



Social Safety Net Programs in Bangladesh: An Impact Study on Education, Health and Decision-Making Process of Women Beneficiaries

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ABSTRACT

Background: Social Safety Net Programs (SSNPs) in Bangladesh, such as the Old Age Allowance (OAA) and Allowances for the Widowed, Deserted, and Destitute Women (AWDDW), aim to alleviate poverty and empower vulnerable populations, particularly women, by providing financial assistance to improve access to education, healthcare, and decision-making. **Objectives:** This study evaluates the impact of SSNPs on three key areas: (1) children's education, (2) women's health, and (3) their participation in household decision-making, aiming to identify areas for program improvement. **Methods:** A quantitative study was conducted with 180 women beneficiaries across Dhaka and Kurigram districts. Data was collected through structured questionnaires and analyzed using descriptive and inferential statistics in SPSS. **Results:** The study revealed that 65.6% of women beneficiaries had children currently studying, with 66.1% affirming that the allowance supported their education. A statistically significant relationship was found between children's education status and the perceived helpfulness of the allowance ($P < 0.001$), particularly among joint families and larger households. In terms of health, 60.6% of respondents reported poor physical and mental health, and 96.1% spent their allowance on treatment. Among them, 88.9% found it helpful, especially those who were satisfied with the allowance amount ($P < 0.001$). A strong association was observed between health benefits and other variables such as overcoming financial crises ($P < 0.001$), promoting social inclusion ($P < 0.001$), and eliminating gender discrimination ($P < 0.001$). Notably, women who overcame financial crises and experienced improved social inclusion were more likely to report positive decision-making impacts ($P < 0.001$). Despite these gains, 11.1% of women felt their opinions remained undervalued, citing unemployment (40%), low societal importance (30%), and financial incapacity (30%) as key reasons.

Keywords: Social Safety Net, Old Age Allowance, Allowance for Widow, Education, Health, Decision Making Process, Women, Bangladesh.

INTRODUCTION

Social Safety Net Programs (SSNPs) are critical policy instruments designed to provide support to vulnerable populations, particularly women, in developing countries. In Bangladesh, these programs have been central to poverty alleviation strategies and gender equality initiatives (Hassan et al., 2015). The government of Bangladesh has implemented various SSNPs, including the Old Age Allowance (OAA) and Allowances for the Widowed, Deserted, and Destitute Women (AWDDW), to address the socio-economic challenges faced by marginalized groups (Choudhary, 2013). These programs aim to provide financial assistance, improve access to essential services, and empower women to participate more actively in household and community decision-making processes. SSNPs in Bangladesh are non-contributory assistance programs designed to improve the lives of vulnerable families and individuals experiencing poverty and destitution. These programs include cash transfers, food aid, public works, and fee waivers, among others (Okewu et al., 2019). The Old Age Allowance (OAA) and Allowances for the Widowed, Deserted, and Destitute Women (AWDDW) are two key components of the SSNPs, targeting older adults and women who face significant socio-economic vulnerabilities due to widowhood, desertion, or destitution (Murshed, 2021). These programs provide monthly stipends to beneficiaries, aiming to alleviate poverty, enhance access to education and healthcare, and promote gender equality (Asma et al., 2022).

The Old Age Allowance (OAA) is a cash transfer program initiated by the Government of Bangladesh in 1998 to provide social protection to destitute elderly individuals. Administered by the Department of Social Services (DSS) under the Ministry of Social Welfare (MoSW), the program targets elderly men aged 65 or older and women aged 62 or older with an annual income below BDT 3,000 (less than US\$37) per month to each of its 5.7 million beneficiaries across rural and urban areas, making it one of the largest anti-poverty safety net programs in the country (Khan, 2021). The allowance is transferred directly to the beneficiaries' bank accounts under the Government-to-Persons (G2P) modality. Studies suggest that the OAA has significantly reduced the hardships faced by the destitute elderly and positively impacted their social relations. The Allowances for the Widowed, Deserted, and Destitute Women (AWDDW) program was introduced in the fiscal year 1998-99 by the Department of Social Services (DSS) under the Ministry of Social Welfare (MoSW) (Murshed, 2021). Initially, 4.03 lakh women were provided a monthly allowance of BDT 100. The program was later transferred to the Ministry of Women and Children Affairs in

2003-04 but was reverted to the Ministry of Social Welfare in 2010-11 to enhance its implementation (Mamun, 2019). The program aims to provide socio-economic security, improve the social status of widowed and deserted women, and strengthen their morale through financial assistance. As of the fiscal year 2023-24, 25.75 lakh women receive a monthly allowance of BDT 550, with a total allocation of BDT 1711.40 crore. The allowance is distributed through the Government-to-Persons (G2P) system using mobile financial services like Nagad and Bkash (Khan, 2021). The Constitution of Bangladesh, in its clause 15(d), mandates the introduction of social security programs to provide public assistance in cases of undeserved want arising from unemployment, illness, disablement, widowhood, orphan-hood, old age, or other such circumstances (Paxman, 2020). Despite this constitutional obligation, no government had taken significant steps to implement this commitment until the introduction of the Old Age Allowance (OAA) in 1998 and the Allowances for the Widowed, Deserted, and Destitute Women (AWDDW) in the same year (Alam, 2023). These programs marked an epoch-making achievement in the history of Bangladesh and neighboring countries, as they were among the first large-scale social security initiatives targeting vulnerable populations. Traditionally, elderly people and widowed or deserted women in Bangladesh have been revered as guardians and advisors of society (Pradhan et al., 2013). However, due to changing socio-economic conditions, the traditional joint family structure has broken down, leading to reduced familial support for these vulnerable groups. Younger generations often view the knowledge and experience of the elderly as outdated, and many elderly individuals and widowed or deserted women, particularly those from poor families, face socio-economic insecurity (Sher & Teppo Kröger, 2024). The lack of healthcare facilities for these groups further exacerbates their suffering, as aging and social isolation often bring new health challenges. Elderly women and widowed or deserted women face compounded difficulties due to societal stigma and limited access to resources. The government has taken several steps to improve the implementation of both the OAA and AWDDW programs (Haider & Mahamud, 2017). Since the fiscal year 2017-2018, parts of the allowances have been distributed through agent banking, and from the fiscal year 2020-2021, all beneficiaries receive their allowances through the Government-to-Persons (G2P) system using mobile financial services like Nagad and Bkash. In the financial year 2023-24, the government allocated BDT 4205.96 crore for the OAA program, benefiting 58.01 lakh individuals, and BDT 1711.40 crore for the AWDDW program, benefiting 25.75 lakh women. Each OAA beneficiary receives Tk. 600 per month, while each

