



Reimagining Elderly Care in Bangladesh: Integrating Informal, Non-Formal, and Formal Systems for Sustainable Long-Term Care

Dr. Anuradha Bardhan

Associate Professor
Institute of Social Welfare and Research (ISWR)
University of Dhaka

Address: Institute of Social Welfare and Research, University of Dhaka, Dhaka-1205, Bangladesh

Email: anuradha_bardhan@du.ac.bd

<http://dx.doi.org/10.47814/ijssrr.v9i4.3295>

Abstract

Among many people, there is a very narrow-minded perception that older persons are a societal burden due to their increased need for healthcare and caregiving. In return, they might not contribute enough to the family and economic development of the country. However, in reality, their wisdom, vast experience, mentorship, and life lessons are among the most significant resources for the next generation's growth. Thus, ensuring healthy aging for the elderly is not only valuable to us but also a moral duty for both family members and society. In a country like Bangladesh, providing healthy aging becomes very challenging for both family members and the government. Using the qualitative case study method, the contemporary dynamics and challenges of the informal, non-formal, and formal care systems have been identified, yielding actionable insights so that policymakers can take appropriate steps to develop a sustainable long-term elderly care system in Bangladesh that can eventually ensure healthy aging for older persons. Due to demographic shift and women empowerment, the elderly are getting deprived of traditional home-based informal care. Again, due to technological advancements and the growth of Bangladesh's RMG industry, developing a non-formal care system is also challenging. Along with these, the absence of an adequate and proper formal care system is also suffering the elderly to get healthy aging. In this situation, implementing both home and institution-based formal care systems should be prioritized to develop a structured long-term elderly care system in Bangladesh.

Keywords: *Healthy Aging; Long Term Care; Traditional Informal Care; Non-Formal Care; Home & Institutional-Based Formal Care*

Introduction

Population ageing, a global issue, is advancing much faster in low- and middle-income countries compared to high-income countries. Increasing life expectancy and the burden of non-communicable diseases have created a high demand for integrated health and long-term care services for older persons (Hou et al., 2023). Bangladesh is at a critical stage in addressing the challenges posed by rapidly aging

populations. Elderly people become isolated, vulnerable, and deprived of quality-of-care services due to the breakdown of traditional family care, the absence of regulated residential and formal home care models (WHO, 2026), (Akter et al., 2025). Care work in our societies includes the necessary paid and unpaid labor that ensures the physical and mental health and well-being of individuals, households, and communities. Gender and economic inequality are considered as media of undervalued and gendered division of care work. Care services for elderly people provide social and economic benefits that enable them to live with dignity.

Elderly caregiving services have a significant impact on development and gender equality outcomes, thereby improving well-being, independence, dignity, and autonomy for older persons. Care and support services for older persons support Sustainable Development Goals 5 and 10, which include gender equality and reduced inequalities (Vincensini, 2025). Long-term demographic and socio-economic trends, especially urbanization, smaller family size, out-migration, increasing population mobility, and labor market participation of women, are those factors that are responsible for creating labor and supply side demand in the care system (Hou et al., 2023). The prevalence of non-communicable diseases, with a rapid global increase in the number of older people, often leads to physical, psychological, sensory, and cognitive impairment, which requires a complex, continuous care management system (WHO, 2024). Currently, due to higher rates of chronic non-communicable diseases, the level of care needs is increasing in low and middle-income countries.

Formal long-term care services are very limited globally, so the majority of caregiving is informal, and most caregivers receive little or no training or financial support. The majority of caregivers are still family members. Due to smaller family sizes and socio-economic changes in urban areas, older people rely on a large number of untrained and poorly paid home care workers or domestic workers with low levels of education (Tessier et al., 2022), (UN, 2015). Traditionally, the family is considered a major informal care provider for elderly people (Walker, 2021). Due to the destruction of family-based care, informal or unpaid care is becoming inadequate, increasing the burden on family caregivers (Hou et al., 2023). Family-based informal caregiving systems without any formal institutional support are facing pressure from demographic transformation and public policy crisis. Meanwhile, the alternative option for informal family care for elderly people remains infrequent, high-priced, and of low quality, which compromises the quality of healthy ageing in older people (UN, 2015).

