The Socio-Economic Vulnerabilities of the Senior Citizen: A Study on Ujalkur Union in Rampal Upazila, Bagerhat District

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Abstract

Population ageing in Bangladesh is emerging as a critical socio-demographic challenge, particularly in rural contexts characterized by structural poverty and limited institutional support. This study employs a mixed-methods design to examine the multidimensional vulnerabilities experienced by older adults and to interrogate the structural mechanisms shaping these outcomes. Fieldwork was conducted in Ujalkur Union of Rampal Upazila, Bagerhat District—an area marked by high levels of illiteracy, economic precarity, and social marginalization among the elderly population. The findings reveal a pronounced intersection of economic insecurity, limited livelihood opportunities, and escalating healthcare expenditures, collectively reinforcing old-age vulnerability. A key paradox identified in the study concerns the economic participation of the senior citizen. Although financial necessity compels many older adults to remain economically active, the lack of stable, dignified employment intensifies psychosocial stress and livelihood insecurity. Rising costs of medical treatment, pharmaceuticals, and daily subsistence further exacerbate household-level economic strain. Despite variations in family structures, older persons are often positioned as economic dependents within intergenerational households, reflecting broader structural deficits in social protection and welfare provision. The study underscores the need for policy interventions that move beyond familial reliance and address the systemic drivers of ageing-related vulnerability in rural Bangladesh.

Keywords: Elderly vulnerabilities, Socio-economic Adversity, Elderly Well-being, Social Isolation

Introduction

Global demographic structures are undergoing a profound and irreversible transformation, marked by rapid and pervasive population aging. This demographic change is one of the most significant shifts of modern times, occurring at a speed and scale that often exceed the ability of social and economic institutions to adapt (Popescu et al., 2021). Populational aging is no longer a phenomenon confined to the developed world; it has emerged as a dominant force on the global stage, presenting multifaceted challenges to societies worldwide (Jesus et al., 2018). While the scholarly investigation of aging populations is both original and critical, a significant research imperative remains to address the complex, interconnected issues that define the experience of old age. The discourse on aging, initially foregrounded by nations like Malta in 1969, is now particularly urgent for many Asian countries, including Bangladesh, which are poised to experience not only a rapid increase in the proportion of their elderly citizens but also

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a surge in their absolute numbers (7.48 % in 2011 to 9.28 % in 2022) (BBS, 2015; BBS, 2024). Bangladesh, in particular, is witnessing a fundamental restructuring of its population's age composition, evolving into a significantly more mature society in a remarkably short timeframe. Bangladesh's elderly population (aged 60+) increased steadily from 7.51 million (5.99%) in 2001 to 9.39 million (7.48%) in 2011, and further to 15.3 million (9.28%) in 2022, reflecting a clear and accelerating demographic ageing trend (BBS, 2015; BBS, 2024). This trend is anticipated to accelerate remarkably over the next four decades, from 2021 to 2051, fundamentally reshaping the nation's social and economic landscape. Consequently, as the global cohort of older adults expands, understanding the intricate nexus between physical and psychological health in later life becomes a subject of paramount importance, especially given the well-established correlation between advancing age and an increased likelihood of physical limitations and multi-morbidity (Cosco et al., 2018).

Social gerontology conceptualizes aging as a socially structured and developmentally mediated process shaped by institutional, demographic, and cultural forces. Structural conditions—such as class stratification, labor market participation, and welfare regimes—profoundly influence later-life opportunities and constraints (Athey, 1982). Aging is further embedded within patterned social relationships and role transitions across the life course (DeCar, 1984; Harris, 1990). Sociological analyses emphasize how norms, socialization, and intergenerational exchanges shape identity and status in later adulthood. Complementing these perspectives, adult development frameworks highlight psychosocial growth, adaptation, and continuity across adulthood, underscoring that aging involves both structural positioning and individual developmental trajectories (Heydarp, 1996). The aging process is intrinsically linked to an elevated risk of accumulating chronic conditions, which frequently culminate in functional disability among older adults. This biological reality is often complicated by socioeconomic factors that significantly affect an individual's path through later life. Poor socioeconomic status can profoundly affect disease diagnosis, treatment adherence, physiological resilience, and overall reserves, thereby exacerbating health disparities (Srivastava & Muhammad, 2022). In Bangladesh, the elderly are officially defined as individuals aged 60 or older. This definition contrasts with the common benchmark of 65 years used in the Canadian Statistics data and in the European literature. This demographic shift leads to a decrease in young wage earners, who will have to take on the increasing responsibility of supporting a growing aging population. A frail formal support system, coupled with a rising old-age dependency ratio, significantly amplifies the existing vulnerability of the older population to conditions of poverty and deprivation (Barkat et al., 2003).