AWDDW beneficiary receives Tk. 550 per month, payable every three months (Kulsum, 2024).

Both the OAA and AWDDW programs have specific eligibility criteria to ensure that the most vulnerable individuals receive support. For the OAA, the age requirement is 65 years or older for men and 62 years or older for women. Priority is given to those who are physically infirm, handicapped, landless, homeless, widowed, divorced, or deserted by their families (Masud-All-Kamal & Saha, 2014). For the AWDDW program, beneficiaries must be widowed or deserted women above 18 years of age, with priority given to those who are elderly, physically disabled, childless, or isolated from their families. The selection process involves applications submitted to the Upazilla Social Services Officer, with a ward committee and Upazilla committee responsible for finalizing the list of beneficiaries (Kabir et al., 2016). The committees include representatives from local Member of Parliament and Upazilla Chairman to ensure transparency and accountability. The government of Bangladesh has consistently increased its budget allocation for Social Safety Net Programs (SSNPs) over the years. In the fiscal year 2019-20, the allocation for SSNPs was BDT 74,367 crore, which accounted for 2.58% of GDP. This represents a significant increase from previous years, reflecting the government's commitment to poverty reduction and social protection. For instance, in FY2010, the allocation was BDT 16,706 crore, which increased to BDT 64,404 crore in FY2019. The government plans to further expand these programs to cover more vulnerable populations, with a target of reducing the poverty rate to 12.3% and the extreme poverty rate to 4.5% by 2023-24. The OAA and AWDDW programs have had a profound impact on the lives of their beneficiaries. They have reduced the financial burden on elderly individuals and widowed or deserted women, improved their social standing, and provided them with access to formal banking systems (Hamiduzzaman et al., 2018). The programs have also enabled beneficiaries to interact with public representatives, giving them a platform to voice their concerns. Over the years, the government has gradually increased both the number of beneficiaries and the monthly allowance amounts, reflecting its commitment to social security (Barrientos et al., 2010). Women in Bangladesh, particularly older women and those who are widowed, deserted, or destitute, face numerous livelihood challenges. These include limited access to income-generating opportunities, social exclusion, and dependence on family or community support. Older women often experience neglect and lack of financial security, while widowed, deserted, and destitute women struggle with societal stigma, limited resources, and inadequate support systems. These challenges exacerbate their vulnerability to

poverty and restrict their ability to participate in decision-making processes within their households and communities (Halder & Mosley, 2004). The impact of SSNPs on the education of children in beneficiary households is a critical area of study. Research has shown that financial support from programs like OAA and AWDDW can indirectly improve educational outcomes for children by alleviating household poverty and enabling families to invest in schooling. For instance, studies have highlighted that cash transfers under SSNPs reduce the financial burden on families, allowing them to allocate resources toward their children's education (Buvinić & Gupta, 1997). However, the extent to which these programs influence school enrollment, retention, and performance among children of women beneficiaries remains an area requiring further exploration. The health of women beneficiaries, particularly their physical and mental well-being, is another significant aspect of SSNPs. Older women and those who are widowed, deserted, or destitute often face chronic health issues, including malnutrition, limited access to healthcare services, and mental health challenges such as depression and anxiety (SCHRÖDER-BUTTERFILL & MARIANTI, 2006). The financial assistance provided by OAA and AWDDW can help mitigate some of these issues by enabling women to afford healthcare services and improve their nutritional status (Tanvir et al., 2023). However, the effectiveness of these programs in addressing the broader health needs of women beneficiaries, including mental health, remains under-researched. One of the key objectives of SSNPs is to empower women economically and socially, thereby enhancing their participation in household decision-making processes. Studies have shown that financial independence through SSNPs can increase women's agency and influence within their families (Alam & Hossain, 2016). For example, women who receive OAA or AWDDW are often better positioned to contribute to decisions related to household expenditures, children's education, and healthcare. However, the extent to which these programs translate into meaningful participation in decision-making processes, particularly in patriarchal societies like Bangladesh, requires further investigation (Rahman, 2012).

Previous studies have highlighted the positive impacts of SSNPs on poverty reduction, access to education and healthcare, and women's economic empowerment. However, challenges such as inadequate targeting, bureaucratic inefficiencies, and limited monitoring mechanisms have hindered the full potential of these programs. Additionally, there is a lack of comprehensive research on the specific impacts of OAA and AWDDW on women's education, health, and decision-making processes (Sifat, 2020). This study aims to fill these

gaps by examining the impacts of OAA and AWDDW on three key areas: (1) the education status of children in women beneficiary households, (2) the physical and mental health of women beneficiaries, and (3) their participation in household decision-making processes. By focusing on these dimensions, the study seeks to provide a holistic understanding of how SSNPs contribute to the socio-economic empowerment of women in Bangladesh and identify areas for improvement in program implementation.

