Sexuality, Gender & Policy

WILEY

RESEARCH ARTICLE

Vulnerability and Resilience: The Plight of Elderly Widows in Rural Bangladesh

Faraha Nawaz[1] | Imrul Kabir[2]

[1]Department of Public Administration, University of Rajshahi, Rajshahi, Bangladesh | [2]Department of Social Work, Jamalpur Science and Technology University, Jamalpur, Bangladesh

Correspondence: Faraha Nawaz (faraha.nawaz@ru.ac.bd)

Received: 25 August 2025 | **Revised:** 16 July 2026 | **Accepted:** 9 September 2026

Keywords: challenges | elderly | resilience | vulnerability | widow

关键词: 挑战 | 老年人 | 丧偶女性 | 脆弱性 | 韧性

Palabras Clave: Desafíos | Personas mayores | Viudas | Vulnerabilidad | Resiliencia

ABSTRACT

The article aims to explore the key challenges faced by elderly widows in rural Bangladesh. Specifically, it examines their socioeconomic and demographic conditions, the problems they encounter, and the initiatives taken by government (GOs) and nongovernmental organizations (NGOs) to address these issues. The study has adopted mixed method research that combines both qualitative and quantitative approaches. Data were collected through in-depth interviews, semistructured interview guides, and surveys. Findings reveal that the majority of elderly widows in rural areas face significant socioeconomic and health-related challenges, leaving them highly vulnerable in society. They often struggle with health, psychological, mental, and financial difficulties due to inadequate support systems and a lack of proper caregiving facilities. The study recommends that the government place greater emphasis on these issues by introducing targeted programs, including counseling services, healthcare initiatives, increased widow allowances, and community awareness campaigns to support elderly widows in rural Bangladesh.

摘要本文

旨在探讨孟加拉国农村地区老年丧偶女性所面临的主要挑战。具体而言，本文考察了她们的社会经济与人口学状况、所遭遇的各类问题，以及政府 (GOs)和非政府组织 (NGOs)为应对这些问题而采取的各项举措。本研究采用了定性与定量相结合的混合研究方法，通过深度访谈、半结构化访谈和问卷调查收集数据。研究结果显示，农村地区大多数老年丧偶女性面临着严峻的社会经济和健康挑战，使其处于极易受伤害的社会境地。由于缺乏完善的社会支持体系和适当的照护设施，她们往往深受健康、心理、精神及经济困难的困扰。研究建议政府应高度重视这些问题，通过实施针对性项目——包括提供心理咨询服务、开展医疗卫生行动、提高丧偶津贴以及进行社区宣传教育等——来支持孟加拉国农村地区的老年丧偶女性。.

RESUMEN

Este artículo explora los principales desafíos que enfrentan las viudas mayores en las zonas rurales de Bangladesh. En concreto, examina sus condiciones socioeconómicas y demográficas, los problemas que encuentran y las iniciativas emprendidas por el gobierno y las organizaciones no gubernamentales para abordarlos. El estudio utiliza una metodología mixta que combina enfoques cualitativos y cuantitativos. Los datos se recopilaron mediante entrevistas en profundidad, guías de entrevista semiestructuradas y encuestas. Los resultados revelan que la mayoría de las viudas mayores en las zonas rurales enfrentan importantes desafíos socioeconómicos y de salud, lo que las hace altamente vulnerables en la sociedad. A menudo, luchan contra dificultades

© 2026 Policy Studies Organization.

All rights reserved, including rights for text and data mining and training of artificial intelligence technologies or similar technologies.

de salud, psicológicas, mentales y financieras debido a la insuficiencia de sistemas de apoyo y la falta de servicios de atención adecuados. El estudio recomienda que el gobierno preste mayor atención a estos problemas mediante la implementación de programas específicos, que incluyan servicios de asesoramiento, iniciativas de atención médica, mayores subsidios para viudas y campañas de concientización comunitaria para apoyar a las viudas mayores en las zonas rurales de Bangladesh.

1 | Introduction

The global widow population is estimated at approximately 258 million, with many living in vulnerable conditions and often subject to exploitation (Orphans in Need 2023). In Bangladesh, the number of widows increased from 1.5 million in 2001 to 4.5 million in 2018, accounting for 2.7% of the population (Amin 2018). Widows frequently experience deprivation of basic needs, economic dependence, social isolation, loneliness, and a considerable loss of social status. The death of a spouse is widely recognized as a major life stressor across cultures and age groups (Reddy 2004). Widowhood is significantly more common in rural areas than in urban areas, largely due to higher mortality rates and lower remarriage rates in rural settings (Reddy 2004, cited in Agarwal 1998). The situation of elderly widows in rural Bangladesh remains one of the country's most overlooked yet persistent social challenges. In rural areas, where social security systems are often absent, the loss of a husband in old age exposes women to a complex set of social, economic, and emotional vulnerabilities—challenges that are frequently neglected in development policies and agendas.

In rural Bangladesh, widowhood is more than a personal loss—it often marks the beginning of long-term exclusion, deprivation, and marginalization. The scale of the issue makes it even more pressing: a significant proportion of widows live in rural areas, where access to healthcare, education, income-generating opportunities, and awareness of legal rights is severely limited. These demographic realities are alarming, as the structures meant to support older populations—particularly widowed women—are insufficient, fragmented, or entirely absent. Elderly widows in rural areas face a compounded burden of age, gender, and widowhood, all of which profoundly affect their quality of life. Their challenges extend far beyond economic hardship or income poverty. They encounter multi-dimensional barriers, including social stigma, dependency, poor health, insecure housing, food insecurity, lack of official documentation, and exclusion from community or government decision-making processes. Upon the death of a husband, women often lose access to land, inheritance rights, and even the respect of their families and communities.

This systemic exclusion is further reflected in government policy. Widow allowances and elderly pension programs are poorly publicized and difficult to access. Many elderly widows are unaware of these schemes, and those who are often lack the necessary national identification, information, or bureaucratic assistance to benefit from them.

2 | What Is Special About Elderly Widow Research?

Widowhood is widely recognized as being strongly associated with a range of deprivations across low- and middle-income countries, as well as in societies more broadly. Widows—regardless of age—require economic, social, and emotional support. However, in Bangladesh, elderly widows have traditionally been a neglected segment of the population, and widowhood itself is often regarded as a social stigma. In many societies, widows hold limited social status and are excluded from community participation (Akhtar 2001; Swain and Pillai 2005). In Bangladesh, there are no formal policies or regulations dedicated to the care and support of elderly widows. Traditionally, extended families were widespread and functioned as an effective system for ensuring that older people received adequate care. However, the rapid shift toward a nuclear family structure—especially in rural areas—has weakened these support systems. As a result, care for elderly widows is declining, and in the absence of universal government support, many are left dependent on their families, which increases their vulnerability in old age. Moreover, the traditional sociocultural environment in Bangladesh discriminates against women, creating numerous barriers to their social participation (UNFPA 1994).

