

Life after Loss: The Social Health of Widows in Rural Bangladesh

Dr. Mahbuba Sarker

Professor, Department of Sociology, University of Rajshahi, Bangladesh

Email: mahubasarker@gmail.com

Abstract: Widowhood in rural Bangladesh has a strong impact on women's social health, influencing how they are treated within their families and communities. This study, conducted in the Parila Union of Rajshahi District, aims to understand the social challenges faced by widows and how these affect their overall well-being. To carry out the research, surveys and oral testimonies were conducted with 201 widows from 16 villages. By using both qualitative and quantitative approaches, the study not only collected numerical data but also captured the voices and lived experiences of widows, providing a more comprehensive understanding of their lives. The findings show that widows often face social exclusion, loss of respect, and restrictions in daily life. They are judged by their dress, food habits, and interactions, especially with men. Many are excluded from family gatherings, weddings, and festivals, which creates deep feelings of isolation and loneliness. Issues such as property disputes, insecurity, and harassment also add to their difficulties. Younger widows suffer silently from stigma and judgment, while older widows experience neglect and reduced participation in social life. Despite these challenges, many widows show resilience, continuing to raise children and manage households. The study highlights that social factors such as family support, living arrangements, and community attitudes affect social health more than financial support alone. It concludes that improving widows' social health requires community awareness, acceptance, and legal protection, alongside efforts from government, NGOs, and local leaders. By reducing stigma and ensuring equal rights, widows can live with dignity, respect, and stronger social connections.

Keywords: Widowhood; Widow; Social Health; Rural Bangladesh.

INTRODUCTION

Widowhood is a painful, life-changing experience that brings severe emotional, social, and economic hardships, making widows one of the most vulnerable groups globally (UN Women, 2021a). In rural Bangladesh, a woman's identity is closely tied to her marriage, so a husband's death strips her of power and shifts her into a status of dependency, neglect, and social exclusion (Hossain, 2015). Widows often lose their decision-making power and household authority; for example, losing control over the kitchen (hari) directly symbolizes a loss of family respect and belonging (Khanam, 1994; Huda, 2006). Because patriarchal customs value women mostly as wives, widows are frequently treated as financial burdens (Jahan, 2018). This crisis is worsened by severe economic insecurity, low education, and weak inheritance laws that leave widows dependent on relatives for survival (World Bank, 2019; ADB, 2014; Chowdhury, 2017). Age creates unique burdens: younger widows face heavy social stigma, restrictions, and suspicion (Sharmin, 2014), while older widows face severe health issues and physical weakness (Hossain, 2015). Regardless of

age, widowhood uniformly drives intense loneliness and isolation (Islam & Kabir, 2020). Government safety nets are too minimal to offer real protection; the monthly allowance of BDT 550 is far too low to cover basic living costs (Financial Express, 2024), and the distribution system is plagued by corruption and political bias (World Bank, 2021). Meanwhile, NGO outreach remains highly limited in rural zones (General Economics Division, 2020). This reveals a profound gender gap: unlike widows, men who lose their wives face very few social restrictions and easily remarry, leaving an overwhelming majority of older women isolated and unmarried (Sharmin, 2014). Consequently, a widow's "social health"—her ability to maintain supportive relationships and feel included in her community—is critical for her survival (Killam, 2023; Steve Rose, 2023). Studies confirm that widows who stay socially active and receive community care build much better resilience against grief (Hendrickson et al., 2017; Sekgobela et al., 2019). Therefore, this study explores the social health of widows in rural Bangladesh to highlight their structural challenges and resilience, providing insights to design policies that can restore their dignity and independence.

STATEMENT OF THE PROBLEM

Widowhood in rural Bangladesh, especially in Parila Union, is a painful turning point that drastically changes a woman's life. After losing a husband, patriarchal customs and a lack of proper government support strip widows of their decision-making power, respect, and social standing. Even though small government allowances exist, they are too minimal to prevent widows from facing domestic neglect, loneliness, and heavy dependence on family members. Younger widows are often met with societal stigma and suspicion, while older widows struggle with declining health and physical weakness. This lack of institutional help traps widows in a cycle of isolation and helplessness, making them one of the most marginalized groups in rural society. Therefore, it is urgent to study their social health and coping strategies to design better policies and community programs that can restore their dignity, independence, and overall well-being.

OBJECTIVES

1. To explore how widowhood affects the social health of women in rural Bangladesh.
2. To identify the main social challenges widows face.

LITERATURE REVIEW AND THEORETICAL BACKGROUND

Widowhood is a major life change that deeply damages a woman's "social health" by stripping away her identity, relationships, and community inclusion (Umberson et al., 1992; Stroebe & Schut, 1993; WHO, 2008; Umberson et al., 2010). Without a husband, widows face shrinking social networks, harsh cultural traditions, and severe stigma, which disrupts their emotional coping, health-seeking behaviors, and financial independence (House et al., 1988; Cohen & Wills, 1985; Utz et al., 2002; Osorio-Parraguez, 2013; Silverman et al., 2000; Ramadas & Kuttichira, 2013; Scannell-Desch, 2003; Bennett et al., 2005; Cohen & Wills, 1985; Umberson et al., 2010; Munnell, 2004; Thoits, 2010; Elwert & Christakis,

2008). These hardships are worsened by specific contexts: younger widows face immense childcare and financial disruption (Stroebe & Stroebe, 1987; Scannell-Desch, 2003; Wilcox et al., 2003); South Asian customs impose strict, varying religious rules (Dreze & Sen, 1995; Kapur, 2018; Kadoya & Yin, 2011); and rural isolation traps them in deep poverty (Rostami et al., 2012; Anji & Velumani, 2013; Munnell, 2004; Weaver, 2010). This intense loneliness frequently leads to depression and physical decline, a pattern known as the "widowhood effect" (Prigerson et al., 1999; Elwert & Christakis, 2008; Fagundes & Wu, 2021; Ensel & Lin, 2000; Williams & Umberson, 2004; Pang et al., 2023). However, many widows show resilience by building new independence through religious support, microcredit loans, and NGO networks (Osorio-Parraguez, 2013; Carr, 2004; Schaefer & Moos, 2001; Hendrickson, 2018; UN Women, 2021). Globally, long-term research on widows' social capital remains scarce (WHO, 2008; Thoits, 2010), and in Bangladesh, the issue has been largely ignored since the pioneering work of Shamim and Salahuddin (1995), leaving the unique struggles of widows in rural areas like Rajshahi deeply underexplored.

THEORETICAL BACKGROUND

The social exclusion theory shows how widows are often pushed to the margins of community life through stigma, discriminatory customs, and restrictions that limit their participation in social and cultural activities (Silver, 1994; Levitas et al., 2007). Gender role theory helps explain the stress widows face when traditional expectations break down; while women are expected to remain dependent and passive, the loss of a husband often forces them to take on new responsibilities such as earning income or heading the household, creating tension between societal norms and lived reality (Eagly, 1987; Bem, 1993). Feminist perspectives frame widowhood as a deeply gendered issue, highlighting how patriarchal structures, unequal inheritance rights, and cultural attitudes reinforce widows' vulnerability, yet also recognizing the ways widows show resilience through networks, NGOs, and microcredit programs (Tong, 2014; Shamim & Salahuddin, 1995).

