

The Role of the Community in Improving the Quality of Life of the Rural Elderly People: A Study

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Abstract

This study explores the role of community support in enhancing the quality of life for rural elderly populations in Bangladesh. With an aging demographic and increasing life expectancy, elderly individuals in rural areas face various socio-economic and health-related challenges, including dependency, financial instability, and social isolation. This research, conducted in selected villages of the Cumilla district, uses a mixed-methods approach, combining surveys, interviews, and focus group discussions, to assess the living conditions, challenges, and support mechanisms available to elderly individuals. Findings reveal that while community-level and institutional initiatives, such as social security programs, provide critical support, gaps remain in the accessibility and reliability of these services. The study underscores the importance of strengthening community involvement and improving healthcare, economic aid, and social engagement programs to foster a more inclusive environment for the elderly. Recommendations include enhancing medical care, ensuring timely delivery of benefits, and fostering local support networks to address the evolving needs of this vulnerable population.

Keyword: Rural elderly, Community support, Bangladesh, Livelihood, Social isolation, Caregiver burden

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Introduction

Bangladesh, a South Asian nation with a population exceeding 165.1 million (2022 Census), faces a growing elderly population, with 9.28% (over 15.3 million) aged 60 or older in 2022, a rise from 7.47% in 2011. Projections indicate this demographic will reach 36 million (22% of the total population) by 2050, aligning with global

trends.

Currently, the national poverty rate is 18.4%, with extreme poverty at 5.6%, both higher in rural areas where 68.34% of the population resides. As the elderly population increases, so do their challenges, including loss of work ability, increased dependency, and various social, economic, and familial issues.

Bangladesh is committed to the UN's Sustainable Development Goals (SDGs) to ensure no one is left behind, specifically addressing poverty, health, and inequalities (SDG 1, 3, and 10). The country's constitution also guarantees equal rights and dignity for all citizens, including the elderly, through articles like 15, 28, and the Fundamental Rights section. The government is working to establish income-generating activities, promote social responsibility, and create an elder-friendly environment. To this end, BARD has launched a pilot program, "Accelerating Community Support for Rural Elderly and Disabled Populations," aimed at integrating the elderly into the social mainstream and ensuring their dignified lives through community support.

Literature review

This section attempts to present a summary of available studies so far conducted on elderly people in Bangladesh and other countries.

Research by *Ahmed et al. (2005)* indicated that socioeconomic status, rather than age or gender, significantly influenced health-seeking behaviors in rural Bangladesh, with many relying on informal care due to insufficient institutional infrastructure. Similarly, *Kabir et al. (2003)* revealed pronounced gender and rural-urban disparities in self-reported health, with elderly rural women experiencing the poorest economic and physical well-being.

Naidoo et al. (2015) underscored the interconnectedness of poor nutrition and depression in older adults, highlighting compounded vulnerabilities in rural settings. *Gorman and Heslop (2002)* introduced the concept of "reciprocity" in elder care, noting that older individuals often contribute to households while receiving support, complicating simple narratives of dependency.

Formal government support structures in many developing nations frequently prove insufficient. *Barrientos and Lloyd-Sherlock (2002)*, in their study on aging and poverty in Bangladesh, pointed to the inadequacy of pension systems and an overreliance on familial support. *Stoller et al. (1993)* utilized health diary data to illustrate the extensive reliance of elderly individuals on informal, self-care-based illness management strategies in rural environments.

Community networks are widely recognized as essential for improving the well-being of the rural elderly. Help Age International (2000) highlighted community-based initiatives as vital in the absence of state support in Bangladesh. Additionally, *Sarkisian et al. (2002)* found that empowering communities can positively influence attitudes and behaviors toward aging, as evidenced by elderly individuals with positive aging expectations being more likely to seek preventive health interventions.

Kabir et al. (2010) established a strong correlation between nutritional status and cognitive function among the elderly in rural Bangladesh, emphasizing the need for community nutrition programs. This aligns with findings by *Lin et al. (2017)*, who linked poor nutritional status with unhealthy lifestyle behaviors among older Chinese adults, a pattern generalizable to similar contexts.

Globally, aging populations present a structural challenge, as highlighted by *Davies (2003)* and the WHO World Report (2004). However, these reports also underscore the importance of community-led innovations in caregiving and participatory health models. In developing nations, as outlined by the World Bank (2002), coordinated state and community actions have shown promise in pilot models for elderly support, particularly in South Asia.