In rural Bangladesh, women generally have low socioeconomic status and little to no decision-making power within their families. The death of a husband often leaves a widow entirely dependent on relatives or others for survival. For elderly widows, the situation is even more disempowering, as they are often excluded from having any influence over their own lives. Beyond financial support, elderly widows also need love, care, and respect from their family members. However, modernization and urbanization have contributed to a decline in moral values, weakening traditional norms of familial care. As a result, some children fail to provide adequate support for their aging parents, instead expressing negative attitudes, engaging in verbal abuse, or even resorting to physical mistreatment. Awareness of the challenges faced by elderly widows remains limited in society. Access to accurate information and knowledge is essential for developing effective policies and interventions. This research aims to provide valuable insights to guide policymakers and planners in designing more realistic and responsive social policies and programs for the welfare of elderly widows. This study seeks to examine both the overt and underlying dimensions of the challenges faced by elderly widows in rural Bangladesh, thereby offering policymakers a more comprehensive understanding of the issue and enabling them to anticipate and address emerging needs more effectively. The findings are expected to inform the development of targeted interventions by governmental and nongovernmental organizations while also providing a holistic account of widows' lived experiences. Furthermore, the research will serve as a foundation for future scholarly inquiry and evidence-based policymaking aimed at enhancing the overall well-being of this marginalized population.

3 | Objectives and Methodology

The primary objective of this study is to examine the challenges faced by elderly widows in rural Bangladesh, with a particular

focus on their health and psychosocial well-being. In addition, the study seeks to assess the existing programs and services provided by governmental and nongovernmental organizations aimed at improving the conditions of elderly widows in the country.

This study employed a mixed-methods approach, integrating both qualitative and quantitative techniques, as such a design is particularly effective in generating well-founded conclusions. The research was conducted in selected upazilas of Jamalpur District, namely, Madarganj, Melandah, and Islampur. The study population comprised all elderly widows residing in the research area, with each widow considered a unit of analysis. Within the selected upazilas, three villages in each upazila were purposively chosen. In each village, 10 elderly widows were selected through purposive sampling, resulting in a total survey sample of 90 respondents. Additionally, 80 elderly widows were selected for the survey. The 80 respondents were selected by using purposive sampling. Ten respondents were selected for case studies by using snowball sampling, and it was ratio of two respondents per village for case study. Primary data were collected through interviews using both open-ended and closed-ended questionnaires, complemented by close observation. Secondary data were gathered through an extensive literature review. Following data collection, all information was systematically edited and classified according to relevant characteristics. Qualitative data were analyzed descriptively, with themes and concepts presented narratively. Quantitative data obtained from respondents were tabulated and analyzed using basic statistical tools, including Microsoft Word, Microsoft Excel, and bar charts. The accuracy of the data was ensured throughout the interpretation process, with findings presented in both narrative and statistical formats.

3.1 | Theoretical Framework

Widowhood in old age is characterized by a complex social shock. Indeed, the loss of a spouse results in a number of unfavorable conditions, including the loss of property rights, social legitimacy, and an economic coprovider (Schröder-Butterfill and Marianti 2006). This shock does not take place on its own. It also has intense interaction with earlier vulnerabilities shaped by limited involvement in formal financial systems, limited access to education, and women's exclusion from labour markets based on traditional gender roles. In these circumstances, understanding how elderly widows in rural Bangladesh deal with their compound disadvantages in later life requires a theoretical framework that considers both institutional constraints and individual agency. This study therefore takes the Sustainable Livelihoods Framework (SLF), which was originally conceptualized by Chambers and Conway (1992) and then operationalized by the UK Department for International Development (DFID 1999), as its basic theory. However, in response to multiple vulnerabilities experienced by elderly widow, the psychological aspects of widowhood and the significance of their agency in healing are not sufficiently covered by the SLF. To bridge this gap, the study additionally uses bereavement-resilience trajectories proposed by Bonanno et al. (2004).

The notion of sustainable livelihoods serves as the foundation for several Sustainable Livelihood Approaches (SLAs) that are frequently used in international development practice. The UK Department for International Development (DFID) is among the development organizations that have included these methods into their programs. One of the most often used analytical tools in development work is the Sustainable Livelihoods Framework (SLF), which was codified by DFID (Kollmair and Gamper 2002; Serrat 2017). DFID incorporated the SLA into its development cooperation initiatives in response to the 1997 White Paper on International Development (DFID 1999).

A livelihood is "capabilities, assets (including both material and social resources) and activities required for a means of living," according to Chambers and Conway (1992, 7). It is considered sustainable when it can withstand and recover from shocks and stresses while preserving or improving its capabilities and assets, without jeopardizing the base of natural resources (Chambers and Conway 1992). Four interconnected elements make up the SLF, as defined by DFID (1999): (i) the Vulnerability Context; (ii) Livelihood Assets (the Pentagon of five capitals); (iii) Transforming Structures and Processes; and (iv) Livelihood Outcomes. The purpose of the DFID framework is to conceptualize how people function in a vulnerability context that is influenced by longer-term trends, economic shocks, and seasonal opportunities and restrictions. It also looks at how people use various livelihood assets and capitals in diverse combinations, which are impacted by a variety of institutions and processes as well as the vulnerability setting. Lastly, the framework discusses how individuals use their asset base to create livelihood strategies that aim to achieve certain goals (DFID 1999; De Stagé et al. 2002).

This study focuses on two dimensions: vulnerability and resilience. The vulnerability context in the SLF refers to the external environment in which people live and acquire significance through direct effects on people's asset status (DFID 1999; Devereux 2001; Kollmair and Gamper 2002). It is the portion of the framework that is most outside the control of stakeholders. It consists of trends (e.g., trends in demography, resource, and governance), shocks (e.g., human, livestock, or crop health shocks, natural hazards like floods or earthquakes, economic shocks, conflicts like national or international wars), and seasonality (e.g., seasonality of prices, products, or employment opportunities) (DFID 1999; Kollmair and Gamper 2002). Generally, four interconnected structural conditions shape the vulnerability contexts for elderly widows. First, risk exposure increases with demographic aging. One of the most socioeconomically marginalized demographic groups in low- and middle-income countries is widowed older women (Lloyd-Sherlock et al. 2015). Second, widowhood itself is preceded by inequalities in wealth based on gender. Due to decades of restricted labour market involvement, and limited access to economic benefits, women usually have a smaller asset base when they become widows (Kabeer 1999). Third, vulnerability is exacerbated by health shocks. Aging raises morbidity, and widowhood increases risk due to psychological discomfort associated with grief and the loss of spousal care (Bonanno et al. 2004). Fourth, structural disadvantage is further complicated by institutional flaws such as weak property

rights frameworks, discriminatory cultural norms, and insufficient social protection (DFID 1999; Scoones 1998).

