

AN EXAMINATION OF THE CAUSES AND EXPERIENCES OF ELDERLY RESIDENTS IN KUSHTIA DISTRICT: THE RISE OF OLD AGE HOMES IN BANGLADESH.

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ABSTRACT

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In Bangladesh, population aging is a significant issue because the number of older persons is increasing rapidly, following a decline in fertility and improvements in life expectancy. This qualitative exploratory study aimed to examine the antecedents of how older adults end up in nursing homes and their emotional/psychosocial experiences within these facilities. In this sense, the study identified several key themes based on personal interviews with residents of a government-registered nursing home in the Kushtia district of Bangladesh (n = 15). Thematic analysis indicated that the abuse and neglect by family members, in particular, adult children and daughters-in-law, are significant causes of institutionalization, accompanied by financial crisis, declining health, and absence of available caregivers. The changing demographics, characterized by decreasing fertility rates and the migration of young generations to new cities, have eroded traditional family support systems. Although the nursing home offers protection and some basic needs, most of the people who live there still suffer emotionally, feel lonely, and are dying to see and embrace their families. The Attachment Theory by Bowlby helps explain why the loss of primary caregivers leads the elderly to seek a safe place in institutions. The results emphasize the need to tighten laws, social security systems, and community-based geriatric interventions to support families in providing dignified aging care to the increasingly aging population in Bangladesh. Mental health services can be incorporated in nursing homes, further benefiting the health of older people who are institutionalized.

INTRODUCTION

Bangladesh is currently going through a significant demographic change where the elderly are rapidly increasing due to the low fertility rates and high life expectancy. The United Nations predicts that the number of citizens over 60 years old in Bangladesh will exceed 20 percent, which was 6.14 percent in 2023 (Ageing Asia, 2024; United Nations, 2023). The same trend is driven by the decline in births and improved life expectancies (The Daily Star, 2023). Historically, older adults were cared for within the joint family system, which has been disrupted by rapid urbanization, the immigration of the young generation, and the rise of the nuclear family system (Ng et al., 2002; Chai & Hamid, 2015). With the trend of smaller and scattered families, more and more aged people in

Bangladesh are facing the risk of neglect, loneliness, and abandonment, where they are turning to institutionally provided care like nursing homes (Bongaarts & Zimmer, 2002; Siddiqui, 2003). The implications of this demographic change are significant. The deterioration of traditional family-based support systems, combined with the long-term effects of poverty and inadequate social security apparatus, has made many elders vulnerable (Liu & Tinker, 2003). The level of abuse and neglect by the family members, especially adult children and daughters-in-law, financial crisis, poor health, and unavailability of caregivers, who are either childless or migrated, have become leading reasons causing older people to enter the nursing home (Islam, 2015; Akbar et al., 2014; Khanal et al., 2018). Although institutional care can be a safe place

where a person's physiological needs are met, it raises concerns about the emotional well-being and life satisfaction of elderly citizens. Research shows that the aged people in the homes of the old generally have emotional distress issues, feelings of loneliness, and an unending urge to reconnect with their families, which showcases the inability of the institutions to provide complete support to their psychosocial needs (Evangelista et al., 2014; Rao et al., 2015; Choi et al., 2008).

Considering these trends, it is pertinent to research the reasons contributing to the institutionalization of older people in Bangladesh, and it is also important to learn about the emotional and psychosocial experiences of older individuals in nursing homes. To guarantee the dignity and well-being of the ageing citizens of Bangladesh, the challenges of population ageing should be addressed through comprehensive policy measures, including reinforced legal underpinning, enhanced social security, and community-based geriatric care (Haider & Rahaman, 2022; Roberto & Blieszner, 2015). The paper aims to examine the reasons that led to the emergence of nursing homes in Bangladesh, particularly the experiences of elderly individuals in a district of Kushtia, within the policy environment, to understand how to reform the system of elderly care.