In summary, rural elderly populations face

multifaceted challenges, including limited healthcare access, inadequate nutrition, and social isolation. Nevertheless, the literature consistently highlights the vital role of community engagement in addressing these issues. Community-led initiatives—such as health education, caregiving support, and intergenerational engagement—have demonstrated significant potential in improving the well-being of older adults. These findings align closely with the study's objectives and underscore the importance of community-driven strategies in enhancing the quality of life for the rural elderly.

Research gap

While existing literature thoroughly documents the multifaceted challenges faced by rural elderly populations, including socioeconomic deprivation, health issues, and inadequate formal support, a notable gap remains in comprehensive, integrated studies that specifically explore the intricate dynamics of community-led interventions in addressing these challenges. Although the pivotal role of community networks and initiatives is highlighted (*Help Age International, 2000; Sarkisian et al., 2002*), the literature lacks in-depth research specifically focusing on the practical implementation and effectiveness of integrated community-based programs designed to enhance the overall quality of life for the elderly by simultaneously addressing livelihood patterns, health management, and access to both formal and informal support within the context of low-income rural families. The current body of work emphasizes the need for such approaches but provides limited detailed insights into their operationalization and specific outcomes.

Objectives of the Study

The general objective of this study is to identify the livelihood patterns, nature, and challenges faced by the elderly in low-income rural families, as well as

the role of the community in addressing these challenges. The specific objectives are as follows:

- To identify the current lifestyle and living conditions of elderly people (both women and men) in rural areas;
- To explore the physical and mental challenges faced by elderly individuals and how they are managing their health and well-being;
- To assess the types of formal and informal support they receive, highlighting both the benefits and limitations of these resources; and
- To identify ways in which the community can provide better support to elderly individuals and improve their quality of life.

Research Methodology

This study, an action research project titled "Accelerating Community Support for Rural Elderly and Disabled Populations" funded by the Bangladesh Academy for Rural Development (BARD), focused on beneficiaries in three villages-Ujirpur, Dhanoias, and Dighalgaon - within Adarsha Sadar Upazila of Comilla district. Data collection involved two main phases: primary data was gathered using a structured questionnaire administered to elderly and disabled individuals, and community-level data was collected through qualitative methods including formal interviews with key informants (like school teachers and union council members), Focus Group Discussions (FGDs) with community members, and group discussions with village dignitaries and other stakeholders. Throughout the process, careful observation was used to validate and enrich the data, ensuring comprehensive representation of both male and female participants.

Analysis and Discussion

Socio-Demographic Distribution of the Respondents

The findings of this study provide valuable insights into the demographics, challenges, and social dynamics of the rural elderly population. By examining various aspects of their lives, the study highlights critical factors influencing their well-being and participation in community life. The discussion begins with an analysis of the age and sex distribution of the respondents, as age plays a pivotal role in shaping the experiences and needs of

the elderly. The collected data focuses on rural residents aged 60 and above, offering a detailed breakdown of their age groups and gender representation. This demographic profile sets the foundation for understanding the unique challenges and contributions of the elderly in rural settings.

Age Distribution of the Respondents

Age is a crucial consideration when discussing the lifestyle and experiences of the elderly rural population. In this study, data were collected from rural residents aged 60 to 75+ years.

Table 1: Distribution of the Respondents by Age and Sex

Age Range	Female	Male	Total
60-65	13 (21.37%)	12 (20.0%)	25 (41.67%)
66-70	09 (15.0%)	11 (18.33%)	20 (33.33%)
71-75	02 (3.33%)	05 (8.33%)	07 (11.67%)
75+	01 (1.67%)	07 (11.67%)	08 (13.33%)
Total	25 (41.67%)	35 (58.33%)	60 (100%)

Source: Filed Survey 2024

Table 1 shows that age and gender distribution of 60 respondents from the Field Survey 2024. The largest age group is 60-65 years (41.67%), followed by 66-70 years (33.33%). Most women fall within the 60-65 age bracket, while men are

more evenly distributed across all age groups, with a notable percentage (11.67%) in the 75+ age category. Overall, men slightly outnumber women in the sample.

