



## Barriers to Accessing Social Welfare Services among Elderly Women in City Areas of Bangladesh

Marufa Islam<sup>1\*</sup>, Md Alamin Bhuyan<sup>2</sup>, Mohammad Nazmul Hasan<sup>3</sup>, Mamata Mostari<sup>4</sup>, Dr. Ms. Shahinoor Begum<sup>5</sup>

<sup>1</sup>Department of General Education, Northern University Bangladesh, Dhaka, Bangladesh

<sup>2</sup>Acknowledge Education, Perth, Western Australia, Australia

<sup>3</sup>Ministry of Public Administration, Dhaka, Bangladesh

<sup>4</sup>Department of Social Welfare, Islamic University, Kushtia, Bangladesh

<sup>5</sup>Grameen Caledonian College of Nursing, Dhaka, Bangladesh

### \*Corresponding Author

#### Marufa Islam

Department of General Education, Northern University Bangladesh, Dhaka, Bangladesh

### Article History

Received: 20.02.2026

Accepted: 14.04.2026

Published: 17.04.2026

**Abstract:** In urban Bangladesh, elderly women face several barriers from social, economic to administration in accessing social welfare services including limited knowledge about the entitlements, lack of family support or companionship, low mobility as well as insufficient income. This study aimed to explore these barriers, the potentials to overcome them and factors facilitating access to welfare services for elderly women. It was a cross-sectional survey used 400 urban elderly women who accessed self-reported data from demographic, social, economic and administrative barriers to access, awareness, family support mobility income and education. Participant characteristics were summarized using descriptive statistics, and the effects of barriers and enabling factors on access were assessed with multiple regression, Pearson correlation, and one-sample t-tests. Results showed that economic barriers had the most negative effect on access ( $B = -15.324$ ,  $Beta = -0.601$ ,  $p < 0.001$ ), followed by social and administrative barriers. Access was positively correlated with exposure to information ( $r = 0.575$ ,  $p < 0.001$ ) and moderately with family support, mobility, income, and education. Significant increased access included ranked coordination of services ( $B = 7.253$ ,  $Beta = 0.497$ ) and visibility of services ( $B = 6.981$ ,  $Beta = 0.468$ ). The economic conditions of current women are the most important contributors, and awareness, visibility and coordination of services can significantly increase access to welfare programs for urban middle-aged women.

**Keywords:** Elderly Women, Social Welfare Services, Urban Bangladesh, Access Barriers, Service Coordination.

**Copyright © 2026 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

## 1. INTRODUCTION

Ageing inevitably brings changes to physical health, mental wellbeing and social connectedness, but does not need to mean decline at all. Community-based activities can enhance older adults' mobility, mood, sleep, quality of life and social engagement. Hence, coming up with social welfare services is

significant because they provide accessible and inclusive support that enables older people to remain active, independent, connected, and healthier for longer (Elhag *et al.*, 2025). In later life social losses and transitions, including retirement, the death of family members or friends and children moving out. This makes it tougher to stay socially connected in old

**Citation:** Marufa Islam, Md Alamin Bhuyan, Mohammad Nazmul Hasan, Mamata Mostari, Ms. Shahinoor Begum (2026). Barriers to Accessing Social Welfare Services among Elderly Women in City Areas of Bangladesh. *Glob Acad J Humanit Soc Sci*; Vol-8, Iss-2 pp- 43-50.