However, the five-capital Pentagon establishes the primary framework of analysis for this study and is at the center of the SLF. Each capital is defined as follows. The skills, knowledge, labour capacity, and health that allow people to pursue various livelihood options and accomplish their livelihood goals are referred to as human capital (DFID 1999). The social resources people use to pursue livelihood objectives are referred to as social capital. These include membership in more structured organizations with common norms, rules, and consequences, as well as networks and connections that foster cooperation and trust (Kollmair and Gamper 2002; Putnam 2000). The financial resources utilized to accomplish livelihood goals are referred to as financial capital. It comes in two primary forms: regular inflows like earnings, pensions, state payments, and remittances, and available stocks like savings, deposit accounts, and liquid assets like jewelry and cattle (Kollmair and Gamper 2002; DFID 1999). The productive assets and fundamental infrastructure required to sustain livelihoods make up physical capital. Transportation, safe housing, a sufficient supply of water and sanitation, clean energy, and information access are all included in this (Kollmair and Gamper 2002; Scoones 1998). The term "natural capital" describes the stocks of natural resources, such as land, water, forests, biodiversity, and erosion protection, that provide flows and services that are beneficial for livelihoods (Kollmair and Gamper 2002; Scoones 1998). Natural capital is especially important for older widows in rural Bangladesh, where subsistence farming and the exploitation of natural resources continue to be major sources of income.

The experience of widowhood is connected to each form of capital in a certain way, and weakness in one usually affects the others. Elderly widow's resilience and vulnerability are not determined by a single capital. How much a person is impacted by shocks and how far they may recover depends on how all five forms of capital interact. The SLF situates lives outside of asset stocks within a larger institutional framework that is influenced by what DFID (1999) refers to as "transforming structures and processes." The formal and informal organizations that control access to resources for livelihood are referred to as structures. State social protection programs, medical facilities, inheritance and property rights laws, and civil society groups are a few of these. The rules, regulations, and power dynamics that specify who has access to resources and under what conditions are referred to as processes (DFID 1999).

The SLF describes how vulnerability is caused by structural inequalities and the depletion of livelihood capital. It does, however, offer relatively little about how people adjust to and maintain wellbeing in the face of ongoing hardship. This study uses Bonanno's (2004) research on trauma, loss, and human resilience to fill this gap. According to Bonanno et al. (2004), resilience is a universal human ability rather than a unique personal quality. He argues that after experiencing severe loss or trauma, most people continue to function quite steadily, and that this stability is a reflection of ordinary rather than remarkable psychological resources (Bonanno 2004).

Bonanno et al. (2004) challenged the long-held belief that grief invariably results in protracted psychological dysfunction. Five different grieving trajectories were discovered by Bonanno et al. (2002) using longitudinal data gathered from an older population before and after the death of a spouse: common grief, chronic grief, chronic depression, depression followed by improvement, and resilience. The most common trend was resilience, indicating that stable functioning after spousal loss is typical rather than unusual. Resilience does not necessitate the absence of suffering because people might go through grief while still carrying out their daily responsibilities.

This was expanded upon by Mancini and Bonanno (2009), who contend that resilient outcomes are dependent on individual traits, social interactions, and contextual resources working together and that resilient people are distinguished by their ability to modify their thoughts, feelings, and actions in response to changing circumstances rather than depending solely on one coping mechanism. This process is also impacted by cognitive appraisal. According to Lazarus and Folkman (1984), people first identify how dangerous a situation is before evaluating the resources at their disposal to deal with it. This two-step process dictates the coping mechanisms employed and, eventually, the psychological results. This is further supported by positive feelings. According to Fredrickson (2004), feelings like optimism, thankfulness, and hope extend a person's perspective and behavior, gradually creating enduring psychological and social resources without eradicating adversity. Attachment relationships are also important. Bartholomew and Horowitz (1991) showed that secure attachment promotes healthier adjustment and more effective help-seeking, while insecure attachment increases sensitivity to chronic suffering. Bowlby (1980 cited in Altschul 1984) hypothesized that attachments built throughout life determine responses to loss. According to Bonanno and Mancini (2008), resilience varies throughout life as environmental and personal resources shift, indicating the continuous interplay between contextual factors and human ability.

Together, these two frameworks fill a void in the body of knowledge regarding elderly widows. Research frequently views vulnerability and resilience as either a psychological issue, centered on grieving, sadness, and coping, or a structural issue, anchored in institutional exclusion and asset poverty. The relationship between the two is theorized in few works. The two frameworks are used in this study in complementary and particular ways. The structural lens is provided by the SLF. It directs the examination of how elderly widows in rural Bangladesh obtain, retain, and lose livelihood assets throughout the five capitals; how vulnerability contexts, such as health crises, and property disputes, impact their asset base; and how evolving structures and processes, such as social protection systems, inheritance laws, and patriarchal norms, increase or decrease their options for a living. The psychological viewpoint is provided by Bonanno's bereavement-resilience theory. It directs the examination of the grieving paths widows take following the death of a spouse, the social and personal resources that facilitate stable functioning, and the ways in which positive emotions, attachment security, and cognitive evaluation influence adaptive capacity in limited material circumstances. When combined, the two frameworks enable

the study to look at resilience and vulnerability as results of the interplay between human adaptive capability and structural disadvantage rather than as distinct circumstances.

4 | Chronic Health Burdens in Widowhood

The findings reveal that 16 elderly widows (80%) were living with at least one chronic disease, whereas only 20% reported no such condition. This distribution underscores the high burden of chronic morbidity within the study population, with the majority of respondents (80%) identifying ongoing health problems. Bereavement—particularly the loss of a spouse—is widely recognized as one of the most stressful life events, exerting profound and enduring effects on psychological health in later life (Chen et al. 1999). Empirical evidence consistently associates widowhood with elevated risks of depression, sleep disturbances, and anxiety (Blanner et al. 2020; Blanner Kristiansen et al. 2015). In contrast, comparatively limited scholarly attention has been devoted to understanding the implications of spousal loss for surviving family members navigating end-of-life care and the aftermath of death (Wang et al. 2023). Illustrating this lived reality, one participant described her experience as follows: "I have been suffering from several chronic illnesses since my husband's death, and I believe that loneliness is one of the major causes of my problems."

This narrative exemplifies the intersection between bereavement-related psychosocial stressors and physical health deterioration, highlighting the need for integrated interventions addressing both the medical and emotional needs of widowed older adults. Widowhood represents not only the loss of a spouse but also a significant determinant of health, exerting adverse effects on both physical well-being (Narayanasamy et al. 1984) and emotional–cognitive functioning (Bi et al. 2022). The lived experiences shared by participants in this study provide qualitative depth to these quantitative patterns. One respondent stated "I am suffering from many chronic diseases such as high blood pressure, diabetes, and eye problems." Another participant recounted: "My health condition is gradually worsening day by day, and after the death of my husband, I am experiencing multiple health problems such as depression, ear problems, and diabetes."

