

Elderly expectation toward their family, society, and government: A cross-sectional observational study

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Abstract

The elderly face very challenging situations due to their mental and physical conditions. Like the other country in the world, Bangladesh Government has enacted laws to protect the elderly rights. However, the law does not seem to represent what the elderly actually needs. Therefore, 385 elderly people, aged between 60 and 90 years were surveyed to understand their expectations from family, society, and government. There were 57.1% men and 42.9% women. Most of the elderly (80%) were educated. Just over half (53.5%) had ordinary mental and physical health, while a quarter (31.4%) had good status. More than half (53%) of the participants required 2000–5000 BDTK (Bangladeshi Taka) equivalent to \$20-50 to cover monthly treatment expenditures. The majority (67.3%) felt government Old Age Allowance should be increased to BDT 5,000 (\$50). Of 13.8% of individuals experienced harsh discourse from family because of the cost of therapy. However, 16.9% of people choose not to respond to this question. More than half (57.4%) of the respondents' thought caregivers were insufficient. One-third felt that legislation should be changed to take care of parents (33.5%) and One-third felt that children should take care of more (33.5%). Some (3.6%) thought that children should act as they did in their childhood respectively. Almost half (44.2%) of respondents did not know that the elderly should receive a separate senior citizen card for preferential treatment, yet 51.9% thought this. Some (44.7%) felt the elderly should get priority in any queue and discounts in Bus/Uber/Rickshaw. Results also showed that expectation is more than the service provided. Further, a one-stop elderly care clinic is required to provide integrated care and support for the quality of life of the elderly.

Keywords: Ageing, geriatric, older, expectation, health status

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Introduction

The term older typically refers to a generation that includes all citizens of the country who are 60 years of age or older according to the National Policy on Aging [1]. Currently, there are 720 million individuals in the world who are old and that will increase to 1.5 billion by 2050 [2]. Presently, Bangladesh has approximately 15 million people who are 60 years of age or older which is 7% of the total population. However, by 2050, that figure will grow to double (36 million), almost 22% of the country's population [3]. Governments and social systems face significant challenges by the growing number of ageing and the shortage of workers to care for the elderly. The emergence of cutting-edge technologies like AI (artificial intelligence), IATs (intelligent assistant technologies), and information technology opens up new technological possibilities and prospective solutions to ease the strain of elderly care and raise the standard of care of old home [4]. A proper understanding of the need and expectations of elderly people to be assessed before formulating their care plan. Due to a lack of appropriate community supports, and the family are the main caretaker usually for an elderly person who has a major physical and mental illness [5]. However, over the last two decades, the conventional supportive family structure has been crumbling even in low and moderate-income nations [5]. Healthcare for the aged has become a vital problem as a result of the Spanish flu pandemic, and the growing number of medical issues that affect the old population [6]. A commitment of the government of Bangladesh has been reflected in its announcement to work toward attaining UHC (Universal Health Coverage). UHC comprises health services and financial risk protection under SDGs (Sustainable Development Goals) with target no SDG 3.8.1 and SDG 3.8.2 [7]. Bangladesh has made incredible strides in recent years to increase access to crucial public basic healthcare like immunisation [8]. Though it needs to be mentioned that elderly health care is still a challenge for this nation. However, Bangladesh has implemented a limited number of programmes for the elderly, including a pension system, retirement benefits, and Old

Age Allowance (OAA), Allowances for the Widow, Deserted and Destitute Women, and the Vulnerable Group Development (VGF) under the Social Safety Net (SSN) [9].

Regrettably, a large section of the senior population is still not adequately served by these services. The Bangladesh government started paying the elderly 100 BDT (where 100 BDT=\$1.08) per month under the OAA programme in 1997–1998. At first, 0.4 million aged people registered for this programme. Currently, 5.701 million senior citizens receive a raise amount to 500 BDT (\$6 approx.) per month [10]. The difficulty is that the sum given is minimal, and obtaining a registrar a huge impediment. Despite the information and technology ministry and technology's best efforts to gather all data with the assistance of the IT industry, the majority of the senior people are ignorant of this service because lack of formal education. Additionally, corruption makes it more difficult to provide this service to the elderly and vulnerable demographic [11].