age, even though that becomes more crucial. certain dimensions of wellbeing (i.e., purpose in life and personal growth) might decrease with age, hence social engagement can act as a protective or compensatory factor in older adulthood (Monteiro *et al.*, 2025). In many countries women spent more of their lives doing unpaid caregiving for children and the elderly, and less time in formal paid work, leading to lower lifetime earnings and lower pensions. Since women live longer than men, they are more likely to be widowed and living alone in later life. women live longer but with more chronic, disabling conditions like frailty, depression, arthritis, osteoporosis and functional limitations (Costa *et al.*, 2026). Older women might be more susceptible because they experience higher exposure to social vulnerability determinants that aggravate frailty (eg, loneliness, living alone, low support, reduced involvement and sometimes economic distress) when frailty and social vulnerability are concurrent, there are worse outcomes, including higher mortality; greater functional disability; cognitive declines; depressive symptoms; poorer quality of life (Hanlon *et al.*, 2024). Many old women do not know about local community care facilities (social work station, home care center, neighborhood committee), where and how to be treated. Even where services were available close to home, older people rarely had knowledge of how to use them, making care inaccessible in practice. Online and digital systems for accessing care created additional obstacles for older adults who are not tech-savvy or smartphone-friendly (Gong *et al.*, 2022). More urban facilities alone do not guarantee this. Access is related to whether services are visible and understandable, geographically reachable and embedded in a straightforward pathway for older adults. Reform should focus less on simply expanding the number of facilities and more on the visibility, accessibility and coordination of services (Matin *et al.*, 2021). For older people barriers typically can be grouped into four interrelated categories: socioeconomic disadvantage, geographical isolation, community and communication barriers and the digital divide. Patients who are older may not get to use services just because they are going to be too expensive, located too far away, need emphasizing in terms of information or navigation but also increasingly relying on technology that they do not have the confidence in using (Yazdi-Feyzabadi *et al.*, 2025). Based on the background, the main aim of the study is investigating the barriers that elderly women face in accessing social welfare services in urban areas of Bangladesh.

## 2. LITERATURE REVIEW

Akter *et al.*,(2025) explained that at present, most of the elderly population is concentrated in urban areas while rural elderly experience greater challenges posed by several barriers to care which

arise from fewer health and social services. Aging women experience a high incidence of chronic diseases like diabetes, hypertension, heart disease, musculoskeletal diseases, and visual impairments. Widowhood, migration of children (especially sons) and the decline of traditional family care systems leave older age group at risk. Another study conducted by Dana *et al.*,(2024) found that the break from joint families to nuclear families adds to the plight of elder women living in urban centres. Traditional family support systems who are able to take care of their old age is declining which means women will be more dependent on the government-run programs for healthcare, financial support and social services. Social isolation, limited mobility and weak family support are common problems among elderly women living in urban areas. Cultural norms may prevent women from seeking help beyond the family, even for sensitive issues such as health, pensions or legal complaints. Hossain *et al.*, (2021) also found that a very vulnerable segment of our urban population is elderly woman (Most of them are widow or deserted). Many are simply too old, sick or socially restrained to earn a living. There are government initiatives such as Old Age Allowance, Widow Allowance and Disability Allowance that provide financial support, healthcare and social security. Old Age Allowance: 80% did not receive an Old Age Allowance. Hossen *et al.*,(2023) claimed that due to low literacy levels and limited exposure for awareness campaigns, many elderly people are unaware of various health services available to them. They are lowly represented in community discussion circles (when information is shared, they do not have a seat on the table). Such expensive healthcare, long-distance travel, and no income prevent old-age people from going to the doctor. Besides, Khoda and Kröger (2025) expressed that Old Age Allowance (OAA) is the primary source of public support, but it is both low in value and narrowly focused. Coverage among older adults is only about 30 percent, and a significant number remained excluded. It also says that the allowance is far too low to guarantee real support in case of welfare and that many urban older persons are disadvantaged by its income eligibility criteria, since city living costs are much more expensive.

Although Akter *et al.*, (2025) examined the concentration of older people in urban areas and health and social risks for aging women, Dana *et al.*, (2024) [abstract for a detailed scope of the study] depicted and analyzed more about decline in joint family support, social isolation, limited mobility and weak family care of elderly women. Similarly, Hossain *et al.*, (2021) indicated the risk for older women, widowed and deserted women in particular, and illustrated that most do not adequately access existing government support. Hossen *et al.*, (2023)

stressed again low levels of literacy and poor awareness, as well as limited participation in places to exchange information, while Khoda and Kröger (2025) take the Old Age Allowance inadequate both in terms of value and scope. Nevertheless, these studies failed to systematically differentiate the relative impact of socio-economic and administrative barriers on welfare services access, nor did they adequately elaborate on how awareness, family-support, mobility along with income level and education influences actual use of services by elderly women in urban Bangladesh. Furthermore, service coordination and service visibility were under-represented in the literature as improvement mechanisms. To this end, this study addresses an urgent need in the literature for a holistic account of women's experiences with social welfare services in urban Bangladesh, by considering both barriers to and facilitating factors for elderly women's uptake of such services.