METHODS

This study was conducted in Parila Union of Paba Upazila, Rajshahi District, Bangladesh. Parila Union consists of nine wards and thirty-eight villages. For the purpose of this research, four wards were purposively selected, and all villages within these wards were included. These four wards comprise a total of sixteen villages, where 217 widows were identified. A total enumeration method was adopted, intending to include all 217 widows from the selected villages as respondents. However, due to physical illness, recent bereavement, absence from home, or unwillingness to participate, 201 widows were successfully interviewed. Among them, 72 received the government widowhood allowance, while 129 did not. To conduct the research, both surveys and oral testimonies were employed. Data were collected between March 14 and June 5, 2023. Both quantitative and qualitative approaches were applied, with special emphasis on understanding the social health of widows. A structured interview schedule gathered data on widows' social participation, family ties, support access, and social acceptance, using a three-point scale (good, fairly good, bad). Oral testimonies added insights into loneliness, exclusion, solidarity, and resilience. Ethical standards were upheld: informed consent, privacy, confidentiality, voluntary participation, and special care for recently bereaved widows.

DETERMINANTS OF WIDOWS' SOCIAL HEALTH IN RURAL BANGLADESH

Social health refers to the ability of individuals and communities to build meaningful relationships, participate in social life, and experience a sense of belonging and support. It is the dimension of well-being that emerges from connection and community—whereas physical health concerns the body and mental health the mind, social health focuses on relationships and social participation (Killam, 2023; Rose, 2023). The World Health Organization (2008) also highlights social health as a key dimension of overall health, emphasizing inclusion, participation, and supportive networks. In line with this, Umberson and Montez (2010) stress that social ties influence health behaviors, access to resources, and overall well-being. The social health

of widows in rural Bangladesh is shaped by a variety of interrelated factors that determine how they live, interact, and participate in society. Widowhood does not affect all women in the same way; rather, its impact varies depending on age, education, occupation, family structure, decision-making power, mobility, and prevailing social norms. These factors influence whether a widow experiences dignity and social inclusion or faces stigma, neglect, and exclusion from community life. Understanding these dimensions is important because they reveal how deeply social structures and cultural attitudes shape widows' everyday experiences, either by supporting them or by reinforcing their vulnerability.

PRESENT AGE OF WIDOWS AND AGE AT WIDOWHOOD

Understanding the socio-economic conditions of widows begins with analyzing their current age distribution, as age strongly shapes both their needs and challenges. The data show that widows span a wide range, from under 30 years to over 80 years. The largest proportion (25.37%) falls within the age group of 41–50 years, followed by 22.88% in the 51–60 category and 21.39% in the 61–70 group. Together, these figures reveal that 61.68% of the widows are below 60 years old, making them a potentially productive group if supported with proper opportunities. At the same time, 32.9% of widows are elderly (above 60 years), highlighting their heightened need for security, health care, and welfare assistance. This age pattern indicates that widowhood is not limited to the very old, but affects women across the life course.

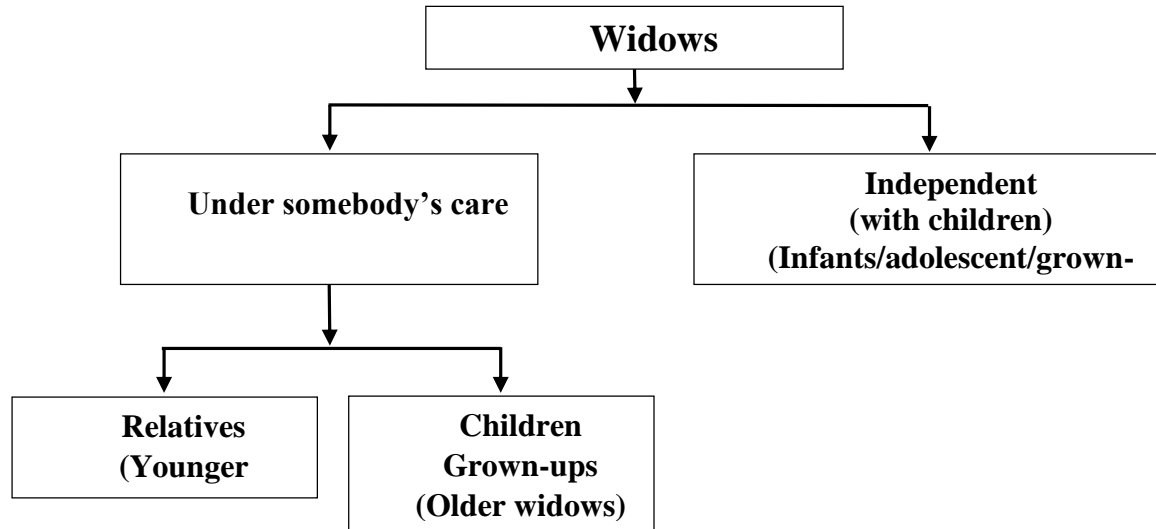
Table: 1 Present age of widows

Age	Frequency	%
< 30	8	3.98
31-40	22	10.94
41-50	51	25.37
51-60	43	21.39
61-70	46	22.88
71 -80	16	7.96
81>	5	2.48
Total	201	100

Source: Field data

The present age distribution of widows provides useful insights, but age alone does not explain their social condition. Their living arrangements also play a crucial role in shaping independence and support. In this study, widows were grouped into

two categories—those living under custody and those living independently. While the former often depend on others for decisions and resources, the latter face different survival challenges but may enjoy more autonomy.



Categories of widows. (Source: S. Gohilavaani, 2006)

AGE AT WIDOWHOOD

While present age tells us about widows' current stage of life, examining the age at which they lost their husbands helps explain the depth of their struggles. In the study area, widowhood occurs at very diverse ages, from under 20 years to above 70 years.

Table 2: Age at Widowhood

Age	Frequency	%
<20	4	1.99
21-25	5	2.49
26-30	20	9.95
31-35	17	8.46
36-40	23	11.44
41-45	13	6.47
46-50	42	20.90
51-55	20	9.95
56-60	23	11.44
61-65	19	9.45
66>	15	7.46
Total	201	100

Source: Field data

This classification helps link their present age with the age at which they became widowed, both of which influence their social health.

Notably, 60.51% became widows before the age of 50, and 21.7% were under 35 years. These figures confirm that widowhood is not only an experience of the elderly but also of many young women. Early marriage practices in Bangladesh, where nearly half of girls marry before the legal age of 18 (Bangladesh Bureau of Statistics, 2015), play a major role in this. When young husbands die, their wives—often young mothers—are left to raise children alone, and strong cultural norms discourage remarriage. This finding resonates with global research. Smith et al. (2005) and Hirst and Corden (2010) show that widowhood is more common for women in old age, but South Asian patterns differ because of early marriage. Stroebe et al. (2001) note that men are far more likely to remarry than women, which explains why women spend longer as widows.