The concept of "vulnerability" in gerontology is inherently multidimensional, encompassing facets such as multimorbidity, functional incapacity, and socioeconomic and cognitive challenges (Popescu et al., 2021). It denotes a state of being at risk due to inadequate safeguards or protections (Biswas et al., 2001). Senescence, the process of biological aging, is marked by numerous physiological and psychological changes that directly affect living conditions and health, thereby increasing vulnerability. However, it is crucial to move beyond traditional accounts that simplistically label entire populations as vulnerable (Luna, 2014; Bozzaro et al.,

2018). Instead, vulnerability must be understood as a dynamic state arising from the interaction of various dimensions. For instance, psychological aspects can significantly influence physical vulnerability. In contrast, social factors, such as residing in areas of high social vulnerability with poor financial conditions, limited service access, and deficient social support networks, can further compound an individual's precarious position (Sarvimäki & Hult, 2016; Jesus et al., 2018). This intersectionality is starkly evident in the case of aged women, particularly widows, who are often "painfully absent from the statistics of many developing countries" (United Nations, 2001, p. 1). As Hossain (2005) notes, widows in rural Bangladesh frequently constitute the poorest and most vulnerable segment of society, enduring a status marked by destitution, oppression, and marginalization within the family, community, and broader society. They confront a complex web of legal, religious, customary, and traditional constraints, including significant barriers to inheritance, land ownership, and land use, as well as restrictive rules concerning remarriage and degrading mourning rites, which systematically reinforce their vulnerability.

This pervasive vulnerability directly impinges upon the autonomy and decision-making capacity of older individuals. Tiles and Wilson (1999) identified that dependency, whether associated with dementia, severe illness, or communication impairment, is a critical factor that undermines an older person's ability to make decisions. For example, dependency among seniors is defined as a state in which individuals lose autonomy and rely on others due to declining physical function or health (Pan et al., 2022). This dependency, whether functional or financial, can elevate the risk of abuse and mistreatment as it creates stress for caregivers and shifts family dynamics (Bajpai et al., 2020). It has been observed that some older people engage in 'decisional dependency,' deferring significant choices about their affairs to their adult children. Decision-making capacity in later life is a comprehensive concept that encompasses not only everyday choices but also more complex areas, such as the ability to give sexual consent, vote, and make informed decisions about medical care. This capacity can be affected by cognitive decline and other behavioral factors (Moye & Marson, 2007). Effective decision-making relies on confidence in one's judgments, which can diminish due to aging-related challenges (RSA Action and Research Center, 2014). A central fear for many older people is the threat of losing independence, both financial and otherwise, a concern that underpins the identification of different domains of social exclusion for this group. These dimensions of exclusion are often centered on poverty (including fuel poverty), health disparities and reduced life expectancy, fear of crime, poor housing conditions, and a lack of dependable support systems (Kneale, 2012). In response to these insecurities, older people themselves have prioritized improved access to old age allowances as a critical mechanism for strengthening their financial security (Help Age International, 2005). This is particularly relevant in Bangladesh, where population aging coincides with significant societal changes, including shifting life patterns, weakening kinship bonds, and rapid transformations in family structure (Rahman, 2010). Within this evolving context, older persons encounter significant stressors, such as unplanned declines in health and the loss of loved ones, which can trigger both appropriate and distorted emotional responses (Takamura, 2001). The profile of the most vulnerable older adults in developing countries often

includes those living alone, without a partner or children, in poor health, feeling depressed, with low educational attainment, lacking access to transport, residing in deprived areas, and surviving on low incomes (Barnes et al., 2006).

