Journal of Social Work in Developing Societies
Vol. 6(3): 129-144, November 2024
https://dx.doi.org/10.4314/jswds.v6i3.8

Social capital and gender inequality among rural elderly in Bangladesh: A micro-survey perspective

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ABSTRACT
This paper explored the dynamics of gender inequality among the elderly, particularly in the context of social capital. A cross-sectional survey is employed targeting individuals aged 60 and above in rural areas of Bangladesh. Initially, one union (Tentulia Union) in Manda Upazila was selected, followed by five wards from that union using a simple random sampling method. Subsequently, data were collected from 404 elderly individuals in the selected wards using probability proportion to size (PPS) sampling. Findings show that females are more likely to experience weaker social capital compared to their male counterparts. This gender disparity in social capital has significant implications for the well-being of elderly women. Weak social capital can lead to increased feelings of loneliness, social isolation, and a lack of access to social support, all of which are critical factors in the mental and physical health of the elderly population. Therefore, addressing gender inequality in social capital among the elderly is crucial for promoting equitable aging and enhancing the overall quality of life for the elderly.

Keywords: social capital, gender inequality, elderly, rural, Bangladesh.

Introduction

In recent years, discussion about gender equality on boards has garnered significant attention from researchers, decision-makers, and practitioners (Nielsen & Huse, 2010). The elderly population in rural Bangladesh faces particular problems in the country's quickly changing socio-economic landscape (Barikdar et al., 2016). Among these challenges, gender inequality remains a pervasive issue, influencing various aspects of life, including the accumulation and utilization of social capital. While the rural elderly in

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Bangladesh generally rely heavily on social networks for support, these networks are not equally accessible to men and women. Women continue to encounter significant obstacles in their daily life, despite their impressive achievements in other socioeconomic domains, such as earning advanced degrees and entering and rising in the labour force (Gabaldon et al., 2016). In comparison to their male counterparts, women's participation in social and economic activities is frequently restricted by traditional gender roles, cultural norms, and economic considerations, which limits their capacity to create and preserve social capital (Christopherson et al., 2022).

There is no denying the diversity of definitions for social capital, which vary according to the emphasis and cover distinct features, categories, and intensities of social resources. Among the most valuable assets in society is social capital, which refers to the social connections that networks and groups with similar interests have (Manzoor et al., 2022). It has been demonstrated that social capital benefits people as well as entire communities in terms of a number of outcomes, such as health and well-being, which can be assessed as a collective and individual attribute (Moore & Kawachi, 2017). Social capital is seen as a resource available to all members of a specific culture or community, and it is considered a common good (Kawachi & Subramanian, 2018; Moore & Kawachi, 2017). The three dimensions of social capital are said to be structural, relational, and cognitive. The links that provide members of a network access to resources are referred to as the structural dimension. The personal relationships that are developed via frequent contacts between people are considered to be part of the relational component. Languages, common protocols, and a shared vision are examples of the cognitive dimension. Academics may focus on different aspects of social capital (Chen & Wu, 2024). Empirical studies have shown that although bonding fosters group cohesion and deep emotional exchange but is less comprehensive in areas like social support, bridging is frequently linked to superficial communication while flourishing new and diversified knowledge (Meng et al., 2016).

Six dimensions can be used to quantify this social capital (Bai et al., 2021): (i) Social participation, which is the act of engaging in activities that promote social interaction with members of the community or society (Levasseur et al., 2010); (ii) Social connection, which includes sentiments of love, caring, and value as well as a sense of intimacy and connection to others (Eisenberger & Cole, 2012); (iii) Social support, a broad term that characterizes a person's perceived social support system, which is based on mutual aid, direction, and approval of actions and experiences in life (Zhou, 2014); (iv) trust, people's subject cognition to personal encounters with members of society, such as friends, neighbours, relatives, coworkers, and other people they encounter on a daily basis (Xu et al., 2023); (v) cohesion, which is a measure of the degree of social solidarity and interconnection among the different community groups

that make up a society and it includes the ties and trust that exist between individuals and among community groups (Fonseca et al., 2019; Ludin et al., 2019); and (vi) Reciprocity, a fundamental component of how societies run internally and how intercultural cooperation develops and persists, which is the habit of acting towards others in a similar manner (Cavatorta et al., 2023). The six aforementioned dimensions are used in this study to evaluate social capital, which focuses on individual-level social capital.