Martin-Matthews (1991) found that men do not expect widowhood as much as women, showing the impact of gender expectations. Dreze and Sen (1995) also argued that widowhood is socially neglected because it primarily affects women, while men's remarriage makes their widowhood less visible. Tong (1989), from a Radical Feminist perspective, explained that patriarchal cultures expect widows to remain loyal to their deceased husbands, unlike men, who face no such

restrictions. Bronfenbrenner's (1979) Ecological Systems Theory further helps us see how widows' choices, such as remarriage, are shaped not only by personal will but also by family pressure, cultural norms, and laws.

ACADEMIC QUALIFICATION OF WIDOWS

Education is a powerful tool for improving lives by turning ordinary people into skilled human capital. It shapes mindset, builds confidence, and prepares individuals for life's challenges. Padmanabhan (2006) identifies five key benefits of education: physical strength, mental development, emotional stability, spiritual awareness, and environmental understanding. However, the educational status of widows in Parila Union, Rajshahi, reveals a different reality.

Table 3: Academic Qualification of Widows

Academic Qualification	Frequency	%
Not able to signature	107	53.23
Able to signature	47	23.38
Primary	32	15.92
Bellow SSC	10	4.98
HSC	5	2.49
Total	201	100

Source: Field data

Most widows are uneducated and come from poor backgrounds, showing a strong link between poverty and illiteracy. Shamim (1995) noted that literacy rates in rural Bangladesh are very low, and Parila Union reflects this trend. According to field data, 53.23% of widows cannot even sign their names, and 23.38% can only sign—without true literacy. Only 15.92% completed primary education, 4.98% studied below SSC, and just 2.49% passed HSC. None have college or university-level education.

This poor educational background limits widows' access to services like healthcare, legal aid, and job training. After losing their husbands, many become dependent on relatives, leading to neglect or mistreatment. Without education, they struggle to earn income and face emotional isolation. Educated women, by contrast, are more likely to seek help and live with dignity.

TYPE OF FAMILY

In Bangladesh, the family plays a crucial role in shaping a woman's life, especially after widowhood. Traditionally, joint families provided widows with emotional and financial support. However, recent trends show a shift toward nuclear families. In this study, 115 widows (57.21%) live in nuclear families, while 86 (42.79%) live in joint families, showing a clear move toward smaller households (Field Data).

This change is influenced by urbanization, industrialization, education, and Western cultural values, which encourage independence and smaller family units (Islam, 2014). While nuclear families offer more privacy and autonomy, they often limit social and emotional support, leading to loneliness and stress among widows. According to the Biopsychosocial Model (Engel, 1977), a person's health depends on biological, psychological, and social factors. Thus, the type of family directly affects widows' mental and physical well-being. Studies support this: widows in joint families receive better emotional and social support, improving their overall health (June & Marty, 2018; Malik, 2023).

OCCUPATION OF WIDOWS

Occupation is a key marker of social stratification (Shanas et al., 1968), and in rural Bangladesh most livelihoods depend on agriculture (Islam, 2014). Parsons (1974) noted that widows in rural areas may continue farming, while in urban settings they lose work ties (Gohilavaani quoted in Nayar, 2006).

Table 4: Occupation of Widows

Occupation of Widows	Frequency	%
Housewife	84	41.79
Farming	29	14.43
Handicrafts	13	6.47
Business	16	7.96
Maid servant	31	15.42
Poultry	45	22.39
Others (Councilors, quack, day laborers etc.)	11	5.47

Source: Field data (Multiple responses accepted regarding widow's occupation)

Widowhood forces many women to move from domestic roles to income-generating work. While 41.79% remain housewives, others engage in poultry (22.39%), farming (14.43%), maid work (15.42%), small businesses (7.96%), and handicrafts (6.47%). This transition reflects resilience and problem-focused coping (Lazarus & Folkman, 1984). For instance, Hasina Begum, a 38-year-old widow, started poultry farming with NGO support, showing how widows adapt to economic and social challenges.

WIDOW'S MONTHLY INCOME

The monthly income of widows is a key measure of their socio-economic well-being, as it affects access to food, healthcare, shelter, and the ability to live with dignity. Nayar (2006) notes that income is closely linked to occupation, and widows in rural Bangladesh often face limited opportunities due to social and gender constraints. The findings show that 41.79% of widows (84 out of 201) have no personal income and are fully dependent on others. This supports Agarwal (1990) and Chen (2000), who argue that widows in South Asia often face systemic neglect and lack economic opportunities.

Table 5: Widow's Monthly Income

Widow's monthly Income	Frequency	%
< 1000	51	25.37
1001-5000	42	20.90
5001-10000	23	11.44
10001-15000	1	0.50
Earning less	84	41.79
Total	201	100

Source: Field data

Among those earning, the largest share (25.37%) make less than Rs. 1000, mostly from allowances or small domestic jobs, which is inadequate for survival. Another 20.90% earn between Rs. 1001–5000 from activities like embroidery, cattle rearing, or housework. This reflects, as Kabeer (2011) notes, that even small income opportunities can strengthen women's agency. A smaller group (11.44%) earn Rs. 5001–10000 through farming, tailoring, or small

businesses, showing better economic integration when resources and support are available. Only one widow (0.50%) earns above Rs. 10000, indicating that higher income is extremely rare. Overall, the data highlights the deep economic vulnerability of rural widows and the limited chances for financial independence.

RESPONSIBILITIES AND CHALLENGES OF WIDOWS

Widowhood is both a gendered and social experience, marked by discrimination and marginalization. Across the world, widowed women far outnumber widowed men due to early marriage, polygamy, and women's longer life expectancy (Perrig-Chiello, 2019; World Widows Report, 2015). In Bangladesh, widows often face reduced social status, loss of property rights, and limited participation in family decisions, which directly affect their social health and well-being. From a feminist perspective theory (Donner, 2008; Zaman, 2017), such inequalities reflect the patriarchal power structure that assigns women lower status and values them mainly through their relationships with men. When a husband dies, a woman's social identity and authority often diminish, showing how gendered norms shape widows' marginalization.

ROLE AND STATUS OF WIDOWS

In traditional Bangladeshi society, a widow's role is shaped by social expectations and family hierarchies. The death of a husband often leads to a sharp decline in her social standing and household influence. According to the social exclusion theory (Silver, 1994), widows are gradually marginalized from family and community life due to their changed marital status. This exclusion not only limits their social participation but also weakens their emotional stability and overall well-being (WHO, 2008). The feminist perspective (Donner, 2008) further explains that widowhood reflects the deep-rooted gender inequality within patriarchal societies, where a woman's worth is largely defined by her husband's presence and protection.

FEMALE HEAD OF THE FAMILY

Before widowhood, 95.52% of women in the study were family heads, but after widowhood, this number dropped to 50.75%, while daughters-in-law’s leadership rose from 3.98% to 44.28% (Field Data, 2023). According to Habib (2020) and Salahuddin (1995), this decline reflects both emotional exhaustion and structural inequality. Many widows gradually lose their leadership roles as younger family members, particularly

daughters-in-law, take over family decision-making responsibilities. This transition limits widows’ authority and participation in social and family affairs. Such marginalization aligns with the Social Exclusion Theory (Silver, 1994), which explains how individuals become excluded from active participation in social life due to structural and relational barriers. As widows’ control over family matters diminishes, they experience growing dependency and emotional isolation, which directly harms their social health and emotional well-being (WHO, 2008; Zaman, 2017).

