



Unravelling Livelihood Vulnerabilities of Widowed and Destitute Women in Bangladesh: Evidence for Effective Policy Interventions

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ABSTRACT

Widowed and destitute women in Bangladesh have constant socio-economic insecurity as a result of poverty, gender discrimination, scarce employment opportunities and ineffective institutions, even though there are government social safety net programs. The aims of this research are to investigate the multidimensional livelihood vulnerability of widowed and destitute women and derive evidence-based policy outcomes in order to enhance social protection and sustainable empowerment in Bangladesh. A mixed-method type of exploratory design was taken to cover 180 widowed and destitute women in Dhaka and Kurigram districts by means of surveys, twelve (12) case studies, and six (06) focus group discussions to be triangulated. The results indicate serious socio-economic deprivation, as 62.2% and 67.8% are illiterate and get less than BDT 10, 000 a month, respectively. The majority of respondents (71.1%) were widows who mostly worked in informal jobs, especially in domestic work (66.7%). The most common vulnerabilities were economic (90th), social (83.3), institutional (78.9), physical (76.7), and mental health (71.1). The most notable ones were irregular income (77.8%), extreme poverty (74.4%), gender discrimination (65.6%), poor access to healthcare (65.6%), fear of future insecurity (72.2%), and problems with bureaucracy (65.6%). The underlying reasons included chronic poverty (78.9%), loss of primary earners (71.1%), low education (63.9%), and low employment prospects (61.1%). The respondents prioritised support for social safety net allowances (82.2%), creating jobs (72.2%), vocational education (63.9%), access to medical care (62.2%), and awareness of legal issues (54.4%). Additional qualitative data outlined psychological distress, social exclusion and lack of institutional responsiveness. To enhance social protection, there is a need to engage in gender and multisectoral interventions that are integrated and that focus on providing sufficient financial resources, jobs, legal literacy, health, and community membership to achieve sustainable empowerment and dignity.

Keywords: Widowed and Destitute Women; Livelihood Vulnerability; Social Protection; Gender Inequality; Multidimensional Poverty.

INTRODUCTION

Widowed and destitute women make up a large portion of the population that suffers extreme socio-economic vulnerability and lack of livelihood security in Bangladesh (Murshed, 2021). Recent national estimates indicate that widowed and husband-deserted women constitute approximately 52.7 lakh (5.27 million) of all married women in Bangladesh, which is equivalent to about 9.5 per cent of all married women, which serves as an indicator of both the demographic magnitude of widowhood and marital disruption in the country and a pressing necessity to create special support systems to benefit widowed women (Soaib, 2025). These huge numbers justify the importance of conducting organized studies on the existential realities and structural sufferings of these women, especially in situations where women seek to sustain themselves and their families in a setting of low economic chance (MoSW, 2026). The Government of Bangladesh has acknowledged this weakness by the Widow, Husband Deserted and Destitute Women Allowance programme which seeks to offer monthly allowances to women lacking a stable spousal support. Nevertheless, even after the programme's expansions to accommodate the millions of beneficiaries, the allowances remain small and are not always sufficient to guarantee sustainable livelihoods and reduce chronic poverty (MoSW, 2026). The comparatively low financial value of the benefit, delays in its delivery, and bureaucracy often curtail its efficiency as a reliable income source. Consequently, numerous widowed and impoverished females still find it hard to fulfil their fundamental needs, such as food, shelter, healthcare, and education for their children (Soaib, 2025).

The current literature notes that a lack of reliable sources of income is a major contributor to livelihood problems among these women. As an example, in rural Bangladesh, widows often cannot own land and receive employment, and many have to resort to irregular work in informal sectors or rely on remittances and charity of relatives (Sarker, 2024). These economic hardships are also complicated by social stigma linked to widowhood as widows may be excluded by community networks that otherwise could provide social support or job-related contacts (Khan, 2012). Moreover, intimate partner violence before widowhood or marital abandonment has high rates, which enhance the risk of psychological traumas that may impair the ability of women to effectively practice income generating activities (Mohan & Bonin, 2020). In addition to financial insecurity, the destitute widowed women usually face barriers to education, vocational training, and financial services-aspects that together limit their economic independence and perpetuate poverty cycles. This overlapping set of barriers demonstrates the continued relevance of integrated livelihood policies that integrate social protection with

empowerment, skills development, and inclusive labor market policies. In this regard, it is important to recognise the complexity of livelihood vulnerabilities among this population to formulate effective policy interventions that can improve their long-term well-being and social integration in Bangladesh.