Table 2: Gender distribution of respondents in the study:

Category	Female (%)	Male (%)	Total (%)
Ujirpur	8 (40%)	12 (60%)	20 (33.33%)
Dhanoais	10 (50%)	10 (50%)	20 (33.33%)
Dhigolgao	7 (35%)	13 (65%)	20 (33.33%)
Total	25 (41.67%)	35 (58.33%)	60 (100%)

Source: Filed Survey 2024

The data shows a balanced gender representation in certain categories, while others reflect a higher participation of either males or females. These insights are critical for understanding the varying

experiences and challenges faced by the elderly population, ensuring the study captures a holistic view of their socio-economic and familial contexts.

Family Members and Social Conditions of the Elderly Living in Rural Areas

In rural areas, elderly parents predominantly reside with their sons, even if they have multiple children, as daughters typically move away after marriage. However, responsibility for aging parents often creates divisions among sons. Amena Akter, 65, illustrates this: after living with her eldest son, she's now being pressured to live with her younger, higher-earning son, highlighting how the elderly are often perceived as a burden. This situation reveals that daughters are generally unable to care for parents post-marriage, parents often initially stay with the eldest son but may prefer to live with a more financially stable son, and aging parents frequently become a perceived burden. Observations indicate that 75% of respondents live in families of seven members, 20% in families of six, and 5% in families of five.

Sources and Amounts of Family Income of the Respondents

The survey revealed varied sources of family income among respondents. 13% reported being financially independent and active, while 33% relied on the son they live with for their family's income. A significant 20% stated their family had no source of income, citing reasons like the absence of a son, a son living separately or abroad, a son not providing care, or a son's illness.

Halima Begum, a 67-year-old widow, exemplifies this lack of support. Her husband lived abroad and after he passed, she lived with her son who runs a vegetable business. He has since moved out and doesn't care for her. She now lives in a house built by her father's family in Dighalgon and relies on assistance from ten community members to survive, having no other support. Her situation highlights a common issue where elderly individuals are perceived as a burden and their families may not take responsibility for their care.

Sources of Family Income of Survey Respondents

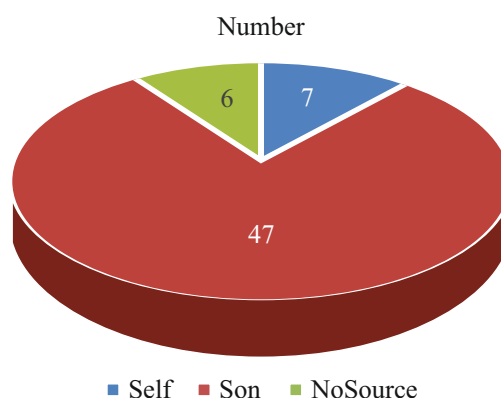


Figure-1: Sources of Family Income of Survey Respondents

Source: Field Survey, 2024

Regarding annual family income, 7% of interviewees reported they sustain themselves with their own earnings. A significant 78% stated their households are supported by their son's income,

although they didn't know the precise amount. The remaining 10% indicated they rely on assistance from ten community members to get by.

Table 4: Yearly Family Expenditure Sectors of the Respondents at Present

Expenditure Sectors	Number of Respondents (%)
Food	60 (100%)
Clothing	60 (100%)
medical expenses and visits to the doctor	48 (80%)
daily medication	50 (83.33%)
visits to relatives' houses	10 (16.0%)
relatives' weddings	5 (8.33%)
Sending sons' abroad	2 (3.33%)

Source: Field Survey, 2024, Note: A single respondent provided multiple answers.

The data obtained from the survey indicates that 100% of the respondents mentioned two main categories of their annual expenses: daily food and clothing. Additionally, 80% of the respondents mentioned medical expenses and visits to the doctor. 83% of the respondents referred to the cost of daily medication. Furthermore, 16% and 33% of the respondents mentioned visits to relatives' houses and relatives' weddings, respectively. 8% of the respondents listed the expense of sending their son abroad as part of their annual expenses."

Respondents Type of work while Active

During their productive years, each elderly individual in the surveyed population had their own unique role in their work. Men were primarily engaged in agricultural work, fishing, and marketing, while women focused on household chores, tending gardens, and raising livestock. Through these efforts, they contributed to the economic prosperity of their families and strengthened their standing in society.