SIGNIFICANCE OF THE STUDY

Some academic studies on the institutionalization of the elderly have been conducted on a broader scale (Akbar et al., 2014; Rao et al., 2015), but to date, no specific research has been carried out in the Kushtia district. This study will fill that gap by identifying the key factors that lead elderly individuals to reside in nursing homes and by exploring their lived experiences in such institutions. The findings will help local administrators and policymakers enhance existing care systems to meet better the physical, emotional, and social needs of the elderly population.

In the context of a rapidly ageing society and weakening family-based caregiving structures, understanding the motivations behind institutionalization is vital (Ng et al., 2002; Liu & Tinker, 2003). The elderly remain a valuable asset to society, deserving of dignity, proper care, and a meaningful life. A society's moral and social strength can be judged by how it treats its aged members (Fan, 2007). Therefore, this study holds significant importance for guiding both policy reform and public awareness regarding elderly care in Bangladesh.

OBJECTIVE OF THE STUDY

The purpose of the current research is to gain a deeper understanding of elderly individuals' perspectives on the factors that, in their view, led them to enter a nursing home, as well as the challenges they encountered while residing there. The way that older adults think about their needs, emotions, and other factors may vary. They have their family, the facility where they are admitted, and the care

and support they will receive from those sources. To do this, the study will be guided by the following two objectives.

1. To identify and analyze the factors contributing to the institutionalization of elderly individuals in nursing homes.
2. To explore and interpret the emotional and psychosocial experiences of elderly residents living in nursing homes.

Literature Review

Earlier studies have examined the factors that lead older adults to reside in nursing homes and their experiences within these facilities. An analysis of abuse and neglect of older adults in Bangladesh revealed that negligence of family members is an important cause of institutionalization (Islam, 2015). In comparable models, researchers in developing nations have found that migration and the preferences of young generations to live alone are important factors driving the trend of older residents having separated living arrangements as well (Bongaarts & Zimmer, 2002; Chai & Hamid, 2015).

According to research performed in Northern India, older adults are more likely to shift to institutional care because of loneliness, families living apart, children leaving home, bad treatment of children, and the upgrading of nursing homes (Akbar et al., 2014). It has also been challenging to care for older family members due to the shift towards nuclear families, as opposed to extended families, since not all older individuals receive the care they need (Roberto & Blieszner, 2015). The Taiwanese families were reported to have sent their aged relatives to nursing homes because of their ill health and lack of home-bound family care (Liu & Tinker, 2003).

Research in Nepal and India has also indicated that aged individuals frequently move into nursing homes because they lack respect, love, and affection from family members, who see them as a burden (Rao et al., 2015; Lamichhane, 2017). Another reason why older adults are retained in institutions is because of the violence and abuse that they are subjected to, especially by their sons and daughters-in-law (Akbar et al., 2014).

The psychosocial and emotional lives of the elderly in nursing homes are conflicted. Although the institutional environment might bring a sense of safety and at least care, people in the communities could still feel lonely and want to reconnect with their families (Evangelista et al., 2014; Rao et al., 2015). Bowlby Attachment Theory also highlights how institutionalization causes feelings of abandonment and insecurity to increase among the elderly due to the loss of attachment figures (Chai & Hamid, 2015; Lokko & Stern, 2015).

Furthermore, it has been established that financial constraints, poor health, and a decline in the number of family members willing to serve as caregivers all contribute significantly to the older population's transition into institutions (Liu & Tinker, 2003; Akbar et al., 2014). The

literature has identified the implications of social, economic, and demographic factors, illustrating how nursing homes have emerged as a major care option for individuals in Bangladesh and other developing countries. Such factors include the decline of traditional joint families, the rise of nuclear families, the movement of younger generations, falling birth rates, and the poor performance of families in caring for their aging relatives (Ng et al., 2002; Khanal et al., 2018). Perceptions of institutional services among elderly residents are widely regarded as a sign of their general well-being and quality of life in such facilities (Rao et al., 2015; Parshad & Tufail, 2014).

THEORITICAL FRAMEWORK

This study is guided by Bowlby’s Attachment Theory, which explains the emotional bonds between individuals and their primary caregivers and how these bonds influence human behavior throughout the life span. Although originally formulated in the context of child-caregiver relationships, contemporary research has extended its relevance to adulthood and old age (Fraley, 2010; Brogaard, 2015).

