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Understanding Elderly Loneliness: A Socio-Psychological Analysis in Bangladesh

Dr. Md. Azizur Rahman

azizurmother77@gmail.com

Southeast University

Research Article

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Abstract

Background: The process of urbanization, economic development, and the transition from extended to nuclear families in Bangladesh negatively affect the social, emotional, and psychological well-being of urban senior citizens. This paper aims to determine the social factors associated with the feeling of loneliness among urban senior citizens and identify their emotional challenges and coping mechanisms in a rapidly urbanizing developing country like Bangladesh.

Studies on human loneliness and elderly are either quantitative or emphasize the epidemiological aspects of the phenomenon. There is a need for qualitative studies to better understand the effects of urbanization on the social and emotional aspects of the lives of the elderly population in the Global South.

Methods: A qualitative case study method was used to interview 21 elderly people aged 60 years or Elderly. Observational data were collected to complement the interview data. The thematic analysis approach was used to analyze the interview data.

Results: The study revealed that the process of urbanization, especially when associated with the transition from extended to nuclear families, results in the loss of social and intergenerational support networks that cause feelings of abandonment, uselessness, and loneliness among the elderly. Although the participants coped with the loneliness using such mechanisms as faith in God and engaging in regular social activities, such strategies could not eliminate their sense of isolation, which often aggravates their mental and physical health problems.

Conclusion: The findings contribute to the understanding of the effects of urbanization on social support networks among the elderly in developing countries. At the local level, the findings will be used to develop recommendations on how urban senior citizens can cope with the adverse effects of urbanization. At a global level, the study adds to the limited literature on the social, emotional, and psychological effects of urbanization on the elderly. It also demonstrates the importance of using qualitative case study methods to conduct exploratory studies on social science issues, particularly in populations with little access to education and health services.

Key Words: Elderly loneliness, Socio-psychological analysis, Urbanization, Family nuclearization, Dhaka (Bangladesh), Global South elderly population.

Introduction

The rapid urbanization, socio-economic restructuring, and demographic transitions in South Asia have significantly changed historical social safety nets. In Bangladesh, where the geriatric population will soon constitute a considerable proportion of the country's total population, the traditional extended family structure that provided physical, financial, and emotional care has transformed into a nuclear setup [1]. Dhaka, which is already grappling with rapid industrialization, high-density and spatial overcrowding, and youth out-migration, is pushing its households into smaller nuclear units and, as a consequence, its senior citizens into isolation, both emotionally and physically. The mental health of the elderly in urban Bangladesh is at risk, as evidence suggests that late-life loneliness can have adverse cardiovascular, cognitive, and mortality effects. However, the current urban development and public health policies in low- and middle-income countries do not prioritize geriatric well-being.

Although the mental health of the urban elderly is increasingly being recognized as a critical public health issue, most of the literature in Bangladesh and the Global South focuses on quantitative survey measures, cross-sectional prevalence estimates, and depression screening tools [2,1]. While these studies highlighted the fact that a considerable proportion of the elderly population experiences loneliness, they failed to explore the lived experiences of the urban poor who live through the process in highly localized contexts. Literature lacks an in-depth examination of the multifaceted process by which the elderly in Bangladesh negotiate their sense of identity, belonging, emotional loss, and coping mechanisms in the context of urban social isolation, nuclearization, and shifting demographics. This qualitative study aimed to contribute to filling this research gap by exploring the lived experiences of elderly people who express feelings of social isolation and loneliness in Dhaka's urban area. This study's objectives were; Identify the sources and triggers of social isolation and loneliness among the elderly in urban Bangladesh, examine how the process of family nuclearization and spatial redistribution affects the elderly's sense of emotional belonging and mental well-being and investigate how the elderly cope with the loss of identity and the burden of being the breadwinner throughout their lived experiences of late-life social isolation and loneliness.