Table 5: Types of Work during Productive Years of the Respondents

Male	Female		
Type of Work	Number (%)	Type of Work	Number (%)
Agricultural Farming	05 (8.33%)	Housewife	20 (33.33%)
Van/ Rickshaw Pollar	03 (5.0%)	Working in Others' Homes	02 (3.33%)
Farming on others' land	12 (20.0%)	Sewing clothes	02 (3.33%)
Driving Tractor	02 (3.33%)	Making mats	01 (1.66%)
Small Business (Vegetable Trading)	07 (11.6%)		
Masonry Assistant	04 (6.66%)		
Carpentry Work	02 (3.33%)		
Total	35 (58.33%)	Total	25 (41.67%)

Source: Field Survey, 2024

The survey collected information from elderly male and female respondents regarding their type of employment during their active years. Among male respondents, 8.33% were involved in farming on their own land, while 20% worked as

agricultural laborers on others' land. Due to the proximity of hilly areas, 11.6% were engaged in small-scale vegetable cultivation and sales. Additionally, 6.66% worked as masonry assistants, 3.33% were involved in carpentry working, and

5% drove vans or trucks to support their daily and family expenses.

Siddiquir Rahman, a 70-year-old vegetable trader from Uzirpur village, can no longer perform strenuous work due to a leg injury sustained in a van accident while transporting vegetables. Similarly, Feroza Begum, 68, from Dhonoais village, had to stop her tailoring work, which included making school uniforms and Nakshi Kantha, due to vision problems and is now living with her son's family while dealing with various illnesses.

earnings to several key areas: daily food, children's education, healthcare, social events, and savings. Food expenses covered essentials like fresh produce and staples, while educational costs included fees and supplies. Healthcare involved doctor visits and medication. Social functions, such as weddings and religious ceremonies, were important for community ties. Finally, some managed to save a portion of their income for emergencies, providing a sense of financial security.

Income Levels and Expenditure Categories during Productive Years of the Respondents

Rural elderly individuals typically allocated their

Table 6: Estimated Annual Income of the Respondents during Productive Years

Income Range (BDT)	Respondents (%)
10,000 - 20,000	08 (23%)
20,000 - 30,000	10 (28.57%)
30,000 - 40,000	04 (11.43%)
40,000 - 50,000	07 (20.00%)
50,000+	05 (14.29%)

Source: Field Survey, 2024

Table 6 reveals that during their productive years, a significant portion of men had annual incomes between BDT 20,000 and BDT 30,000 (28.57%), followed by 23% earning BDT 10,000 – 20,000. Additionally, 20% earned BDT 40,000 – 50,000,

11.43% earned BDT 30,000 – 40,000, and 14.29% earned over BDT 50,000, with these earnings generally sufficient to cover family and essential needs.

Table 7: Expenditure Categories of Respondents during Their Productive Years

Expenditure Sectors	Number of Respondents (%)
Food	40 (66.67%)
Clothing	35 (58.33%)
Medical Expenses/Medicine	28 (46.67%)
Educational Expenses of the Children	35 (58.33%)
visits to relatives' houses	17 (28.33%)
Participation in Social Events	22 (36.67%)
Sending Sons Abroad	03 (5.00%)
Marrying Off Daughters	28 (46.67%)
Saving Money	30 (50.00%)

Source: Field Survey, 2024, Note: A single respondent provided multiple answers.

The survey data reveals that most respondents (66.67%) prioritized their income for food and household necessities. A significant portion (35%) also went towards clothing and children's education, including school supplies. Healthcare services accounted for 46.67% of spending, covering consultations, medicine, and treatments. Additionally, income was allocated for social events like weddings and religious ceremonies, which reinforced community ties. Finally, respondents saved a portion for future emergencies or family financial crises, ensuring a balanced and secure lifestyle.

Current Status of Surveyed Respondents

When elderly individuals in rural areas lose their capacity to work, they often become dependent on other members of the household for survival. This dependency is typically placed on their children,

grandchildren, or other family members. In the context of rural family dynamics, where nuclear family living arrangements are becoming more prevalent, and family members often move away for work or other reasons, the elderly are left to live alone in their homes.

Shafiqul Islam, a 63-year-old from Ujirpur village, finds himself alone after his two educated sons, who now have jobs, moved away with their mother and no longer communicate with him despite his attempts to reach out. Struggling with worsening arthritis and the difficulty of living alone, he has, with community assistance, brought his second wife back to his home to live with him.

Rowshan Ara, a 60-year-old from Digholgao village, has returned to her father's house and is now supported by her brothers after her only son fell ill.