Demography, aged care and fragility have been the key themes of research on the elderly. Bangladesh's government has enacted laws that are focused on the elderly. As a result, the law does not accurately represent how the old are seen and treated. The expectation of the elderly is a crucial factor in properly tailoring the strategy to meet their requirements and enhance their quality of life and well-being. This article discusses the demography of elderly in Bangladesh. We also figure out the health status of elderly and evaluate the expectation of elderly toward family, society, and government as well.

Materials and Methods

In order to understand how elderly people, view on their family, society and government, a cross-sectional observational study was conducted on 385 elderly persons between January and June 2022 at the Bangladesh Bioethics Society. This study also points out the health status of the elderly. The sampling method was intended. Selected three research areas in Mirpur, Dhaka City, were elderly folks. Ethical Review Committee of the Bangladesh Bioethics Society reviewed and accepted the research protocol.

No. ERC/BBS/26/2022 for ethical clearance. Informed consent was obtained before the start of the study.

Data were collected by a structured questionnaire with 40 questions. It took participants 15 to 20 minutes to complete. Because older people (those 60 and older) are more susceptible to COVID 19, several interviews have been conducted over the phone if the interviewees are reluctant to talk to strangers. The conversations were taped. After the information was added to the statistics database, the phone record was deleted. No participant's voice was saved for identification purposes as a result. Yet, the majority of the participants underwent thorough face-to-face interviews while adhering to all safety precautions. For their protection, face masks, hand sanitizers, face shields, and PPEs were made available.

Statistical analysis: Raosoft analysed the sampling procedure's statistical underpinnings by accounting for the response distribution's 50%, the margin of error's 5%, and the confidence interval's 95%. The evaluation of demographic and other factors was done using frequency and

percentage distributions. Comparison between gender and abuse with treatment cost was done by Chi-square test. SPSS software version 22.0. was used for statistics.

Result

Socio-demography

The demographics of the elderly are shown in Table 1. The median age \pm SD was 69.12 \pm 7.82 and the age range was between 60 and 90 years. Of 42.9% of people were women and 57.1% were men. Most of the (80%) elderly population of our study were educated, above Secondary School Certificate (SSC), where Bachelor degree (27.0%), Higher School Certificate (21.8%), SSC (11.9%), and Master degree (6.5%). Some (20%) studied up to class 5-10, however, only 12.7% had no formal education. In our study, elderly male people were more than female though the gender difference was not significant (not shown in table).

Health Status

Just over half (53.5%) had ordinary mental and physical health, while a quarter (31.4%) had good status. Cumulatively, 84.5% of all respondents

Table 1. Socio-demographic information (n=385).

Gender	Male	220 (57.1%)
	Female	165 (42.9%)
Age	Maximum	90 years
	Minimum	60 years
Marital status	Single	21 (5.5%)
	Married	229 (59.5%)
	Unmarried	6 (1.6%)
	Widow/widower	129 (33.5%)
Religion	Muslim	362 (94.0%)
	Hindu	23 (6.0%)
Educational qualification	No education	49 (12.7%)
	Up to class 5	40 (10.4%)
	Class 6-10	37 (9.6%)
	SSC	46 (11.9%)
	HSC	84 (21.8%)
	Bachelor	104 (27.0%)
Place	Higher	25 (6.5%)
	Government Shelter Home, Mirpur	216 (56.1%)
	Health Science (BUHS), Hospital, Mirpur, Dhaka	102 (26.5%)
	Child and Old Age Care Centre, Kalayanpur, Private Home, Mirpur	67 (17.4%)
Dependency status	Self-dependent	159 (41.3%)
	Dependent on Family Members	223 (57.9%)
	Dependent on others	3 (0.8%)

were healthy overall. More than 10 percent were in poor physical and mental health. Of 1% of people were sad and bedridden (Table 2). More than half (53%) of the participants required 2000–5000/= BDT (\$20-50) to cover monthly treatment expenditures. However, less than a fifth (18.7%) required between 5000 and 10,000 BDT (\$50-100). Half (51.2%) of the cases, the son paid for the treatment, and in one-third (36.4%) of the cases, the old person paid for the treatment themselves. Of 13.8% of respondents were harassed because of the cost of therapy. 16.9% of people choose not to respond to this question (Table 2). More than half (54.5%) routinely took medications, although fewer than half (45.5%) were unable to do so because they could not afford the medications (18.4%) or forgot to take them (22.9%) (Table 2).