An interpretative qualitative case study research design was applied for this study, which explored the phenomenon of late-life social isolation and loneliness in its natural context. In particular, this study focused on the lived experiences of 21 case study participants aged 60 and Elderly who reside in Dhaka, Bangladesh. A PPS (Probability Proportional to Size) sampling technique was applied to recruit the study's participants, who could represent the perspectives of the geriatric population living in different socio-economic backgrounds, living arrangements (nuclear family, living

alone, living with a spouse), and genders. The data were collected through semi-structured in-depth interviews and non-participatory observations conducted within the selected participants' households. Qualitative data gathered from the interviews were analyzed using an inductive thematic analysis, wherein the main themes emerged through the constant comparative method of analyzing participants' stories and experiences.

The findings of this study demonstrated that the sources of elderly loneliness in Bangladesh are rooted in structural shift and spatial pressure, not social isolation. Urbanization processes such as shifting to nuclear families and the economic burden on younger generations often leave the elderly staying at home alone. The study also revealed that the phenomenon of "solitude in co-residence" is prevalent among the elderly in Bangladesh's urban areas, which refers to seniors living with their children but lacking emotional intimacy and autonomy. The structural triggers of late-life loneliness and social isolation in Bangladesh include the loss of autonomy and decision-making role as a result of aging, the perception of uselessness by the younger generations, and the out-migration of youth. Furthermore, the findings suggest that the elderly often engage in adaptive coping strategies such as increased religious practices, interacting with neighbors, and limited digital communication to mitigate the effects of social isolation and loneliness in urban areas. Nonetheless, without sufficient support from a local community, such protective measures could be ineffective and lead to severe psychological distress and poor self-reported physical health among the elderly.

While this study aimed to comprehend the effects of urbanization on the mental well-being of the elderly in Bangladesh, the findings could have implications for other low- and middle-income countries in the Global South. Rapid urbanization and industrialization in Asia, Africa, and Latin America have placed tremendous social and financial pressure on the traditional extended family setup, disrupting intergenerational living and care practices. This study's qualitative analysis of the triggers and effects of social isolation and loneliness might contribute to designing effective urban interventions that address the gaps in the current institutional frameworks in recognizing and responding to geriatric mental health issues.

Objectives

This qualitative study aimed to contribute to filling this research gap by exploring the lived experiences of elderly people who express feelings of social isolation and loneliness in Dhaka's urban area. This study's objectives were as follows:

- Identify the sources and triggers of social isolation and loneliness among the elderly in urban Bangladesh.
- Examine how the process of family nuclearization and spatial redistribution affects the elderly's sense of emotional belonging and mental well-being.
- Investigate how the elderly cope with the loss of identity and the burden of being the breadwinner throughout their lived experiences of late-life social isolation and loneliness.

Literature Review

Literature Review The socio-psychological aspect of late-life isolation is an inevitable consequence of global demographic transitions occurring in developing countries. Geriatric literature worldwide acknowledges the phenomenon of elderly loneliness emerging in micro-level social spheres and large-scale urban environments [3,4]. Particularly for South Asian populations, traditional joint families have been the primary caregivers for Elderly generations. However, with rapid urbanization and economic growth, the younger generations are forced to live far away from their parents, limiting their scope of regular interaction [1] . Recent studies report an urbanization-induced rise in the prevalence of solo-living arrangements among Elderly South Asians [2,1]. . However, as the younger family members move away, the elderly parents are highly unlikely to adjust their routines and behaviors to fit inside the smaller family unit [1]. This results in a form of "solitude in co-residence" wherein the Elderly generation loses their social role as caregivers and becomes estranged from their children due to a lack of mutual understanding [5]. Literature reports a psychological link between role-loss and depressive symptoms experienced by the elderly [5].

Despite the recognized impact that late-life isolation has on the physical and mental well-being of the affected population, there is a lack of contemporary research regarding the phenomenon. Particularly within South Asia, most studies conducted on geriatric isolation are quantitative [2,1]. These resources highlight the key risk factors for post-retirement loneliness but fail to comment on the nuances of the psychological state experienced by isolated elderly adults. Studies show a close link between urbanization, the dissolution of larger family units, and overall decreases in the physical as well as mental well-being of the elderly [4]. Additionally, much research points to the use of various adaptive strategies by geriatrics to combat isolation, such as increased religious activity or outreach to local communities. However, these strategies are largely found to be ineffective against the larger environmental pressures

[3,5]. A qualitative examination of the socio-psychological effects of geriatric isolation in an urban environment may help recognize the unique impact that such a setting has on the human psyche.