Given this complex landscape of challenges and risks, a comprehensive understanding of vulnerability is essential, precisely because it represents a profoundly undesirable state. Individuals who experience vulnerability in old age are of obvious humanitarian concern, as their heightened exposure to threats is often compounded by a reduced capacity to cope independently (Butterfill & Marianti, 2006). However, it is imperative to challenge the homogenization of the senior citizens. Bozzaro et al. (2018) present a thoughtful argument highlighting that old age should not be universally regarded as an indicator of vulnerability. Aging is a complex and diverse process that varies among individuals and is not inherently linked to vulnerability. However, a negative self-perception of aging has been shown to predict adverse outcomes, such as disability in activities of daily living, highlighting the strong connection between psychology and physical frailty (Sarvimäki & Hult, 2016). Research indicates that social vulnerability, assessed through factors such as income adequacy, housing security, and social participation, tends to increase with age. This vulnerability has a strong correlation with physical frailty and is associated with elevated mortality rates (Sarvimäki & Hult, 2016).

Furthermore, vulnerability to inadequate care provision is closely linked to social vulnerability markers such as being an unmarried woman, widowhood, poverty, and having weak support networks. This has led to the emergence of "socio-economic vulnerability" as a holistic concept to understand the range of social issues that predispose older individuals to poor health outcomes (Ayeni et al., 2022). In response, policy initiatives aimed at reducing vulnerability must target the entire dynamic process that creates it. This entails ensuring people reach later life with substantial "reserve," reducing the challenges they face in old age, and providing adequate compensatory supports (Grundy, 2006). The lifelong promotion of healthy lifestyles, coping skills, strong social and family ties, active interests, and accumulated savings and assets is crucial for building these reserves. For the Government of Bangladesh, which is actively developing its social protection framework, ensuring old-age security is a critical focus. While older people currently constitute a modest proportion of the population, old age has a wide societal impact, affecting approximately a third of households with someone aged 60 or over. Social protection, especially cash transfers such as the Old Age Allowance (OAA), is crucial for helping families and communities cope with aging (Biswas et al., 2001). Although the OAA currently suffers from uneven coverage and low benefit levels, it provides a foundational learning platform and a starting point for designing more effective, comprehensive programs (Khonder, 2013). As such, old-age pensions, often a core component of a mature social protection system, stand out as a critical policy instrument for enhancing people's capacities and resilience throughout the life cycle, thereby mitigating the multifaceted vulnerabilities associated with aging in the 21st century (Zaidi, 2014).

Objectives and Research Question of the Study:

The primary goal of this study is to explore the socio-economic vulnerabilities faced by elderly individuals. This broad objective has been divided into the following specific aims:

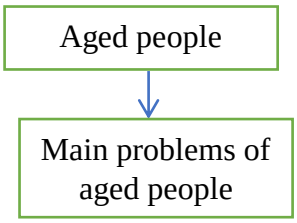
Objectives:

1. To identify the socio-economic vulnerabilities of older adults.
2. To assess the decision-making capacity and social participation of senior citizens.

Research Question:

What are the socio-economic vulnerabilities of older adults, and what are the consequences of these vulnerabilities?

Conceptual Framework



Lack of earning capacity	Incapacity to participate in social programs
Incapacity of controlling private property	Suffering from loneliness
Lack of educational capacity	Lack of financial dependency
Lack of respect among family members	Suffering from physical illness
Lack of opinion acceptability about family affairs	Incapacity about decision ability
Lack of political freedom	Suffering from food shortage

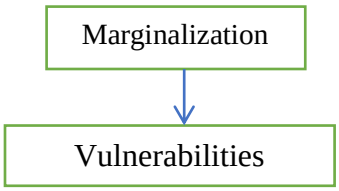


Figure 01: Conceptual Framework of the study

Based on the conceptual framework, the study focuses on the multifaceted vulnerabilities and marginalization faced by aged people, identifying a comprehensive set of interconnected problems that define their precarious situation. The framework identifies several key challenges, which can be categorized into three main areas. First, economic hardships include low earning potential and financial dependency. Second, social problems include difficulties accessing social programs and the experience of loneliness. Finally, familial struggles involve a lack of respect from family members and insufficient acceptance of their opinions in family matters. Additionally, it highlights physical and health-related concerns, such as suffering from physical illness and food problems, as well as a loss of autonomy in terms of controlling private

property, decision-making ability, and political freedom. This structured yet overlapping presentation suggests that the aging experience is characterized by a complex web of deprivations that contribute to their overall marginalization in society.