These narratives underscore the interplay between bereavement, psychosocial stressors, and the onset or exacerbation of chronic illnesses. They highlight the necessity for integrated healthcare approaches that combine medical management with targeted psychosocial support, specifically tailored to the unique needs of widowed older adults.

5 | Impediments to Equitable Healthcare Access

The study findings indicate that the most commonly reported barrier to healthcare access among elderly widow respondents was the unaffordable cost of treatment and medicines, acknowledged by 44.44% of participants. Other reported barriers included poor rural health infrastructure (22.22%), long distances to hospitals and clinics (22.22%), and the absence of geriatric-specific care (11.11%). Thus, financial constraints emerged as the most frequent impediment, whereas the lack of elderly-oriented treatment was the least cited. Respondents described facing multiple difficulties in obtaining healthcare services, including inadequate facilities in rural areas, geographic inaccessibility, high medical costs, and the absence of specialized services for older adults. As one participant explained "There is no geriatric-specific health care service at the hospital level, and the inadequate health infrastructure makes us more vulnerable to these issues." Another respondent noted "I do not get any health facilities from the government hospital, and there is no proper treatment arrangement for different types of diseases."

Economic dependency further compounded these barriers. As illustrated in Figure 1, 50% of medical expenses were covered by respondents' sons, 27.78% by daughters, 16.67% were self-financed,

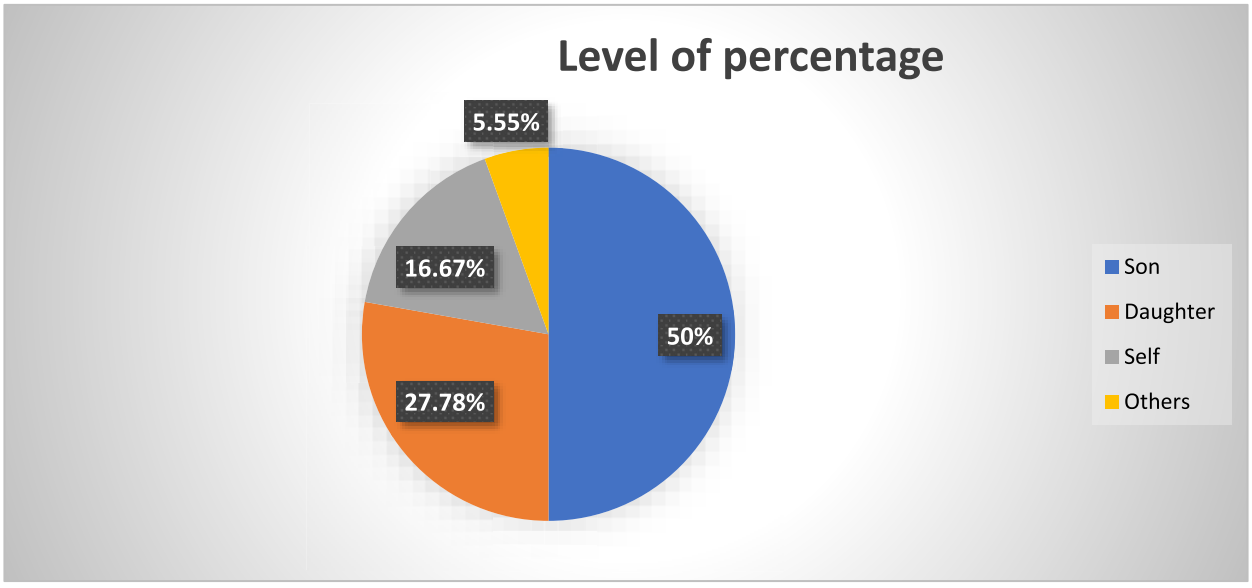


FIGURE 1 | Bearing the medical cost. *Source:* Field investigation.

and 5.55% were supported by other relatives or community members. Overall, elderly widows were largely reliant on their children—particularly sons—for medical costs, with limited capacity for independent financial management. This dependence was reflected in participants' narratives "I am incapable of earning, so my medical expenses are covered by my son." Another explained "My son's financial condition is not good, so he cannot fully support my medical expenses, and sometimes I receive help from my daughter, neighbors, or manage on my own by selling poultry."

These findings underscore the interplay between financial hardship, infrastructural limitations, and the absence of specialized elderly care in shaping healthcare access for widowed older women, particularly in rural contexts.

6 | Psychosocial Stressors Affecting Elderly Widows

The field study reveals that prior to widowhood, a majority of participants—55.56%—reported their mental health as "very good," with an additional 28.89% describing it as "good," and 15.55% rating it as "average." Notably, none of the respondents self-identified as having poor mental health before the loss of their spouse. Despite this, widowhood profoundly impacts mental well-being; the mental health status of elderly widows deteriorates significantly following their husbands' deaths. This aligns with existing literature indicating that widowhood is more prevalent in rural areas, due to higher mortality and lower remarriage rates (Reddy 2004, cited in Agarwal 1998). Mental health, defined as a state of well-being enabling individuals to cope with life's stresses, realize their potential, and contribute to their communities, becomes precarious for elderly women after spousal loss. The capacity to manage multifaceted stressors declines sharply in widowhood, as corroborated by the study's observations of pervasive psychological distress among participants. Many reported experiencing frustration, loneliness, and emotional vulnerability. When asked about her mental state, one respondent sorrowfully expressed "Who cares about me? I have no resources and no one beside me to give me strength during my lonely times."

This poignant narrative underscores the urgent need for targeted psychosocial interventions to support mental health and resilience in widowed older women, especially within rural contexts where social and economic vulnerabilities are amplified.

6.1 | Family Interactions and Their Impact on Widows

The field study reveals that a significant proportion of elderly widowed respondents expressed dissatisfaction with the behavior of their family members, with 38.89% reporting negative experiences. Meanwhile, 36.67% characterized familial behavior as "average," and only 24.44% described it as "good." Thus, dissatisfaction emerged as the predominant sentiment, underscoring a troubling lack of adequate family support for many widows. Widows living alone or under challenging circumstances frequently endure heightened levels of stress, loneliness, and anxiety. Robust social support is well-documented as a critical determinant of mental health in widowhood; Wilcox et al. (2003) demonstrated that social support significantly mitigates adverse mental health outcomes among widowed individuals. Conversely, insufficient familial and social support can intensify feelings of isolation and depression. The present study's findings resonate with this literature, highlighting the prevalent emotional neglect faced by elderly widows. One participant poignantly shared "I cannot express my sorrow to others, you can't imagine. Even my dearest son sees me as a burden to the family."

This testimony illuminates the emotional marginalization experienced by many widows and underscores the urgent need for interventions that foster family cohesion and enhance social support networks to improve the well-being of this vulnerable population.