RESEARCH METHODS

Research Approach and Method

To comprehensively understand the impact of government Social Safety Net (SSN) initiatives on women beneficiaries in Bangladesh, a quantitative research approach was employed. This methodology integrates quantitative data collection and analysis methods to provide a holistic view of the research problem. The study focuses on evaluating the effectiveness of SSN programs, specifically the Old Age Allowance (OAA) and Allowances for the Widowed, Deserted, and Destitute Women (AWDDW), on women beneficiaries in terms of education, health, and decision-making processes.

Study Area and Location

The study was conducted in Dhaka and Kurigram districts, representing both urban and rural settings to capture diverse socio-economic contexts. In Dhaka district, data was collected from three upazilas: Savar, Dhamrai, and Keraniganj. In Kurigram district, data was collected from three upazilas: Kurigram Sadar, Rajarhat, and Bhurungamari. These locations were selected to ensure a mix of urban and rural areas, providing a comprehensive understanding of the implementation and impact of SSN programs across different regions.

Sample Design and Respondents

The study used purposive sampling to select participants and study areas. A total of 180 women beneficiaries were surveyed, with 90 participants from Dhaka district (30 from Savar, 30 from Dhamrai, and 30 from Keraniganj) and 90 participants from Kurigram district (30 from Kurigram Sadar, 30 from Rajarhat, and 30 from Bhurungamari). Within each upazila, 15 women beneficiaries were selected from the Old Age Allowance (OAA) program and 15 from the Allowances for the Widowed, Deserted, and Destitute Women (AWDDW) program. This ensured an equal distribution of respondents across both programs, with a total of 90

OAA beneficiaries and 90 AWDDW beneficiaries. Data collection techniques & sample size distribution are given below-

Data Collection Techniques & Sample Size Distribution				
Districts	Upazila	Survey		
		Old Age Allowance	Allowances For Widowed, Deserted & Destitute	Total
Dhaka	Savar	15	15	30
	Dhamrai	15	15	30
	Keraniganj	15	15	30
Kurigram	Kurigram	15	15	30
	Sadar			
	Rajarhat	15	15	30
	Bhurungamari	15	15	30
Total		90	90	180

Data Collection Tools and Techniques

Primary data was collected through structured questionnaires administered to the 180 women beneficiaries. The surveys captured information on socio-economic indicators, utilization of SSN programs, and the perceived impact of these programs on their lives. A team of trained enumerators was deployed to assist in data collection. Enumerators were trained to administer surveys, conduct interviews, and ensure consistency and reliability in data collection. Secondary data was obtained from government reports, NGO publications, academic research papers, and existing literature on SSN programs. This data provided context and supported the primary data collected.

Data Analysis

Quantitative data analysis was conducted using descriptive and inferential statistics. Descriptive statistics were used to summarize and describe the characteristics of the sample data. This included calculating frequencies, means, and percentages to understand the distribution of responses. Inferential statistical techniques, such as chi-square tests, were used to examine relationships and differences between variables. These tests helped determine if there were significant associations between categorical variables, such as the type of SSN program and its impact on education, health, and decision-making. The Statistical Package

for the Social Sciences (SPSS) software was used for data entry, data cleaning, and statistical analysis. It facilitated efficient data management and allowed for the performance of various statistical tests, including descriptive statistics and chi-square tests. Technological tools such as tablets and smartphones equipped with survey software were used for real-time data entry and management. Project management tools and communication platforms were also utilized to facilitate coordination among the research team and enumerators.

Ethical Considerations

The study strictly adhered to ethical research practices, which were approved by the Ethical Review Board of Dhaka University. Prior to conducting the surveys, informed consent was obtained from all participants, ensuring they were fully aware of the study's purpose, procedures, and their rights. Participants were assured that their responses would remain confidential and that they had the right to withdraw from the study at any point without any consequences. The research team took great care to ensure that the data collection process was conducted in a non-intrusive manner, respecting the privacy and dignity of all participants. Furthermore, the study maintained transparency in reporting findings, ensuring accuracy and avoiding any misrepresentation of data. These measures were implemented to uphold the highest ethical standards throughout the research process.

RESULTS

Socio-Demographic and Family Status of Women Beneficiaries

This study demonstrates a detailed socio-demographic and family profile of 180 women beneficiaries, equally distributed between Dhaka and Kurigram, who are part of the Old Age Allowance (OAA) and Allowances for the Widowed, Deserted, and Destitute Women (AWDDW) programs. The age distribution shows that the majority of respondents are elderly, with 31.7% aged 61-70 and 16.7% aged 71 or older, while the mean age across both districts is 57.1 years. Religiously, the majority are Muslim (83.3%), with smaller proportions identifying as Hindu (8.3%), Buddhist (3.9%), and Christian (4.4%). Marital status data reveals that 42.8% are widows, 21.1% are divorced, 18.3% are married, 8.3% are separated, and 9.4% have been abandoned by their husbands, reflecting the vulnerable circumstances of many beneficiaries. Educational attainment is generally low, with 28.9% being illiterate, 21.7% having basic literacy (able to read and write), 25.0% completing primary education, 14.4% secondary, 6.7% higher secondary, and only 3.3% holding a graduation degree.

Family structure data indicates that 52.2% live in single-family households, while 47.8% reside in joint families, with an average family size of 3.9 members. Specifically, 70.0% of families have 2-4 members, 24.4% have 5-7, and 5.6% have 8-10 members. Housing conditions vary significantly between the districts, with 37.2% living in tin-shed houses, 27.8% in half-baked (semi-pucca) houses, 18.3% in fence-shed houses, 11.7% in pucca houses, and 5.0% in kachcha houses (made of mud), the latter being exclusive to Kurigram. These findings highlight the socio-economic vulnerability of the beneficiaries, particularly widowed and less-educated women, and underscore the diverse challenges they face, emphasizing the need for targeted and context-specific support to improve their living conditions and overall well-being (Table 1).