Methodology

This study employs a descriptive research design to investigate the phenomena under consideration systematically. Descriptive research facilitates the collection of empirical data without manipulating the study environment, thereby providing an accurate depiction of existing social realities (Creswell, 2014). To enhance analytical depth and validity, an integrated mixed-methods approach incorporating both quantitative and qualitative techniques has been adopted. The quantitative component constitutes the primary strand of inquiry, while the qualitative component serves a supplementary function, offering contextual understanding and interpretive depth to the numerical findings.

A non-probability sampling strategy was utilized to select participants from the target population. According to the Union Parishad office, approximately 650 elderly individuals reside in the study area. However, due to the absence of a comprehensive sampling frame, a purposive sampling method was deemed most appropriate. This technique allowed for the intentional selection of information-rich cases relevant to the research objectives (Patton, 2015). A total of 60 respondents were purposively selected for the quantitative survey, and five distinct cases were selected for in-depth qualitative investigation from this group.

The study was conducted in Ujalkur Union of Rampal Sadar Upazila, located in the Bagerhat District of southwestern Bangladesh. The population of interest comprises all elderly residents of this union, totaling approximately 650 individuals. Two primary methods were employed for primary data collection: the survey method and the case study technique. The survey facilitated the systematic collection of quantifiable data on respondents' socio-economic and demographic characteristics. At the same time, the case studies provided detailed, narrative accounts that illuminated the lived experiences, coping strategies, and contextual nuances underpinning the quantitative trends.

Data analysis and result discussion

The participants of the study have diverse socio-economic backgrounds. Table 1 provides a comprehensive overview of the socio-demographic characteristics of the study participants from the research area. The data illustrate variations in sex, marital status, educational attainment, and the number of earning members within the family, providing an overview of the respondents' social structure and economic background.

Table 01: Socio-demographic data from the study area:

		Frequency	Percentage (%)
Sex	Male	13	21.7
	Female	47	78.3
Marital Status	Married	32	53.3
	Widowed	24	40.0

	Separated	2	3.3
	Divorced	2	3.3
Education	0	43	71.7
	class 1	1	1.7
	Class 2	3	5.0
	Class 3	1	1.7
	Class 5	1	1.7
	H.S.C	1	1.7
	M.A	1`	1.7
	B.A	2	3.3
	B.A.B.AD	1	1.7
	M.A.LL.B	1	1.7
	Literate	5	8.3
Earning members of the family	.00	3	5.0
	1.00	33	55.0
	2.00	20	33.3
	3.00	4	6.7

Source: Fieldwork, 2022

Of the respondents, 78.3% are female (n = 47), whereas 21.7% are male (n = 13). This gender imbalance indicates that women constitute the majority of the sample population. Such a pattern may reflect the socio-cultural reality of the study area, where women are often more involved in household and community-based activities, making them more accessible to surveys. It may also indicate the researcher's focus on women's experiences in socio-economic or resilience contexts. Regarding marital status, 53.3% of respondents are married (n = 32), followed by 40.0% who are widowed (n = 24). A smaller proportion of the participants are separated (3.3%) or divorced (3.3%). The relatively high percentage of widowed individuals suggests a demographic characteristic possibly associated with migration, early widowhood, or health-related mortality among males. This finding may also signify the vulnerability of widowed women in the socio-economic framework of the study community. Educational levels among respondents show a notable variation. A majority (71.7%) of participants are illiterate (n = 43), while only a small fraction possesses primary, secondary, or tertiary education. Specifically, 1.7% have completed classes 1, 3, and 5, the Higher Secondary Certificate (H.S.C.), M.A., B.A.B.AD, and M.A.LL. B degrees, while 3.3% hold a B.A. degree. Additionally, 8.3% are literate without formal schooling. The dominance of illiteracy reflects limited educational access and opportunities in the area, which may have implications for livelihood diversification and adaptive capacity during crises. The number of income earners per family also varies. More than half of the respondents (55.0%) report having one earning member, 33.3% have two, 6.7% have three, and 5.0% have none. This distribution suggests a dependency pattern where most households rely on a single income source, indicating economic fragility. Families with no earning members are likely to face heightened vulnerability during economic or environmental stress, such as floods or other natural disasters.