### 2.1 Research Questions

Based on the background the following are the research questions:

1. What are the key challenges that elderly women encounter in accessing social welfare services, which are often exacerbated by social, economic and administrative barriers?
2. How aware are elderly women in urban areas of existing social welfare programmes and services?
3. What is the role of family support, mobility, income and education on access to social welfare services for elderly women in urban Bangladesh?
4. What strategies could potentially enhance access to social welfare services for elderly women living in urban Bangladesh?

### 2.2 Research Objectives

The specific objectives of the study form the analytical focus and enable efforts to gain comprehensive understanding of core concepts in this study:

1. To highlight the main social, economic and administrative obstacles encountered by elderly women in obtaining social welfare services.
2. To evaluate the knowledge of elderly women about existing social welfare schemes and services in urban areas.
3. To analyze the effect of family support, mobility, income and education on their access to social welfare services.
4. To imply policies for enhancing access to social welfare network by elderly women in urban Bangladesh

### 3. Theoretical Framework

This study builds on Levesque et al. 's (2013) access to Care Framework that describes access as emergence of interactions between service-related factors and the capabilities of people accessing said services. While the framework was originally developed for health care, it is equally relevant to this study because access to social welfare services does not depend just on whether or not these services exist but rather if elderly women were able to know about them, seek them, reach them, afford them and use those effectively. The framework has five dimensions of access on the service side: approachability, acceptability, availability, affordability, and appropriateness and five corresponding abilities on the user side: ability to perceive (awareness), seek (latency perception), reach (physical provides), pay, and engage. Within this study, the framework assists in understanding how increased social, economic, and administrative barriers affect elderly women's access to social welfare services in urban Bangladesh. It is particularly helpful for understanding the role awareness, family support, mobility, income and education play in determining their access. Therefore, Levesque et al. s theoretical foundation works well for this research because it effectively provides insight into the difficulties elderly female customers experience with respect to obtaining social welfare services.

### 4. RESEARCH METHODOLOGY

This quantitative cross-sectional research design study aimed to find out the barriers of elderly women in accessing social welfare services in urban Bangladesh. It followed the body of work laid out by Levesque et al. 's (2013) Access to Care Framework describes access as the interaction between service-related characteristics and people's abilities to perceive, seek, reach, pay for and engage with services. The study likewise examined social, economic and administrative hindrances as well the impact of awareness, family support, mobility, income and education on access to welfare services align with this framework. This study was conducted among 400 elderly women residing in urban areas of Bangladesh. Respondents self-reported their data, and this information was analyzed by both descriptive statistics and inferential statistics. Descriptive statistics was applied to describe the demographic characteristics of the respondents using frequency and percentage. Multiple regression analysis was used to judge the impact of social, economic and administrative barriers on access. A Pearson's correlation was used to explore the relationship between access and exposure of information and community participation, while a one-sample t-test was carried out to determine average levels of access, family support, mobility, income and education. Because the study was cross-

sectional and used self-reported data, the authors could describe associations but not causal relationships.

## 5. RESULTS AND DISCUSSION

### 5.1 Demographic Information

Table 1 offers a detailed demographic overview of participants, categorized by age, marital status, living arrangement.

**Table 1: Demographic Information**

		Frequency	Percentage
Age Group	60-64 years	200	50%
	65-69 years	100	25%
	70-74 years	40	10%
	75-79 years	30	7.5%
	80+ years	30	7.5%
Marital Status	Married	240	60%
	Never Married	45	11.25%
	Widow	80	20%
	Separated	35	8.75%
Living Arrangement	Alone	40	10%
	Spouse Only	80	20%
	With Children	200	50%
	Other Relatives	20	5%
	Extend Family	60	15%

The sample population has a similar age distribution, with the majority aged between 60–64 years (50%) followed by the next larger segment aged 65–69 years (25%), while only smaller proportions are represented in the older elderly subgroups: between 70 and 74 years (10%), 75 to 79 years old (7.5%) and over 80 years old (7.5%); indicating a pre-ponderance of younger among the elderly. Most are married (60%), followed by widowed (20%), never married (11.25 percent) and separated (8.75 percent), suggesting that marriage is the most common status among the sandwich generation, but widowhood is also prevalent for a significant number in the age group. As far as the type of living they have, half live with children (50%) and 20% only live with a husband together while another 15% live in an extended family manner while another

10% lives independently, indicating that multigenerational or family-based living is common whereas independent living is not. Overall, the data suggest that this population of older adults is relatively young within the older adult life stage continuum, married and predominantly living in family-oriented households.