Table 1: *Socio-Demographic and Family Status of Women Beneficiaries (Beneficiaries of OAD & AWDDW)*

Socio-Demographic and Family Status	Dhaka N(%)=90 (50.0)	Kurigram N(%)=90 (50.0)	Total N(%)=180 (100)
Age of the Respondents			
>=71	20 (22.2)	10 (11.1)	30 (16.7)
30-40	13 (14.4)	13 (14.4)	26 (14.4)
41-50	20 (22.2)	18 (20.0)	38 (21.1)
51-60	12 (13.3)	17 (18.9)	29 (16.1)
61-70	25 (27.8)	32 (35.6)	57 (31.7)
Mean (SD)	57.4 (14.0)	56.7 (12.7)	57.1 (13.3)
Religion of the Respondents			
Muslim	73 (81.1)	77 (85.6)	150 (83.3)
Hindu	10 (11.1)	5 (5.6)	15 (8.3)
Buddhist	3 (3.3)	4 (4.4)	7 (3.9)
Christian	4 (4.4)	4 (4.4)	8 (4.4)
Marital Status of the Respondents			
Married	14 (15.6)	19 (21.1)	33 (18.3)
Widow (Husband Deceased)	35 (38.9)	42 (46.7)	77 (42.8)
Divorced	22 (24.4)	16 (17.8)	38 (21.1)
Separation	9 (10.0)	6 (6.7)	15 (8.3)
Abandonment by Husband	10 (11.1)	7 (7.8)	17 (9.4)

Educational Qualification of the Respondents			
Illiterate	25 (27.8)	27 (30.0)	52 (28.9)
Literate (Just Can Read & Write)	16 (17.8)	23 (25.6)	39 (21.7)
Primary	29 (32.2)	16 (17.8)	45 (25.0)
Secondary	13 (14.4)	13 (14.4)	26 (14.4)
Higher Secondary	4 (4.4)	8 (8.9)	12 (6.7)
Graduation	3 (3.3)	3 (3.3)	6 (3.3)
Post Graduate	0 (0.0)	0 (0.0)	0 (0.0)
Type of Family			
Single Family	46 (51.1)	48 (53.3)	94 (52.2)
Joint Family	44 (48.9)	42 (46.7)	86 (47.8)
Number of Family Members			
2-4	58 (64.4)	68 (75.6)	126 (70.0)
5-7	25 (27.8)	19 (21.1)	44 (24.4)
8-10	7 (7.8)	3 (3.3)	10 (5.6)
Mean (SD)	4.3 (1.7)	3.5 (1.7)	3.9 (1.7)
Type of Accommodation			
Kachan Ghar (Made of Mud)	0 (0.0)	9 (10.0)	9 (5.0)
Fence-shed House	16 (17.8)	17 (18.9)	33 (18.3)
Tin-shed House	44 (48.9)	23 (25.6)	67 (37.2)
Half-Baked House (Semi Pucca House)	23 (25.6)	27 (30.0)	50 (27.8)
Pucca House (Fully Constructed with Brick and Cement)	7 (7.8)	14 (15.6)	21 (11.7)

SSNP in Education (In Case of Children), Health and Decision-Making Process of Women Beneficiaries

The study conducted a comprehensive analysis of the impact of Social Safety Net Programs (SSNPs) on education, health, and decision-making processes among women beneficiaries of the Old Age Allowance (OAA) and Allowances for the Widowed, Deserted, and Destitute Women (AWDDW) in Dhaka and Kurigram districts, with 90 respondents (50%) from each

district, totaling 180 respondents (100%). The data shows that 65.6% of beneficiaries have children who are currently studying, with a slightly higher percentage in Kurigram (67.8%) compared to Dhaka (63.3%), while 34.4% reported their children are not studying, indicating challenges in ensuring educational access. A significant majority of respondents (60.6%) reported poor physical and mental health, with 62.2% in Dhaka and 58.9% in Kurigram facing health issues, while only 39.4% considered themselves in good health. Nearly all beneficiaries (96.1%) spent their allowance money on treating physical and mental illnesses, with 96.7% in Dhaka and 95.6% in Kurigram utilizing the funds for this purpose, highlighting the critical role of the allowance in addressing health needs. In terms of decision-making, 88.9% of respondents stated their opinions are considered important in family decisions, with equal percentages in both districts, while 11.1% felt their opinions were less important, citing reasons such as unemployment (40.0%), low importance in family/society (30.0%), and inability to provide financial support (30.0%), with no respondents attributing this to their gender. The allowance was reported as helpful in supporting children's education by 66.1% of beneficiaries, with slightly higher support in Kurigram (67.8%) compared to Dhaka (64.4%), though 33.9% found it insufficient or unhelpful, indicating room for improvement in educational support. The allowance was overwhelmingly helpful in treating physical and mental illnesses, with 88.9% of beneficiaries in both districts reporting its positive impact, while only 11.1% found it unhelpful, underscoring its significant contribution to health-related expenses. Additionally, the allowance was highly impactful in enhancing beneficiaries' roles in family decision-making, with 97.5% of respondents in both districts reporting its positive influence, while only 2.5% felt it did not improve their decision-making role, demonstrating the financial support's empowerment of women within their households. Overall, the table highlights the significant role of SSNPs in improving the lives of women beneficiaries, particularly in supporting children's education, addressing health needs, and enhancing participation in family decision-making. However, challenges remain, such as ensuring educational access for all children and addressing the health issues faced by a majority of beneficiaries. The data underscores the importance of these programs in empowering vulnerable women and improving their socio-economic conditions, while also pointing to areas where further support and program enhancements are needed to maximize their effectiveness and reach (**Table 2**).