Table 8: Current Status of Surveyed Respondents

Current Living Status	Number (%)
Living Own House	12 (20.0%)
Living with Sons	35 (58.33%)
Living with Husband	10 (16.67%)
Living in Parents House	03 (5.0%)

Source: Field Survey, 2024

According to the survey findings, 58% of the elderly currently live with their sons, 20% live

alone in their homes, 16% of women live with their husbands in their own homes, and 5% stay at their father's house.

Challenges Faced by Elderly Respondents in Maintaining Mental Well-being and Health

Table 9: Health-related problems of the respondents under the survey

Sl No	Health Problems	
1.	Heart Disease	32 (53.33%)
2.	Diabetes	45 (75.00%)
3.	Arthritis	08 (13.33%)
4.	Stroke	27 (45.00%)
5.	Vision Problems	18 (30.0%)
6.	Hearing Problems	06 (10%)
7.	Mental Health Issues (Depression, Anxiety)	42 (70.0%)
8.	Nutritional Deficiency	06 (10.0%)
9.	Respiratory Problems	02 (3.33%)
10.	Walking Problems	04 (6.67%)
11.	Speech Problems	02 (3.33%)

Source: Field Survey, 2024, Note: A single respondent provided multiple answers.

The elderly population in rural areas is facing various health problems, which make their daily lives difficult. These issues have a significant impact on their physical and mental well-being. According to the survey, the elderly are affected by a range of chronic illnesses, including high blood pressure, diabetes, arthritis, heart disease, and respiratory issues. These conditions, if not treated

in time, can worsen and lead to complications, ultimately affecting the quality of life.

Rahela Begum, 65, lives separately from her children and grandchildren. She suffers from diabetes and joint problems, and while she buys medicine for the pain when she has money, she sometimes cannot afford it and goes without.

Table 10: Social Problems Faced by the Respondents

Social Problems	Number (%)
Loneliness and Social Isolation	45 (75.0%)
Financial Instability	55 (91.67%)
Neglect and Disrespect within Family	20 (33.33%)
Exclusion from Social Activities	05 (08.33%)
Lack of Physical and Mental Support	08 (13.33%)

Source: Field Survey, 2024, Note: A single respondent provided multiple answers

Rural elderly populations encounter various social problems that significantly impact their lives, including loneliness and social isolation, financial insecurity, and neglect and lack of respect from their families.

Loneliness is a major issue, as exemplified by 70-year-old Abdul Samad, who experienced profound isolation after a stroke left him bedridden and with speech and walking difficulties. His recovery and ability to socialize again brought him significant relief from this isolation.

Financial insecurity is also prevalent due to

diminished work capacity and inadequate social protection. Morium Begum, 76, living with her ailing son, expressed concern over not receiving enough food, highlighting the struggle for financial stability.

Furthermore, 33% of respondents in a survey reported experiencing family neglect, with their opinions often disregarded and needs ignored. 8% were excluded from social activities, and 13% lacked social and mental support. This neglect often forces elderly individuals to manage independently, negatively affecting their self-esteem and mental well-being.

Table 11: Economic Problems Faced by the Respondents

Elderly individuals also face various economic and social challenges, which can be categorized as follows

Economic Problems	Number (%)
Poverty 52 (86.67%)	
Healthcare services	60 (100%)
Indebtedness	12 (20.0%)
Problems related to wealth and asset management	10 (16.67%)

Source: Field Survey, 2024, Note: A single respondent provided multiple answers

Rural elderly populations face significant financial and health challenges that severely impact their daily lives and security. Poverty is a widespread issue, affecting 86% of respondents, largely due to diminished physical strength preventing income generation and increasing dependency. High healthcare costs are universally reported as a major problem, often leading to delayed treatment and worsening health conditions due to unaffordability. Additionally, 16% of respondents link financial hardship to an inability to support themselves or their families, while 20% are burdened by debt.

These interconnected issues underscore the precarious living conditions for the elderly in rural areas.

Sekandar Ali, a 62-year-old from Ujirpur village, lives alone and struggles financially due to his inability to work and lack of support from his children who don't visit him. He has accrued debt for survival, faces challenges with timely payments, and experiences significant financial stress, which impacts his sleep.