According to Bowlby (as cited in Attachment Theory, n.d.), individuals seek proximity to their attachment figures for safety, support, and emotional regulation. In later life, as individuals become more physically and emotionally vulnerable, they continue to seek security—often from adult children or family members. However, when these attachment figures (e.g., children) become unavailable due to migration, nuclear family structure, or emotional neglect, the elderly experience anxiety and insecurity (Chai & Hamid, 2015; Khanal et al., 2018). In such cases, institutionalization (i.e., admission into nursing homes) becomes a compensatory mechanism to regain a sense of safety through relationships with substitute caregivers.

This theory is particularly relevant to the present study, as it connects psychosocial variables (e.g., emotional neglect, attachment loss, loneliness) with social-structural variables (e.g., children's migration, lack of caregivers, low fertility rates) and their impact on the institutionalization of the elderly. When attachment figures fail to provide necessary care and affection, elderly individuals often transfer their attachment needs to professional caregivers within institutional settings (Lokko & Stern, 2015).

Additionally, as older adults exhibit regressive behaviors due to deteriorating health and dependency (Long & Poi, 2014), caregiving becomes more burdensome for family members. This often leads to perceived rejection, reinforcing feelings of abandonment among the elderly and accelerating the need for alternative care arrangements.

From the above literature review and theory, we can make the following Propositions:

Proposition 1: A lack of secure attachment figures due to child migration, nuclear families, or neglect increases the likelihood of institutionalization among the elderly.

Proposition 2: Emotional and physical dependency in old age heightens attachment needs, which, when unmet by family, are transferred to caregivers in institutional settings.

Independent Variables:

The independent variables of the study comprise the availability and quality of family relations (presence of caregivers, emotional support, or neglect), levels of socioeconomic status (financial stability or poverty), health status (chronic illness or disability), and demographic characteristics (fertility rate, childlessness, and relocation). Such factors have been proved to have extensive effects on the vulnerability of senior citizens, as family neglect, economic difficulties, poor health, scarcity of caregivers because of the demographic transition all put the risk of institutionalization to higher levels (Islam, 2015; Akbar et al., 2014; Chai & Hamid, 2015; Khanal et al., 2018; Liu & Tinker, 2003)

Dependent Variable:

The institutionalization of the elderly is the dependent variable, referring to the presence of an older adult in a nursing home or long-term care facility. A recent study mentions that institutionalization is a strong outcome measure in aging research because it is a consequence of the social, economic, health, and demographic forces that may render the older adult unable to live at home (Evangelista et al., 2014; Khanal et al., 2018; Attachment in old age, 2013).

Mediating Variable:

Emotional and psychosocial well-being, including loneliness, depression, and satisfaction with life, represents a mediating factor in the correlation between family/social support and institutionalization. As a result of low-income family support or social isolation, meeting emotional needs becomes less likely, and, therefore, older adults are more likely to become distressed, which may cause giving preference to an institutional care facility (Rao et al., 2015; Evangelista et al., 2014; Lokko & Stern, 2015)

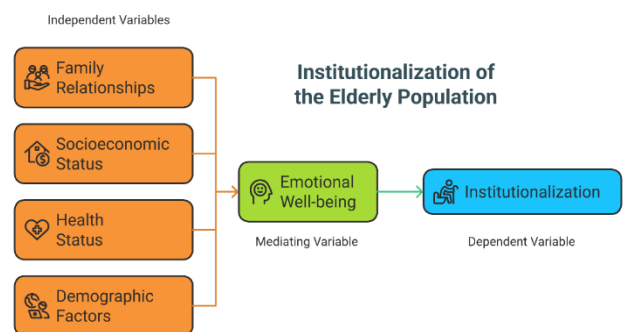


Figure 1. Theoretical Framework

The framework suggests that when elderly individuals lack secure attachment figures due to social and demographic changes, their attachment needs are unmet at home, increasing the likelihood of institutionalization. In nursing homes, they seek new bonds with caregivers and peers to regain a sense of security and stability. This theoretical perspective helps explain the link between

family structure, social support, and the emotional experiences of elderly residents in institutional settings.