Most studies on social capital in Bangladesh focus on topics such as poverty (Islam & Alam, 2018), health (Islam, 2019), disaster risk management (Khalil et al., 2021; Masud-Al-Kamal et al., 2021), community development (Cummings et al., 2019; Seferiadis et al., 2018), business development (Mozumdar et al., 2017), and perspectives on displacement (Parvin et al., 2023). However, there is a notable lack of research that specifically explores how gender affects the distribution and effectiveness of social capital among the rural elderly in Bangladesh. This article seeks to address this gap by providing a micro-survey perspective on social capital and gender inequality among the rural elderly in Bangladesh, drawing on data from a micro-survey conducted across various rural communities.

Research on gender inequality and social capital is highly pertinent to the field of social work (Alston, 2018; Hicks, 2015; Mallinger et al., 2017; Pivoriene et al., 2016; Saraniemi et al., 2022). Understanding and resolving social injustices, fostering wellbeing, and making sure that vulnerable groups—like the elderly—get the assistance they require are at the core of social work practice (Dhavaleshwar, 2016). The goal of social workers is to improve the welfare of people and communities, with a focus on vulnerable or marginalized groups like the elderly. More effective interventions and policies can be informed by an understanding of the intersections between gender inequality and social capital in the lives of the elderly. By doing so, this study contributes to a better understanding of how gender dynamics shape the lives of the elderly in rural Bangladesh and highlights the importance of targeted interventions to enhance social capital for all, regardless of gender.

Methods and Materials

Study area

This study was conducted using primary data obtained from individuals aged 60 years and above living in rural Manda Upazila, Naogaon district of Bangladesh. The data collection took place from September 25, 2023, to November 5, 2023.

Sampling procedure

The Cochran (1977) formula was used to determine the sample size, and the result was 384, which was the minimum required. Nonetheless, in order to prevent selection bias, this study took into account a 5% non-response rate. As a result, the final total sample size was calculated as n*= (n/Response rate). In the end, 404 people made up the entire sample size for this research. This was accomplished by using a multi-stage sampling technique. Firstly, Tentulia Union in Manda Upazila was selected, and then five of its wards (Wards 1, 2, 5, 6, and 9) were chosen. This was done by employing a simple random sampling technique. Data were then gathered via probability proportion to size (PPS) sampling from 404 elderly who were admitted to these particular wards. Through the voter lists of the corresponding wards obtained from the Union Parishad, the total number of elderly in the selected wards was calculated by taking the population aged 60 and above. The older people who were interviewed made up the following distribution: 78 from 236 in Ward 1, 57 from 176 in Ward 2, 74 from 228 in Ward 5, 101 from 308 in Ward 6, and 94 from 289 in Ward 9.

Data Collection

The respondents were interviewed face-to-face by skilled interviewers (four graduate students received extensive training on the questionnaire and served as interviewers for this study) using a well-structured questionnaire in Bangla (the official language of Bangladesh). The questionnaire included questions about social capital and socio-demographic traits.

Measures

The six elements of social capital—social participation, social connection, social support, trust, cohesion, and reciprocity—were the primary outcome variables. 22 items and a five-point Likert scale were used to measure social capital. Every question has a 5-point rating system: 1 for never, 2 for seldom, 3 for usually, 4 for often, and 5 for more frequently. The following details on social capital measurement are taken from previously published works (Bai et al., 2020a; 2020b) are presented in Table 1.