Theoretical Framework

Elderly is a complex process, particularly for the elderly living in the modern whirlwind of a growing metropolis such as Dhaka. Therefore, this study employed three interrelated sociological and psychological frameworks that explain the phenomena occurring at the intersection between social relationships, elderly processes, and urbanization. More specifically, the three theoretical perspectives are Social Exchange Theory, Role Theory, and the Social Relationship Expectations (SRE) Framework. The choice of these particular approaches is justified by their ability to explain how the changing social environment impacts senior citizens from both social and psychological standpoints.

Social Exchange Theory

The Social Exchange Theory (SET) was initially advanced by Homans [6] and later expanded by Bengtson and Kuypers [7] who focused on the process of elderly. According to SET, any social interaction between individuals is characterized by the idea of exchange, i.e. reciprocal giving and taking. In South Asian contexts, exchange usually occurs within the framework of the joint family system, within which multiple generations live together. Therefore, parents care for their children and grandchildren and, eventually, expect the same level of care in exchange for their efforts [8]. However, the process of urbanization, along with the associated financial challenges and the transition from extended to nuclear families, significantly complicates the exchange dynamics between generations. For instance, as the elderly retire and lose their livelihood and financial power, their value proposition to younger family members is severely reduced [2]. As a result, Elderly adults experience social isolation due to their reduced role and status within the family. Social Exchange Theory helps to explain how the dynamics of give-and-take between different generations change throughout the process of urbanization and aging.

Role Theory

Role Theory posits that individuals acquire specific psychological dispositions based on the roles they play or played throughout their lives. Thus, the shifts in roles and the corresponding changes in one’s perceptions and behavior trigger

significant internal discussions [9]. In this framework, elderly is considered a role loss since individuals gradually give up multiple roles, including employed worker, family caregiver, and wage earner, to retirees [8].

Elderly are especially stressful for people living in urban areas, where the process of nuclearization is particularly intense. In South Asian cultures, Elderly adults used to exercise relative authority in the extended family due to their age and experience. However, with the transition from joint to nuclear households, the elderly often have to give up their roles within the family system, which causes severe distress [1]. According to Role Theory, the loss of authority and the associated identity dysfunctions trigger negative psychological responses, including feelings of functional uselessness and loss of self-esteem.

Social Relationship Expectations (SRE) Framework

Finally, a convenient conceptual lens for understanding the psychological causes of loneliness is provided by the Social Relationship Expectations (SRE) Framework developed by Akthar-Khan et al.[10]. According to the Social Relationship Expectations Framework, loneliness is a "multifaceted affective response to perceived social relationships that incorporate six dimensions of availability, nurture, closeness, valuing, generativity, and respect." The Social Relationship Expectations framework is particularly useful for analyzing the relationship between urbanization and loneliness because it explicitly takes into account the individual expectations in terms of social bonds. The process of urbanization often decreases the availability of social support from family members, especially when the latter move away from the elderly parents to start their own families. As a result, Elderly adults develop feelings of loneliness and loss of social integration. In particular, the Social Relationship Expectations framework helps explain why the elderly living in the same households as their children still report that they cannot obtain the six dimensions of social relationships from their family members, particularly availability, nurture, and closeness [10].

Methodology

Research Design

A qualitative case study design [11] was adopted for this research, since it is appropriate for "describing an issue or phenomenon in a contemporary society that takes place in a bounded context in which the boundaries between the phenomenon and context are not easily apparent" [12]. Specifically, the aim of this study was to explore the socio-psychological phenomenon of elderly loneliness. As a multi-spirited contemporary challenge, elderly loneliness is

inherently linked to the ongoing changes in urban spatial structures as well as shifts in family dynamics [13]. For these reasons, a qualitative inductive approach was considered appropriate for eliciting participants' views, lifestyles, and adaptive mechanisms in rich detail.