RESEARCH METHODS

Main Method

The research design adopted in the study is an exploratory design to investigate the multidimensional livelihood problems of widowed and destitute women and to generate evidence for policy formulation. Considering the interdependence of income insecurity, social exclusion, health hazards, and institutional constraints, a Mixed Methods Approach was used. The qualitative part investigates lived experiences, coping mechanisms, and structural limitations using case analysis and Focus Group Discussion. The quantitative aspect quantifies the trend and distribution of vulnerabilities based on survey data. Triangulation and higher analytical rigour, as well as reliability and validity of findings, are guaranteed by the combination of both approaches.

Population and Unit of Analysis

The study population includes widowed and destitute women who receive government allowance programs through the Department of Social Services in Dhaka District, under the Dhaka division, and in Kurigram District, under the Rangpur division. These are women who are socio-economically disadvantaged and rely heavily on government-provided social protection programs to sustain themselves. Each widowed and destitute woman is the unit of analysis. The population used in research methodology is the total number of individuals with certain characteristics of interest to the research goals, and the unit of analysis is the individual upon whom the data are gathered. The study addresses livelihood vulnerabilities at the micro level by focusing on individual women and proposing policy implications at the macro level.

Research Area

The study involved two districts that were representative of different socio-economic and geographical settings in Bangladesh. Three upazilas, Keraniganj, Savar, and Dhamrai, were chosen in the Dhaka District. Three upazilas- Kurigram Sadar, Rajarhat, and Bhurungamari, were included in the study in Kurigram District. Dhaka District is indicative of a relatively advanced, peri-urban setting marked by diversified economic prospects and increasing

inequality and informality. Kurigram District, in turn, is a relatively poor, disaster-prone area characterised by high poverty rates, seasonal unemployment, and weak livelihoods. The presence of such contrasting districts enables comparative analysis of vulnerability across various structural and environmental contexts.

Sampling

Considering the practical limitations of reaching the entire population, systematic sampling was used. The research design used purposive sampling, in which respondents were selected according to predetermined criteria based on the research aim. Widowed and destitute women who had been officially registered as beneficiaries of government allowances were only included. The choice was made based on knowledge of the field and consultation with local authorities to ensure the sample was diverse in terms of age, economic status, and family background. Each of the three chosen upazilas in Dhaka District selected 30 respondents, for a total of 90 survey participants. On the same line, 30 respondents will be sampled per upazila in Kurigram District, bringing the total to 90 additional participants. This is why the quantitative survey has 180 respondents. For qualitative exploration, one FGD was conducted in each upazila, totalling six (06) in Dhaka and three (03) in Kurigram. All FGDs had a minimum of ten (10) participants representing various stakeholders, including Social Services Officers, social workers, NGO representatives, civil society members, the local government representatives, businesspersons, and beneficiary women. Moreover, twelve (12) case studies were done, six in each district, to give detailed descriptions of the socio-economic backgrounds of women, their livelihood strategies, their coping mechanisms, and their access to social protection.

Sources of Data and Data Collection Techniques

Primary data and secondary data were used. Structured interviews, in-depth discussions, FGDs, and observation were used to collect primary data. To promote clarity and cultural appropriateness, a structured interview schedule in Bengali was used. The instrument consisted of closed-ended questions to measure quantitatively and open-ended questions to provide qualitative information. The pre-test was conducted prior to the actual data collection to assess reliability and relevance to the context, and the necessary revisions were implemented. FGDs were conducted in convenient community locations and transcribed with permission to do so verifiably. To facilitate contextual analysis, secondary data were gathered from government

reports, policy documents, NGO publications, academic research, and relevant statistical sources.