Table 1: Variable included in the measurement of social capital

Social Participation	How often did you participate in formal group activities over the last year (party or democratic parties' elections, etc.)?
	How frequently did you attend unofficial gatherings during the previous year (square dance, interest clubs, etc.)?
	How often did you volunteer in the community throughout the last year (coordinator, corridor manager, etc.)?
	How frequently would you have participated in community service throughout the previous year (health lectures, cultural activities etc.)?
Social Support	Is there someone that helps you mentally when you're struggling (i.e., comfort you)?
	When you are in trouble, is there someone that provides you with material support (i.e., lends you money)?
	Is there someone who gives you material support when you're in need (i.e., comfort you)?
	Are there any official or informal groups that you may turn to for material support when you're in trouble (i.e., lend you money)?
Social Connection	How frequently do you communicate with your kids?
	How frequently do you stay in touch with your relatives?
	How often do you contact with your friends/ neighbours?
Trust	Do you trust in your family members?
	Do you trust in your friends?
	Do you trust in someone who lives within one community/ village?
Cohesion	Do you care about what happened in your community/village?
	Do you think the community/village is more harmonious?
	Do you like the community/village you live in now?
	Do you have a feeling of being in the community/village?
	If you were to leave the community you currently reside in, would you be reluctant to do so?
Reciprocity	When your relatives are in trouble, will you provide help to them?
	Will you assist your friends and neighbours when they are in need?
	When some strangers are in trouble, will you provide help to them?

Source: Adopted from Bai et al. (2020a; 2020b).

Explanatory variables

Although a variety of socio-demographic characteristics have been linked to social capital in other research (Hodgkin, 2011; Sum et al., 2015), the current study only considered the respondent's sex as explanatory variable.

Data analysis

Multivariate, bivariate, and univariate analysis were all used in the study. In the analysis, chi-square tests were used to find differences in the proportion of social capital by the explanatory variable (discussed above), once the descriptive statistics of the study sample were completed. In the logistic regression analysis, multicollinearity was checked through the standard errors for the regression coefficients. There was no evidence of multicollinearity in this investigation. Lastly, to emphasize the impact of gender variations on the assessment of social capital among the elderly, a binary logistic regression model was utilized. By taking $p<0.01$, the analysis as a whole is deemed statistically significant. Statistical package for the social sciences (SPSS) version 16.0 for Windows was used to conduct the statistical analysis for this study.

Ethical considerations

At the outset of the study survey, a promise was made to protect the privacy of all respondent data and guarantee that the information would only be used for research. A permission statement clarifying that participation in the study on social connectivity among the elderly is optional was used to give this assurance. After that, verbal consent was requested from the respondents. It was decided to limit written consent since there was a chance that some participants may have trouble writing or reading. Additionally, since individuals might not be aware of its informal application, the use of thumb impressions—a standard formal procedure in proceedings like voting and property transfers—was avoided. By taking this precaution, the integrity of the data collection process was protected from respondent unwillingness to engage in the interview. It is significant to remember that the dataset used in this study did not contain any personally identifiable information.

Results

Socio-demographic characteristics of the respondents

The socio-demographic details of the respondents are broken down by sex in Table 2. It reveals that the mean age of older men is 68.99 years, and the mean age of older women is 70.10 years. Male elderly are married in over 95% of cases, while female elderly are mostly widowed (54.8%). There are also documented differences in the educational status of the elderly: most male elderly (46.9%) have completed primary education, whereas most female elderly (59.1%) have not had any formal education. The mean years of

schooling, which are 4.05 years for male elderly and just 1.05 years for female elderly, reflect these differences.

Table 2: Socio-demographic characteristics of the respondents by sex

Variables	**Male**		**Female**	
	Frequency	Percent	Frequency	Percent
Age (in years)				
60-69	117	59.7	124	59.6
70-79	62	31.6	50	24.1
80 and above	17	8.7	34	16.3
Mean age	**68.99**		**70.10**	
Marital status				
Married	185	94.4	94	45.2
Widow/widower	11	5.6	114	54.8
Mean years of schooling	**4.05**		**1.05**	
Occupation				
Involve in unpaid work	73	37.2	201	96.6
Involve in paid work	123	62.8	7	3.4
Respondents' monthly income (BDT)				
No income	12	6.1	31	14.9
≤ 3000	93	47.5	170	81.7
> 3000	91	46.4	7	3.4
Mean income (BDT)	**4710.2**		**949.5**	
Status of economic dependency				
Independent	82	41.8	22	10.6
Partially dependent	57	29.1	40	19.2
Fully dependent	57	29.1	146	70.2
Living arrangement				
Alone	10	5.1	45	21.6
Only with spouse	72	36.7	44	21.2
With children and others	114	58.2	119	57.2
Current health status				
Healthy	107	54.6	73	35.1
Fairly healthy	57	29.1	74	35.6
Unhealthy	32	16.3	61	29.3