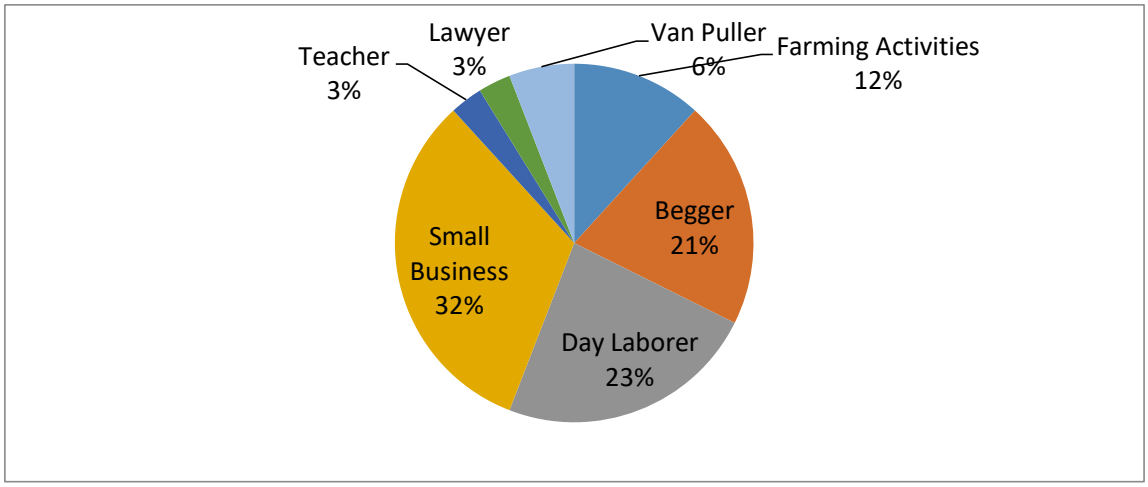


Figure 02 - Occupations of the respondents

The occupations of the elderly in the study area are highly varied. Figure 01 presents a snapshot of the primary occupations of the elderly population in the study area, highlighting a heavy reliance on informal, often precarious sectors for livelihoods in their later years. The most striking finding is that a significant majority of the elderly are engaged in informal and low-income work. The single largest occupational group is Small Business (32%), which suggests that a substantial portion of the elderly are self-employed, likely in petty trade, shopkeeping, or vending. This indicates a need to remain economically active out of necessity, possibly due to the absence of a pension or retirement savings. Following this, the second and third-most-common occupations are Day Laborer (23%) and Beggar (21%). These figures indicate a significant level of economic vulnerability. The high percentage of day laborers indicates a reliance on daily, unskilled manual labor, which is often unstable and physically demanding for older individuals. The fact that over one-fifth of the elderly population relies on begging is a particularly stark indicator of poverty and a lack of social safety nets for the most vulnerable in this age group. The category "Van Puller" (6%), representing those who pull or cycle rickshaws/vans, further underscores the theme of physically strenuous work continuing into old age. Combined with Farming Activities (12%), these two sectors show that nearly one in five elderly individuals is engaged in demanding manual labor to survive. In stark contrast, the formal and traditionally more secure professions are represented by very small minorities. Both teachers and lawyers account for only 3% each of the elderly population. This tiny sliver indicates that only a very small fraction of the elderly had access to high-skill, salaried professions that might provide them with a stable retirement.

Additionally, the percentage of widowed women in this area is significantly higher than that of widowed men. Among the widowed women surveyed, 86% reported that their husbands did not leave any savings for them, whereas only 14% indicated that there were some modest savings. Furthermore, a substantial majority—89%—of the elderly widowed women stated that they do not possess any assets, with only 11% claiming that their husbands left them with minimal assets. Almost all respondents reported facing numerous financial challenges in their old age,

including family maintenance (43%), medical treatment (25%), and food expenses (32%). These financial difficulties largely stem from their spouses' low income; 63% of respondents indicated that their spouses have no fixed income, and only 1.7% stated that their spouse earns 8,000 Taka per month. The families' overall monthly income is also not satisfactory. Most elderly individuals in the study area are financially dependent on their spouses or other family members, with 38.3% of respondents reporting direct financial dependency on family members.

Table 02: Economic vulnerabilities of the aged people of the study area.