7 | Institutional Support Systems: Government and NGO Initiatives

The study indicates that a substantial majority of elderly widows (77.78%) were aware of support programs provided by government and nongovernmental organizations, while 22.22% of respondents reported being unaware of such assistance. This suggests that most elderly widows have at least some knowledge of available welfare services. In Bangladesh, various initiatives target widowed older women, including vocational training and widow allowances aimed at improving their socioeconomic conditions.

When asked about government support, one respondent remarked "I did not know the specific services, but I have received the widow's allowance, which is not sufficient for me." Another participant noted, "I have received widow allowance, but it is not sufficient for my family. If the government arranged free medical services for us, that would be better." Financial aid was the predominant form of government assistance, with 77.78% of respondents receiving monetary support. Smaller proportions reported receiving food aid (11.11%) or other forms of assistance (11.11%). Notably, none of the respondents had accessed medical aid, and none had used shelter services, highlighting significant gaps in the scope of welfare provision. Despite the availability of these programs, 61.11% of elderly widows expressed dissatisfaction with government and NGO services, while 33.33% reported satisfaction, and 5.55% were uncertain. This widespread dissatisfaction underscores concerns about service effectiveness and accessibility.

The study identifies corruption as the most frequently reported barrier to accessing support, cited by 50.55% of respondents. Other obstacles included bureaucratic delays and excessive red tape (33.33%) and lack of information or geographic distance from services (22.22%). These findings reflect systemic challenges within administrative structures, particularly in rural areas where awareness and transparency are limited. Such impediments contribute to inequitable access, with corruption, nepotism, and favoritism undermining program delivery. One respondent recounted: "It is very difficult to receive any service from the chairman without paying money. I received a widow's allowance, but I had to pay three thousand taka to the chairman for it."

Another stated "I am a poor woman and I don't have money to get government support. From what I have seen, the people who receive these services are usually close to the officials."

These testimonies highlight the urgent need for improved governance, transparency, and outreach to ensure that social welfare programs effectively reach the most vulnerable elderly widows without exploitation or exclusion.

8 | Way of Resilience in an Elderly Widow in Rural Bangladesh

In this study, we found that most of the respondents have reduced their vulnerability and resilience to it 52.5% by using their deposit, selling jewelry assets, earned by raising ducks, chickens, goats, and cattle, also cultivating vegetables in the available space of the homestead yard. Another's 30% of the respondents are elderly widows resilient to their vulnerability by depending on social protection programs such as widow allowance, pension, and medical facilities. Furthermore, 12.5% elderly widows are resilient to vulnerability by using the inheritance property of their husbands, daily labour with work, and so forth. These findings reflect the resilience of the elderly widows in the face of vulnerability, and one of the respondents mentioned.

> My husband has been deceased for more than seven years. Since his death, I have faced severe economic and social hardship. I have no one to care for me, and my children are unable to provide the support I need. As a result, I have no reliable source of assistance to help me overcome my vulnerabilities. To cope with my situation, I cultivate vegetables in my yard and receive a small allowance through social safety net programs. However, this support is not sufficient to meet my basic needs and improve my living conditions.

Another of my respondents reported that:

> My life is very difficult. I have no son or daughter, and my wife passed away about ten years ago. Since her death, I have had no one to care for or support me. Throughout my later years, I have experienced severe economic, health, and social vulnerabilities. To cope with these challenges, I work in other people's homes whenever work is available and receive a small allowance through social protection programs. However, this support is very limited and is not sufficient to help me overcome my vulnerabilities or meet my basic needs.

9 | Suggestions for the Resilience of Elderly Widows

The findings reveal that 75% of elderly widows in rural Bangladesh reported a need for improved healthcare services, as well as greater economic, social, and psychological support from the government and other stakeholders to enhance their resilience. Furthermore, 62.5% of the respondents believed that the government should increase the amount of financial assistance provided through social safety net programs. They also emphasized the importance of emotional and psychological support in helping them overcome their vulnerabilities. Additionally, 56.25% of the respondents considered social and psychological support to be more important than other forms of assistance in strengthening their resilience and reducing their vulnerability. These finding denote the suggestion for better resilient of vulnerability of elderly widows in Bangladesh. One of the respondents mentioned:

> I am suffering from various health problems, and I am 56 years old. I receive a widow's allowance from the government, but the amount is too small to meet my basic needs. If the government increased the amount of the widow's allowance and improved access to healthcare services for widows like me, it would greatly enhance our resilience and help us cope with our economic and health-related vulnerabilities.

Another respondent coded that:

> At this stage of her life, she needs greater social and psychological support to strengthen her resilience and help her cope with her vulnerabilities. She often experiences loneliness, emotional distress, and trauma resulting from the loss of her husband and her difficult life circumstances. She emphasized that social connection, emotional care, and psychological counseling are essential for improving her well-being and enhancing her resilience against ongoing economic, social, and emotional challenges.

10 | Discussion and Policy Suggestions

The findings of this study illuminate the complex array of structural, emotional, and socioeconomic challenges experienced by elderly widows in rural Jamalpur, Mymensingh. As depicted in Figure 2, the largest proportion of respondents (38.89%) were aged between 60 and 65 years. Occupationally, the majority (61.11%) identified as housewives, while a small minority (4.44%) engaged in poultry farming (Figure 3). Educational attainment was markedly low, with 77.78% of participants reporting less than a high school education; notably, none had attained graduate or professional qualifications. Consistent with Bowling and Cartwright (2024), the majority of elderly widows were illiterate, corroborating earlier findings by Nesa et al. (2013) regarding the pervasive lack of education among this demographic.

Economic dependency was prominent, with 72.22% of respondents relying primarily on their sons' income (Figure 4). A study by Bowling and Cartwright (2024) depicted the same findings that elderly widows were economically dependent which

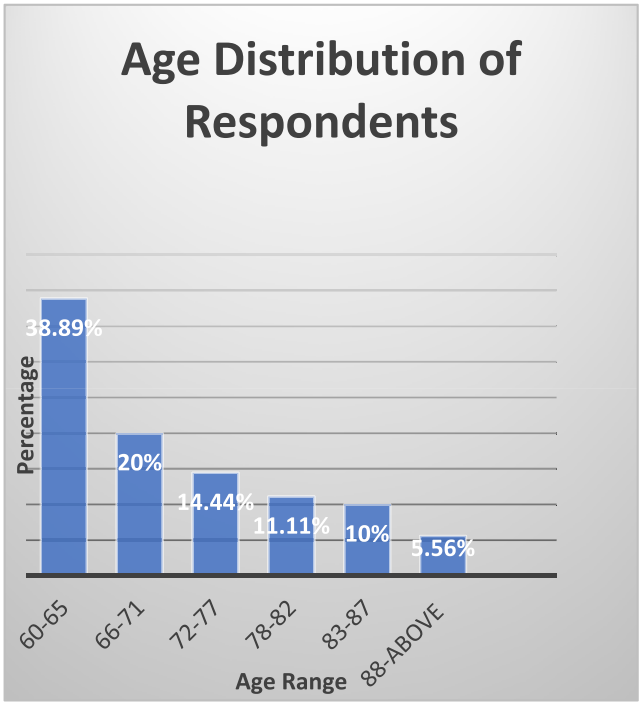


FIGURE 2 | Age of the respondents. *Source:* Field investigation.