RESEARCH METHODOLOGY

Research Design

This study employed a qualitative research design to explore the factors influencing the institutionalization of elderly individuals in nursing homes in Kushtia district, Bangladesh, as well as to understand their lived emotional and psychosocial experiences. The method used was qualitative because it offers the opportunity to deeply explore participants’ experiences, not fully covered by quantitative approaches (Creswell & Poth, 2018). The use of an interpretivist approach helped to record rich stories that highlighted the cultural, emotional, and social aspects of ageing and living in institutions.

Data Sources

Both primary and secondary data were utilized to ensure the comprehensiveness and validity of the findings.

1. Primary data were collected through open-ended, semi-structured interviews with elderly residents of a selected nursing home. Observational field notes and on-site visits were also incorporated to contextualize the interview data within the institutional setting.
2. Secondary data included academic books, peer-reviewed journals, official reports, newspapers, and credible online resources, which were used to support the background, literature review, and theoretical framework of the study.

Sample and Sampling Technique

The study sample consisted of 15 elderly individuals, selected through purposive sampling from a government-registered nursing home in Kushtia district. This approach is also commonly used in qualitative research because this aspect allows participants to be directly engaged with the subject of the study (Creswell & Poth, 2018). The sample size was defined based on the principle of data saturation, or the absence of new themes in the data, which is deemed adequate in terms of qualitative studies (Patton, 2015). Earlier studies indicate that 10-20 people are generally sufficient when conducting detailed qualitative interviews, to enhance the validity and depth of results in this realm (Mason, 2010)

Data Collection Method

Data were collected through semi-structured, in-depth interviews conducted in Bangla, allowing participants to express their thoughts and feelings freely. The interview guide included open-ended questions designed to elicit narratives about reasons for institutionalization, family relationships, emotional well-being, and satisfaction with care. Interviews were audio-recorded with informed consent and supplemented by observational field notes taken during site visits to provide contextual understanding. The researcher ensured a respectful and empathetic

environment, allowing participants to share sensitive information comfortably.

Data Analysis

Thematic analysis, following Braun and Clarke’s (2006) six-step framework, was employed to analyze the interview transcripts. Audio recordings were transcribed verbatim and translated into English. An inductive approach was employed to identify codes and develop themes directly from the data, thereby avoiding the imposition of preconceived categories. The analysis involved familiarization with the data, generating initial codes, identifying themes, reviewing and refining these themes, defining and naming them, and producing the final report. This iterative process ensured a comprehensive and nuanced understanding of the participants’ experiences.

RESEARCH FINDINGS AND ANALYSIS

Demographic Characteristics of the Respondents

The study involved 15 elderly residents of a nursing home in Kushtia district, Bangladesh. The demographic profile of the participants reflects the typical characteristics of elderly populations in rural Bangladesh, providing important context for understanding their experiences and the factors leading to institutionalization.

Table 1: Demographic Profile of Elderly Residents (Age, Gender, Marital Status, Education)

Characteristic	Frequency (n)	Percentage (%)	Mode (Most Frequent)	Median (Middle Group)
Age Group			60–64 years (33.3%)	65–69 years
60–64 years	5	33.3		
65–69 years	4	26.7		
70–74 years	3	20.0		
75 years and above	3	20.0		
Gender			Female (60.0%)	
Male	6	40.0		
Female	9	60.0		
Marital Status			Widowed (60.0%)	
Married	6	40.0		
Widowed	9	60.0		

Educational Level			No formal education (60.0%)
No formal education	9	60.0	
Primary education	4	26.7	
Secondary or higher	2	13.3	
Previous Living Arrangement			With children/family (66.7%)
With children/family	10	66.7	
Alone or with others	5	33.3	
Main Reasons for Institutionalization			Abuse and neglect (60.0%)
Abuse and neglect	9	60.0	
Financial crisis	7	46.7	
Poor health condition	8	53.3	
Lack of caregivers/childlessness	6	40.0	