### 5.2 Social, Economic and Administrative Obstacles

Table 2 Coefficients from a multiple regression analysis of social, economic and administrative barriers influencing access scores it also provides unstandardized and standardized coefficients, as well as t values and significance (probability) levels for the model's independent variables.

**Table 2: Estimated Regression Coefficients for Access Score Model**

Model	Coefficients			T Statistics	Sig.
	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta		
(Constant)	168.025	3.446		48.755	.000
Social barriers score	-9.837	.878	-.291	-11.206	.000
Economic barriers score	-15.324	.679	-.601	-22.566	.000
Administrative barriers score	-9.636	.829	-.297	-11.627	.000

a. Dependent Variable: access score

The coefficients table also shows the significance of a strong negative correlation between all three barrier variables and access to healthcare variables (access score). The constant, 168.025, tells us the predicted access score when each social barrier, economic barrier and administrative barrier

scores are set to zero. It is also indicating that among predictors economic barriers score was significantly negatively related to access with unstandardized coefficient -15.324 and standardized beta -0.601. In other words, all else being equal and holding the other variables constant both, a one-unit change in

economic barriers is associated with a 15.324-point reduction in access score. Social barriers score also has a significant negative effect ( $B = -9.837$ ,  $\text{Beta} = -0.291$ ,  $p < .001$ ), suggesting that greater social barriers have an inverse relationship with access. Similarly, administrative barriers score has a strong negative correlation with access ( $B = -9.636$ ,  $\text{Beta} = -0.297$ ,  $p < .001$ ), meaning that a rise in administrative obstacles is associated with a decrease in the access score as well. They all have large-magnitude t-values, and significant values of .000, indicating that these effects are highly significant. The overall results point towards social, economic and administrative barriers, all lowering access, with the economic barrier being the strongest predictor as shown in our model.

This study's findings align with previous studies in the literature, particularly Dana *et al.*, (2024) and Khoda & Kröger (2025). Dana *et al.*, (2024) showed that urban elderly women are multiple-burdened by social isolation, ever-

weakening family supports, limited mobility and cultural restrictions that hamper their service-seeking behaviour whilst Khoda and Kröger (2025) underscored the serious financial burden inflicted upon older women in cities by an underfunded and narrow scope old-age allowance. Likewise, social, economic and administrative barriers all significantly decrease access to social welfare services according to the current study while economic barriers were found here to be the strongest predictor of access thereby supporting the arguments presented by these two studies.

### 5.3 Knowledge of Elderly Women about Existing Social Welfare

The Pearson correlation coefficients between access score, information exposure score and community participation score are summarized in this Table 3. It illustrates the strength and direction of relationships between these key variables, including their statistical significance levels.

**Table 3: Bivariate Correlation Analysis of Key Study Variables**

Correlations				
		Access score	Information exposure score	Community participation score
Access score	Pearson Correlation	1	.575**	.174**
	Sig. (2-tailed)		.000	.000
	N	400	400	400
Information exposure score	Pearson Correlation	.575**	1	.033
	Sig. (2-tailed)	.000		.513
	N	400	400	400
Community participations core	Pearson Correlation	.174**	.033	1
	Sig. (2-tailed)	.000	.513	
	N	400	400	400

\*\* . Correlation is significant at the 0.01 level (2-tailed).

According to the correlation table, access score has a moderate positive and statistically significant relationship with information exposure score ( $r = .575$ ,  $p < .001$ ), which means that respondents with a higher exposure to information are more likely to have access. Access score also positively and weakly correlates with community participation score ( $r = .174$ ,  $p < .001$ ), indicating that higher community participation is correlated with slightly better access, albeit the relationship is much weaker than that of information exposure. Conversely, the relationship of information exposure score to community participation score is very weak and not statistically significant ( $r = .033$ ,  $p = .513$ ), so these two variables do not seem to be meaningfully related in this study. Many of the results imply that exposure to information alone is a better predictor of both access score than community participation while community participation has little positive correlation with access.