Emergence of new formal paid care options in the public and private sectors outside the family sphere is limited in terms of lack of access and affordability (Hou et al., 2023). In Bangladesh, traditional family care, which is considered informal care, remains strong. Smaller families, labor migration, urbanization, women's involvement in online business and women's participation in the labor market are the major causes of many households' struggles to provide care for elderly people. The majority of elderly people in Bangladesh receive care from unpaid family members and domestic workers with little or no public support. In Bangladesh, formal institutional care reaches fewer than one percent of the elderly people, and these services are fragmented, with limited resources and unregulated. Formal institutional care models are Western culture-based and mismatched with the values, norms, and practices of the Bangladeshi community (Ronny, 2026); (Selim, 2026).

The Madrid International Plan of Action on Aging and the Sustainable Development Goals are considered a major policy framework for rights-based, formal, long-term care policy development in each country. Long-term care support and family support services have a positive relationship with SDG 1 for universal social protection, SDG 2 for zero hunger, SDG 3 for good health and universal health coverage, SDG 5 for recognition and value of unpaid care and domestic work, and SDG 10 for adopting policies for social protection policies and achieving gender equality. To address these challenges, a comprehensive, integrated, and long-term care system, which includes residential care facilities and home care services, is required to achieve sustainable, healthy, and successful ageing (Akter et al., 2025), (ESCAP, 2025), (Chowdhury, 2024), (WHO, 2024).

Considering the context of Bangladesh, for establishing a strong long-term elderly care system, integration of informal, non-formal, and formal care system is highly required. In this study, it has been tried to highlight and analyze the contemporary dynamics and challenges of informal, non-formal, and formal care system of Bangladesh along with actionable insights.

Methodology

This study used a qualitative descriptive design, a valuable method for providing first-hand descriptions of events, experiences, expectations or phenomena by obtaining in-depth information of older adults regarding family-based informal care, as well as the importance and challenges of the formal institutional caregiving system in Bangladesh. The case study method was used to explore the respondents' views, feelings, and attitudes, while considering the social and cultural context of caregiving support in the community. The study respondent was selected from Dhaka city, Bangladesh's capital, where a large proportion of older people live. Using purposive sampling, 15 respondents aged 60 or older were identified. Semi-structured interviews, observation, and group discussion were used to explore the current situation and the factual challenges of caregiving support within Bangladesh's existing informal, non-formal and formal care systems. The interview questions focused on experiences in informal care settings, motivations and the need for institutional formal care, relationships with formal non-formal and informal caregivers, and similarities and differences between current practices in the formal, non-formal and informal care of older adults. Moreover, the document analysis technique was used to gather information on various institutional formal elderly care supports and their functions across multiple activities to evaluate the feasibility of the formal care system in Bangladesh. Primary and secondary sources of data were used, including older adults as primary respondents and books, journals, theses, and research papers as secondary sources. These descriptive analysis techniques were used to analyze data in line with the study objectives, as they involve summarizing, organizing, and interpreting raw data to identify patterns, trends, and characteristics of informal, non-formal and formal support systems for elderly people.

Contemporary Dynamics and Challenges of Informal, Non-Formal & Formal Care System

Informal Care

While facing multidimensional elderly care-related challenges, needs, and actions which need to be addressed appropriately for the betterment of elderly people, achieving them seems practically unprecedented. This is the time when elderly people, along with their family members, gain experience and insights into the current elderly care setting in Bangladesh. It is not possible for the informal care system to provide the proper and required care to the elderly alone; instead, an integration of formal, non-formal, and informal care is vital for ensuring sustainable development in the elderly long-term care setting in Bangladesh. This combination is also required to address the vigorous changes that Bangladesh has been confronting over the last 20 years regarding the growth of the elderly population and the vulnerability of the elderly care system (BBS, 2019). In this study, the researcher tried to dig out and analyze the present scenarios and constraints of the formal, informal, and non-formal care systems that have an impact on elderly care.