The demographic data of the study participants (n = 15) reveal that the majority were female (60%) and widowed (60%), with most having no formal education (60%). The largest age group was 60–64 years (33.3%), followed by the 65–69 years age group (26.7%). Most participants previously lived with their children or family (66.7%). The main reasons for institutionalization were abuse and neglect (60%), poor health conditions (53.3%), financial crisis (46.7%), and lack of caregivers or childlessness (40%). Overall, the data highlights that older adult in this sample are predominantly less educated, female, and widowed, with social and health-related challenges being the primary factors for their institutionalization.

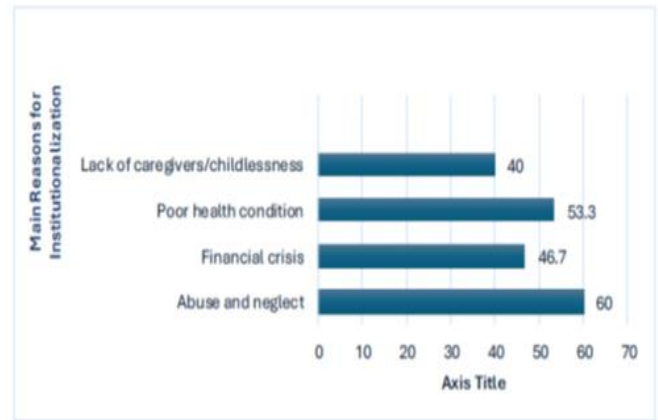


Figure 2. Influencing Factors associated with the Institutionalization of elderly people

Findings and Discussion

Thematic analysis of interviews with elderly residents revealed five key themes explaining their institutionalization and experiences in the nursing home.

Abuse and Neglect

A predominant and distressing factor compelling elderly individuals to seek refuge in nursing homes was the experience of abuse and neglect by family members. Many respondents described enduring verbal insults, physical mistreatment, and emotional neglect, often from their own children, daughters-in-law, or other relatives. This maltreatment was frequently linked to the elderly's increased dependency and regressive behaviors due to aging, which heightened their need for attention and care, needs that were unmet or met with hostility.

One respondent shared:

"I have one son and one daughter. When I lived with my son and daughter-in-law, they misbehaved with me. They tortured me, even my grandchildren tortured me. They do not want to give me food. When I told them to give me food, they verbally abused me."

Another recounted physical and mental abuse from her sister-in-law after her husband's death, highlighting how vulnerable older women without strong familial support are at risk:

"I was tortured physically and mentally by my sister-in-law because I used to live with my brother after my husband's death."

As found by Islam (2015) and Liu and Tinker (2003), the key reasons for older adults ending up in institutions in Bangladesh and other developing countries are abuse and neglect. More families are now nuclear and less traditional, so many young people now see their elders as a burden, rather than a valued member of their families (Ng et al., 2002; Chai & Hamid, 2015).

Financial Crisis

Economic hardship among the elderly's children emerged as a significant push factor for institutionalization. Many respondents reported that their offspring struggled to meet basic family needs, leaving little capacity to care for

aging parents. Financial insecurity often translates into neglect or outright rejection.

One participant explained:

“My son is a day laborer and lives hand to mouth. After supporting his family and grandchildren’s education, and sending gifts to married grandchildren, he cannot afford my medical expenses. This often causes quarrels with my daughter-in-law.”

Another respondent lamented the loss of her sons and the unwillingness of surviving grandchildren to assume responsibility:

“I have two sons and five daughters. My sons have died, and two of my daughters have also died. After their death, my grandchildren do not want to take my responsibility. They see me as a burden.”

Such financial constraints are consistent with the observations of Roberto and Blieszner (2015), who noted that the shift from extended to nuclear family models has strained families’ ability to care for elderly members. In Bangladesh, where social security systems are limited and pensions are scarce, many elderly depend heavily on their children’s financial support, which is often insufficient (Hamiduzzaman et al., 2018; Ferdousi, 2023).