Table 6: Female head of the family

Before widowhood			After widowhood	
Female head of the family	Frequency	%	Frequency	%
Self	192	95.52	102	50.75
Daughter-in law	8	3.98	89	44.28
Others	1	0.50	10	4.97
Total	201	100	201	100

Cooking responsibilities before and after widowhood

Before widowhood			After widowhood	
Cooking responsibilities	Frequency	%	Frequency	%
Self	188	93.53	100	49.75
Daughter-in-law	14	6.96	96	47.76
Others	4	1.99	12	5.97

[Multiple responses]

Decision making power over the household food menu

Before Widowhood			After Widowhood	
Who decides the food menu?	Frequency	%	Frequency	%
Self	186	92.54	108	53.73
Husband	8	3.98	----	---
Daughter-in law	6	2.98	84	41.79
Daughter	3	1.49	11	5.47
Others	3	1.49	4	1.99
Total	206		207	

[Multiple responses]

Responsibility for serving food

Before widowhood			After widowhood	
Who serves food?	Frequency	%	Frequency	%
Self	187	93.03	100	49.75
Daughter-in-law	14	6.97	86	42.79
Others (daughter, sister-in-law, mother)			15	7.46
Total	201	100	201	100

Source: Field data

COOKING RESPONSIBILITIES BEFORE AND AFTER WIDOWHOOD

Before widowhood, 93.53% of women cooked for their families, but after widowhood, only 49.75% continued this responsibility, while daughters-in-law's participation rose sharply to 47.76% (Field Data, 2023). In Bangladeshi culture, cooking symbolizes respect, authority, and belonging within the family. Losing this role after widowhood often weakens women's sense of identity, value, and inclusion (Chatterjee, 2023; Donner, 2008).

This change can be interpreted through Gender Role Theory (Eagly, 1987), which highlights that society assigns specific roles to men and women based on traditional expectations. When widows lose their domestic responsibilities, they also lose the social value associated with these gendered roles, resulting in feelings of emotional distress, exclusion, and deteriorating social health (Habib, 2020).

DECISION-MAKING POWER OVER THE HOUSEHOLD FOOD MENU

Widows' control over household food menus declined significantly—from 92.54% before widowhood to 53.73% after it—while daughters-

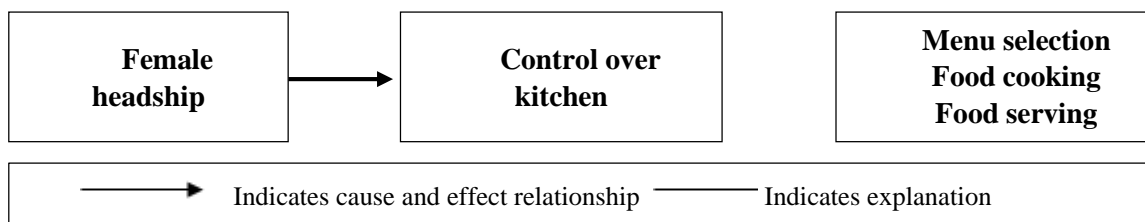
in-law's decision-making role rose to 41.79% (Field Data, 2023). This reduction in authority reflects both structural and emotional changes within the household. Stroebe and Schut (1999) explain that widows often remain in the loss-oriented phase of grief, struggling to adjust to new family roles and responsibilities after their husband's death.

From a Feminist Perspective (Donner, 2008; Habib, 2020; Perrig-Chiello, 2019), this decline in decision-making power mirrors the persistence of patriarchal family structures that limit women's autonomy. Widows' reduced participation in household affairs not only lowers their self-esteem but also negatively affects their social health by making them feel undervalued and socially invisible.

RESPONSIBILITY FOR SERVING FOOD

Before widowhood, 93.03% of women served food to family members; however, this figure declined to 49.75% after widowhood, while daughters-in-law's participation increased to 42.79% (Field Data, 2023). Although 102 widows remained recognized as family heads, far fewer continued their active domestic duties—108 participated in food decisions, but only 100 still served food. This shows that being considered the head of a family does not necessarily guarantee real authority or participation in household practices.

Figure 1: Relationship between female headship and control over the kitchen



According to the Social Determinants of Health Model (WHO, 2008), social respect, family participation, and emotional inclusion are key components of overall well-being. When widows lose their domestic roles, they also lose their sense of social worth, leading to emotional dependency and reduced self-confidence. Habib (2020) describes this as a “structural retreat,” where widows lose authority not by choice but due to ageing, social and family changes gradually push them into the background. This condition also aligns with the Social Exclusion Theory (Silver, 1994), which explains how social structures marginalize certain individuals, pushing them to the periphery of family and community life. In this sense, the reduction in widows’ participation in household activities not only reflects their social exclusion but also weakens their social health, as they lose recognition, influence, and emotional connection within the family.

BEHAVIORAL SHIFTS IN FAMILY MEMBERS FOLLOWING WIDOWHOOD

In traditional Bangladeshi society, elderly women are expected to be treated with dignity, especially by their sons and daughters-in-law. However, this respect often declines after a husband’s death. According to Minton and Khale (2022), behavior is shaped by both conscious and unconscious reactions to life events. For many widows, this means that the family’s behavior—especially that of daughters-in-law—changes drastically, turning what should be a period of care into one of neglect or hostility. Before widowhood, 67.66% of respondents described their family members’ behavior as satisfactory, but after widowhood, this fell to 57.21%. Dissatisfaction rose sharply from 3.48% to 15.92%, and 2.49% of widows reported living entirely alone (Field Data). Many said they were excluded from household decisions or treated as outsiders. “After my husband passed away, my daughter-in-law started acting like I wasn’t even there... I feel like a stranger in my own house,” shared Parul Begum (pseudonym), a 64-year-old widow.

Table 7: Changes in family members’ behavior towards widows

Before widowhood			After widowhood	
Family member’s behavior	Frequency	%	Frequency	%
Satisfactory	136	67.66	115	57.21
Average	58	28.86	49	24.38
Dissatisfactory	7	3.48	32	15.92
Widows live alone			5	2.49
Total	201	100	201	100

Table 8: Behavioral shifts in family members following widowhood

Has their behavior changed after widowhood?	Frequency	%
Completely	19	9.45
A little bit	83	41.29
Not at all	94	46.77
Not applicable	5	2.49
Total	201	100

Source: Field data

A major complaint was directed at daughters-in-law, who were said to be disrespectful, hostile, and jealous. Some even reported being verbally abused. One widow painfully recalled how her daughter-in-law insulted by calling her in Bangla “Bhatar Khaki,” (a term meaning “the one who swallowed her husband,”) implying that her husband died because she is unlucky or evil. Such experiences echo persistent cultural beliefs that associate widowhood with misfortune and impurity (Chen, 2000; UNICEF, 2007). As Jejeebhoy and Sathar (2001) note, in patriarchal societies, a woman’s respect and identity are deeply tied to her husband’s presence. Once he dies, her position weakens, and she may become marginalized within her own family. This reality can be better explained through Radical Feminist Theory, which argues that women’s social worth is often measured through their relationships with men (Tong, 1989). When a husband dies, the widow becomes “a woman without a man,” losing much of her perceived value and authority. Grief Theory also provides insight—family members coping with loss may unconsciously blame or avoid the widow, as she serves as a painful reminder of their grief (Worden, 2009). For widows living alone, this isolation is even more severe. Some receive no visits or support from their children. “My son left after getting married. I haven’t seen him in two years... I heard he has a baby now, but he never came to tell me,” said Nasima Khatun (pseudonym), aged 69. As Khan and Hossain (2010) found, widows with limited income, land, or mobility are often the most neglected in rural areas.