There is a long-standing tradition in Bangladesh in which family members are solely responsible for and involved in informal caregiving for elderly people. Here, the spouse, children, and daughter-in-law take the major part (Hill, 2015). However, this family-based informal care system is facing constraints due to women's empowerment and demographic shifts. There is a direct relationship between elderly care and demographic changes. One reason is that, over the last two decades, people have been realizing the problem of high population. So now people are highly encouraged to reduce their family sizes through proper population control in order to achieve improved family life. Also, the formation of

contemporary families and their roles have been changing gradually, and they are highly influenced by lower mortality and fertility rates. This change is having a significant impact on the informal elderly care system of Bangladesh (Qualls S. H., 2016).

In the family-based informal elderly care system, generally, the spouse, daughter, son, and daughter-in-law are recognized as the most prominent caregivers. Traditionally, it was solely women's responsibility to care for the elderly in their families, because women lacked education and were not involved in any outside professional activities. It was believed that men were responsible for earning money through outside activities, and women were responsible for all in-house activities. However, scenarios have been changing in the last two decades. Now, women are leaving their homes to pursue higher education and to secure better employment opportunities (Tessier et al., 2022). Thus, they are bound to leave their elderly parents and in-laws. Due to technological advancements in Bangladesh, women have started many online businesses, which has also made them busier. So now, providing care to family members is not solely possible for women nowadays. Again, it is seen that sons, who are also responsible for taking care of their elderly parents to some extent, are shifting from village to city, or from one city to another, or from one country to another, for higher education and to attain better employment opportunities. This study found that some children of elderly people cannot live in the same house with their old parents due to pursuing higher education, employment, and marriage. It is a long-standing tradition in Bangladesh for daughters to shift to their in-laws' house after getting married (Amin, 2017).

For these reasons, elderly people are at risk of not receiving sufficient and appropriate care from the traditional family-based informal care system. Due to a lack of support from family members, it is affecting both the physical and psychological capacity of the elderly. This study has exposed the changes in demographic shifts and women's empowerment. In this study, three elderly respondents among all respondents stated that their sons don't live with them because their sons work outside the city. They just don't want to lose their job just for staying with them. Again, four elderly people revealed that their daughters stay with them, but cannot provide continuous and regular support due to their higher studies and online business. Two elderly people stated that their sons live outside Bangladesh for higher studies.

There is a long tradition in Bangladesh that after getting married, daughters leave their parents' house, but if the married daughters can manage time and their financial condition supports, then they try to provide care to their parents. Nowadays, for a better future, people are very willing and planning to settle in a developed country with their family. Thus, they need to leave their elderly parents in Bangladesh, which directly affects the informal care system. In the story of two elderly respondents, they mentioned that after getting married, their daughters left the country with their spouses to settle permanently. It also eliminates the opportunity of getting informal care from the daughters. Besides these demographic shifts and women's empowerment, informal care is seriously affected by changes in personal morality, cultural change, and a lack of attitude toward taking responsibility for elderly parents. To address this, the Bangladesh Govt established & passed the Parents Maintenance Act in 2013 (Bala, 2023). Under this act, if the children are financially and physically stable, they are bound to support their parents in every possible way. The concerned authority is still behind the proper implementation of this act in both urban and rural areas; however, the government soon has a plan to implement it on a broader scale. Although enacting this act will help the government maintain and develop informal care, it cannot be the only strategy for developing the required informal care. Instead, if children have a proper sense of responsibility, a strong value system, respect for their parents, and a selfless attitude, they will automatically be more eager to provide informal care to their elderly parents. To ensure these, children must be reminded that taking responsibility for their older parents is their moral responsibility. A community-based psycho-educational care program can play a significant role.