Poor Health Condition

Declining physical and mental health significantly increased elderly dependency, contributing to their admission to nursing homes. Respondents described chronic illnesses, disabilities, and sensory impairments that rendered them vulnerable and in need of continuous care—care that their families were often unwilling or unable to provide.

One respondent recounted:

“I had ten children, but most died. After losing them, I became blind. My surviving sons ignored me and found caring for me burdensome. When my condition worsened, I began begging in the street. Eventually, my sons placed me in this nursing home, where I received eye surgery and care.”

These findings echo research from Northern India and Taiwan, where poor health and a lack of caregivers are common reasons for nursing home placement (Akbar et al., 2014; Liu & Tinker, 2003). The physical decline of elderly individuals often leads to increased caregiving burdens, which family members may reject, accelerating institutionalization.

Low Fertility Rate and Lack of Caregivers

Demographic changes, including declining fertility rates and childlessness, have reduced the availability of family caregivers. Several respondents had no children or were unmarried, leaving them without traditional familial support. The current fertility rate in Bangladesh (1.954 births per woman in 2022) is significantly lower than in previous generations, reflecting broader demographic transitions.

One respondent shared:

“I am married but have no children. After living with my brother’s family, they took my property by deceit and then

forced me out of the house. I came to this nursing home for basic needs.”

Some people were looked after in the beginning by their relatives, but they experienced neglect when they got sicker and weaker. This highlights how childless elderly individuals can face numerous threats and how population trends may lead to social problems, as stated by Chai & Hamid (2015) and Khanal et al. (2018).

Emotional and Psychosocial Experiences

The feelings of elderly residents were sometimes mixed, made up of loneliness, uncertainty, and a strong desire to reconnect with their families. Some people felt that the nursing home provided more support and safety than their abusive or hurtful homes, but they continued to feel lonely and upset.

One respondent expressed:

“I lived with my son in the past, but they hurt me very much. I do not feel at risk of harm any longer, yet I keep missing my grandchildren and children a lot.”

Another noted:

“I had ten children, but most died. The rest cannot afford my expenses. I feel better here, but I miss my family. Sometimes I feel very lonely.”

These sentiments resonate with studies from Brazil and India that report elderly institutionalized individuals often experience a mixture of relief from prior hardships and ongoing emotional loneliness (Evangelista et al., 2014; Rao et al., 2015). The loss of secure attachment figures, as explained by Bowlby’s Attachment Theory, intensifies feelings of abandonment and insecurity (Chai & Hamid, 2015; Lokko & Stern, 2015).

Moreover, the institutional environment offers some psychosocial benefits such as safety, basic care, and social interaction with peers, which partially mitigate feelings of abandonment. However, the absence of meaningful family contact remains a significant source of distress.

Interpretation of Key Findings

The study revealed that abuse and neglect by family members are primary factors driving elderly individuals into institutional care. This finding echoes prior research in Bangladesh and similar developing contexts (Islam, 2015; Liu & Tinker, 2003). The erosion of traditional joint family systems and the rise of nuclear families have diminished the capacity and willingness of younger generations to provide care, often leading to verbal, physical, and emotional mistreatment of elderly parents. The narratives of respondents who endured mistreatment by their sons, daughters-in-law, and grandchildren reflect a profound breakdown of filial responsibility and respect, which is culturally expected in Bangladeshi society (Ng et al., 2002; Chai & Hamid, 2015).

The financial crisis theme highlights the economic vulnerabilities that exacerbate neglect. Many older adults depend on their children’s support, but with limited income and increasing family expenses, children often view elderly parents as burdens. This aligns with the findings of Roberto

and Blieszner (2015), who suggest that economic pressures in nuclear family settings reduce caregiving capacity. The respondents' accounts of children unable to afford medical care or basic needs underscore the urgent need for social protection mechanisms for the elderly in Bangladesh, where formal pension and welfare systems remain underdeveloped.