	Yes	No
Savings kept by husband for a widow	14%	86%
Asset kept by a husband for a widow	11%	89%
Financial problems of the widows	100%	0%
Financial dependency on the respondents	38.3%	61.7%

Source: Fieldwork, 2022

Based on field data, the social vulnerabilities of the aged population in the study area present a complex picture of both inclusion and marginalization (Table 03). A significant majority of respondents report having political freedom (63.3%) and the ability to go outside their homes (66.7%), suggesting a degree of autonomy and social connection. Furthermore, a solid 60% feel their opinion is considered in family affairs and are consulted on such matters, indicating valued integration within their family units. However, several critical vulnerabilities are evident. The most pronounced issue is physical health, with a substantial 75% of respondents reporting physical problems, which likely impacts their overall quality of life and independence. This is compounded by the fact that over half (53.3%) do not receive proper treatment, highlighting a potential gap in healthcare access. Simultaneously, 60% of the elderly report feeling lonely, a figure that is curiously at odds with the 61.7% who receive visits from relatives, suggesting that the frequency or quality of social interaction may be insufficient to combat feelings of isolation. Additional concerns include food problems for 41.7% and limited participation in social programs (58.3% do not participate), pointing to broader issues of social engagement and well-being. The data reveal that while many elderly individuals are respected within their families and maintain some social freedoms, they concurrently grapple with severe physical health challenges, inadequate medical care, and profound loneliness, indicating a need for targeted interventions in healthcare and community support systems.

Table 03: Social vulnerabilities of the aged people of the study area

Variable	Yes	No
Spending time with the respondents	30(50%)	30(50%)
Respondent's opinion on family affairs	36(60%)	24(40%)
Importance of the respondent's opinion in family affairs	36(60%)	24(40%)
The political freedom of the respondents	38(63.3%)	22(36.7%)
Food problems of the respondents	25(41.7%)	35(58.3%)

Physical problems of the respondents	45(75.0%)	15(25.0%)
Proper treatment of the respondents	28(46.7%)	32(53.3%)
Loneliness of the respondents	36(60.0%)	24(40.0%)
Respondents going outside of the home	40(66.7%)	20(33.3%)
Social program participation of the respondents	25(41.7%)	35(58.3%)
Relatives come to see the respondents	37(61.7%)	23(38.3%)

Source: Fieldwork, 2022

The following pie chart (Figure 02) illustrates the distribution of various health problems among a surveyed population. The data reveal that heart disease is the most prevalent condition, accounting for 23% of the reported health issues, indicating a significant burden of cardiovascular problems within the sample. This is followed by remade (rheumatic or related) pain at 18% and asthma at 17%, both of which suggest a high incidence of chronic and respiratory illnesses, possibly linked to environmental or lifestyle factors. Paralysis (10%) and old age stigma (8%) also represent substantial portions, highlighting the challenges associated with aging and physical disability in the community. Moderate occurrences are noted for gynecologic problems (6%) and diabetes (6%), reflecting gender-specific and metabolic health concerns, respectively. Meanwhile, eye problems (4%) and kidney problems (4%) are relatively less frequent but still notable for public health attention. The lowest reported conditions are neuro problems (2%) and skin diseases (2%), suggesting these are comparatively minor health issues within the group.