Expectations of Elderly Toward Family and Society

In response to the query, who provided care during illness? In the event of illness,

respondents were cared for by their daughter (23.6%), son (22.3%), daughter-in-law (19.7%), and spouse (15.1%) respectively (Table 3). More than half (57.4%) of the respondents' thought caregivers were insufficient, nevertheless. Less than half (48.3%) require special attention when eating, drinking, or receiving medical treatment. However, one-third (33.5%) of participants thought that the legislation should be changed to take care of parents. Of 33.5% the elderly felt children should take care of more and some (3.6%) thought that kids should act as they did as kids (Table 2). In a question on how much care they received. Just fewer than ten percent of people believed that their family members were providing adequate care for them (Table 3). A little less than half of the respondents (44.7%) felt that elderly should get priority in any queue. Few wanted sitting places for the elderly, and few felt there should be discounts in Bus/uber/rickshaw for elderly.

Table 2. Health of elderly (n=385).

Physical health status	Very good	6 (1.6%)
	Good	121(31.4%)
	Average	206 (53.5%)
	Poor	48 (12.5%)
	Bed ridden	4 (1.0%)
Mental health status	Very good	7(1.8%)
	Good	119 (30.9%)
	Average	193 (50.1%)
	Poor	62 (16.%)
	Depressed	4 (1.0%)
Treatment cost per month	<2000	100 (26.0%)
	2000 to 5000	204(53.0%)
	5000 to 10,000	72 (18.7%)
	10,000 to 20,000	7(1.8%)
	20,000-30,000	2(0.5%)
Who bear the cost of treatment	Self	140 (36.4%)
	Son	197 (51.2%)
	Daughter	24 (6.2%)
	Grandchild	6(1.6%)
	Relative	5(1.3%)
	Brother	6(1.6%)
	Spouse	7(1.8%)
Abused due to treatment cost	Yes	53 (13.8%)
	No	267(69.4%)
	Don't want to answer	65(16.9%)
Takes medicine regularly	Yes	210 (54.5%)
	No	175(45.5%)
Cause of not taking medicine regularly	Can't afford	71(18.4%)
	Forget	88(22.9%)
	Don't feel like	18(4.7%)
	Not applicable	208 (54.0%)

Expectation of Elderly from the Government

The large majority of respondents (73.8%) believed that Bangladesh should have geriatric hospitals in each district. Less than half (44.2%) of respondents did not know that the elderly should receive a separate senior citizen card for preferential treatment, yet 51.9% thought this (Table 4).

Though, 67.3% of respondents thought the government's Old Age Allowance was not enough, and the majority (61.0%) thought it should be increased to \$5,000 per month (Table 4). Less than a quarter of the elderly expect the government and society should improve their conditions and Government should take responsibility to protect elderly rights (19.5%), Government support should be available and adequate (21.8%), establish free treatment facility and easy entrance to Community Health service centres aside from Government Hospitals (20.8%), establish more numbers of hospitals for the elderly (18.4%), Governments should adopt a Comprehend the Elderly Act (19.5%). (Table 4).

Discussion

Demography

The mean age \pm SD age of our participants was 69.12 ± 7.82 , ranged between 60 to 90 years. The majority (41%) belonged to the age between 60–65 years, however, the age group between 60 and 69 year respondents were 56.9%. This result was consistent with Nepal. More than a quarter (27.9%) of the Nepalese population was between the ages of 60 and 64 years. Their mean age of them was 68.8 ± 7.1 [12]. In comparison to Nepal, the Bangladeshi elderly population has more young elderly, and makes them more active and independent than other age group. On the other hand, the life expectancy of UK population (62.4 years for men and 60.2 years for women) is much lesser than Bangladesh [13]. According to report of 2022, the life expectancy of Bangladesh was 74.3 years (male 73 years and female 75.6 years) [14]. So, it may be concluded that even in the developed world, health inequality persists for the elderly population. Moreover, in our study, more than half (57.9%) were dependent on family members. However, less than half (41.3)

Table 3. Expectation of the elderly toward family and society (n=385).