Types of Benefits Received by Respondents from both Formal and Informal Sources and their Limitations

Table 12: Formal procedures for obtaining survey responses and the steps to record notes and documents

Types and Numbers of Formal Allowance Recipients		
Type of Allowance	Yes (32 Individuals)	No (28 Individuals)
Old-age Allowance	24	
Widow Allowance	08	

Source: Field Survey, 2024

Social welfare allowances are a crucial financial lifeline for rural elderly populations, helping them access services and maintain social connections. Survey data shows that out of 60 respondents, 32 receive allowances (24 old-age, 8 widow allowances), while 28 do not. A key challenge for beneficiaries is the untimely receipt of their expected allowance amounts.

Many rural elderly people in Bangladesh face significant challenges in receiving their due government allowances. *Hasina Begum (67) from Digholgao village submitted her documents twice for the allowance but received nothing after six months. Rehana Begum (63), also from Digholgao, received a one-time payment of 2500 taka but no further disbursements. These cases highlight systemic gaps where some elderly individuals are not covered, and others experience delays or irregularities in receiving crucial payments needed for daily necessities and medicine.*

Types and Limitations of Benefits Received by Respondents in the Informal Sector

Assistance from Neighbors and Relatives and Its Limitations

The survey data reveals that respondents receive assistance from neighbors in various areas such as food, medical expenses, home care, and transportation costs. Additionally, relatives help by providing financial aid during festival (Eid) times. However, in some cases, there are limitations in the

assistance provided.

Khurseda Begum, a 60-year-old from Dhigolgao village, relies on her nephew, her brother's son who has a job, for help during religious festivals; her other brother is also struggling financially and unable to assist her.

Assistance from the Community and Its Limitations

The survey data reveals that the local community, especially in rural areas, provides financial and other forms of support to elderly families when informed about their needs. However, such support is not provided regularly or systematically.

Under the current action research titled "Accelerating Community Support for Rural Elderly and Disabled Populations," the beneficiaries received primary healthcare services, essential medical supplies, and health protection materials once during the program. Additionally, some elderly individuals received items such as wheelchairs and walking aids. Family members of the beneficiaries were also trained in caregiving practices. Essential healthcare tools like glucometers, stethoscopes, and thermometers were distributed to ensure emergency care within the community.

One of the beneficiaries of the caregiving training, Ayesha Begum (age 20), shared her experience: "Previously, my mother often felt dizzy. Her body

was not in good condition. After learning how to check her blood pressure from trainer Nazma Apa, I found that her pressure was 100/160. With further monitoring, we realized her condition required immediate medical attention, so we took her to the hospital. Following the doctor's advice and medication, she is now feeling better.”

The quick availability of caregiving training and related materials enabled prompt decision-making for families. Nazma Akter (age 28) from Ujirpur village said, “After receiving caregiving training, I am now able to better care for my husband and elderly mother-in-law, ensuring their improved well-being.”

**Table 13: Recommendations for Improving the Quality of Life of Rural Elderly People
Based on Survey Respondents' Feedback**

Recommendations	Number (%)
Taking Everyone under Social SafetyNet	60 (100%)
Increase in Allowance Amount	32 (52.46%)
Provide Free Healthcare Services	55 (91.67%)
Provided essential medicines:	45 (75%)
Transportation support for emergency hospital visits	22 (36.67%)
Facilities for recreational activities:	10 (16.67%)

Source: Field Survey, 2024, Note: A single respondent provided multiple answers

Survey data reveals that elderly individuals living in rural areas often rely on assistance from nearby community members, but there are gaps in the support systems, and improvements are necessary to ensure timely and adequate help.

Recommendations for Social, Community and Policy Level Actions for Sustainability

Provision of medical supplies, safety equipment, and mobility aids:

There have been instances where elderly individuals in rural areas have received such support. However, the availability of these resources is often limited. The lack of timely support leads to delays, and sometimes, they are not able to receive the required assistance in time.

Healthcare services:

While some people receive the necessary medical care, many do not have access to medications or regular treatment. The arrangement of such

resources needs to be improved to ensure timely medical assistance for the elderly.

Community meetings and support:

Local communities who are familiar with the elderly often provide assistance during times of need. Setting up a regular meeting or support system can be beneficial for those in need of continuous care or services.

Research Findings

This study highlights the critical role of community support in improving the quality of life for the rural elderly in Bangladesh, addressing their multifaceted challenges, including socio-economic vulnerabilities and health issues.

Demographics and Living Conditions:

The majority (41.67%) of the surveyed elderly are aged 60-65, with men slightly outnumbering women. Most (58.33%) elderly individuals live with their sons, though many face challenges as

they are perceived as a burden, and daughters are typically unable to provide care post-marriage. A significant portion (20%) live alone.