Table 2: *SSNP in Education (In Case of Children), Health and Decision Making Process of Women Beneficiaries (Beneficiaries of OAD & AWDDW)*

SSNP in Education, Health and Decision Making Process of Women Beneficiaries	Dhaka N(%)=90 (50.0)	Kurigram N(%)=90 (50.0)	Total N(%)=180 (100)
Status of Children Education (Studying or Not)			
No	33 (36.7)	29 (32.2)	62 (34.4)
Yes	57 (63.3)	61 (67.8)	118 (65.6)
Physical and Mental Health Condition (Fit or Not)			
No	56 (62.2)	53 (58.9)	109 (60.6)
Yes	34 (37.8)	37 (41.1)	71 (39.4)
Spending Allowance Money on Treating Physical and Mental Illness			
No	3 (3.3)	4 (4.4)	7 (3.9)
Yes	87 (96.7)	86 (95.6)	173 (96.1)
Importance of Respondents Opinion in Decision Making Process in the Family			
No	10 (11.1)	10 (11.1)	20 (11.1)
Yes	80 (88.9)	80 (88.9)	160 (88.9)
Reasons of Being Less Important of the Respondents Opinion			
Your Unemployment	5 (50.0)	3 (30.0)	8 (40.0)
Low Importance in Family/Society	2 (20.0)	4 (40.0)	6 (30.0)
Not Being Able to Provide Financial Support to the Family	3 (30.0)	3 (30.0)	6 (30.0)
Being Female is Less Important	0 (0.0)	0 (0.0)	0 (0.0)
Other	0 (0.0)	0 (0.0)	0 (0.0)
Impact of Allowance in Child/Children's Education			
Helpful	58 (64.4)	61 (67.8)	119 (66.1)
Not Helpful	32 (35.6)	29 (32.2)	61 (33.9)
Impact of Allowance in Treating Physical and Mental Illness			
Helpful	80 (88.9)	80 (88.9)	160 (88.9)
Not Helpful	10 (11.1)	10 (11.1)	20 (11.1)

Impact of Allowance in Decision Making Process of the Family			
Helpful	78 (97.5)	78 (97.5)	156 (97.5)
Not Helpful	2 (2.5)	2 (2.5)	4 (2.5)

Association among Socio-Economic and Other Indicators with Respondent's Education (In Case of Children), Health and Decision Making Process in the Family

Education (In Case of Children)

This study examines the relationship between socio-demographic and program-related variables and the impact of Social Safety Net Programs (SSNPs) on education among 180 women beneficiaries, with 119 (66.1%) finding the allowance helpful for their children's education and 61 (33.9%) finding it unhelpful. The age distribution shows 31.7% of respondents are aged 61-70, with 28.6% finding the allowance helpful and 37.7% finding it unhelpful, though this relationship was not statistically significant ($P=0.273$). Single-family households (52.2%) were more likely to find the allowance unhelpful (65.6%) compared to joint families (47.8%), where 54.6% found it helpful, a statistically significant relationship ($P=0.016$). Smaller families with 2-4 members (70.0%) were more likely to find the allowance unhelpful (82.0%), while larger families with 5-7 members (24.4%) reported higher helpfulness (27.7%), also statistically significant ($P=0.014$). A majority (88.6%) were either very satisfied (31.2%) or satisfied (57.4%) with the allowance, with 63.5% of satisfied respondents finding it helpful, while dissatisfaction (10.2%) and very unhappy responses (1.1%) were strongly associated with the allowance being unhelpful (27.9% and 3.3%, respectively), a highly statistically significant relationship ($P<0.001$). Among respondents whose children were not studying (34.4%), 93.4% found the allowance unhelpful, while 95.8% of those with children studying (65.6%) found it helpful, a highly statistically significant relationship ($P<0.001$). Nearly all respondents (96.1%) used the allowance to treat physical and mental illnesses, with 99.2% of those who found it helpful for education also reporting its positive impact on health, while 11.5% of those who found it unhelpful did not use it for health treatment, a statistically significant relationship ($P=0.001$). The allowance significantly enhanced women's roles in family decision-making, with 97.5% of those who found it helpful for education reporting increased importance in decision-making, while 27.9% of those who found it unhelpful felt their opinions were less important, often due to unemployment (40.0%) or low societal importance (30.0%), a highly statistically significant relationship ($P<0.001$). The allowance helped 86.1% overcome financial crises, with 98.3%

of those who found it helpful for education reporting improved financial stability, a highly statistically significant relationship ($P<0.001$). Additionally, 90.0% felt the allowance helped eliminate gender discrimination, and 88.9% reported it promoted social inclusion, with 99.2% of those who found it helpful for education noting these positive impacts, both highly statistically significant ($P<0.001$). The table highlights the multifaceted impact of SSNPs, with family structure, satisfaction levels, and children's education status playing significant roles in determining the allowance's effectiveness, while the statistically significant relationships ($P<0.05$) validate the critical role of these variables in shaping program outcomes (**Table 3**).

Health

The study measure the relationship between various socio-demographic and program-related variables and the impact of Social Safety Net Programs (SSNPs) on the health (physical and mental illness) of 180 women beneficiaries, with 160 (88.9%) finding the allowance helpful and 20 (11.1%) finding it unhelpful. The age distribution shows that 31.7% of respondents are aged 61-70, with 31.2% of this group finding the allowance helpful for health, while 35.0% found it unhelpful, though this relationship was not statistically significant ($P=0.702$). Single-family households (52.2%) were slightly more likely to find the allowance unhelpful for health (60.0%) compared to joint families (47.8%), where 48.8% found it helpful, but this relationship was not statistically significant ($P=0.616$). Smaller families with 2-4 members (70.0%) were more likely to find the allowance unhelpful for health (90.0%), while larger families with 5-7 members (24.4%) reported higher helpfulness (26.2%), though this relationship was not statistically significant ($P=0.108$). A significant majority (91.6%) of respondents were either very satisfied (31.2%) or satisfied (57.4%) with the allowance, with 34.0% of very satisfied and 64.1% of satisfied respondents finding it helpful for health, while dissatisfaction (10.2%) and very unhappy responses (1.1%) were strongly associated with the allowance being unhelpful (80.0% and 5.0%, respectively), a highly statistically significant relationship ($P<0.001$). Among respondents whose children were not studying (34.4%), 80.0% found the allowance unhelpful for health, while 71.2% of those with children studying (65.6%) found it helpful, a highly statistically significant relationship ($P<0.001$). Nearly all respondents (96.1%) used the allowance to treat physical and mental illnesses, with 99.4% of those who found it helpful for health reporting its positive impact, while 30.0% of those who found it unhelpful did not use it for health treatment, a highly statistically significant relationship ($P<0.001$). The allowance significantly enhanced women's roles in family