The findings of the correlations correspond with literature described in this study. Hossen *et al.*, (2023) noted that older women tend to have low awareness of available services due to poor literacy and weak exposure with information campaigns, whereas Levesque *et al.*, (2013) claimed that the ability to sense and engage with services is essential for access. Thus, while in this study, the moderate positive association between information exposure and access confirms the importance of awareness, the weak relationship between community participation and access indicates that participation alone is inadequate without meaningful accompanying information. The findings thus underscore that it is access to information that underlies improvements in social welfare services.

### 5.4 Access to Social Welfare Services

This table 4 shows the results of one sample t-test, to test if mean values of selected variables are

significantly different than test value. Namely, the t-statistics, associated degrees of freedom levels of statistical significance, mean differences and

confidence intervals for all variables tested in the analysis.

**Table 4: One-Sample t-Test Results for Selected Study Variables**

One-Sample Test						
	Test Value = 0					
	T Statistics	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Access score	59.811	399	.000	64.980	62.84	67.12
Family support score	80.661	399	.000	2.980	2.91	3.05
Mobility status	65.699	399	.000	2.410	2.34	2.48
Monthly income (BDT)	33.086	399	.000	11278.010	10607.88	11948.14
Education level	21.893	399	.000	1.385	1.26	1.51

As a result of the one-sample t-test, when average values of all selected variables are compared to zero, it can be concluded that they are statistically significantly greater from zero because for each variable these tests resulted in a very large t-value and p-value equal to .000 ( $p < .001$ ). For access score the mean difference is 64.980 with a 95% confidence interval [62.84;67.12] so access scores are clearly above test value Likewise, family support score has a mean of 2.980 (95% CI: 2.91 to 3.05), and mobility status has a mean of 2.410 (95% CI: 2.34 to 2.48) with statistically significant positive values for the other two categories as well Analogous, the mean monthly income of the sample is 11278.01 (95% CI: 10607.88 to 11948.14), as is the mean education of participants at 1.385 (95% CI: 1.26 to 1.51) and both are significantly greater than zero All of the above indeed suggest that measurably levels of access, family support, mobility, income and education exist at an average level in the sample and are not due to random chance.

Results of the one-sample t-test are mostly in line with what was found in literature covered by this

paper, especially Dana et al., (2024) and Hossen et al., (2023). Dana et al., (2024) stated that elderly women have weak family support and low mobility in urban areas, although Hossen et al., Common issues faced by older people in accessing services included low literacy, poor awareness and lack of income (2023). Likewise, the current findings indicate that the respondents have specific quantitative levels of family support, mobility, income and education, which fall in line with scholarly accounts about socioeconomic and personal characteristics of urban older women in Bangladesh being key background conditions for determining access to social welfare.

**5.5 Policies for Enhancing Access to Social Welfare**

The coefficients from a multiple regression analysis examining the relationships between service coordination score, service visibility score and improved access score are shown in table 5. This comprises unstandardized and standardized coefficients with t-statistics and significance levels for every predictor in the model.

**Table 5: Regression Coefficients for Service Coordination and Visibility Predicting Improved Access Score**

Coefficients					
Model	Unstandardized Coefficients		Standardized Coefficients	t Statistics	Sig.
	B	Std. Error	Beta		
(Constant)	18.283	1.921		9.518	.000
Service coordination score	7.253	.526	.497	13.795	.000
Service visibility score	6.981	.537	.468	12.995	.000

a. Dependent Variable: improved access score

The results in Table 4 indicate that both service coordination and service visibility were significant positive predictors of improved access (B =.72; B =.847). The intercept of 18.283 indicates the predicted improved access score when both predictors are zero. Service coordination score was positively associated with improved access (B = 7.253, Beta =. 497,  $p < .001$ ), demonstrating a major

contribution to the model. Similarly, type of service visibility score was also found to have a strong positive association with improved access (B = 6.981, Beta =. 468,  $p < .001$ ). Because the standardized beta value for service coordination is somewhat larger than that for service visibility, though, service coordination is observed as the more robust predictor; These results suggest that improved

coordination among services and greater visibility of services available can have a significant impact on access.