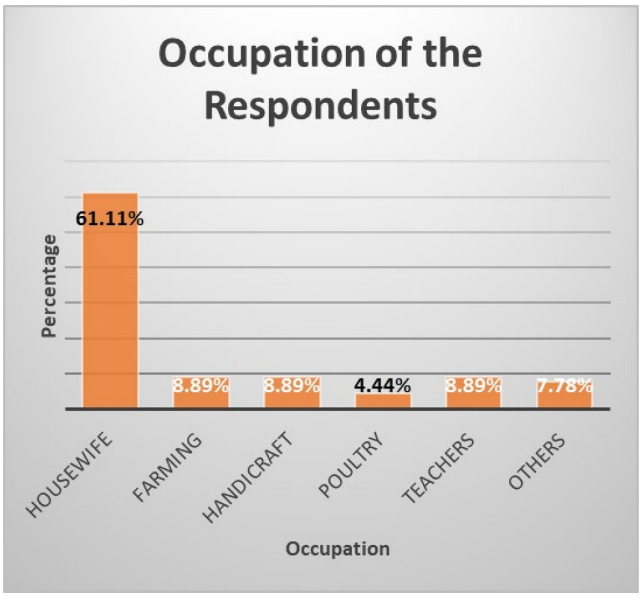


FIGURE 3 | Occupation of the respondents. *Source:* Field investigation.

exacerbated problems for them. Others depended on daughters or extended relatives, while a minority supplemented their livelihood through gardening, livestock rearing, and similar informal activities. These results echo Nesa et al. (2013) conclusion that the economic vulnerability of widows compels many to reside with their married children.

Household composition data (Figure 5) indicate that most widows (66.67%) live in joint family settings comprising more than four individuals. Paradoxically, despite coresidence, many respondents reported experiences of emotional neglect, lack of genuine care, and dissatisfaction with family members' behavior. This finding aligns with Dube's (2022) observation that financial dependence often silences widows and contributes to their social isolation within the household, limiting their agency in familial decision-making. Furthermore, Carr and Utz (2020) emphasize that the erosion of traditional support systems, coupled with intergenerational tensions, perpetuates the isolation of elderly widows—even when living in extended family environments.

The overwhelming majority (94.44%) emphasized the urgent need for awareness campaigns to improve knowledge and advocacy regarding the rights and needs of older widows. These findings align with a previous study by Eze et al. (2024), which depicted that awareness campaigns among widows regarding their rights are helpful in solving the problems faced by them. Additionally, 88.89% advocated for the establishment of elderly community centers to provide social engagement and support (Feng et al. 2024), alongside calls for an increase in old-age allowances by an equal proportion, underscoring the critical importance of financial security. Further recommendations include targeted interventions such as training for family caregivers (78.88%), the issuance of health cards specifically for widows (77.78%), and the deployment of community health workers to enhance access to care (77.78%). Respondents also supported widow-specific cash transfer programs (66.11%) and the development of elderly-friendly health services (64.44%) designed to meet the unique needs of older women. Economic empowerment measures were also highlighted, with more than half supporting the formation of community savings groups (58.59%), microcredit schemes, and skill development training (57.78%). Finally, mobile health clinics received the least support, though still endorsed by half of the participants (50%), reflecting recognition of their potential role in extending healthcare access. Shamim (1995) elaborates that a wife's involvement in community affairs is often dependent on her husband's respectability in the locality. After a husband's death, the widow loses whatever social position she enjoyed, leading to her exclusion from community events (Sarker 2024). In this study, we found that most of the respondents have reduced their vulnerability and increased their resilience to it by 52.5% using their deposit, selling jewelry assets, earned by raising ducks, chickens, goats, and cattle, and also cultivating vegetables in the available space of the homestead yard. Another's 30% of the respondents are elderly widows resilient to their vulnerability by depending on social protection programs such as widow allowance, pension, and medical facilities. Furthermore, 12.5% elderly widows are resilient to vulnerability by using the inheritance property of their husbands and daily labour with work. These findings reflect the resilience of the elderly widows in the face of vulnerability. Basically, the resilience of elderly widow in rural Bangladesh by themselves depends on using their deposit, sell jewelry assets earned by raising ducks, chickens, goats, and cattle, and cultivate vegetables in the available space of the homestead yard. Also, they are trying to reduce their vulnerability in resilience to social protection programs such as widow allowance, pension, medical facilities, property of their husbands, and daily labour with work. The government should place more emphasis on the economic and social support sectors for elderly people so that they are more resilient and reduce the vulnerability of their lives. In my study, 75% of elderly widows in rural Bangladesh

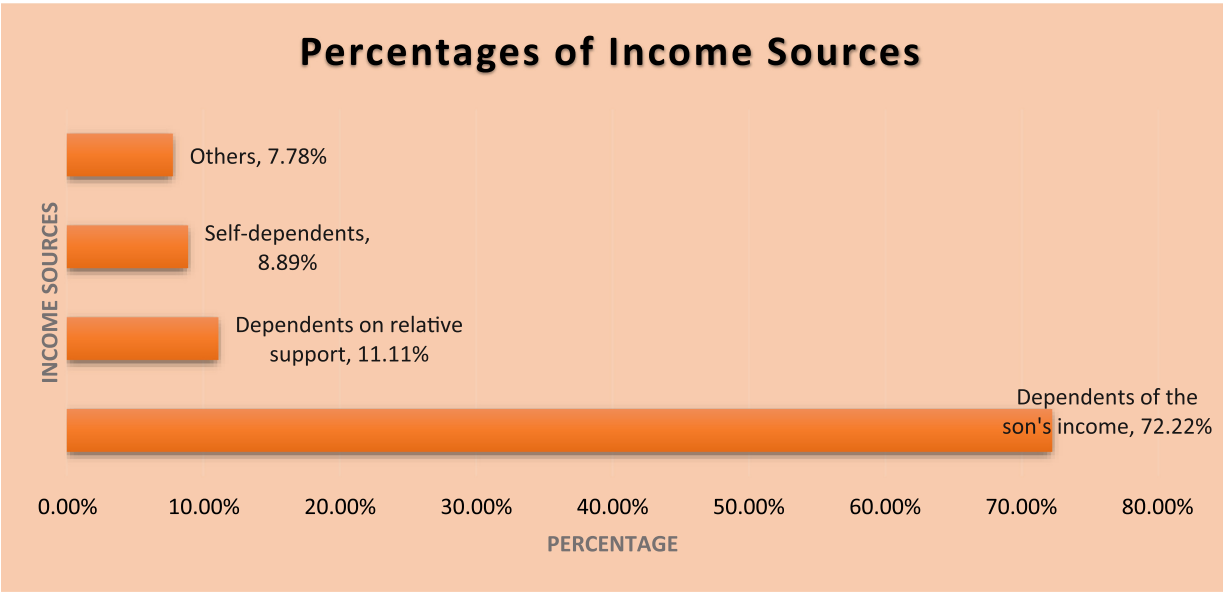


FIGURE 4 | Source of income. *Source:* Field investigation.