Poor health conditions further exacerbate the vulnerability of the elderly. Having a chronic illness, disability, or sensory problem usually increases someone's dependency, which family members might not be prepared or willing to handle. Similar findings are reported in Northern India and Taiwan, indicating that poor health is a significant reason why people are placed in long-term care (Akbar et al., 2014; Liu & Tinker, 2003). When respondents describe being neglected due to illness, it suggests that services for older people and family caregivers are lacking, leading us to need more accessible geriatric care and support.

Demographic changes in Bangladesh mean that fewer children are being born, and as a result, there are fewer people available to care for older individuals (United Nations, 2023). Those who do not have children or who are estranged from relatives tend to experience extra insecurity and isolation. This situation, together with workers moving from rural to urban areas, means that many older adults lose their usual support groups, as confirmed by Khanal et al. (2018) and Chai & Hamid (2015).

The emotional and psychosocial aspects of elderly residents suggest that they often feel ambivalent. Although staying in nursing homes now makes them feel safer and better cared for, residents continue to miss their families and feel lonely. According to Bowlby's Attachment Theory, the absence or loss of primary caregivers (such as children for older people) can result in related worries and doubt in seniors (Chai & Hamid, 2015; Lokko & Stern, 2015). Societal security provides financial and legal support, although it is not as fulfilling as the emotional support of family. The same type of emotional challenges has been found in Brazil, India, and in other studies (Evangelista et al., 2014; Rao et al., 2015).

Linking Findings to Theory and Literature

The study demonstrated that Bowlby's Attachment Theory is effective in explaining institutionalization among the elderly in Bangladesh. When older adults lose or are unable to rely on their attachments due to migration, neglect, or family separation, they often turn to institutional settings for security. Older adults who misbehave and rely heavily on their families often bond more closely with caregivers in nursing homes when their families are unable to meet their needs (Long & Poi, 2014). Broader demographic and social changes, as found in the literature, such as fewer members per family, having fewer children, financial stresses, and changing views on caring for the elderly, are all echoed in the study (Ng et al., 2002; Khanal et al., 2018). The new structures for families make it more

challenging for adult children to care for their parents, so institutions often become the primary option.

Implications for Policy and Practice

The study highlights critical needs for improving elderly care in Bangladesh. Strengthening legal protections and public awareness can help reduce abuse and neglect, thereby reinforcing family responsibility toward the elderly (Islam, 2015; Ng et al., 2002). Expanding social protection programs such as pensions and healthcare subsidies is essential to ease financial burdens on families and prevent abandonment (Roberto & Blieszner, 2015; Haider & Rahaman, 2022). Enhancing geriatric healthcare and community support services can improve the health of the elderly and delay institutionalization (Akbar et al., 2014; Liu & Tinker, 2003). Given declining fertility rates and caregiver shortages, diversified care models—including enhanced institutional care with psychosocial support—are necessary to address loneliness and emotional well-being (Chai & Hamid, 2015; Khanal et al., 2018). Integrating mental health services in nursing homes can further enhance quality of life (Evangelista et al., 2014; Choi et al., 2008). Coordinated efforts by government, communities, and families are vital to ensure dignity and well-being for Bangladesh's growing elderly population (Siddiqui, 2003; Dana et al., 2023).

Limitations and Future Research

While this study provides rich qualitative insights, its findings are based on a purposive sample of 15 elderly residents from a single nursing home in the Kushtia district, which limits the generalizability of the results. Future research could be expanded to multiple sites and include the perspectives of family members and caregivers to develop a more comprehensive understanding. Quantitative studies could also assess the prevalence of identified factors and evaluate interventions.

Further exploration of cultural attitudes toward aging and institutional care, as well as longitudinal studies on the well-being of the elderly in various care settings, would deepen our understanding and inform policy.

CONCLUSION

This study highlights the complex interplay of social, economic, health, and demographic factors driving elderly institutionalization in Bangladesh, alongside the emotional challenges faced by residents of nursing homes. Addressing these issues requires integrated efforts spanning family, community, and government levels to ensure that elderly individuals receive dignified, comprehensive care that honors their lifelong contributions and preserves their well-being.

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