Data Collection Tools

The primary quantitative tool was a structured interview schedule designed to collect standardised data. In the case of qualitative research, case studies and FGDs were developed separately. To ensure accuracy, audio and video recording devices were utilised, and discussions were transcribed systematically for analysis.

DATA ANALYSIS AND PRESENTATION

To summarise the socio-economic characteristics and the vulnerability indicators, quantitative data were coded, classified, and tabulated, and the descriptive statistics were calculated using SPSS. Interpretation of qualitative data, such as interview transcripts, FGD discussions, and case study data, was conducted using a thematic analysis to identify recurrent patterns and themes associated with livelihood vulnerability. Both quantitative and qualitative findings were interpreted to enable triangulation and the formulation of evidence-based policy recommendations for implementation in Bangladesh.

RESULTS

Table 1: *Socio-Economic and Demographic Characteristics of Widowed and Destitute Women*

Socio-Economic and Demographic Status	Number (N=180)	Percentage (%)
Age Group (Years)		
30–40 years	20	11.1
40–50 years	42	23.3
50–60 years	65	36.1
60–70 years	35	19.4
70 years & above	18	10.0
Education Level		
Illiterate	112	62.2
Primary	40	22.2
Secondary	12	6.7
Higher Secondary	8	4.4
Bachelor's	5	2.8
Master's	3	1.7
Marital Status		
Widowed (Husband deceased)	128	71.1
Divorced	38	21.1
Abandoned / Abused by Husband	14	7.8

Type of Income-Generating Activity		
Domestic Worker	120	66.7
Agricultural Work	28	15.6
Day Labor (Non-agricultural)	22	12.2
Small Business (e.g., petty trade)	18	10.0
Service/Job (Formal/Informal)	12	6.7
Home-Based Work (e.g., handicrafts, tailoring)	20	11.1
Livestock/Poultry Rearing	16	8.9
Begging/Charity Dependent	14	7.8
No Income Source	26	14.4
Monthly Family Income (BDT)		
1,000 to 5,000	58	32.2
5,001 to 10,000	64	35.6
10,001 to 15,000	30	16.7
15,001 to 20,000	18	10.0
Above 20,000	10	5.5
Monthly Family Expenditure (BDT)		
1,000 to 5,000	36	20.0
5,001 to 10,000	70	38.9
10,001 to 15,000	40	22.2
15,001 to 20,000	22	12.2
Above 20,000	12	6.7

Table 1 shows the socio-economic and demographic profile of 180 widowed and destitute women, providing information about the level of their vulnerability. The highest percentage, 36.1%, of respondents is 50-60 years old, followed by 40-50 years with 23.3%, indicating that middle-aged women are the most affected by socio-economic hardship. The level of education is deplorable, as 62.2 per cent are illiterate, and 6.7 per cent possessing higher education or secondary education have a serious impediment to opportunities to work and resources. With regards to marital status, the widowhood accounts 71.1%, whereas the divorce cases account 21.1%, and the remaining 7.8 % are abandoned and abused, which depicts the widowhood as the most dominant factor in their vulnerable state. The majority of the women do informal work: 66.7% work as house workers, 15.6% as agricultural workers, 12.2% as day workers, and smaller proportions as small business owners, service workers, home-based workers, or rearing livestock. 14.4% have no source of income, indicating economic dependence. Income earned by the family is mainly below BDT 10,000, 67.8% of the population has an income level of BDT 1,000-BDT 10,000, and the spending habits are highly dependent on the income, with little to save.

In this regard, Case 04 stated that-

“After my husband passed away, everything changed overnight. I have three children, and with no education, I had no choice but to work as a domestic worker in different houses. Some months I earn less than BDT 8,000, and after paying for food and rent, nothing remains. I wanted my children to study, but without money, it becomes very difficult. Widowhood has made life a constant struggle for survival.”

FGD participant described that-

“Most of us became helpless after losing our husbands. We are not educated, so we cannot get decent jobs. We work in other people’s homes or in the fields, but the income is too small. Prices are rising every day, yet our earnings remain the same. Sometimes we have to borrow money just to manage basic expenses.”