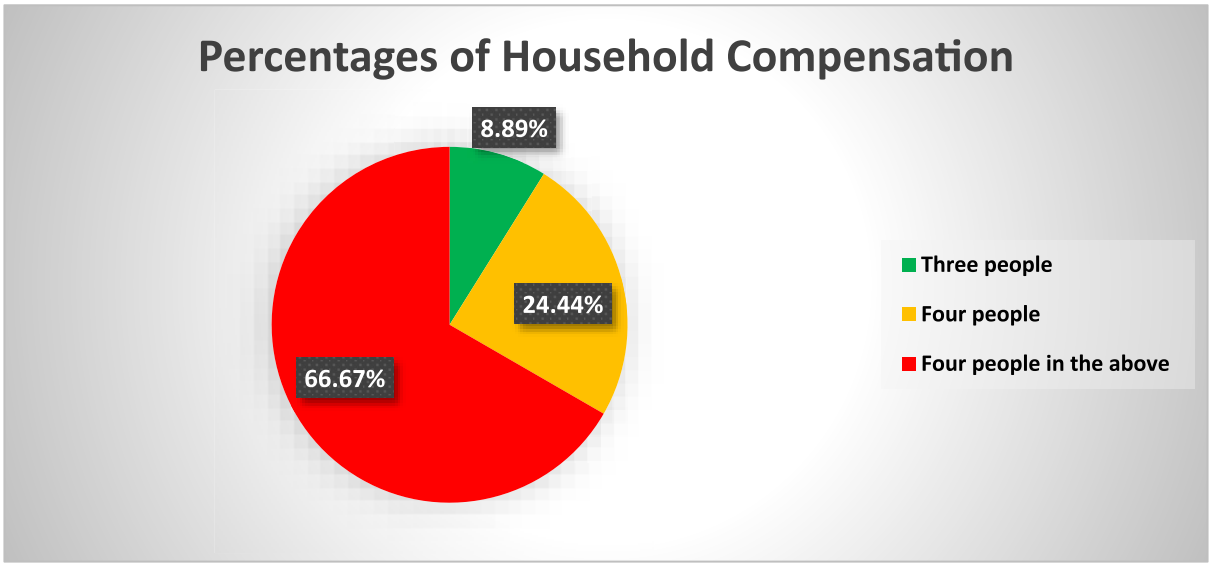


FIGURE 5 | Household composition of the respondents. *Source:* Field investigation.

reported a need for improved healthcare services, as well as greater economic, social, and psychological support from the government and other stakeholders to enhance their resilience. Furthermore, 62.5% of the respondents believed that the government should increase the amount of financial assistance provided through social safety net programs. They also emphasized the importance of emotional and psychological support in helping them overcome their vulnerabilities. Additionally, 56.25% of the respondents considered social and psychological support to be more important than other forms of assistance in strengthening their resilience and reducing their vulnerability. Collectively, these recommendations provide a comprehensive policy framework that integrates social protection, healthcare accessibility, capacity building, and community engagement, increasing social safety net programs, skill development training, and social and psychological attachment at the grassroots level, making them more resilient to older widows in rural areas in Bangladesh. Also, the government of Bangladesh should increase the universal health coverage program and implementation different social security programs for older peoples that improve the condition of them also make more self-reliance in the community. Implementation of these strategies could significantly enhance the well-being and dignity of elderly widows in rural Bangladesh, addressing both structural vulnerabilities and immediate needs.

11 | Conclusions

Elderly widows in rural Bangladesh experience profound vulnerability and marginalization, navigating a complex landscape of familial, social, and systemic challenges. They endure

pervasive loneliness, emotional distress, and a spectrum of mental health issues, compounded by their limited economic autonomy. This economic dependency often results in exclusion from family decision-making processes and social participation, further entrenching their marginalization.

To address these multifaceted challenges, it is imperative that government bodies and relevant stakeholders implement targeted, timely, and comprehensive interventions. Such measures must prioritize enhancing economic security, psychosocial support, and access to specialized health and social services. Only through coordinated policy action and community engagement can the dignity, well-being, and social inclusion of elderly widows in rural Bangladesh be meaningfully advanced.

Acknowledgments

We are very grateful to all of the participants who gave me the information for completing the work. We express thanks to all of people who supported for work.

Funding

The authors have nothing to report.

Ethics Statement

Ethical approval has been obtained before receiving the participant's information.

Consent

Participant's consent to publish this paper has been ensured during conducting research work.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data are not publicly available due to the privacy of the participants.

References

Agarwal, B. 1998. "Widows Versus Daughters or Widows as Daughters? Property, Land, and Economic Security in Rural India." *Modern Asian Studies* 32, no. 1: 1–48.

Akhtar, S. 2001. "The Status of Widows in Bangladesh." In *Women's Rights and Human Rights: International Historical Perspectives*, 220–228. London: Palgrave Macmillan UK.

Altschul, S. 1984. "Attachment and Loss, Vol. 3. Loss, Sadness and Depression. By John Bowlby." *Journal of the American Psychoanalytic Association* 32, no. 1: 216–218.

Amin, S. 2018. "Widows in Bangladesh: Numbers and Needs." Dhaka. Bangladesh Economic Review.

Bartholomew, K., and L. M. Horowitz. 1991. "Attachment Styles Among Young Adults: A Test of a Four-Category Model." *Journal of Personality and Social Psychology* 61, no. 2: 226–244.

Bi, T., H. Kou, Y. Kong, and B. Shao. 2022. "Widowhood Impairs Emotional Cognition Among Elderly." *Frontiers in Aging Neuroscience* 13, no. 808: 885. https://doi.org/10.3389/fnagi.2021.808885.

Blanner, C., A. Mejldal, A. M. Prina, P. Munk-Jørgensen, A. K. Ersbøll, and K. Andersen. 2020. "Widowhood and Mortality: A Danish Nationwide Register-Based Cohort Study." *Epidemiology and Psychiatric Sciences* 29: e149. https://doi.org/10.1017/S2045796020000591.

Blanner Kristiansen, C., A. Juel, M. Vinther Hansen, A. M. Hansen, R. Kilian, and P. Hjorth. 2015. "Promoting Physical Health in Severe Mental Illness: Patient and Staff Perspective." *Acta Psychiatrica Scandinavica* 132, no. 6: 470–478.