Who takes care during illness	Spouse	58 (15.1%)
	Son	86(22.3%)
	Daughter	91(23.6%)
	Daughter in law	76(19.7%)
	Grand child	22(5.7%)
	Relatives	46 (11.9%)
Has adequate caregivers	Yes	164(42.6%)
	No	221(57.4%)
Types of special provision	Feedings	9(2.3%)
	Rest and refreshment	51 (13.2%)
	Health care	44 (11.4%)
	All of these	87 (22.6%)
	Not applicable	194 (50.4%)
Thoughts on health care Society should do toward elderly	Taking care properly	113 (29.4%)
	Should take care more	129 (33.5%)
	Law should be done to take care of parents/elderly	129 (33.5%)
	Should do what we did at their childhood	14 (3.6%)
Society should do toward elderly	Get priority of elderly in any line or queue	172 (44.7%)
	Sitting place	18 (4.7%)
	Discount in Bus/uber/rickshaw	23 (6.0%)
	Supportive attitude	1 (0.3%)

were still self-dependent (Table 3) and more than a quarter (36.4%) are active and bore themselves (Table 2). The dependency status among the Indian elderly population (70.7%) is much higher than in Bangladesh [15]. Considering the age group, life expectancy, and dependency of the elderly population, the Bangladesh government may consider increasing the retirement age from 60 years to 65 years. It may reflect the positive image of elderly toward their family and society [16].

The vast majority of the (80%) elderly population of our study were educated, above SSC, with Bachelor degree (27.0%), HSC (21.8%), SSC (11.9%), and Master degree (6.5) respectively.

Only 12.7% had no formal education. Our result is consistent with the result of other in Bangladesh [1]. In their study those who lived in urban area were more educated (11.4% SSC, 25.5% HSC, 37.8% above primary education) then rural. Only 12.6% were illiterate [1].

Our study population consists of a little more males than females. Similar gender difference has been found in Bangladesh, where 45% were females and 55% were males [17] which is consistent with our study. Though a study also found that they had 72% of female elderly [18]. They found more female old people as they collect data from old home care only. However, we consider old home and also a hospital for the

Table 4. Expectation of the elderly toward government (n=385).

Government is doing enough for elderly population	Yes	86 (22.3%)
	No	236 (61.3%)
	Don't want to answer	63 (16.4%)
Bangladesh needs geriatric hospital in every district	Yes	284 (73.8%)
	No	20 (5.2%)
	Don't know	81(21.0%)
Elderly population should have special senior citizen card for special attention	Yes	200 (51.9%)
	No	15 (3.9%)
	No idea	170 (44.2%)
Senior citizen allowance given by the government is enough	Yes	60 (15.6%)
	No	259 (67.3%)
	Don't want to answer	66 (17.1%)
How much allowance should be the better?	Ok with existing amount	58 (15.1%)
	5,000/month	235 (61.0%)
	10,000/month	92 (23.9%)
Getting any government support	Yes	103 (26.8%)
	No	282 (73.2%)
Getting any non-government support	Yes	29 (7.5%)
	No	356 (92.5%)
Expectation from government and society to enhance the conditions of the elderly	Government should take responsibility to protect elderly rights	75 (19.5%)
	Government support should be available and adequate	84 (21.8%)
	Governments should adopt a comprehensive health policy	65 (16.9%)
	Establish more numbers of hospitals for the elderly	71 (18.4%)
	Establish free treatment facility and easy entrance to Community Health service centres besides Government Hospitals	80 (20.8%)
	Establish more number of old homes at district levels	10 (2.6%)
Thoughts on governments responsibility regarding health of elderly	OK	126 (32.7%)
	Should take more initiative	178 (46.2%)
	Law should be done like USA	80(20.8%)
	Increase financial support	1(0.3)

inclusion of general old people. Nevertheless, in many countries geriatric population has a higher ratio for female [12].

Health Status

In our study, the bulk of research participants had in good health. Only 10 percent were in poor physical and mental health and 1% of people were sad and bedridden. Another study projected that of 74% elderly had poor to very poor health as the study population of them was from rural Bangladesh and illiterate [11]. Moreover, 40% of rural elder people have limited access to water, sanitation and health [19] and suffered from chronic malnutrition [20].

However, more than half (53%) of our study respondents required monthly treatment costs ranging from 2,000 to 5,000 BDT, and a quarter needed between 5,000 and 10,000 BDT. Research has shown almost similar results. An average of BDT 1,586 to 1,689 was paid by Bangladeshi elderly for healthcare from out of pocket, in conditional healthcare payment varied between BDT 2,106.6 to 2,241 [8].