Table 2: Types of Vulnerabilities Experienced by Widowed and Destitute Women

Forms of Vulnerabilities	Number (N=180)	Percentage (%)
Major Categories of Vulnerabilities		
Social Vulnerabilities	150	83.3
Economic Vulnerabilities	162	90.0
Physical Health Vulnerabilities	138	76.7
Mental Health Vulnerabilities	128	71.1
Institutional Vulnerabilities	142	78.9
Social Vulnerabilities* (N=150)		
Social isolation and exclusion	110	61.1
Stigmatization due to widowhood/separation	102	56.7
Lack of family support	96	53.3
Gender-based discrimination	118	65.6
Limited participation in decision-making	88	48.9
Insecurity and harassment	92	51.1
Dependence on relatives/neighbors	105	58.3
Weak social networks	84	46.7
Economic Vulnerabilities* (N=162)		
Irregular income sources	140	77.8
Unemployment/underemployment	126	70.0
Extreme poverty	134	74.4
Lack of land/productive assets	120	66.7
Debt burden/microcredit pressure	98	54.4
Financial dependency	116	64.4
Inadequate safety net allowance	104	57.8
Rising cost of living	122	67.8
Limited access to savings/credit	108	60.0
Physical Health Related Vulnerabilities* (N=138)		

Chronic diseases	112	62.2
Limited healthcare access	118	65.6
Inability to afford treatment	124	68.9
Malnutrition/food insecurity	106	58.9
Physical disability/mobility problems	82	45.6
Reproductive health complications	76	42.2
Mental Health Related Vulnerabilities* (N=128)		
Depression	108	60.0
Anxiety and chronic stress	114	63.3
Trauma from abuse/loss	96	53.3
Loneliness	120	66.7
Social withdrawal	90	50.0
Lack of emotional support	112	62.2
Fear about future insecurity	130	72.2
Institutional Vulnerabilities* (N=142)		
Bureaucratic complexity	118	65.6
Corruption/political favouritism	92	51.1
Lack of legal awareness	124	68.9
Weak grievance redress system	88	48.9
Exclusion from formal employment	132	73.3
Limited NGO support	96	53.3
Delay in receiving allowances	110	61.1

*Multiple responses were counted.

Table 2 shows a breakdown of the multidimensional vulnerability of 180 widowed and destitute women, which shows the multifaceted nature of social, economic, health-related, and institutional vulnerabilities. The most prevalent of the major categories are economic vulnerabilities, which reached 90 per cent of respondents, and social vulnerabilities, which reached 83.3; institutional vulnerabilities reached 78.9, physical health vulnerabilities reached 76.7, and mental health vulnerabilities reached 71.1. Such statistics indicate that these women face compounded challenges that can leave them without a continuous livelihood. The social vulnerabilities (N=150) are high with gender-based discrimination being 65.6, social isolation and exclusion 61.1, reliance on relatives or neighbours 58.3 and widowhood or separation stigmatisation 56.7. Further worsening marginalisation, limited involvement in decision-making (48.9%) and poor social networks (46.7%) make them less influential in decision-making at the household and community levels. Economic ones (N=162) display irregular incomes (77.8%), living in extreme poverty (74.4%), joblessness or underemployment (70%), possession of no land or productive assets (66.7%), and escalating living costs (67.8%). Economic insecurity is chronic, with 64.4 per cent of the population dependent on finances, 60

per cent lacking access to credit or savings, 54.4 per cent under pressure due to microcredits, and 57.8 per cent receiving poor safety net allowances. Physical health vulnerabilities (N=138) are characterised by inability to pay (68.9%), inability to access healthcare (65.6%), chronic illnesses (62.2%), malnutrition (58.9%), and mobility or reproductive health problems. Mental health vulnerabilities (N=128) are fear about future insecurity (72.2), loneliness (66.7), anxiety and stress (63.3), depression (60), lack of emotional support (62.2). There are institutional vulnerabilities (N=142) that include exclusion from formal employment (73.3%), legal unknowledgeability (68.9%), bureaucratic entanglement (65.6%), delay in allowance (61.1%), corruption, and inadequate NGO support.