Non-Formal Care

Since elderly people are being deprived of informal care in this modern era due to demographic shifts and women's empowerment, the need for non-formal care is increasing nowadays. In the context of Bangladesh, paid maids are recognized as non-formal caregivers who stay with elderly people at their homes. They are employed to provide the service either in a temporary manner or in a permanent manner. However, in both urban and rural areas, there is a massive scarcity of non-formal caregivers compared to the demand. So ultimately, these paid maids cannot fulfill the required non-formal care. In our study, we identified many reasons for this scarcity. The readymade garments industry has been the most significant contributor to Bangladesh's GDP over the last two decades, and women have played a major role behind this success. Currently, 65% of the total women workforce in Bangladesh is working in the RMG industry (Islam, 2024). These women are working as permanent employees of the garment industry, either on a daily wage or a monthly salary. Compared to the job of a paid maid, women earn more in this industry. Also, there is a huge demand for skilled women labor in this industry, and they also receive other benefits, such as bonuses, leave opportunities, and wages or salaries. Again, compared to a household job, a job in the garment industry requires less physical work because it uses machines.

Along with the RMG industry, women are also involved in other industries. The Bangladesh government has recognized the contribution of the women workforce to the country's economy, so they are encouraging women to enter into diversified fields. Due to technological advancements, illiterate rural women are also starting online businesses using various social media platforms. Because of these, it becomes challenging for family members to find a paid maid for their elderly parents. Even though it has been found that a group of women come from their villages to urban areas and start working as paid maids, they sometimes move to different factory jobs after getting better opportunities. As a result, the supply of non-formal caregivers is decreasing day by day. In this study, we have found the truth of this condition. One of the elderly people said that her children are willing to hire a permanent maid for her, but she hasn't found a suitable one even after searching for a long time. Despite having a temporary maid, they need a maid who will stay 24/7 with him and provide both ADL and IADL services. But even after offering a high salary, they are not getting such kind of maid.

Again, families who have financial difficulties cannot keep a full-time paid maid for their elderly people. Also, the scarcity of maids provides an opportunity for maids to ask for higher salaries. Again, many maids are unwilling to perform many ADL activities in elderly care, such as toileting, bathing, and dressing, even after being offered a handsome salary (Lin et al., 2012).

However, it cannot be denied that, to develop a strong long-term care setting in Bangladesh, there is an increased need for non-formal care. But as long as non-formal caregivers are not skilled or sufficiently knowledgeable in basic elderly health care, they might not be able to contribute much. But the irony is that this knowledge is almost missing. Thus, relying solely on a paid maid for elderly people cannot efficiently meet their needs. They must have the basic knowledge of both ADL & IADL activities. One of the respondents (a caregiver) in this study shared his experience regarding this issue. She revealed that she has employed a maid who stays 9 hours every day in their home. One day, her mother's physical condition started deteriorating. Since she has a low blood pressure issue, thus the health deterioration was due to low blood pressure. But the maid had no idea what blood pressure is or what to do in case of low blood pressure. Thus, she could not help anything. After that, the caregiver could not leave his mother alone with that maid.

Thus, it is essential to provide the required training in basic health care knowledge to these non-formal caregivers before employing them. But the problem is that most of these women don't have sufficient education to understand the content of these training programs. In Bangladesh, completing at least primary education is mandatory for all, so these women at least tried to complete primary education. But this primary education is not enough to understand ADL, IADL, and healthcare knowledge from the

training. So, to get proper support from the non-formal care system to develop a long-term elderly care system in Bangladesh, the government must change the education policy and make a minimum secondary education mandatory for all. Only after that, these women will be able to understand the knowledge of the training. However, this step cannot yield the penultimate solution for the development of non-formal care in Bangladesh, because when these groups of women get higher education opportunities, they might not be involved in paid maid jobs. They might want to engage in other sectors that offer more prestigious, financially solvent jobs. So it is challenging to develop an effective and proper non-formal care system in Bangladesh. So ultimately, it can be concluded that non-formal care alone cannot help much in establishing a long-term elderly care setting.