Ultimately, widowhood changes not only a woman’s marital status but also her place within

the family. She often loses her voice, visibility, and emotional connection. While some families continue to provide love and care, others treat widows as burdens—reflecting both cultural norms and deep-rooted gender inequalities that shape women’s experiences after loss.

JUDGED BY SURROUNDING

Judged by their surrounding environment, many widows experience intense social scrutiny over how they appear and behave in public. In the present study, 52.73% of widows reported being judged by others: 15.92% for using cosmetics and jewelry, 17.91% for wearing eye-catching clothing, and 19.40% for laughing in public. Only 47.26% felt free from such judgment. These figures show that widows endure not only personal grief but also continuous external regulation of their conduct. Such judgment is rooted in long-standing cultural traditions that define how a widow “should” live, particularly in relation to dress and appearance. Dress is not merely functional; it symbolizes cultural identity and moral expectations (Padmanabhan, 2006). In South Asian societies, both Hindu and Muslim widows are expected to abandon decorative or vibrant clothing and adopt subdued attire, often white, symbolizing detachment and mourning (Kitchlu, 1993). Adornments associated with marriage—such as sindur, conch-shell bangles among Hindus, and nose pins and bangles among Muslims—are discouraged or forbidden, reflecting the belief that a widow must relinquish personal adornment and withdraw from visible femininity (Shamim & Salahuddin, 1995).

Table 9: Judged by Surrounding

Judged by surrounding	Frequency	%
Use cosmetics and jewelry	32	15.92
Burst into laughter	39	19.40
Gorgeous dress-up	36	17.91
Do not Judged by surrounding	95	47.26
Others	2	0.99

Source: Field data [Multiple responses]

As for example, a newly widowed Hasi Khatun (pseudonym), 28 looked down, holding her empty wrist. “Right after my husband died,” she whispered, “the neighbors came. They said I shouldn’t wear bangles or a nose pin anymore. I was still in shock, but they started removing them, right there... like I’d done something wrong. One of them said, ‘It’s not right for a widow to wear these things.’ I didn’t have the strength to stop them. I just cried silently”. The present study shows that widows in Parila Union face cultural restrictions similar to those in other rural areas of Bangladesh. During marriage, women traditionally wear jewelry such as nose pins and bangles, and it is locally believed that a wife should never serve food to her husband without wearing bangles, as this is thought to bring him bad luck. After a husband’s death, these symbolic ornaments are often forcibly removed. Although widows may later be allowed to wear some jewelry again, such as bangles, earrings, and necklaces, the nose pin remains strictly prohibited because it represents marital identity.

CHALLENGES IN WEARING COLORFUL DRESS

In many traditional societies, widows are expected to wear plain or white clothes as a sign of mourning and purity. In India, for example, widows have long been told to wear white saris, avoid jewelry, and live a joyless life (Padmanabhan, 2006). Such customs separate widows from normal social life and prevent them from joining festivals and happy events.

In Parila Union, however, these strict rules are slowly changing. None of the 201 widows interviewed wore all-white saris. Instead, 157 widows (78.11%) wore colorful clothes, while only 44 (21.89%) wore light-colored saris, mostly due to age or fear of social criticism. Although there is

no formal rule forcing widows to dress plainly, many still feel strong social pressure. Younger widows, in particular, wish to wear bright clothes and take part in festivals like Pahela Boishakh, (Bengali New Year) but often stay home to avoid gossip and judgment. In rural society, a widow’s appearance is frequently linked to her moral character, and colorful dress may be seen as improper (Chen, 2000; Hirsh, 2019). As a result, widows hide their true selves and give up joy, creating emotional pain alongside their grief. While white dress is no longer enforced, silent social control continues to limit widows’ freedom and self-expression.

Changes in Widow Participation in Social Occasions and Community Invitations

Bangladesh is known for its vibrant culture of festivals such as Eid, Pahela Baishakh (the first day of the Bengali New Year), weddings, and naming ceremonies, which hold great social significance, especially in rural areas (Daily Sun, 2018). According to the Collins Dictionary (2023), an “occasion” refers to an important event or special opportunity for doing something. Before widowhood, 197 of 201 women (98.01%) in the study reported that they were regularly invited to social events, but after widowhood, this declined to 181 (90.05%). This decline reflects not just fewer invitations, but a deeper sense of exclusion and loss of belonging. As widow Sahera (pseudonym) shared, “I used to go to every wedding in the village. Now they don’t even tell me when there is one. Maybe they think I will bring bad luck.” Such beliefs, where widows are viewed as inauspicious, still persist in South Asia (Chen, 2000). Activists like Dr. Joyce Akumaa Dongotey-Padi have also drawn attention to similar stigmas in African contexts (Mama Zimbi Foundation, 2007).

Table 10: Changes in Widow Participation in Social Occasions and Community Invitations

Before widowhood			After widowhood	
Do your neighbors invite you to occasions?	Frequency	%	Frequency	%
Yes	197	98.01	181	90.05
No	4	1.99	20	9.95
Total	201	100	201	100

Shamim (1995) noted that a woman's social position is often tied to her husband's status—after his death, her connection to the wider community weakens. Economic hardship further limits participation; as one widow said, “How can I go when I have nothing to give? I feel ashamed to go empty-handed.” Research supports that financial insecurity reduces widows' social engagement (Alam & Barkat-e-Khuda, 2014; UN Women, 2018). Health and age are also barriers, with older widows becoming less mobile and thus excluded from invitations (WHO, 2015; Chen, 2000). Yet, widows with supportive families or some financial independence remain socially active, suggesting that family attitudes and resources play a key role. Overall, reduced invitations symbolize more than social neglect—they mark a painful transition where widows lose visibility and belonging in community life.

WIDOWS' SECURITY OUTSIDE THE HOME

The death of a husband moves a woman from the central role of wife to the marginal status of widow, marked by social rites and restrictions that limit her activity and visibility (Salahuddin, 1995). In Parila Union, however, most widows (66.17%) feel comfortable going out alone at different times of the day. Their sense of security comes from long familiarity with the village, where neighbors know them and provide informal protection.

Still, 33.83% of widows feel unsafe. Their main reasons are insecurity due to age and poor vision, along with fear of criticism and harassment. One widow described how a man once tried to harass her, but community leaders intervened and warned him. Although these widows go out when necessary, they avoid late hours and remain cautious, showing that fear and social vulnerability continue to shape their mobility (Salahuddin, 1995).

