), a crisis in elderly care was already observed after World War II, caused by intensive industrialization and the migration of young people to urban areas. However, despite these trends, older adults continued to receive adequate care due to higher fertility rates, extended family structures, and broader social networks. Following the most recent war (1992–1995), migration patterns acquired different characteristics, and today their consequences are most evident in the care of elderly, who are often left alone or abandoned, particularly those residing in rural and remote areas where social and healthcare services are almost inaccessible.

Although elderly in the Bosnian-Herzegovinian context have traditionally relied on family support and assistance, social and demographic changes have destabilised their care environment and general welfare. The family is increasingly externalizing many of their roles, due to its inability to act as primary caregivers, especially to their older family members. A particular challenge arises from the increased participation of women in the labor market, which effectively eliminates the traditional “unpaid service” previously situated within the domestic sphere (Zaviršek, 2014). Despite the structural weakening of the family and the disappearing of multigenera-

tional households, many families continue to bear the primary burden of care for older members, even though it no longer possesses the necessary capacities.

Unlike European countries, where existing economic capacities have been accompanied by social policies responsive to the needs of older adults and the intensive development of institutional care services, less developed societies continue to rely primarily on the family and assume the persistence of intergenerational familial solidarity. A few recent studies, such as Hromadžić et al. (2015), Kepeš et al. (2019), Šadić and Emirhafizović (2021), and Salić (2024) indicate that the social and economic position of the elderly is highly unfavourable and that the situation is a “care crisis”.

Adequate care provision for elderly people who require permanent assistance remains constrained by limited societal capacities. A particularly vulnerable group are older persons without family support, who, due to health-related limitations, often require intensive care. Institutional capacities in the public sector remain insufficiently developed to meet the needs of the ageing population, leading to a predominant expansion of services within the private sector. This structural dynamic fosters processes of social stratification and elitism, as the cost of such services is very high and thus accessible only to a narrow population. The most frequent service users are the elderly whose children have migrated to other countries. At the same time, the development of community-based and in-home social services remains persistently insufficient.

In response to contemporary social policy trends and the principle of ageing in place, policies increasingly aim to introduce such services. In line with the objectives of the Madrid International Plan of Action on Ageing (United Nations, 2002) and the Council of Europe Strategy on the Rights of Older Persons (2014), which emphasize the need for sustainable solutions that promote autonomy and quality of life in older age, the new Draft Law on Social Services in the Federation of Bosnia and Herzegovina (Government of the Federation of Bosnia and Herzegovina, 2024), for the first time, clearly regulates the concept, types, and providers of social

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services. The law seeks to ensure the provision of home-based care services for elderly and persons with disabilities, thereby aligning national policy with contemporary approaches to dignified ageing and “ageing in the community”.

The legal framework of Bosnia and Herzegovina formally incorporates the principle of intergenerational solidarity within the family, meaning that it is not only considered a moral expectation but also a legal obligation. Under this framework, parents are required to provide support to their children, while adult children are also legally obliged to care for their parents, as stipulated in the Family Law of the Federation of Bosnia and Herzegovina (2005). However, this obligation applies only if family members are financially and practically capable of providing the required care. In cases where unemployment or other objective circumstances prevent such support, the obligation is waived, and the responsibility for providing care shifts to the state, which then ensures assistance for individuals in need.

The results of a study conducted among young people (Dervišbegović and Šadić, 2012) show that the majority of respondents (73.2%) do not express concern or fear regarding the potential responsibility of caring for their older parents, perceiving it as a natural expectation. A smaller percent (15.8%) report some level of concern, and 10.5% remain neutral on the issue. Young people who do express concern primarily refer to objective factors that may prevent them from fulfilling this role, such as socio-economic constraints or other structural limitations. These findings correlate with more recent research on the importance of the family for young people, in which it is identified as a primary source of security (Alic et al., 2015). This pattern is further confirmed by the Youth Study in Bosnia and Herzegovina (Osmić et al., 2024). In the context of persistent social uncertainty, which is continuously reproduced in various forms, the family represents a fundamental source of support – in both economic and emotional terms.

Despite the presence of strong family values, the needs of older persons increasingly exceed the capacities of families in the context of contemporary, fast-paced life, particularly in so-called “sandwich generation” households, which are simultaneously responsible for caring for their small children and ageing parents. It is especially concerning that every second older person experiences loneliness (Caritas, 2012) and lacks a developed social network (Šadić et al., 2026). It is precisely in this context that the need for establishing active ageing centers has been recognized, especially in larger urban areas. Šadić and Emirhafizović (2020) highlight the importance of such centers in preventing social isolation through social interaction and engagement in various creative activities.

In addition to these forms of non-institutional care, there is also a clearly identified need for institutional care for the elderly, with further development of service capacity and quality. The findings of Šadić et al. (2025, 2026), Salić (2019), and Salić et al. (2021) indicate a similar trend in institutional settings, where service users emphasize the need for belonging and emotional support, while material and practical assistance is perceived as less significant. These mechanisms play an important role in compensating for the absence of adequate family support. Accordingly, it is not surprising that users within institutional settings increasingly emphasize emotional and psychological needs beyond the satisfaction of basic existential requirements, highlighting their importance as a key indicator of previously unmet needs and as a source of meaning in life.

The multidimensionality of quality of life, as defined by Cummins (2000), encompasses not only a range of objective conditions related to concrete indicators of service quality, but also the subjective sense of well-being. Although institutions succeed in meeting basic needs, empirical research reminds us that emotional well-being and a sense of belonging to the community are essential for a comprehensive understanding of quality of life (Salić, 2024). In the context of weakening family capacities and loneliness affecting a significant number of elderly people, institutional care should not remain at the level of a mere service provision. Accordingly, the quality of services within institutional settings should be oriented towards emotional needs and social inclusion, transforming institutional environments into humane and inclusive spaces.

Ethical aspects and conflict of interest

The author has no conflict of interest to declare.

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