Formal Care

Considering the present circumstances of both informal and non-formal care, it can be predicted that the importance of developing a strong formal elderly care system will ultimately shape long-term elderly care. To set up a strong formal care system, the Bangladesh government must play the leading role, and other national and international NGOs must play a supporting role. Firstly, there is no doubt that to ensure both institutional and home-based formal care, we will need a large number of expert and skilled nurses with sound geriatric knowledge. In fact, the government has mainly been taking steps on elderly issues since the formulation of the National Policy on Older Persons in 2013. Although the Govt. has launched geriatric wards in public hospitals, these wards are not enough to meet the need for institutionalized formal care (Khoda, 2024). There is a huge demand for these geriatric wards, but the number of wards is very limited. So, due to a shortage of beds and nurses, many elderly people do not have the opportunity to avail the services in those wards. Again, till now, the Govt. has not established any home-based formal care system by which the elderly will receive services at their homes with minimal service charges.

From data over the last 25 years, there has been continuous growth in the number of elderly people in Bangladesh. There is also a projection that this growth will continue in the near future (Nuruzzaman, 2024). So even if the Govt. increases the number of geriatric wards in public hospitals, these wards will never be sufficient to meet the needs of elderly people. Thus, the government has to think differently. Opening specialized geriatric hospitals in every district of Bangladesh can be the first step. It might take a long time and significant investment, but developing a strong long-term care system for elderly people in Bangladesh is one of the most needed initiatives, not only for poor elderly people but also for middle-income elderly people. At the same time, opening district-based geriatric hospitals will not be enough until these hospitals are equipped with skilled nurses with sound geriatric knowledge. In different nursing institutes, not more than one or two courses are included in their curriculum. Again, a very few public universities have structured their curriculum by including geriatric studies. But these are not enough for the nurses to get sufficient knowledge in the geriatric field. Only if the nurses get a well-established geriatric degree with adequate practical knowledge, then the geriatric hospitals will get specialized and skilled nurses for providing care to the elderly people.

Implementing a strong formal care system that can shape long-term care requires enormous time and investment by the government. Thus, here the role of different NGOs comes. They should take effective steps to set up community-based formal care in Bangladesh. We have seen that many foreign and local NGOs have already implemented a few strategies, but these are not enough to meet the needs. BAAIGM, an NGO, established a 50-bedded geriatric hospital for poor, vulnerable elderly people, staffed by experienced doctors and nurses. In this hospital, they have diagnostic facilities, proper treatment, and medicine facilities. BAAIGM also opened the Institute of Geriatric Medicine (IGM) in 2010, which is known as a medical education institute. The main function is to develop a workforce with diploma courses in Nursing, Pathology, and Physiotherapy, enabling the skilled workforce to provide medical services to elderly people (BAAIGM, 2021).

A UK-based international charity organization, named the Sir William Beveridge Foundation (SWBF), was established in 2006 with the vision of providing home care services to older people. In Bangladesh, SWBF is such an NGO that delivers home-based elderly care services to the older people. While providing their services, they try to consider physical and psychological condition, hygiene, general health, socio-economic status, relationship situation with the family members of the older persons, etc., while providing the home care services. This is undoubtedly the perfect service that every elderly person should receive. But this service is limited only to 150 older persons. By using internationally renowned physicians, surgeons, and psychotherapists, they have been providing training to nurses since 2008 to ensure the quality of home care services. Although they provide the best home care services, these are very expensive, so not all families from all income classes family can afford this. Only higher-income elderly people can afford such services. So, based on the format of SWBF, the Govt. can adopt similar strategies to deliver home-based care, especially to older persons from middle- or lower-income groups, at cost-friendly prices. In this study, many respondents highlighted the relevant problems. One of the respondents, who is a caregiver, mentioned that he is very willing to take institutional service for his 80 years old father, but the charges are too expensive for him. He expected that the government and other local organizations could develop such kind of service arrangement at an affordable price (SWBF, 2021).