In this paradigm, Case 09 opined that-

“My income is never fixed. Some months I get work as a domestic helper, other months I sit idle. I do not own any land or assets, so I depend on others. When I fall sick, I cannot afford proper treatment. I often think about what will happen in the future-who will support me if I become unable to work? Sometimes the fear and loneliness feel heavier than the poverty itself. Even to receive the allowance, I have to visit the office many times, and the process is complicated.”

FGD participant demonstrated that-

“We are facing problems from every side-socially, economically, and even mentally. People still look down on widows. Our income is irregular, prices are high, and healthcare is costly. Many of us suffer from chronic illnesses but cannot complete treatment. The allowance is helpful but not enough, and sometimes it is delayed. We worry constantly about the future because we have no secure support system.”

Table 3: Key Underlying Causes of Vulnerabilities Among Widowed and Destitute Women

Underlying Causes of Vulnerabilities*	Number (N=180)	Percentage (%)
Poverty and Chronic Income Shortage	142	78.9
Death of Husband (Loss of Primary Earner)	128	71.1
Lack of Employment Opportunities	110	61.1
Low Educational Attainment	115	63.9
Limited Access to Productive Assets (Land, Capital)	96	53.3
Gender Discrimination	104	57.8
Social Exclusion and Stigmatisation	88	48.9
Domestic Violence and Marital Abuse	72	40.0
Abandonment by Husband	64	35.6
Poor Physical Health	98	54.4
Mental Stress and Psychological Trauma	90	50.0

Inadequate Social Safety Net Benefits	82	45.6
Lack of Family Support	76	42.2
Natural Disasters (Flood, River Erosion, etc.)	60	33.3
Indebtedness and Loan Burden	70	38.9
Early Marriage	66	36.7
Limited Access to Healthcare Services	92	51.1
Weak Institutional Support and Bureaucratic Barriers	74	41.1

*Multiple responses were counted.

Table 3 shows the major underlying causes of vulnerabilities among 180 widowed and destitute women, which clarifies the multifactorial nature of their misfortunes. Seventy-eight-point nine per cent of respondents are affected by poverty and constant income deficit, and 71.1 per cent by the death of a husband, who is the family breadwinner; thus, economic dependency is central. Economic vulnerability is also worsened by limited employment opportunities (61.1%), a low level of education (63.9%), and access to productive factors of production, such as land or capital (53.3%). Marginalisation is aggravated by social factors such as gender discrimination (57.8%), social exclusion and stigmatisation (48.9%), domestic violence (40%), and abandonment by husbands (35.6%). Such underlying health-related issues as poor physical health (54.4%), mental stress and psychological trauma (50%), and the lack of access to healthcare services (51.1) contribute to vulnerability. Weak institutional support (41.1), poor social safety net benefits (45.6), natural disasters (33.3), and indebtedness (38.9) are all factors that contribute to livelihood insecurity and underscore the importance of integrated, multisectoral policy interventions.

Case 02 noticed that-

“When my husband died, I lost not only my partner but also the only earning member of the family. I never went to school, so I do not have the skills to get better work. I tried to find employment, but opportunities are very limited for women like me. I do not own land or any property. Sometimes I borrow money to manage daily expenses, and the debt keeps increasing. Illness and stress have also become part of my life, but treatment is costly and difficult to access.”

FGD Participant illustrated that-

“Our problems did not start in one day. Poverty was always there, but after losing our husbands or being abandoned, the situation became worse. Without education or assets, we have very few job options. Society often blames or ignores us, and some women even face violence. Health problems, loans, and weak support from institutions

make survival harder. We need more than small allowances-we need real opportunities and protection.”