SUPERSTITION AND SOCIAL STIGMA

Superstitions surrounding widowhood remain a sensitive issue in South Asia. Out of 201 widows surveyed, 16 (7.96%) reported being labeled as inauspicious during marriage ceremonies, while 185 (92.04%) had not faced such discrimination. Though the majority now experience acceptance, a small portion still faces deep-rooted stigma. Historically, widows were seen as “amangalie” (inauspicious) in Hindu tradition, while married women (sumangalis) were revered (Padmanabhan, 2006; Viswanathan, 2019). In Bangladesh, widows are still sometimes barred from touching the bride during gaye halud ceremonies, due to beliefs that their presence brings misfortune (Salahuddin, 1995). “At my niece's wedding,” recalled widow Rita (pseudonym), “my brother stopped me from going near his daughter. He believed I would bring bad luck if I touched her with turmeric.” Her voice broke as the tears rolled down. “That moment hurt me deeply. It showed how cruel and unfair people's beliefs can be. It didn't just make me sad—it felt like my heart was broken. In the end, I didn't go to the wedding.” Such painful experiences reflect long-standing patriarchal and superstitious beliefs (Vyas, 2006; The Times of India, 2018). Yet, most widows in this study reported no such criticism, showing a positive change influenced by education and modernization (Chen, 2000; UN Women, 2020). This indicates a gradual societal shift—widowhood is increasingly seen as a natural life stage rather than a mark of misfortune.

CHALLENGES FACED BY WIDOWS' CHILDREN

In Bangladesh's patriarchal family system, the father is the main guardian and protector of the household. When he dies, the family becomes like a “boat without sails,” losing direction and security. This loss affects not only the widow but also her children, who grow up without a strong guardian figure. In the study area, 38.27% of widows reported that their children face problems because of widowhood, while 61.73% said their children did not, mainly because they had no daughters or their children were already grown. This shows that challenges are more common among younger children, especially daughters.

Table 11: Challenges faced by widows’ children

Children face problems because of widowhood	Frequency	%
Yes	75	38.27
No (No daughter, the children have grown up)	121	61.73
Total	196	100

Source: Field data [Five widows have no children]

Challenges the widows encounter	Frequency	%
Criticism	19	9.69
Bulling	20	10.20
Hurt by anybody	7	3.57
Eves teasing	4	2.04
Not receiving help from others	27	13.78
Others (Economic problem)	9	4.59

[Multiple responses]

Children of widows face many social and safety problems. Some are criticized or bullied by classmates because they have no father. Others are hurt by peers or fail to receive help in times of need. A few daughters experience eve-teasing, which forces mothers to confront offenders. Financial problems also arise, as some children are denied small loans or support because there is no male guardian. In extreme cases, a few widows arranged early marriages for their daughters to ensure protection. These experiences show that the absence of a guardian makes widows’ children socially, emotionally, and economically vulnerable, shaping their daily lives with fear, exclusion, and insecurity.

POLICY AND PROGRAM IMPLICATIONS

- Strengthening widow allowance programs.
- Creating widow support groups or clubs for social engagement.
- Community awareness campaigns to reduce stigma.
- Education and skill development for widows to improve independence.
- Healthcare and counseling services targeting widows

RECOMMENDATIONS

Based on the study, improving the social health of widows in rural Bangladesh requires more than financial support. Families should provide emotional care and involve widows in decision-making. Communities need to reduce stigma, encourage inclusion, and respect widows’ rights. Government, NGOs, and local leaders should offer legal protection, awareness programs, and social support initiatives. By combining family, community, and institutional efforts, widows can regain dignity, social participation, and a sense of belonging.

DISCUSSION

This study shows that becoming a widow in rural Bangladesh completely changes a woman's life. Due to unfair male-dominated customs, widows are often pushed away by society, a process explained by Social Exclusion Theory. Moving from large, shared family homes to small nuclear families leaves widows with less emotional shelter, making them feel lonely even if they receive government money. However, having a loving family helps protect their well-being (World Health Organization, 2008; Umberson & Montez, 2010). Younger widows face extra stigma, suspicion, and quiet social control, which supports feminist theories that say a woman's value in these

societies is unfairly tied only to her husband. This isolation directly hurts their minds and bodies: nearly three-fourths of widows suffer from constant sadness and anxiety (Sarker, 2024; UN Women, 2021a), and many face physical health problems like poor nutrition, diabetes, and high blood pressure because they cannot get proper care (Sarker, 2024). A lack of schools and jobs traps them in a cycle of depending on others, even though past studies show that education helps women stay strong (Padmanabhan, 2006; Shamim, 1995) and working gives them basic dignity (Islam, 2014; Nayar, 2006). Still, many widows show incredible strength by running households and raising children, especially when they get help from kind daughters, neighbors, and community groups (Islam & Ahmed, 2020). In the end, because good social relationships protect health, government and NGO programs must look beyond small cash gifts. They need to provide real education, job training, and community campaigns to stop the stigma and give widows back their independence and dignity (Lazarus & Folkman, 1984; Kabeer, 2011).

CONCLUSION

This study shows that widowhood in rural Bangladesh is not only a personal loss but also a deep social disruption that affects women's identity, family roles, and participation in the community. Widows face reduced respect, limited decision-making power, social judgment, and exclusion from household and community activities, which weakens their social health. While financial support provides some relief, it cannot replace the importance of family care, social inclusion, and community acceptance. Despite these challenges, many widows demonstrate resilience by managing households, raising children, and adapting to new responsibilities. To improve their social well-being, efforts must focus on reducing stigma, promoting family and community support, ensuring legal protection, and implementing awareness programs. Such measures can help widows regain dignity, social connection, and a meaningful place in society.

REFERENCES

- [1] Alam, M. F., & Barkat-e-Khuda. (2014). *Social exclusion of widows in rural Bangladesh*. Dhaka University Press.
- [2] Anji, G., & Velumani, P. (2013). Socio-economic conditions of widows in Dindigul District. *International Journal of Reviews and Research in Social Sciences*, 1(2), 65–71.
- [3] Asian Development Bank. (2014). *Country gender assessment for Bangladesh*. <https://www.adb.org>
- [4] Bangladesh Bureau of Statistics. (2015).
- [5] Bem, S. L. (1993). *The lenses of gender: Transforming the debate on sexual inequality*. Yale University Press.
- [6] Bennett, K. M., Hughes, G. M., & Smith, P. T. (2005). Psychological response to later life widowhood: Coping and the effects of gender. *OMEGA—Journal of Death and Dying*, 51(1), 33–52. <https://doi.org/10.2190/9JPJ-1FMI-37NX-2DEC>
- [7] Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- [8] Carr, D. (2004). The psychological consequences of spousal loss among older adults. In *Aging and Quality of Life* (pp. 201–226). Springer.
- [9] Chatterjee, S. (2023). *Widowhood and food practices in Bengal*.
- [10] Chen, M. (2000). *Perpetual mourning: Widowhood in rural India*. Oxford University Press.
- [11] Chowdhury, T. (2017). *Property rights and women's empowerment in Bangladesh*. Dhaka: University Press Limited.
- [12] Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357. <https://doi.org/10.1037/0033-2909.98.2.310>
- [13] Collins Dictionary. (2023). *Occasion*. Retrieved from <https://www.collinsdictionary.com>
- [14] Daily Sun. (2018). *Festive culture in rural Bangladesh*. Retrieved from <https://www.daily-sun.com>
- [15] Donner, H. (2008). *Domestic goddesses: Maternity, globalization and middle-class identity in contemporary India*. Ashgate Publishing.
- [16] Drèze, J., & Sen, A. (1995). *India: Economic development and social opportunity*. Oxford University Press.
- [17] Eagly, A. H. (1987). *Sex differences in social behavior: A social-role interpretation*. Erlbaum.