This study also found that older persons expect community-based support, especially the elderly who do not receive support from their children. Here, the Govt. can take the initiative to develop a senior center in each ward in the city area, with both government and private-sector investment, which can provide household chores-related services, daycare, case management, home-delivered meals, transportation, support group training, counseling, and nutrition services. Different developed countries have senior centers like this. These senior centers can easily help build a long-term care system in Bangladesh. The centers can identify and choose the older persons based on vulnerabilities, diseases, disability, and financial stability information through a social survey. It may help improve the physical, emotional, social, and economic conditions of older persons and also delay the onset of chronic diseases. So if these senior centers can identify the needs of older persons of different age groups and ensure assistance, it may generate healthy ageing at home, which will ultimately diminish the coercion on the informal home based care. In this study, a new trend was found: children of older persons are moving to a new city or abroad, are more willing to stay alone with their spouse, and many elderly women are starting to live alone without family support. They lead their lives based on the support of neighbors, maids, and relatives.

One 65 years old respondent expressed that after the death of his husband, she is now living alone in their rented apartment. Her only child lives permanently in the UK. With the help of some savings left by her husband, she is leading her life. Her relatives help her with many daily activities, such as buying medicine, shopping, paying bills, and visiting doctors. Even her flat owner is generous to her and hasn't increased the rent for many years. Until becoming sick, she wants to live independently, and she also wants to live in an institutional arrangement with pay if she gets severely ill. She desires to live independently with dignity and does not want to trouble her child.

In a similar case, another 74 years old respondent lives alone without family support. Her son lives in another city with his spouse and children. His son just provides a monthly amount for her expenses. There is a temple near his home where she performs religious rituals. There is also a market near his house. The market shop employees help her with her shopping and buying medicines. Along with this support, she had a temporary maid to assist her in household work. She feels that she doesn't need help from her family members. So it indicates that, instead of family members, the social community may serve as an alternative supportive resource.

After analyzing these cases, it can be concluded that a new trend is emerging among the elderly who want to live alone with dignity. They just need social and community support to lead their lives

comfortably. To ensure community support, along with the permanent initiatives taken by the central government, the local Govt. can also organize a seminar program to counsel community members on their moral and ethical duties towards the elderly, with the help of different psychologists. Arranging volunteer programs with young people can also ensure more efficient community support for the elderly.

There is a long-standing perception among the elderly that their children don't communicate with them without need, don't spend quality time with them, try to avoid them, and don't pay enough attention to their mental health (Brodsky et al., 2011). We have found a similar perception among many respondents in this study. However, this study noticed an amendment in this perception about the attitude of their children. Based on their life experiences and current situations, two elderly people expressed that this modern age is different from their generation. The elderly must understand the children's situation. Because of the excessive burden of responsibilities, excessive pressure in the job, and other family problems, both mental and physical strength are reduced. So children may be willing to interact more with their parents, but the current difficult situation doesn't allow them to do so. So if elderly people can understand their conditions and reduce their expectations of their children, it will ultimately reduce some of the mental stress on them. This can play a vital role in maintaining a quality relationship between caregivers and care recipients to some extent. However, it cannot be expected that all elderly people will have a similar perception. So, a community-based counseling program may help change the perception of the elderly in a positive manner.

Considering the contemporary situation of the formal, informal, and non-formal care systems in Bangladesh, it can be concluded that, to develop sustainable long-term care for the elderly, establishing both home-based and institutional effective formal care systems is vital. It can also be mentioned that older persons can live alone without family support only if they get both community support and financial stability. So these new dimensions of this study would help policymakers to improve existing policy on elderly people in Bangladesh.