Table 4: Suggested Strategies and Policy Interventions to Mitigate Vulnerabilities of Widowed and Destitute Women

Suggested Strategies and Policy Interventions to Mitigate Vulnerabilities*	Number (N=180)	Percentage (%)
Providing Regular and Adequate Social Safety Net Allowances	148	82.2
Ensuring Access to Employment and Income-Generating Opportunities	130	72.2
Providing Skill Development and Vocational Training Programs	115	63.9
Promoting Access to Education and Literacy Programs	108	60.0
Strengthening Legal Awareness and Support for Women	98	54.4
Facilitating Access to Health Services and Health Insurance	112	62.2
Providing Microcredit and Financial Inclusion Programs	92	51.1
Encouraging Community Support and Social Networks	100	55.6
Protecting Women from Domestic Violence and Abuse	85	47.2
Ensuring Legal Action Against Husband Abandonment/Abuse	76	42.2
Supporting Psychosocial Counseling and Mental Health Services	88	48.9
Promoting Participation in Local Governance and Decision-Making	80	44.4
Creating Awareness Campaigns Against Stigmatization and Social Exclusion	94	52.2
Disaster Preparedness and Livelihood Protection Programs	68	37.8
Providing Housing Support and Shelter Services	72	40.0

*Multiple responses were counted.

A detailed report of the recommended policy interventions and strategies to alleviate the susceptibility of 180 widowed and destitute women is provided in Table 4. The results highlight an urgent need to enhance social protection systems, as 82.2% of respondents emphasised the importance of regular, sufficient social safety net allowances to curb economic insecurity and sustain basic livelihoods. The provision of access to employment and sources of income (72.2%) and the programs of skill development and professional training (63.9%) were identified as priorities for increasing economic self-sufficiency. The education and literacy programs (60.0) were identified as essential for empowering women to access opportunities

and enhance decision-making skills. Physical and mental health vulnerabilities are tackled through access to health services and health insurance (62.2%), psychosocial counselling (48.9%), and protecting the rights and social security of women (54.4% and 42.2%), as well as through legal awareness (54.4%). Social inclusion is also enhanced by community support and social networks (55.6%), awareness programs against stigmatisation (52.2%), and encouragement of involvement in local governance (44.4%). Other policies, including microcredit (51.1%), housing provision (40.0%), and disaster preparedness provisions (37.8%), guarantee economic shock and environmental risk resilience. Together, the interventions emphasise the use of multisectoral strategies to safeguard and empower widowed and destitute women in Bangladesh.

According to Case 07-

“The allowance I receive helps, but it is not enough and sometimes it is delayed. If the government could ensure regular and increased support, it would reduce much of our tension. I also want to learn some skills so that I can earn steadily instead of depending on irregular domestic work. If there were training programs and small business support, I could stand on my own feet. Access to proper healthcare and some legal guidance would also protect women like me from further suffering.”

FGD participant said that-

“We do not want to survive only on small allowances; we want opportunities. Regular financial support, skill training, and income-generating work would help us become self-reliant. Many of us need healthcare services and counselling because we carry both physical illness and mental stress. There should also be awareness in society so that widowed and abandoned women are not stigmatised. If legal protection and community support are strengthened, our lives can become more secure and dignified.”

DISCUSSION

This study has found that the vulnerabilities of widowed and destitute women in Bangladesh are multifaceted and mutually reinforcing due to socio-economic deprivation, gender inequality, insufficient institutional support, and health-related issues. These results are mostly in line with the current national and international literature, yet also offer context-specific empirical depth. The high proportion of women aged 50–60 years and the extremely low educational attainment (62.2% illiterate) reflect broader trends in which low levels of education restrict the economic contributions and earning power of women in Bangladesh (BBS, 2022;

Mosammat et al., 2025). Gender and poverty research in South Asia also reveals that widowhood tends to cause a sudden loss of income and increased dependency because women are structurally marginalised in the economy (Kabeer, 2001; Chen & Dreze, 1992). The observation that 71.1 per cent of the samples are widowed and mostly engaged in informal jobs, particularly housework, is consistent with previous studies showing that widowed and female-led households are disproportionately represented in non-tradable, low-paid informal sectors (Minas & Cohen, 2007; Momen et al., 1995). These findings, combined with monthly income below BDT 10,000 and a lack of savings capacity, further confirm previous findings that poverty among female-headed households is chronic and structural, not temporary (Tessitore, 2011; World Bank, 2019).