The results presented in Table 4 are largely consistent with literature review findings particularly those of Hossen *et al.*, (2023); Khoda and Kröger (2025). Hossen *et al.*, (2023)) demonstrated that scarceness of information from poor literacy to less suitable exposure will also leads to elderly ignorance on services provided while khoda and Kröger (2025) mentioned frailty in available system with public benefits coverage proving inadequate. Correspondingly, the current study found that access increases when there is service visibility and service coordination, indicating that the strengthening of access can be achieved not only via services but also by making them visible, organized, and easier for elderly women to navigate.

### 5.6 Findings

The core findings are stated below:

1. Among other social, economic and administrative barriers, financial constraints were found to be the most critical obstacle that adversely affects elderly women's access to welfare services ( $B = -15.324$ ,  $\text{Beta} = -0.601$ ,  $p < 0.001$ ).
2. Scores for access are moderately positively correlated with exposure to information ( $r = 0.575$ ,  $p < 0.001$ ), with elderly women who were more aware of services available in the community reporting better access, but only weak correlation for community participation alone ( $r = 0.174$ ,  $p < 0.001$ ).
3. Results of one-sample t-tests show that average levels of family support as well as mobility, income and education are significantly above zero, showing that these factors positively contribute to elderly women access social-welfare service.
4. Both these results confirm that both Service Coordination ( $B = 7.253$ ,  $\text{Beta} = 0.497$ ,  $p < 0.001$ ) and Service Visibility ( $B = 6.981$ ,  $\text{Beta} = 0.468$ ,  $p < 0.001$ ) significantly increase access with Coordination as a marginally stronger predictor than visibility according to regression analysis
5. While economic barriers have the most damaging effect, social ( $B = -9.837$ ,  $\text{Beta} = -0.291$ ,  $p < 0.001$ ) and administrative barriers ( $B = -9.636$ ,  $\text{Beta} = -0.297$ ,  $p < 0.001$ ) also significantly reduce access, highlighting the multifaceted nature of obstacles faced by elderly women in urban Bangladesh.

### 5.7 Recommendations

Based on the findings the recommendations are given below:

1. Skepticism surrounding access to social welfare services must be addressed, especially regarding the Old Age Allowance program.
2. Increase awareness through contextualized nondigital information campaigns for low-literate women with poor technological competencies.
3. Improve service coordination among government and community organizations to establish clear, navigable pathways that inform elderly women about available services and facilitate their access.
4. Make sure people in the community know what you offer with local outreach, signage (at your facility and nearby), and community engagement to make programs visible.
5. In this regard, targeted interventions and include community transport, home visits or family-inclusive programs should be sought to address social and mobility challenges so that women with limited mobility or weak family support are also able to take advantage of welfare. services

### 5.8 Limitations

This study has several limitations. It examined only older women in urban Bangladesh, limiting generalizability to rural communities or men. Data were self-reported and might be exposed to recall or social desirability bias. Although social, economic and administrative barriers were discussed, cultural, psychological and health-related factors that influence service use were not adequately explored. The cross-sectional design does not allow causal relationships between barriers and access to be established. The study also examined service visibility and coordination, but actual quality or effectiveness of welfare services was not investigated, which could limit the usability of such services for elderly women in practice.

## 6. CONCLUSION

In conclusion, this study finds that urban elderly women face multiple and interconnective barriers to access social welfare. Of the various challenges investigated, economic barriers were identified as the most significant barrier to accessing support indicating that financial hardships severely hinder older women's ability to access supports. Social and administrative obstacles were also found to substantially restrict access, indicating that the issue is not just economic; it's structural and institutional. On the other hand, awareness had a positive association with access meaning that educated women about available services are more

likely to benefit from it, whereas community participation showed weak relationship. Mobility, income and education provision were also highlighted as important enabling factors which shape welfare service access. Service coordination and service visibility are both strongly positive predictors of improvement of access, although coordination has a slightly higher influence in the overall model. This means that only by extending and developing services, but also increasing visibility in order to prevent people from having to wander through the maze of available help. Generally, the study calls for a more inclusive, accessible and coordinated welfare system to ensure dignity, security and wellbeing of elderly women in urban Bangladesh.