Conclusion and Policy Recommendations

Elderly care systems and policies in South Asia require a shift from reliance on informal care to a structured system, supported by comprehensive national long-term care policies with legal frameworks, strengthened community and home-based care, a sustainable financing system, investment in the caregiving workforce, and support for informal caregivers through modern technologies. The study has provided a comprehensive overview of the contemporary situation and challenges of the informal, non-formal, and formal care systems in Bangladesh. It explored the existing socio-cultural dimensions of various types of care that are under pressure, with limited support from formal institutions. This study has identified a critical gap in the caregiving system for older persons in Bangladesh, due to the availability, accessibility, and affordability of formal care services. The policy implications of this research extend beyond academic understanding into policy formulation and practical interventions. This study aligns with the priority areas outlined in the Madrid International Plan of Action on Ageing related to the development of older persons, advancing health and well-being in old age, and ensuring, enabling, and supporting an environment that supports older persons. This study has explored the transition from informal to formal institutional care by assessing the needs and expectations of elderly people and their family members, and evaluating the feasibility and challenges of establishing formal care models in Bangladesh. Furthermore, this study would help policymakers, planners, social workers, and researchers implement practical interventions by establishing a link between formal and informal care. Practical intervention at the elderly care level is not to disregard informal care, but rather to enhance its capacity by introducing formal long-term institutional support to reduce caregiver burden. Formal caregivers, including nurses, physicians, social workers, and other health care professionals, should collaborate as partners with informal; non-formal caregivers and the care recipient to achieve mutual goals of ensuring healthy ageing.

References

- Akter et al., S. M. (2025). Aging in Bangladesh: A Wake-Up Call for Elderly Care Solutions. *PubMed*. doi:10.1002/hsr2.70529
- Amin, I. (2017). Perceptions of Successful Aging among Older Adults in Bangladesh: An Exploratory Study. *Journal of Cross Cultural Gerontology*, 32(1), 191-207. doi:10.1007/s10823-017-9319-3
- BAAIGM. (2021). *Home*. Retrieved November 15, 2021, from Bangladesh Association for the Aged and Institute of Geriatric medicine: <https://baaigm.org.bd/>
- Bala, J. C. (2023, March 30). The challenges in implementing the Parents' Maintenance Act 2013. *The Business Standard*. Retrieved from <https://www.tbsnews.net/thoughts/challenges-implementing-parents-maintenance-act-2013-607826>
- BBS. (2019). *Elderly population in Bangladesh: Current Features and Future Perspectives- Population Monogram Volume 4*. Retrieved September 19, 2020, from Bangladesh Bureau of Statistics: <http://203.112.218.65:8008/WebTestApplication/userfiles/Image/PopMonographs/elderlyFinal.pdf>
- Brodsky et al., J. S. (2011). Issues in Family Care of the Elderly: Characteristics of Care, Burden on Family Members and Support Programs. *Center for Research and Ageing*. Retrieved May 04, 2019, from <https://www.ilc-alliance.org/wp-content/uploads/publication-pdfs/508-11-Issues-in-Family-Care-ES-ENG.pdf>
- Chowdhury, M. T. (2024). Building a Sustainable Long-Term Care System in Bangladesh: Current Realities and Policy Imperatives. *ResearchGate*. doi:10.13140/RG.2.2.13694.29769
- ESCAP. (2025). *Strengthening Health Systems for Long-Term Care in Asia and the Pacific: A Policy Analysis*. Social Development Division. Economic and Social Commission for Asia and the Pacific. Retrieved from <https://repository.unescap.org/server/api/core/bitstreams/ed410466-400b-45dd-899a-65613cd87684/content>
- Hill, T. J. (2015). *Family Caregiving in Aging Populations* (1st ed.). New York: Palgrave Pivot. doi:<https://doi.org/10.1057/9781137511560>
- Hou et al., X. J. (2023). *Building Integrated Services for Older Adults around Primary Health Care*. Washington: World Bank Group. doi:10.1596/978-1-4648-1958-2
- Islam, M. A. (2024, September 01). The RMG factories need to do more to ensure SRHR of female workers. *The Business Standard*. Retrieved from <https://www.tbsnews.net/thoughts/rmg-factories-need-do-more-ensure-srhr-female-workers-930941>
- Khoda, M. S. (2024). Policy-makers and Population Ageing in Bangladesh: A Dearth of Attention. *Journal of Population Ageing*. Retrieved from <https://link.springer.com/article/10.1007/s12062-024-09452-x>
- Lin et al., I.-F. H.-S. (2012). Negative and Positive Caregiving Experiences: A Closer Look at the Intersection of Gender and Relationship. *Interdisciplinary Journal of Applied Family Science*. Retrieved November 15, 2019, from <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1741-3729.2011.00692.x>
- Nuruzzaman, A. (2024, January 24). Is Bangladesh ready for ageing? *The Daily Star*. Retrieved from <https://www.thedailystar.net/slow-reads/big-picture/news/bangladesh-ready-ageing-4088691>