The multidimensional perspective of poverty introduced by Sen is evident in the identification of economic vulnerability (90%) as the most widespread dimension, followed by social, institutional, physical, and mental vulnerabilities. The high level of gender discrimination, stigmatisation, and low involvement in decision-making processes is as expected by feminist readings that associate poverty in women with deep-rooted patriarchal values and non-inclusion in the power formations (Ahmed, 2018; Kabeer, 1999). The institutional weaknesses, such as bureaucratic obstacles, slow processing, and a lack of legal awareness, are reminiscent of analyses of social protection systems in Bangladesh that address governance gaps and administrative inefficiencies (Kidd & Khondker, 2013). Although past research has noted institutional weaknesses, the scale reported in the current study suggests that procedural barriers remain highly entrenched, solidifying social and economic exclusion. The prevalence of physical health vulnerabilities and mental distress is consistent with research that documents that poverty, widowhood, and social isolation are associated with high risks of chronic illness and psychological distress among women in low-income settings (Minas & Cohen, 2007; Ashley et al., 2000). The fear of insecurity in the future, loneliness, and anxiety, as seen in this paper, are aligned with evidence around the world of how economic precarity is associated with mental health burdens among marginalised women (Tamim, 2022; WHO, 2022). Even though previous studies have identified psychological distress in widowed women, the current results highlight its magnitude and interrelationship with structural deprivation. This lends credence to the idea that mental health issues must be embedded in wider social and economic policy contexts rather than perceived as individual problems alone (WHO, 2022).

Poverty, the loss of a husband, a lack of jobs and education as key sources of vulnerability are identified with the development literature that has long held women as economically dependent

on male breadwinners in a patriarchal society (Kabeer, 2001). Gender-based analyses of structural inequality in Bangladesh are additionally compatible with social exclusion, domestic violence, and abandonment. Indebtedness, natural disasters, and low institutional support are indicators of research on climate vulnerability and financial insecurity in Bangladesh, which reveal that the impact of environmental shocks is higher among poor female-headed households (Hill, 2025). Therefore, the results are broadly comparable to the existing literature, but they complement it by showing how economic, environmental, and gender-based risks overlap. The high courtship in regular and sufficient social safety net allowances (82.2) reflects national assessments that point to weaknesses and inconsistencies in social protection transfers. Similarly, the focus on employment prospects, vocational training, literacy, access to healthcare, and awareness of the law aligns with combined empowerment interventions suggested in previous studies (Kabeer, 1999; World Bank, 2019). Nevertheless, this research places greater emphasis on psychosocial counselling, community support networks, and involvement in local governance. Although past research has concentrated on economic empowerment, the current results indicate that social inclusion, mental health, and institutional accessibility are also critical dimensions of sustainable empowerment.

CONCLUSION

This paper has discussed socio-economic vulnerabilities, livelihood denials, and coping strategies of widowed, deserted, and destitute women in Bangladesh with special consideration to the efficacy of social safety net programmes. The results indicate that, though government measures such as the Ministry of Social Welfare allowances have enabled partial alleviation of financial constraints and access to basic needs, the support is still insufficient in terms of quantity and scope to guarantee sustainable well-being. Still, many beneficiaries are experiencing income insecurity, a low level of employment opportunities, social marginalisation, and low levels of decision-making in households and even communities. The research also identifies such structural obstacles as lack of education, sex discrimination, and institutional inability as limiting the transformational possibilities of these programs. Although the beneficiaries perceived improvements in food security and access to healthcare, long-term empowerment required combining interventions such as financial support, skills development, job creation, and psychosocial support. The areas that the policy reform must focus on should include increasing the number of allowances, prompt payment, widening coverage, and aligning beneficiaries to income-generating. A rights-based, gender-sensitive and coordinated

intervention is required to build resilience, dignity and the general socio-economic status of widowed and destitute women in Bangladesh.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

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