However, in our study, more than half of the cases, the son paid for the treatment, and in one-third of cases, respondents paid their treatment cost by themselves. In addition, in our study, of 13.8% of individuals experienced harsh discourse because of the cost of therapy. Of 16.9% participants wished not to respond to such a question. If we consider, those who did not wish to answer this question, may have the same suffering as above, Therefore, total 30.7% of respondents were harassed because of the cost of therapy. This outcome remains the same elsewhere in Bangladesh [21]. Majority (61.0%) of the out study participants felt that the government's OAA was not enough, and they thought it should be increased to BDT 5,000 per month. If the government increases the OAA, elderly harassment may be lessened. However, we did not research the root cause of the harassment of the elderly in our research.

Expectations from the Family and Society

According to 57.4% of our study population,

they were not adequately cared by their family members. More than one-third (33.5%) of our study participants thought that the legislation should be changed to take care of parents and the elderly and some thought that children should act as they did as kids (3.6%). However, aging is a natural process, but it is not easy for elderly people to lead happy life without support [22]. Therefore, retrospective support should come from family, society and at large from the government.

However, the problem is more pronounced in the urban elderly population now a day. As their children have a good educational background, they try to migrate to foreign countries keeping their parents alone at home. So they suffer from loneliness and feel neglected [23]. To combat this problem, the 'Parents care act 2013 was formulated. The law states that, children shall "take good care of their parents and provide them with food and shelter. Each of the children will have to pay 10% of their total income regularly to their parents if they do not live with their parents. In violation of the law, there is the provision of BDT 200,000 as fine and, in default, six months' jail" [24]. The biggest drawback is that it is implemented yet. Parent's Care Act 2013 should implement for retrospective care of the elderly.

Expectation from Government

In our study maximum (73.8%) of the study population considers every district in Bangladesh should have a geriatric hospital. As they mainly suffer from many age-related health issues and it makes more complicated when they face the challenges related to non-communicable diseases [18].

A little over half (51.9%) of the study population consider they should have senior citizen preferential health system card. A little less than half of the respondents (44.7%) felt that the elderly should get priority in any queue. Few wanted for sitting place for the elderly, and few felt there should have discount in Bus/Uber/Rickshaw for elderly. So, it may be concluded that there

is significant gap between elderly people expectation and care provided by the government. An integrated care approach is required to provide better support to the elderly population.

Limitation

There were undoubtedly some restrictions in the current investigation. The results of this survey, which was based on a questionnaire, were dependent on the responses that were given. Respondents only came from one part of Dhaka city only; therefore, we cannot speak for all of Bangladesh.

Conclusion

Most of the participants in our study were educated, belonged to the middle-income class and had good health. Men participants scored not significantly higher than women. Most (41%) were between the ages of 60 and 65. More than half (53%) of the participants required 2,000–5,000 BDTK to cover monthly treatment expenditures. Of 13.8% of individuals experienced harsh discourse because of the cost of therapy. However, 16.9% of people choose not to respond to this question. The majority (67.3%) felt government Old Age Allowance should be increased to BDT 5,000. One-third (33.5%) of participants thought that the legislation should be changed to take care of parents. Some felt that children should take care of more (33.5%) and some (3.6%) thought that children should act as they did as in their childhood. The Parent's Care Act 2013 should implement for retrospective care of the elderly. The maximum (73.8%) respondents wished for a geriatric hospital in every district in Bangladesh. Half (51.9%) of respondents thought that the elderly should receive a separate senior citizen card for preferential treatment. Almost half of the respondents (44.7%) felt that the elderly should get priority in any queue. Some elderly preferred sitting place for the elderly, and some for discounts on Bus/Uber/Rickshaw. So, it shows expectation is more than the services provided. Though the National aging policy is in place by the government, however, many

people especially in rural area are not aware of these benefits. Further monitoring and an integrated care approach by a one-stop elderly care clinic are required to provide better support to the elderly population.

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Conflict of Interest

Authors declared any conflict of interest of this writing.

Data Availability Statement

Datasets for this article have been included in the article. Data can be also available from the corresponding author on reasonable request.

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