Bonanno, G. A. 2004. "Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events?" *American Psychologist* 59, no. 1: 20–28.

Bonanno, G. A., and A. D. Mancini. 2008. "The Human Capacity to Thrive in the Face of Potential Trauma." *Pediatrics* 121, no. 2: 369–375.

Bonanno, G. A., C. B. Wortman, D. R. Lehman, et al. 2002. "Resilience to Loss and Chronic Grief: A Prospective Study From Preloss to 18-Months Postloss." *Journal of Personality and Social Psychology* 83, no. 5: 1150.

Bonanno, G. A., C. B. Wortman, and R. M. Nesse. 2004. "Prospective Patterns of Resilience and Maladjustment During Widowhood." *Psychology and Aging* 19, no. 2: 260–271.

Bowling, A., and A. Cartwright. 2024. *Life After a Death: A Study of the Elderly Widowed*. Routledge.

Carr, D., and R. L. Utz. 2020. "Families in Later Life: A Decade in Review." *Journal of Marriage and Family* 82, no. 1: 346–363.

Chambers, R., and G. Conway. 1992. "Sustainable Rural Livelihoods: Practical Concepts for the 21st Century." (IDS Discussion Paper 296). Institute of Development Studies.

Chen, J. H., A. J. Bierhals, H. G. Prigerson, S. V. Kasl, C. M. Mazure, and S. Jacobs. 1999. "Gender Differences in the Effects of Bereavement-Related Psychological Distress in Health Outcomes." *Psychological Medicine* 29, no. 2: 367–380.

De Stagé, R., A. Holloway, D. Mullins, L. Nchabaleng, and P. Ward. 2002. *Learning About Livelihoods: Insights From Southern Africa*. Oxford: Oxfam Publishing.

Department for International Development (DFID). 1999. "Sustainable Livelihoods Guidance Sheets." Department for International Development. Retrieved from: https://www.livelihoodscentre.org/documents/114097690/114438878/Sustainable+livelihoods+guidance+sheets.pdf.

Devereux, S. 2001. "Livelihood Insecurity and Social Protection: A Re-Emerging Issue in Rural Development." *Development and Policy Review* 19, no. 4: 507–519.

Dube, M. 2022. "Isolation and Its Impact on Widows: Insights From Low-Resourced Communities in Binga District, Zimbabwe." *Social Sciences* 11, no. 7: 298.

Eze, O. B., U. B. Egwuagu, and D. O. Namani. 2024. "Widowhood and Harmful Traditional Practices Against Women in South East Nigeria: Challenges and Prospects." *Journal of Policy and Development Studies* 15, no. 1: 159–174.

Feng, Z., L. Li, J. Zhang, and X. Feng. 2024. "Towards a Communication Ecology in the Life of Rural Senior Citizens: How Rural Public Spaces Influence Community Engagement." *Sustainability* 16, no. 10: 4256.

Fredrickson, B. L. 2004. "The Broaden–and–Build Theory of Positive Emotions." *Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences* 359, no. 1449: 1367–1377.

Kabeer, N. 1999. "Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment." *Development and Change* 30, no. 3: 435–464.

Kollmair, M., and S. Gamper. 2002. "The Sustainable Livelihoods Approach." Input Paper for the Integrated Training Course of NCCR North-South, Aeschiried, Switzerland, 9–20 September 2002. Development Study Group, University of Zurich.

Lazarus, R. S., and S. Folkman. 1984. *Stress, Appraisal, and Coping*. Springer Publishing Company.

Lloyd-Sherlock, P., B. Corso, and N. Minicuci. 2015. "Widowhood, Socio-Economic Status, Health and Wellbeing in Low and Middle-Income Countries." *Journal of Development Studies* 51, no. 10: 1374–1388.

Mancini, A. D., and G. A. Bonanno. 2009. "Predictors and Parameters of Resilience to Loss: Toward an Individual Differences Model." *Journal of Personality* 77, no. 6: 1805–1832.

Narayanasamy, N. S., A. Das, A. Narayanasamy, and R. K. Prusty. 2021. "Self-Reported Health Status and Its Determinants Among Elderly Widows in Puducherry." *India. Indian Journal of Community Medicine* 46, no. 4: 606–609. https://doi.org/10.4103/ijcm.IJCM_253_20.

Nesa, M. A., M. E. Haque, and D. Siddique. 2013. "Social Status of Elderly People in Health Perspective: A Comparison of Rural and Urban Area." *IOSR Journal of Humanities and Social Science* 18, no. 6: 83–94.

Orphans in Need. 2023. "Global Widowhood Statistics." https://www.orphansinneed.org.

Putnam, R. D. 2000. *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster.

Reddy, P. 2004. "Widowhood and Mental Health: An Analysis of Urban and Rural Differences." In *Widowhood in Rural India*, edited by S. Agarwal, 59–77. Deep & Deep Publications.

Sarker, M. 2024. "Socio-Economic Status and Living Condition of Widows in Rural Bangladesh." *Social Science and Humanities Journal* 8, no. 9: 5046–5061. https://doi.org/10.18535/sshj.v8i09.1330.

Schröder-Butterfill, E., and R. Marianti. 2006. "A Framework for Understanding Old-Age Vulnerabilities." *Ageing and Society* 26, no. 1: 9–35.

Scoones, I. 1998. "Sustainable Rural Livelihoods: A Framework for Analysis." (IDS Working Paper 72). Institute of Development Studies.

Serrat, O. 2017. "The Sustainable Livelihoods Approach." In *Knowledge Solutions: Tools, Methods, and Approaches to Drive Organizational Performance*, 21–26. Springer Singapore.

Shamim, I. 1995. *Widows in Rural Bangladesh: Issues and Concerns*. Centre for Women and Children Studies.

Swain, P., and V. K. Pillai. 2005. "Living Arrangements Among Single Mothers in India." *Canadian Studies in Population [Archives]* 32, no. 1: 53–67 https://doi.org/10.25336/P6Q889.

UNFPA. 1994. "Program of Action Adopted at the International Conference on Population and Development, Cairo." UNICEF Report, 2010.

Wang, Q., C. A. Walsh, and H. Tong. 2023. "The Lived Experiences of Spousal Bereavement and Adjustment Among Older Chinese Immigrants in Calgary." *Journal of Cross-Cultural Gerontology* 38: 137–154. https://doi.org/10.1007/s10823-023-09477-3.

Wilcox, S., K. R. Evenson, A. Aragaki, S. Wassertheil-Smoller, C. P. Mouton, and B. L. Loevinger. 2003. "The Effects of Widowhood on Physical and Mental Health, Health Behaviors, and Health Outcomes: The Women's Health Initiative." *Health Psychology* 22, no. 5: 513–522. https://doi.org/10.1037/0278-6133.22.5.513.