decision-making, with 97.5% of those who found it helpful for health reporting increased importance in decision-making, while 80.0% of those who found it unhelpful felt their opinions were less important, a highly statistically significant relationship ($P<0.001$). The allowance helped 86.1% overcome financial crises, with 96.9% of those who found it helpful for health reporting improved financial stability, a highly statistically significant relationship ($P<0.001$). Additionally, 90.0% felt the allowance helped eliminate gender discrimination, and 88.9% reported it promoted social inclusion, with 99.4% of those who found it helpful for health noting these positive impacts, both highly statistically significant ($P<0.001$). The table highlights the multifaceted impact of SSNPs on health, with satisfaction levels, children's education status, and decision-making roles playing significant roles in determining the allowance's effectiveness, while the statistically significant relationships ($P<0.05$) validate the critical role of these variables in shaping program outcomes (**Table 3**).

Decision Making Process

The study also examines the relationship between various socio-demographic and program-related variables and the impact of Social Safety Net Programs (SSNPs) on the decision-making process within families among 160 women beneficiaries, with 156 (97.5%) finding the allowance helpful and 4 (2.5%) finding it unhelpful. The age distribution shows that 31.2% of respondents are aged 61-70, with 30.8% of this group finding the allowance helpful for decision-making, while 50.0% of those who found it unhelpful were also in this age group, though this relationship was not statistically significant ($P=0.717$). Single-family households (51.2%) were slightly more likely to find the allowance helpful for decision-making (51.9%) compared to joint families (48.8%), where 48.1% found it helpful, but this relationship was not statistically significant ($P=0.577$). Smaller families with 2-4 members (68.8%) were more likely to find the allowance helpful for decision-making (67.9%), while larger families with 5-7 members (25.0%) also reported higher helpfulness (25.6%), though this relationship was not statistically significant ($P=0.394$). A significant majority (96.2%) of respondents were either very satisfied (33.8%) or satisfied (62.4%) with the allowance, with 34.0% of very satisfied and 64.1% of satisfied respondents finding it helpful for decision-making, while dissatisfaction (3.2%) and very unhappy responses (0.6%) were strongly associated with the allowance being unhelpful (75.0% and 0.0%, respectively), a highly statistically significant relationship ($P<0.001$). Among respondents whose children were not studying (28.8%), 28.8% found the allowance helpful for decision-making, while 71.2% of those with children studying (71.2%) also found it helpful, though this relationship was not

statistically significant ($P=1.000$). Nearly all respondents (99.4%) used the allowance to treat physical and mental illnesses, with 99.4% of those who found it helpful for decision-making reporting its positive impact, while 100.0% of those who found it unhelpful also used it for health treatment, though this relationship was not statistically significant ($P=1.000$). The allowance significantly enhanced women's roles in family decision-making, with 96.8% of those who found it helpful reporting improved financial stability, a highly statistically significant relationship ($P<0.001$). Additionally, 96.9% felt the allowance helped eliminate gender discrimination, and 96.9% reported it promoted social inclusion, with 99.4% of those who found it helpful for decision-making noting these positive impacts, both highly statistically significant ($P<0.001$). The table highlights the multifaceted impact of SSNPs on decision-making, with satisfaction levels and financial stability playing significant roles in determining the allowance's effectiveness, while the statistically significant relationships ($P<0.05$) validate the critical role of these variables in shaping program outcomes (**Table 3**).

Table 3: *Distribution of Variables and Relationship with Respondent's (Women Beneficiaries) Education (In Case of Children), Health and Decision Making Process in the Family (N=180)*