Source: Field Survey, 2023

Notes: BDT: Bangladesh currency – Taka

Significant differences in a number of areas, including work prospects, income, education, and health, are frequently revealed by looking at socio-demographic status by gender. Comprehending these distinctions is essential in formulating policies and measures that advance gender parity and enhance socio-demographic consequences for everybody.

While nearly all female elderly (96.6%) labour unpaid, mostly as housewives, which is an unpaid role in Bangladesh, the majority of the male elderly (62.8%)

work for pay. The monthly income of the elderly varies by gender as well; male elderly make an average of BDT 4710 while female elderly only make BDT 949. While most male elderly are economically independent, almost seven out of ten female elderly are completely dependent on others, usually their families, for their economic well-being. For both sexes, the percentage of responders who live with children and others is nearly equal. The percentage of elderly male and female who live alone varies significantly, with 5.1% and 21.6%, respectively, for each group. There is a gender difference in health status as well; 54.6 percent of male elderly and just 35.1% of female elderly are in good health.

Social capital status of the respondents

Table 3: Status of social capital and gender inequality the elderly

Variables	Male		Female	
	Frequency	**Percent**	**Frequency**	**Percent**
Social participation				
Weak	131	66.8	187	89.9
Strong	65	33.2	21	10.1
Social support				
Weak	117	59.7	152	73.1
Strong	79	40.3	56	26.9
Social connection				
Weak	120	61.2	128	61.5
Strong	76	38.8	80	38.5
Trust				
Weak	113	57.7	140	67.3
Strong	83	42.3	68	32.7
Cohesion				
Weak	75	38.3	128	61.5
Strong	121	61.7	80	38.5
Reciprocity				
Weak	119	60.7	171	82.2
Strong	77	39.3	37	17.8
Overall social capital				
Weak	81	41.3	133	63.9
Strong	115	58.7	75	36.1

Source: Field Survey, 2023

Table 3 shows gender disparity when taking into account various social capital components. Approximately seven out of 10 elderly males and nine out of 10 elderly females have weak social participation status. Regarding social support, a higher percentage of elderly females (73.1%) than elderly males (59.7%) reported having social support. The proportion of respondents with a weak level of social connection is nearly the same for both elderly males (61.2%) and females (61.5%). There are also differences in the respondents' percentages

based on their level of trust, with 57.7% of elderly males and 67.3% of elderly females having a low level of trust. It was also observed that majority of elderly males (61.7%) exhibit a high level of cohesion, whereas most elderly females display a low level of cohesion. Additionally, a difference in the percentage of respondents based on their level of reciprocity was noted where, 60.7% elderly males and 82.2% elderly females have weak level of reciprocity.

Relationships between social capital and gender inequality

Table 4: Association between the status social capital and gender inequality of the elderly

Variable	Male	Female
Social participation		
Weak	131 (41.2)	187 (58.8)
Strong	65 (75.6)	21 (24.4)
	p-value = <0.001	
Social support		
Weak	117 (43.5)	152 (56.5)
Strong	79 (58.5)	56 (41.5)
	p-value = <0.004	
Social connection		
Weak	120 (48.4)	128 (51.6)
Strong	76 (48.7)	80 (51.3)
	p-value = 0.95	
Trust		
Weak	113 (44.7)	140 (55.3)
Strong	83 (55.0)	68 (45.0)
	p-value = <0.04	
Cohesion		
Weak	75 (36.9)	128 (63.1)
Strong	121 (60.2)	80 (39.8)
	p-value = <0.001	
Reciprocity		
Weak	119 (41.0)	171 (59.0)
Strong	77 (67.5)	37 (32.5)
	p-value = <0.001	
Overall social capital		
Weak	81 (37.9)	133 (62.1)
Strong	115 (60.5)	75 (39.5)
	p-value = <0.001	

Source: Field Survey, 2023.