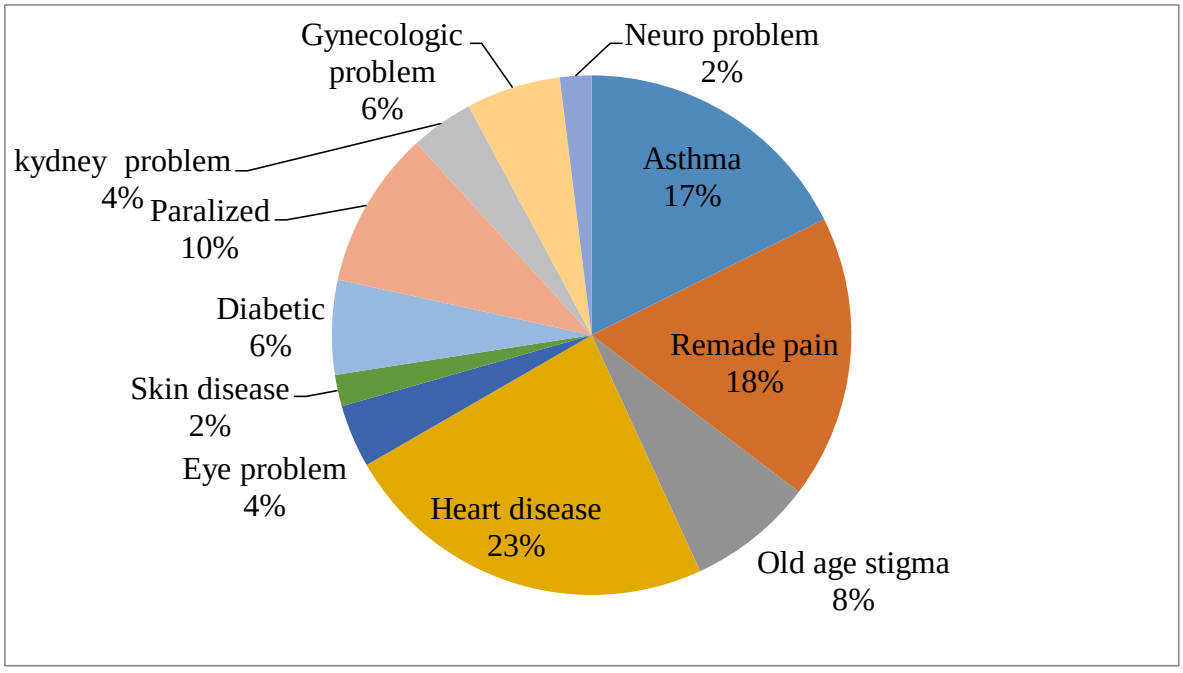


Figure 03- various physical problems of the respondents

Elderly individuals in the study area experience social exclusion in various aspects of their lives. Table 04 highlights the socioeconomic challenges faced by older adults across several

dimensions. The table highlights a clear gradient of exclusion, with most respondents reporting higher levels of vulnerability in social and decision-making capacities than in economic and physical capacities. A striking finding is that a substantial majority of the elderly report only "Very low" or "Low" levels of exclusion concerning their core economic capabilities. For instance, 73.4% (41.7% + 31.7%) report a very low to low degree of exclusion in earning capacity, and 75.0% (45.0% + 30.0%) report similarly for their control over personal assets. This suggests that a significant portion of the surveyed population retains a foundational level of economic independence and security.

Table 04: Degree of measuring the socioeconomic exclusion of aged people in the study area

Variable	Percentage			
	Very low	Low	Moderate	High
Degree of the earning capacity of the respondents	41.7%	31.7%	25.0%	1.7%
Degree of control of personal assets	45.0%	30.0%	18.3%	6.7%
Degree of the capacity for physical movement	16.7%	35.0%	43.3%	5.0%
Degree of capacity to decide on going to the doctor	33.3%	40.0%	18.3%	8.3%
Degree of capacity to buy medicine	38.3%	35.0%	20.0%	6.7%
Degree of capacity to buy food	33.3%	26.7%	30.0%	10.0%
Degree of capacity to decide on family affairs	25.0%	25.0%	35.0%	13.3%
Degree of capacity to spend time with friends, family, and relatives	31.7%	23.3%	31.7%	13.3%
Degree of capacity to participate in social programs	35.0%	23.3%	26.7%	13.3%
Degree of capacity to make political decisions	23.3%	30.0%	26.7%	16.7%

Source: Fieldwork, 2022

However, this relative economic stability is contrasted by pronounced challenges in other areas. Physical mobility emerges as a significant concern, with only 16.7% reporting a "Very low" degree of exclusion, while a combined 48.3% (35.0% + 43.3%) fall into the "Low" and "Moderate" categories. This shows that nearly half of the elderly experience significant limitations in their physical movement, which is essential for maintaining independence and quality of life. The capacity for personal and social agency shows even more pronounced levels of exclusion. While a majority still report low exclusion in deciding on healthcare (73.3%) and buying medicine (73.3%), the percentages in the "High" exclusion category begin to rise noticeably in domains related to social and family life. For instance, 13.3% of respondents in the "High" exclusion category indicated they have the capacity to make decisions about family matters and spend time with friends and relatives. This points to a potential loss of autonomy

and social isolation for a significant minority. The most severe levels of exclusion are evident in the realms of social participation and political voice. The capacity to participate in social programs and, most starkly, the capacity to make political decisions, show the highest combined percentages in the "Moderate" and "High" exclusion categories. For political decision-making, 43.4% (26.7% + 16.7%) face moderate to high exclusion, and 16.7%—the highest single value in the "High" category across all variables—are severely excluded. This suggests that the elderly feel particularly disenfranchised and disconnected from broader societal and political processes, which can exacerbate feelings of marginalization and helplessness.