Variables	Total N(%)=180	Education (In Case of Children)			Health (Physical and Mental Illness)			Total N(%)=160	Decision Making Process		
		Helpful N(%)=119 (66.1)	Not Helpful N(%)=61 (33.9)	P	Helpful N(%)=160 (88.9)	Not Helpful N(%)=20 (11.1)	P		Helpful N(%)=156 (97.5)	Not Helpful N(%)=4 (2.5)	P
Age											
>=71	30 (16.7)	21 (17.6)	9 (14.8)	0.273	28 (17.5)	2 (10.0)	0.702	27 (16.9)	27 (17.3)	0 (0.0)	0.717
30-40	26 (14.4)	19 (16.0)	7 (11.5)		23 (14.4)	3 (15.0)		23 (14.4)	22 (14.1)	1 (25.0)	
41-50	38 (21.1)	29 (24.4)	9 (14.8)		35 (21.9)	3 (15.0)		36 (22.5)	35 (22.4)	1 (25.0)	
51-60	29 (16.1)	16 (13.4)	13 (21.3)		24 (15.0)	5 (25.0)		24 (15.0)	24 (15.4)	0 (0.0)	
61-70	57 (31.7)	34 (28.6)	23 (37.7)		50 (31.2)	7 (35.0)		50 (31.2)	48 (30.8)	2 (50.0)	
Type of Family											
Single Family	94 (52.2)	54 (45.4)	40 (65.6)	0.016	82 (51.2)	12 (60.0)	0.616	82 (51.2)	81 (51.9)	1 (25.0)	0.577
Joint Family	86 (47.8)	65 (54.6)	21 (34.4)		78 (48.8)	8 (40.0)		78 (48.8)	75 (48.1)	3 (75.0)	
Number of Family Members											
2-4	126 (70.0)	76 (63.9)	50 (82.0)	0.014	108 (67.5)	18 (90.0)	0.108	110 (68.8)	106 (67.9)	4 (100.0)	0.394
5-7	44 (24.4)	33 (27.7)	11 (18.0)		42 (26.2)	2 (10.0)		40 (25.0)	40 (25.6)	0 (0.0)	
8-10	10 (5.6)	10 (8.4)	0 (0.0)		10 (6.2)	0 (0.0)		10 (6.2)	10 (6.4)	0 (0.0)	
Level of Satisfaction in Getting the Allowance											
Very Satisfied	55 (31.2)	41 (35.7)	14 (23.0)	<0.001	53 (34.0)	2 (10.0)	<0.001	53 (33.8)	52 (34.0)	1 (25.0)	<0.001
Satisfied	101 (57.4)	73 (63.5)	28 (45.9)		100 (64.1)	1 (5.0)		98 (62.4)	98 (64.1)	0 (0.0)	
No Opinion	0 (0.0)	0 (0.0)	0 (0.0)		0 (0.0)	0 (0.0)		0 (0.0)	0 (0.0)	0 (0.0)	
Dissatisfied	18 (10.2)	1 (0.9)	17 (27.9)		2 (1.3)	16 (80.0)		5 (3.2)	2 (1.3)	3 (75.0)	
Very Unhappy	2 (1.1)	0 (0.0)	2 (3.3)		1 (0.6)	1 (5.0)		1 (0.6)	1 (0.7)	0 (0.0)	
Status of Children Education (Studying or Not)											
No	62 (34.4)	5 (4.2)	57 (93.4)	<0.001	46 (28.8)	16 (80.0)	<0.001	46 (28.8)	45 (28.8)	1 (25.0)	1.000
Yes	118 (65.6)	114 (95.8)	4 (6.6)		114 (71.2)	4 (20.0)		114 (71.2)	111 (71.2)	3 (75.0)	
Impact of Allowance in Child/Children's Education											
Helpful	119 (66.1)	-	-	-	118 (73.8)	1 (5.0)	<0.001	116 (72.5)	115 (73.7)	1 (25.0)	0.112
Not Helpful	61 (33.9)	-	-	-	42 (26.2)	19 (95.0)		44 (27.5)	41 (26.3)	3 (75.0)	
Spending Allowance Money on Treating Physical and Mental Illness											
No	7 (3.9)	0 (0.0)	7 (11.5)	0.001	1 (0.6)	6 (30.0)	<0.001	1 (0.6)	1 (0.6)	0 (0.0)	1.000
Yes	173 (96.1)	119 (100.0)	54 (88.5)		159 (99.4)	14 (70.0)		159 (99.4)	155 (99.4)	4 (100.0)	
Impact of Allowance in Treating Physical and Mental Illness											
Helpful	160 (88.9)	118 (99.2)	42 (68.9)	<0.001	-	-	-	-	-	-	-
Not Helpful	20 (11.1)	1 (0.8)	19 (31.1)		-	-	-	-	-	-	-
Importance of Respondents Opinion in Decision Making Process											
No	20 (11.1)	3 (2.5)	17 (27.9)	<0.001	4 (2.5)	16 (80.0)	<0.001	-	-	-	-
Yes	160 (88.9)	116 (97.5)	44 (72.1)		156 (97.5)	4 (20.0)		-	-	-	-
Overcoming Financial Crisis by Receiving Allowance											
No	25 (13.9)	2 (1.7)	23 (37.7)	<0.001	5 (3.1)	20 (100.0)	<0.001	9 (5.6)	5 (3.2)	4 (100.0)	<0.001
Yes	155 (86.1)	117 (98.3)	38 (62.3)		155 (96.9)	0 (0.0)		151 (94.4)	151 (96.8)	0 (0.0)	
Meeting Basic and Other Needs before Receiving the Allowance											
No	46 (25.6)	20 (16.8)	26 (42.6)	<0.001	26 (16.2)	20 (100.0)	<0.001	30 (18.8)	26 (16.7)	4 (100.0)	<0.001
Yes	134 (74.4)	99 (83.2)	35 (57.4)		134 (83.8)	0 (0.0)		130 (81.2)	130 (83.3)	0 (0.0)	

Meeting Basic and Other Needs after Receiving the Allowance											
No	24 (13.3)	3 (2.5)	21 (34.4)	<0.001	5 (3.1)	19 (95.0)	<0.001	9 (5.6)	5 (3.2)	4 (100.0)	<0.001
Yes	156 (86.7)	116 (97.5)	40 (65.6)		155 (96.9)	1 (5.0)		151 (94.4)	151 (96.8)	0 (0.0)	
Solving Daily Life Problems after Receiving the Allowance											
No	23 (12.8)	2 (1.7)	21 (34.4)	<0.001	4 (2.5)	19 (95.0)	<0.001	7 (4.4)	4 (2.6)	3 (75.0)	<0.001
Yes	157 (87.2)	117 (98.3)	40 (65.6)		156 (97.5)	1 (5.0)		153 (95.6)	152 (97.4)	1 (25.0)	
Impact of Allowance in Eliminating Gender Discrimination for Women											
Helpful	162 (90.0)	118 (99.2)	44 (72.1)	<0.001	159 (99.4)	3 (15.0)	<0.001	155 (96.9)	155 (99.4)	0 (0.0)	<0.001
Not Helpful	18 (10.0)	1 (0.8)	17 (27.9)		1 (0.6)	17 (85.0)		5 (3.1)	1 (0.6)	4 (100.0)	
Increasing Status in Family or Society Due to Receiving the Allowance											
No	21 (11.7)	2 (1.7)	19 (31.1)	<0.001	3 (1.9)	18 (90.0)	<0.001	7 (4.4)	3 (1.9)	4 (100.0)	<0.001
Yes	159 (88.3)	117 (98.3)	42 (68.9)		157 (98.1)	2 (10.0)		153 (95.6)	153 (98.1)	0 (0.0)	
Impact of Allowance in Promoting the Social Inclusion of Women											
Helpful	160 (88.9)	118 (99.2)	42 (68.9)	<0.001	159 (99.4)	1 (5.0)	<0.001	155 (96.9)	155 (99.4)	0 (0.0)	<0.001
Not Helpful	20 (11.1)	1 (0.8)	19 (31.1)		1 (0.6)	19 (95.0)		5 (3.1)	1 (0.6)	4 (100.0)	