Notes: Figures in parentheses indicate percentage; The p-values are of chi-square tests; P-values<0.20are in boldface.

The status of these various components of social capital among the respondents is reflected in their overall social capital. Specifically, it was found that the

majority of elderly males (58.7%) have a strong level of social capital, while the majority of elderly females (63.9%) have a weak level of social capital.

Table 4 highlights the connections between various components of social capital and overall social capital in relation to gender inequality. The study reveals a significant difference in social participation between male and female respondents ($p < 0.001$). Most elderly male exhibits a strong level of social participation while the majority of elderly female shows a weaker level of participation. Similarly, the relationship between social support and gender varies, with elderly male having a strong status and elderly female a weaker status, and this difference is also statistically significant ($p < 0.004$).There is no discernible difference between the respondent's sex and social connection status.

Influence of gender inequality on the status of social capital

Table 5: Influence of gender inequality on the status of social capital of the elderly

Variables	β	SE (β)	Odds ratio	95% CI
		Social participation		
Male®	-	-	1.00	-
Female	-1.49	0.28	0.23***	0.13-0.39
		Social support		
Male®	-	-	1.00	-
Female	-0.61	0.24	0.55***	0.36-0.83
		Social connection		
Male®	-	-	1.00	-
Female	-0.10	0.20	0.99	0.66-1.47
		Trust		
Male®	-	-	1.00	-
Female	-0.41	0.21	0.66**	0.44-0.99
		Cohesion		
Male®	-	-	1.00	-
Female	-0.95	0.21	0.39***	0.26-0.58
		Reciprocity		
Male®	-	-	1.00	-
Female	-1.10	0.23	0.33***	0.21-0.53
		Overall social capital		
Male®	-	-	1.00	-
Female	-0.92	0.21	0.40***	0.27-0.59

Source: Field Survey, 2023

Notes: β: regression coefficient; CI: Confidence interval; ®: Reference category; SE: Standard error; Level of significance: ***: p<0.001; **: p<0.01;

There is a variation in the respondents' trust level according to their sex (p = <0.04). The examination of cohesion status revealed gender inequality as well (p = <0.001), with male elderly being more in the strong level than female elderly. Concerning reciprocity status, there is a comparable difference that is likewise statistically significant (p = <0.001). The discrepancy between gender inequality and the total condition of social capital is influenced by all of these factors combined. It is discovered that elderly males are more likely than elderly females to claim to have strong social capital, and this difference is statistically significant (p = <0.001).

Table 5 shows how the status of different social capital components and total social capital are impacted by gender inequality. The results show that compared to the reference category, female elderly have a considerably lower likelihood of considerable social participation (OR: 0.23; 95% CI: 0.13-0.39). Compared to their male counterparts, elderly females are substantially less likely to have a strong degree of social support (OR: 0.55; 95% CI: 0.36-0.83).

The probability of possessing a strong social connection is identical for elderly males and females. Gender inequality has an impact on trust levels as well; among the elderly, females are 0.66 times less likely than the reference group (95% CI: 0.44-0.99) to have strong trust levels. Gender inequality affects both the cohesion and reciprocity status of the elderly. Females elderly are significantly less likely than the reference category to have a strong status, with odds ratios of 0.39 (95% CI: 0.26-0.58) for cohesion and 0.33 (95% CI: 0.21-0.53) for reciprocity. In summary, these findings greatly affect the overall status of social capital concerning gender inequality. It has been observed that elderly females are notably 0.40 times (95% CI: 0.27-0.59) less likely to possess strong social capital compared to their males counterparts.