- Qualls, S. H. (2016). Caregiving Families Within the Long-Term Services and Support System for Older Adults. *American Psychological Association*, 71, 283-293. doi:<http://dx.doi.org/10.1037/a0040252>
- Ronny, E. R. (2026, January 22). Ageing with dignity: Why Bangladesh must invest in long-term care. *The Daily Star*. Retrieved from <https://www.thedailystar.net/news/ageing-dignity-why-bangladesh-must-invest-long-term-care-4086096>
- Selim, N. (2026). *Policy reform, skilled care workers, expanded community services, and sustainable financing is needed for a modern long-term care system*. Asian Development Blog. Retrieved from <https://blogs.adb.org/blog/aging-dignity-why-bangladesh-must-invest-long-term-care>
- SWBF. (2021). *Working on Health & Social Care; Women Empowerment; Training & Education; Research & Dementia Friendly Care Village*. Retrieved November 12, 2021, from Sir William Beveridge Foundation: <https://beveridgefoundation.org/about-us/>
- Tessier et al., L. N. (2022). *Long-term care in the context of population ageing: a rights-based approach to universal coverage*. International Labor Organization. doi:10.54394/RHJD4529
- UN. (2015). *LONG-TERM CARE FOR OLDER PEOPLE-A NEW GLOBAL GENDER PRIORITY*. New York: UN Women. Retrieved from <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2017/UN-Women-Policy-Brief-09-Long-term-care-for-older-people-en.pdf>
- UN. (2015). *THE GROWING NEED FOR LONG-TERM CARE ASSUMPTIONS AND REALITIES*. United Nations. Retrieved from https://www.un.org/esa/socdev/ageing/documents/un-ageing_briefing-paper_Long-term-care.pdf
- Vincensini, V. a. (2025). *Financing care infrastructure: An opportunity for public development banks to pave the way for tomorrow's equality*. New York: Asian Infrastructure Investment Bank and United Nations Entity for Gender Equality and the Empowerment of Women. Retrieved from <https://www.unwomen.org/sites/default/files/2025-02/financing-care-infrastructure-en.pdf>
- Walker, W. a. (2021). *Leadership and Governance of Long-Term Care Systems in Asia and the Pacific*. Asian Development Bank. Retrieved from <https://www.adb.org/publications/long-term-care-systems-lessons-asia-pacific>
- WHO. (2024). *Extending healthy ageing across the life course Connecting optimal development and healthy ageing*. Department of Maternal, Newborn, Child and Adolescent Health and Ageing. World Health Organization. Retrieved from <https://iris.who.int/server/api/core/bitstreams/6d70f838-6256-4165-bcc5-c794ca172905/content>
- WHO. (2024). *Long-term care for older people: package for universal health coverage*. World Health Organization. Retrieved from <https://www.who.int/publications/i/item/9789240086555>
- WHO. (2026). *Global Network on Long-term Care*. Retrieved from World Health Organization: <https://www.who.int/groups/global-network-on-long-term-care>

Copyright Notice

This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.