- [18] Elwert, F., & Christakis, N. A. (2008). The effect of widowhood on mortality by the causes of death of both spouses. *American Journal of Public Health*, 98(11), 2092–2098. <https://doi.org/10.2105/AJPH.2007.114389>
- [19] Engel, G. L. (1977). *The need for a new medical model: A challenge for biomedicine*. *Science*, 196(4286), 129–136. <https://doi.org/10.1126/science.847460>
- [20] Ensel, W. M., & Lin, N. (2000). Age, the stress process, and physical distress: The role of distal stressors. *Journal of Aging and Health*, 12(2), 139–168. <https://doi.org/10.1177/089826430001200201>
- [21] Fagundes, C. P., & Wu, E. L. (2021). Social support and health in widowhood: A lifespan perspective. *Psychosomatic Medicine*, 83(2), 123–134. <https://doi.org/10.1097/PSY.0000000000000899>
- [22] Financial Express. (2024, May 28). *Allocation for widows' allowance rises in FY24 budget*. <https://www.thefinancialexpress.com.bd>
- [23] General Economics Division. (2020). *Bangladesh planning document: Implementation review of social safety nets*. Government of Bangladesh.
- [24] Gohilavaani, S. (2006). Socio-economic problems of rural widows. *Journal of Rural Development*, 25(3), 341–356.
- [25] Habib, S. (2020). *Widowhood and structural retreat in South Asia*.
- [26] Hendrickson, Z. M., Kim, J., Tol, W. A., Shrestha, A., Kafle, H. M., Luitel, N. P., Thapa, L., & Surkan, P. J. (2018). Resilience among Nepali widows after the death of a spouse: “That was my past and now I have to see my present.” *Qualitative Health Research*, 28(3), 466–478. <https://doi.org/10.1177/1049732317739265>
- [27] Hirst, J., & Corden, A. (2010). Changes in household composition and widowhood experiences in the UK. *Health & Social Care in the Community*, 18(1), 26–34. <https://doi.org/>
- [28] Hossain, M. A. (2015). *Widowhood and women's marginalization in rural Bangladesh*. Dhaka: Academic Press.
- [29] House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science*, 241(4865), 540–545. <https://doi.org/10.1126/science.3399889>
- [30] Huda, S. (2006). *Gender, culture, and power: The case of Bangladeshi widows*. Dhaka: Bangladesh Women's Studies Press.
- [31] Islam, M., & Ahmed, R. (2020). Women's decision-making and social participation in rural households. *Asian Social Science*, 16(6), 20–30.
- [32] Islam, M. N., & Kabir, M. (2020). Social marginalization of widows in rural Bangladesh. *Journal of Social Studies*, 45(2), 55–72.
- [33] Jahan, R. (2018). *Patriarchy and women's status in rural Bangladesh*. Dhaka: University Press Limited.
- [34] Jejeebhoy, S. J., & Sathar, Z. A. (2001). *Women's autonomy in India and Pakistan: The influence of religion and region*. *Population and Development Review*, 27(4), 687–712.
- [35] June, A., & Marty, P. (2018). *Family structure and psychological well-being among widows: A comparative study*. *Journal of Social Psychology*, 158(4), 456–470.
- [36] Kadoya, Y., & Yin, T. (2012). *Widow discrimination and family care-giving in India* (Discussion Paper No. 858). Institute of Social and Economic Research, Osaka University. <https://doi.org/10.2139/ssrn.2171564>
- [37] Kapur, R. (2018). *Status of women in pre-independence India*. *International Journal of Advanced Scientific Research and Management*, 3(9), 114–119.
- [38] Khanam, R. (1994). *Women, food, and power in Bangladesh households*. Dhaka: Women's Resource Center.
- [39] Khatun, F. (2021). Social protection in Bangladesh: Challenges and prospects. *Center for Policy Dialogue Working Paper Series*.
- [40] Killam, K. (2023, February 6). *What is social health?* Psychology Today. Retrieved from <https://www.psychologytoday.com/intl/blog/social-health/202302/what-is-social-health>
- [41] Killam, W. (2023). *What is social health?* *Walden University Blog*. <https://www.waldenu.edu>
- [42] Levitas, R., Pantazis, C., Fahmy, E., Gordon, D., Lloyd, E., & Patsios, D. (2007). *The multi-dimensional analysis of social exclusion*. Department of Sociology and School for Social Policy, University of Bristol.
- [43] Malik, R. (2023). *Family support and health outcomes among widowed women in South Asia*. *Asian Journal of Social Sciences*, 51(2), 112–129.
- [44] Mama Zimbi Foundation. (2007). *Widows Alliance Network (WANE)*. Accra, Ghana: Mama Zimbi Foundation.
- [45] Martin-Matthews, A. (1991). Widowhood in later life. *Canadian Journal on Aging / Revue canadienne du vieillissement*, 10(3), 202–217. <https://doi.org/>
- [46] Munnell, A. H. (2004). Why are so many older women poor? *Just the facts on retirement issues: Issue Brief 101*. Boston College.