Economic Vulnerability:

While some elderly individuals are financially independent (13%), a large majority (78%) rely on their son's income, and a concerning 20% reported having no source of family income. Poverty affects 86.67% of respondents, largely due to diminished work capacity, and 20% are burdened by debt.

Health and Well-being Challenges:

Rural elderly populations face widespread health issues. Diabetes (75%), heart disease (53.33%), and stroke (45%) are highly prevalent. Mental health issues like depression and anxiety affect 70% of respondents. Access to and affordability of healthcare services are universal problems (100%), often leading to delayed treatment.

Social Isolation and Neglect:

Loneliness and social isolation affect 75% of the elderly. Financial insecurity is a major concern for 91.67% of respondents. A significant number (33.33%) experience neglect and disrespect from their families, and many (13.33%) lack adequate social and mental support.

Formal and Informal Support Gaps:

While social welfare allowances (old-age, widow) provide crucial support, a notable portion (28 out of 60 respondents) do not receive them, and beneficiaries often face untimely disbursement. Informal support from neighbors and relatives exists but is often irregular and limited. Community support, while present, also lacks regularity and systematic provision.

Impact of Community Initiatives:

The "Accelerating Community Support for Rural Elderly and Disabled Populations" project demonstrated positive outcomes by providing primary healthcare, essential medical supplies, mobility aids, and caregiving training, which led to improved health monitoring and timely medical intervention for beneficiaries.

Conclusion

Assistance at the family, community, and institutional levels plays a significant role in improving the quality of life for elderly individuals in rural areas. Support in the form of economic aid, healthcare services, mental health support, and social engagement helps make their lives easier and happier. Additionally, the involvement of local governments and community support is crucial in enhancing the living standards of the elderly. By improving support systems and fostering social initiatives, the quality of life for elderly people in rural areas can be significantly improved. This effort benefits not only the elderly but also contributes to the overall well-being of the entire community, promoting a prosperous, compassionate, and cohesive society.

Recommendations

To enhance the quality of life for the rural elderly in Bangladesh, the study recommends the following:

Expand Social Safety Nets:

Ensure all eligible elderly individuals are covered under social safety net programs.

Increase Allowance Amounts:

Increase the amount of allowances provided to beneficiaries to adequately meet their daily needs.

Improve Healthcare Access:

- Provide free healthcare services for the elderly.
- Ensure the provision of essential medicines.
- Offer transportation support for emergency hospital visits.

Strengthen Community Support:

- Foster and formalize local support networks to provide regular financial, emotional, and practical assistance.
- Promote intergenerational engagement to reduce social isolation and neglect.
- Implement and scale up community-based caregiving training and equip communities with essential healthcare tools.
- Encourage community awareness campaigns to reduce the perception of elderly individuals as a burden and promote respect.

Enhance Recreational Opportunities:

Provide facilities for recreational activities to promote social engagement and mental well-being.

Ensure Timely Benefit Delivery:

Address systemic gaps in the delivery of government allowances to ensure timely and regular disbursement to beneficiaries.

Promote Financial Literacy and Independence:

Develop programs that help the elderly engage in suitable income-generating activities where feasible, and provide support for managing assets.

Scope for Future Research

Future research should focus on longitudinal studies to assess the long-term impact of community-led interventions on the well-being of the rural elderly. It is essential to conduct in-depth research on the effectiveness of integrated community-based programs that address livelihood, health, and support systems simultaneously. Furthermore, investigations should explore the gender-specific challenges faced by elderly women and the potential of technology to enhance support for this demographic. Policy evaluation is crucial to identify and address barriers to accessing government programs, while research on caregiver burden can inform the development of community-based support for those caring for the rural elderly.

Limitations

The study's limitations include its narrow geographical scope, small sample size, and reliance on self-reported data, which may affect the generalizability and accuracy of the findings. As a cross-sectional study, it only provides a snapshot in time, failing to capture long-term changes. Additionally, the concise nature of the report restricts the in-depth presentation of qualitative data, limiting a deeper understanding of the issues. Despite these limitations, the foundational findings on challenges and the need for robust community support can inform the development of sustainable and scalable community-led programs. By highlighting the critical needs of the rural elderly, the study provides a basis for designing interventions that are more targeted and effective, while also suggesting areas for future research to overcome these limitations.

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