## REFERENCES

- Akter, S., Hossain, M. I., Kabir, H., Akter, S., & Akter, M. (2025). Aging in Bangladesh: A Wake-Up Call for Elderly Care Solutions. *Health Science Reports*, 8(2), e70529. <https://doi.org/10.1002/hsr2.70529>
- Costa, J. R., Quintero-Flórez, A., García-Cabrera, E., Romero-Barranca, J., & Vilches-Arenas, Á. (2026). Ageism and the feminization of old age: A Systematic review. *Archives of Gerontology and Geriatrics*, 141, 106084. <https://doi.org/10.1016/j.archger.2025.106084>
- Dana, G. P. T., Hossain, A. H. M. K., & Hasan, S. (2024). Aging Policy of Bangladesh: Issues and Challenges for Implementation. *Social Science Review*, 40(2), 225-243. <https://doi.org/10.3329/ssr.v40i2.72207>
- Elhag, S., Niechcial, M. A., Potter, L., & Gow, A. J. (2025). Exploring the impact of community-based interventions on healthy older adults' physical health, psychological wellbeing, and social connections: A systematic review. *Ageing Research Reviews*, 111, 102784. <https://doi.org/10.1016/j.arr.2025.102784>
- Gong, N., Meng, Y., Hu, Q., Du, Q., Wu, X., Zou, W., Zhu, M., Chen, J., Luo, L., Cheng, Y., & Zhang, M. (2022). Obstacles to access to community care in urban senior-only households: A qualitative study. *BMC Geriatrics*, 22(1), 122. <https://doi.org/10.1186/s12877-022-02816-y>
- Hanlon, P., Wightman, H., Politis, M., Kirkpatrick, S., Jones, C., Andrew, M. K., Vetrano, D. L., Dent, E., & Hoogendijk, E. O. (2024). The relationship between frailty and social vulnerability: A systematic review. *The Lancet Healthy Longevity*, 5(3), e214-e226. [https://doi.org/10.1016/S2666-7568\(23\)00263-5](https://doi.org/10.1016/S2666-7568(23)00263-5)
- Hossain, Md. Z., Haque, A. K. M. M., & Ullah, S. M. A. (2021). Right to Social Security of the Older People in Bangladesh: A Focus on Human Rights Violation. *Social Inquiry: Journal of Social Science Research*, 3(1), 58-73. <https://doi.org/10.3126/sijssr.v3i1.46026>
- Hossen, Md. S., Sohel, Md. S., Horaira, G. A., Laskor, M. A. H., Sumi, A. B. A., Chowdhury, S., Aktar, S., Sifullah, Md. K., & Sarker, Md. F. H. (2023). Exploring barriers to accessing healthcare services for older indigenous people in the Chittagong Hill Tract, Bangladesh. *AIMS Public Health*, 10(3), 678-697. <https://doi.org/10.3934/publichealth.2023047>
- Khoda, Md. S. E., & Kröger, T. (2025). Policy-makers and Population Ageing in Bangladesh: A Dearth of Attention. *Journal of Population Ageing*, 18(2), 351-372. <https://doi.org/10.1007/s12062-024-09452-x>
- Levesque, J.-F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: Conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 12(1), 18. <https://doi.org/10.1186/1475-9276-12-18>
- Matin, B. K., Williamson, H. J., Karyani, A. K., Rezaei, S., Soofi, M., & Soltani, S. (2021). Barriers in access to healthcare for women with disabilities: A systematic review in qualitative studies. *BMC Women's Health*, 21(1), 44. <https://doi.org/10.1186/s12905-021-01189-5>
- Monteiro, J. M., Gonçalves, R., Bastos, A., & Barbosa, M. R. (2025). Social engagement and wellbeing in late life: A systematic review. *Ageing and Society*, 45(7), 1327-1354. <https://doi.org/10.1017/S0144686X24000011>
- Yazdi-Feyzabadi, V., Sabermahani, M., Borhaninejad, V., & Iranmanesh, M. (2025). Breaking barriers: Challenges faced by the older adults in accessing primary healthcare in a developing country. *BMC Geriatrics*, 25(1), 946. <https://doi.org/10.1186/s12877-025-06712-z>