Discussion

Significant differences between males and females are highlighted in this study, which looks at how gender inequality and social capital interact with elderly living in rural Bangladesh. In addition, gender inequality is also evident in their socio-demographic characteristics. This is, as far as we know, the first study that clarifies how different components and total social capital are impacted by gender. According to the study's findings, females are far more likely than males to have weak social capital. These differences in social capital are believed to result from socialization methods that it is customary for women to establish informal and local networks in patriarchal societies, while men are usually involved in formal networks (Kawachi & Berkman, 2014), and the different chances that men and women have to engage in social capital (Leeves & Herbert, 2014). In Bangladesh, as in many other developing and undeveloped countries of the world, it is not uncommon for female elderly to encounter greater difficulties in creating and sustaining social networks. These difficulties

are related to enduring patterns of gender inequality, in which women are more likely to be caregivers, which can take away from their time and energy spent in social interactions, and they usually have less access to resources and opportunities for social engagement outside of the home. Furthermore, gender norms and societal expectations frequently require women to put family and care-giving responsibilities ahead of social or community activity, which further reduces their social capital. In contrast, older men tend to have stronger and more varied social bonds since they may have had more opportunities in their lives to interact in both professional and social settings.

The results of the study also show that the likelihood of high levels of social participation, social support, social connections, trust, cohesion, and reciprocity among the elderly population is impacted by gender inequality. The overall social capital status of the elderly is also affected by gender inequality when all these factors are considered together. More precisely, when taking into account various social capital components and overall social capital, the probability of having weak status is higher among elderly females than males. The results of earlier research are in line with the findings of this study (Norris & Inglehart, 2013; Vyncke et al., 2014). Mixed results were found about the gender gap in social capital. Conversely, studies have indicated that women tend to have networks that are more expansive, have lower densities, and use higher frequencies of communication (McDonald & Mair, 2010). Women typically keep relationships with family, friends, and neighbours, which leads to a wider variety of networks.

The findings of this study have important impacts on social work since they show how important it is to support the elderly using gender-sensitive strategies as earlier research showed (Genece, 2021). In order to provide fair access to resources and advance social justice, social workers must address gender-based differences in social capital. According to this study, compared to men, female elderly have a lower status across all social capital components. This suggests a systemic problem that social workers need to solve with focused interventions. This could include: i) targeted support programs designed to help elderly, irrespective of gender, build stronger social networks and support systems; ii) improved access to services designed to help elderly, making sure they are aware of and able to use the social services, community resources, and support networks that are available to them; iii) capacity building and skills development, which assists elderly in developing skills related to technology, communication, and personal development, which can enhance their ability to connect with others and access resources for both elderly female and male; iv) education and awareness irrespective of gender, which runs campaigns to raise awareness about the difficulties faced by elderly in terms of social capital, fostering a greater understanding and encouraging community support. To address the lower social capital status of the elderly, social workers can reduce

the likelihood of isolation and improve the general well-being of the elderly through ensuring gender inequality.

The main limitation of our research stems from its small sample size, as it was conducted in small rural areas in Bangladesh, which may not reflect the broader national context. Despite this limitation, the study has provided valuable insights into social capital and gender inequality in rural areas, highlighting the need for further exploration of this topic in future research. It is important to note that this research is the first to examine the impact of gender inequality on the status of social capital among the elderly in Bangladesh.

Conclusion

The study concludes that gender-specific features of social capital among the elderly population in rural Bangladesh need to be recognized and addressed. The findings indicate a noteworthy gender inequality in the social capital status of the elderly, with female elderly exhibiting significantly lower levels of social capital in comparison to their male counterparts. A crucial area of concern for social work practice and policy is highlighted by this gap. In addition to caregiving duties, economic limitations, and cultural norms that may restrict their possibilities for social involvement, women, especially those in later age groups, confront significant hurdles that add to their lower social capital. Ultimately, resolving these differences is consistent with the fundamental principles of social work, which include advancing social justice, empowering people, and pursuing equity. Social workers can promote an environment that is more equal and helpful for female elderly by identifying and addressing the gendered aspects of social capital. To further understand the unique challenges faced by female elderly and to evaluate the efficacy of programs meant to address these inequities, continued study and assessment are necessary. Social work may play a crucial role in advancing social equity and enhancing the well-being of female elderly by adopting a comprehensive and gender-sensitive approach. This will ultimately result in a society that is more welcoming and supportive of all elderly population.

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