In conclusion, the data paints a multifaceted picture of socioeconomic exclusion among the aged. While many maintain a degree of economic control, significant proportions face challenges with physical mobility, and a troubling trend of social and political marginalization is evident. The erosion of autonomy in family and social affairs, coupled with limited political agency, indicates that exclusion of the elderly is not merely an economic issue but a complex social one that impacts their overall dignity, integration, and well-being. Interventions aimed at supporting the elderly must therefore extend beyond financial support to include enhancing physical accessibility, fostering social connections, and creating inclusive platforms for civic and political engagement.

The key findings from the study of this elderly population resonate strongly with established sociological concepts, particularly those related to social stratification, gender inequality, the failure of the state, and the nuanced experience of social exclusion in later life. The data paints a picture of a demographic experiencing a confluence of vulnerabilities that extend beyond mere income poverty.

The high widowhood rate (40%) and the profound economic vulnerability of widows—with 86% having no savings and 89% no assets—are stark manifestations of gendered inequality. This aligns with a large body of feminist scholarship that highlights the "feminization of poverty," where women, particularly in patrilineal societies, are systematically disadvantaged in terms of asset inheritance and access to economic resources following the death of a spouse (Pearce, 1978). The lack of assets left to widows suggests their economic dependency during marriage and their subsequent dispossession, a phenomenon documented in contexts with weak legal enforcement of women's property rights (Agarwal, 1994).

This economic precarity is compounded by the population's widespread illiteracy (71.7%) and dependence on informal livelihoods, such as day labor, small businesses, and even begging. From a sociological perspective, this reflects a failure of the state to provide foundational social goods—education and social security—leading to what Amartya Sen would term a severe deprivation of "capabilities" (Sen, 1999). The reliance on precarious informal work in old age indicates an absence of pension systems, forcing individuals into livelihoods with no security or safety net, a common feature in the Global South where formal social protection is limited (Barrientos, 2006). The high rate of untreated physical health issues (75% with problems, 53.3% untreated) further underscores this systemic failure, creating a vicious cycle where poor health deepens poverty and vice versa.

A particularly complex finding is the coexistence of economic control and socio-political marginalization. While many elderly retain control over their personal earnings and assets, they report significant exclusion from family decision-making, social participation (40%), and political voice (43.4%). This challenges a purely economistic view of poverty and aligns with the concept of "social exclusion," which emphasizes the multidimensional processes through which individuals are disconnected from full participation in the society in which they live (Silver, 1994). It suggests that their social agency and citizenship are being eroded, even if they possess a degree of financial autonomy. This marginalization from community and political life reflects a devaluation of the elderly's status and wisdom, a trend associated with modernization and the breakdown of traditional, gerontocratic social structures (Cowgill, 1974).

Finally, the reported loneliness among 60% of the elderly, despite a majority receiving visits from relatives, points to a critical distinction between social isolation and perceived loneliness. This finding is consistent with sociological and gerontological research, which differentiates between the quantity and the quality of social connections (de Jong Gierveld et al., 2006). The data suggest that familial visits may be perfunctory or fail to provide the emotional intimacy and meaningful engagement necessary to alleviate feelings of loneliness, highlighting a deficit in the quality of social integration within their families and communities.

Conclusion

Bangladesh is experiencing a rapid demographic transition marked by a steady increase in the population aged 60 years and above, driven by sustained declines in fertility and mortality. Despite growing scholarly attention, comprehensive analyses of the multidimensional vulnerabilities affecting older adults remain limited. The expansion of the elderly population, combined with weak formal social protection and a high dependency burden, heightens the risk of poverty, exclusion, and marginalization.

Vulnerability in old age is socially patterned rather than uniform. Older women, widowed individuals, the rural poor, and those with limited lifetime access to education and income face disproportionate disadvantages. Susceptibility to neglect, abuse, and exploitation often emerges when declining physical health, psychological fragility, and constrained social networks reduce individuals' capacity for self-protection.

Old-age vulnerability is inherently multidimensional, encompassing economic insecurity, social isolation, diminished autonomy, and psychological distress. These outcomes reflect cumulative life-course inequalities shaped by gender, class, religion, ethnicity, and age-based discrimination. Early-life deprivation and restricted opportunities compound over time, manifesting as heightened insecurity in later years. Addressing these intersecting determinants through inclusive and rights-based social policies is essential to safeguarding the dignity, agency, and well-being of Bangladesh's aging population.

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