- [47] National Institute of Population Research and Training (NIPORT), & ICF. (2024). *Bangladesh demographic and health survey 2022–23: Key indicators report*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF.
- [48] Osorio-Parraguez, P. (2013). Widowhood as a stage of life: A phenomenological study of elderly women. *Journal of Women & Aging, 25*(3), 240–258. <https://doi.org/10.1080/08952841.2013.791103>
- [49] Padmanabhan, S. (2006). *Widowhood and cultural beliefs in India*. New Delhi: Rawat Publications.
- [50] Perrig-Chiello, P. (2019). *Aging, widowhood, and gender inequality*.
- [51] Prigerson, H. G., Bierhals, A. J., Kasl, S. V., Reynolds, C. F., Shear, M. K., Newsom, J. T., & Jacobs, S. (1999). Traumatic grief as a risk factor for mental and physical morbidity. *The American Journal of Psychiatry, 156*(5), 756–762. <https://doi.org/10.1176/ajp.156.5.756>
- [52] Ramadas, S., & Kuttichira, P. (2013). Psychosocial problems of widows in South India: A community-based study. *Indian Journal of Psychiatry, 55*(2), 139–142. <https://doi.org/10.4103/0019-5545.111454>
- [53] Rostami, A., Ghazinour, M., & Nygren, L. (2012). Health-related quality of life, marital satisfaction, and social support in medical staff in Iran. *Applied Research in Quality of Life, 8*(4), 385–402. <https://doi.org/10.1007/s11482-012-9190-x>
- [54] Rose, S. (2023). *What is social health?* Steve Rose PhD. Retrieved from <https://steverosephd.com/what-is-social-health/>
- [55] Sarker, M. (2024). Effects of widowhood on physical health: A study on rural widows in Rajshahi, Bangladesh. *International Journal of Research and Innovation in Social Science, 8*(10), 112–124.
- [56] Sarker, M. (2024). The impact of widowhood on mental health: A study on rural widows in Rajshahi, Bangladesh. *International Journal of Research and Innovation in Social Science, 8*(10), 175–186.
- [57] Salahuddin, K. (1995). *Cultural attitudes towards widows in Bangladesh*. Dhaka: University of Dhaka.
- [58] Salahuddin, K. (1995). *Social problems of widows in Bangladesh*. University of Dhaka.
- [59] Scannell-Desch, E. (2003). *Women's adjustment to widowhood: Theory, research, and interventions*. *Journal of Psychosocial Nursing and Mental Health Services, 41*(5), 28–36. <https://doi.org/10.3928/0279-3695-20030501-10>
- [60] Scannell-Desch, E. A. (2003). *Experiences of widowhood and health outcomes among young military widows*. *Health Care for Women International, 24*(3), 258–276. <https://doi.org/10.1080/07399330390183661>
- [61] Schaefer, J. A., & Moos, R. H. (2001). Bereavement experiences and personal growth. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 145–167). American Psychological Association. <https://doi.org/10.1037/10436-006>
- [62] Sekgobela, G., Peu, M., & van der Wath, A. (2019). “They brought my smile back”: A phenomenological description of widows’ experiences of psychosocial support. *Death Studies, 45*(8), 603–612. <https://doi.org/10.1080/07481187.2019.1671542>
- [63] Shamim, I. (1995). *The situation of widows in Bangladesh: A sociological study*. Bangladesh Institute of Development Studies.
- [64] Shamim, I., & Salahuddin, K. (1995). *Widows in rural Bangladesh: Issues and concerns*. Centre for Women and Children Studies.
- [65] Sharmin, S. (2014). The plight of young widows in Bangladesh. *Bangladesh Development Studies, 37*(1), 89–106.
- [66] Silver, H. (1994). Social exclusion and social solidarity: Three paradigms. *International Labour Review, 133*(5–6), 531–578.
- [67] Silverman, P. R., Worden, J. W., & Nickman, S. L. (2000). *Children and grief: When a parent dies*. Guilford Press.
- [68] Smith, K. R., Zick, C. D., & Duncan, G. J. (2005). Remarriage and widowhood patterns in later life. *The Journals of Gerontology: Series B, 60*(1), S24–S31. <https://doi.org/>
- [69] Stroebe, M., & Schut, H. (1999). *The dual process model of coping with bereavement: Rationale and description*. *Death Studies, 23*(3), 197–224. <https://doi.org/10.1080/074811899201046>
- [70] Stroebe, M. S., & Stroebe, W. (1993). The mortality of bereavement: A review. In M. S. Stroebe, W. Stroebe, & R. O. Hansson (Eds.), *Handbook of bereavement: Theory, research, and intervention* (pp. 175–195). Cambridge University Press. <https://doi.org/10.1017/CBO9780511664076.013>
- [71] Stroebe, M., Stroebe, W., & Schut, H. (2001). Gender differences in bereavement adjustment: A review of the literature. *Review of General Psychology, 5*(1), 62–83. <https://doi.org/>
- [72] Stroebe, W., & Stroebe, M. S. (1987). *Bereavement and health: The psychological and physical consequences of partner loss*. Cambridge University Press.

- [73] The Loomba Foundation. (2015). *World widows report 2015*. The Loomba Foundation.
- [74] The Times of India. (2018). *Widowhood and superstition: Changing perceptions in India*.
- [75] Thoits, P. A. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior*, 51(1_suppl), S41–S53. <https://doi.org/10.1177/0022146510383499>
- [76] Tong, R. (1989). *Feminist thought: A comprehensive introduction*. Westview Press.
- [77] Tong, R. (2009). *Feminist thought: A more comprehensive introduction* (3rd ed.). Westview Press.
- [78] Tong, R. (2014). *Feminist thought: A more comprehensive introduction* (4th ed.). Westview Press.
- [79] Umberson, D., & Montez, J. K. (2010). Social relationships and health: A flashpoint for health policy. *Journal of Health and Social Behavior*, 51(1_suppl), S54–S66. <https://doi.org/10.1177/0022146510383501>
- [80] Umberson, D., Wortman, C. B., & Kessler, R. C. (1992). Widowhood and depression: Explaining long-term gender differences in vulnerability. *Journal of Health and Social Behavior*, 33(1), 10–24. <https://doi.org/10.2307/2136854>
- [81] UN Women. (2018). *Widowhood: Invisible women, invisible problems*. Retrieved from <https://www.unwomen.org>
- [82] UN Women. (2020). *Challenging the stigma of widowhood*. Retrieved from <https://www.unwomen.org>
- [83] UN Women. (2021a). *Widows' rights and challenges*. <https://www.unwomen.org/en/digital-library/publications/2019/12/widows-rights-and-challenges>
- [84] UN Women. (2021b). *Widows' rights and resilience: Global report 2021*.
- [85] UNICEF. (2007). *The state of the world's children 2007: Women and children—The double dividend of gender equality*. United Nations Children's Fund.
- [86] Utz, R. L., Carr, Deborah, Nesse, R., & Wortman, C. B. (2002). The effect of widowhood on older adults' social participation: An evaluation of activity, disengagement, and continuity theories. *The Gerontologist*, 42(4), 522–533. <https://doi.org/10.1093/geront/42.4.522>
- [87] Viswanathan, S. (2019). *Ritual purity and widowhood in Hindu society*. Sage Publications.
- [88] Vyas, A. (2006). *Widows in India: Social exclusion and cultural beliefs*. Jaipur: Rawat Publications.
- [89] Weaver, D. A. (2010). Widows and social security. *Social Security Bulletin*, 70(3). <http://www.ssa.gov>
- [90] WHO. (2015). *World report on ageing and health*. World Health Organization.
- [91] Wilcox, S., Evenson, K. R., Aragaki, A., Wassertheil-Smoller, S., Mouton, C. P., & Loevinger, B. L. (2003). The effects of widowhood on physical and mental health, health behaviors, and health outcomes: The Women's Health Initiative. *Health Psychology*, 22(5), 513–522. <https://doi.org/10.1037/0278-6133.22.5.513>
- [92] World Bank. (2019). *Bangladesh female labor market and widowhood challenges*. Washington, DC: The World Bank.
- [93] World Bank. (2021). *Bangladesh social protection public expenditure review*. Washington, DC: The World Bank.
- [94] World Health Organization. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. World Health Organization.
- [95] World Health Organization. (2008). *Social determinants of health*. World Health Organization. <https://www.who.int/publications/i/item/9789241563703>
- [96] Zaman, H. (2017). *Social exclusion and widowhood in Bangladesh*. BRAC University Press.