DISCUSSION

The socio-demographic profile of the respondents in this study highlights the vulnerability of women beneficiaries enrolled in the Old Age Allowance (OAA) and Allowances for the Widowed, Deserted, and Destitute Women (AWDDW) programs. The majority of beneficiaries is elderly, widowed, divorced, or abandoned, and predominantly possesses low levels of education. This observation is consistent with previous studies, which reported that the OAA in Bangladesh primarily targets older, marginalized women with minimal formal education and weak socio-economic standing (Golam et al., 2023). Similarly, it has been observed that most beneficiaries of social safety net programs in rural Bangladesh are women with fragile family support systems and low educational attainment, increasing their dependency on government assistance (The Business Standard, 2021). The findings in this study, indicating over 28.9% of respondents as illiterate and most living in tin-shed or semi-pucca houses, reinforce this socio-economic precocity. Moreover, widowhood and abandonment, reported in 42.8% and 9.4% of respondents respectively, further exacerbate their disadvantaged positions, as noted by other scholars (World Bank, 2019). This study reveals that 65.6% of women beneficiaries have children currently studying, and 66.1% report that SSNPs assist in supporting their children's education. However, approximately one-third of the beneficiaries still find the educational support inadequate. This finding aligns with previous research, which suggested that cash transfers in Bangladesh contribute to improved access to education but often fail to cover the full costs associated with schooling

(Bari, 2017). Further, it has been argued that smaller cash allowances might alleviate educational expenses to some extent but are insufficient to cover indirect costs such as transportation, uniforms, and supplementary materials (Pradhan & Afrin, 2015). Our study also identified a statistically significant relationship between family structure and the impact on children's education, reflecting earlier studies which suggested that joint family systems provide better resource-sharing opportunities, thereby enhancing the effectiveness of allowances (Hossain et al., 2023).

The study found that a majority (88.9%) of women beneficiaries use the allowances primarily to address their physical and mental health needs. This finding aligns with previous research showing that health expenditures often consume a significant portion of social assistance funds among elderly women in Bangladesh (Shahabuddin et al., 2018). Regular cash transfers are instrumental in reducing financial barriers to healthcare access, as highlighted in other contexts (Mondal, 2016). However, like our findings, other studies also emphasize that without additional complementary healthcare programs, such allowances alone may not be sufficient to fully address chronic health vulnerabilities. Additionally, satisfaction with program delivery and the adequacy of allowance amounts were found to influence whether beneficiaries perceived improvements in their health status, as corroborated by earlier studies (Uddin, 2013). A noteworthy finding is that 97.5% of the respondents felt that receiving the allowance strengthened their role in family decision-making processes. This observation is supported by previous research showing that targeted cash transfer programs enhance women's bargaining power within households by improving their control over financial resources (Khan, 2018). Other studies have also emphasized that social safety nets indirectly foster women's agency by increasing their economic contributions, leading to greater authority in decision-making (Peterman et al., 2024). Moreover, it has been demonstrated that a positive relationship exists between social protection schemes and women's participation in household financial decisions, particularly when women are direct beneficiaries of the programs (Kirkwood et al., 2024). Our findings support this perspective, with a statistically significant association between financial stability and increased decision-making power among beneficiaries.

CONCLUSION

This study provides a comprehensive analysis of the impact of Social Safety Net Programs (SSNPs), specifically the Old Age Allowance (OAA) and Allowances for the Widowed,

Deserted, and Destitute Women (AWDDW), on women beneficiaries in Bangladesh. The findings highlight the significant role these programs play in improving the socio-economic conditions of vulnerable women, particularly in the areas of education, health, and decision-making processes within households. The study reveals that the majority of beneficiaries are elderly women, widowed, or deserted, with low educational attainment and limited access to resources. Despite these challenges, the financial assistance provided by the OAA and AWDDW programs has been instrumental in alleviating poverty, improving access to healthcare, and enhancing the social status of these women. A significant proportion of beneficiaries reported using the allowance to treat physical and mental illnesses, underscoring the critical role of these programs in addressing health needs. In terms of education, the allowance has been helpful in supporting children's education for a majority of beneficiaries, although challenges remain in ensuring educational access for all children. The study also found that the allowance has empowered women to participate more actively in household decision-making processes, with a large majority reporting that their opinions are now considered important in family decisions. The study identifies several areas for improvement, including the need for better targeting of beneficiaries, increased awareness of the programs, and enhanced monitoring mechanisms to ensure the effective implementation of SSNPs. Additionally, the findings suggest that expanding the coverage and increasing the amount of the allowance could further enhance the positive impacts of these programs. Overall, the study underscores the importance of SSNPs in empowering vulnerable women and improving their socio-economic conditions. The findings provide valuable insights for policymakers and program implementers to refine and strengthen these programs, ensuring that they continue to address the needs of the most marginalized populations in Bangladesh. By doing so, SSNPs can play a pivotal role in promoting gender equality, reducing poverty, and fostering social inclusion in the country.

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Declaration of Competing Interest

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

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