Study Context and Participant Selection

This study was conducted in the urban setting of Dhaka, Bangladesh, from 07 February 2026 to 30 May 2026. Dhaka is a large metropolis characterized by high population density and cost of living, as well as an ongoing shift from extended to nuclear family forms [1].Purposive sampling [12] was used to select a sample of elderly adults who met the following inclusion criteria: Age 60 or elderly, residing in the urban setting of Dhaka (for at least five years), ability to provide informed consent. Furthermore, an adequate representation of participants was selected across the following categories: Gender, living arrangements (living with nuclear family, living with spouse only, living alone), retirement status, and socioeconomic background. A sampling decision was made based on the criterion of data saturation. The data collection procedure was terminated when constant recruitment of new participants did not yield new information, namely after 21 detailed case studies [12].

Data Collection Methods

The main data collection methods included face-to-face semi-structured in-depth qualitative interviews and non-participant observations: The questions were developed around broad socio-psychological themes and sought to explore participants' lifestyles, daily routines, and perceptions of domestic authority, feelings of loneliness, and adaptive mechanisms of Bangladeshi elderly adults. The study collected primary qualitative data from the elderly population residing in urban areas of Bangladesh. The study sample was narrowed down to participants aged 60.0 years or elderly, with a mean age of 66.71, while the minimum and maximum ages were 60.0 and 81.0, respectively. Each interview consisted made during the interviews, in order to capture non- verbal communication and expressive-vocal phenomena. Additionally, observations were conducted in the participants' home, before and after the interviews, in order to explore the spatial structure of the domestic setting. In particular, attention was paid to the general living conditions and the degree to which the elderly participant was integrated or isolated from the rest of the family [11]. The instrument was initially drafted in English, translated into Bengali, and back-translated to ensure linguistic accuracy and cultural relevance. The full English version of the interview guide is available as **Supplementary File 1.**

Data Analysis

Qualitative data management and coding were performed using NVivo (Version 14, QSR International). As the sole author, I followed Braun and Clarke's Reflexive Thematic Analysis six-phase framework [14] to analyze the verbatim English transcripts of the semi-structured qualitative interviews. Firstly, recorded interviews were transcribed verbatim in Bengali (state language) and then translated into English for analysis. Then I uploaded verbatim English transcripts of the semi-structured qualitative interviews into the software to develop a structured codebook while storing them in the software as a data management tool. The line-by-line open coding and manual coding procedures also took place in this step. My iterative coding was done by re-coding my initial open coding three times during the first, second, and third steps to achieve thematic analysis consistency as a single author. Using mind-mapping and hierarchy features, I grouped connected codes into sub-themes and themes.

Data Trustworthiness and Rigor

Trustworthiness and research rigor were maintained through the strategies that triangulation was used in this study by employing two data collection methods [11]. Member checking that extracts of the most common themes were shared with n = 5 participants, in order to ascertain that these resonated with their lived experiences [12]. Besides, an audit trail was maintained by keeping records of all raw transcripts, as well as analytical decisions.

Ethical Considerations

Finally, ethical considerations were taken throughout the research process. In particular, informed consent was obtained from all participants (verbal/thumbprint for illiterate participants), specifying the voluntary nature of the research, as well as the right to withdraw at any point. In addition, confidentiality was maintained, by providing no identifying information about the participants or their families. In particular, all quotes and case descriptions were anonymized.

Results

The qualitative case study conducted among 21 participants in urban Dhaka uncovered the ways in which the phenomenon of elderly loneliness was determined by the urban context. It was found that the participants experienced

solitude in co-residence due to a combination of factors related to their physical environment and the peculiarities of urban living. The below table 1 focused clearly on demographic, socio-economic factors of loneliness and some key coping strategies as well as table -2 focused thematic framework: themes, subthemes, and key findings there all flourish the real scenario of elderly people situation.

[Insert Table 1 about here-]

Table 1 contains 21 cases of elderly persons identified in Dhaka. It provides a glimpse into their age, gender, place of residence, socioeconomic status, living arrangements, primary socio-psychological drivers of loneliness, and coping mechanisms. Overall, it can be said that the main sources of loneliness for the respondents were related to the urban built environment, intergenerational relations, and financial dependency.

[Insert Table 2 about here]

Table 2 provides a thematic classification of the qualitative results. The table lists the identified themes, sub-themes, and supporting evidence. It highlights urban structural factors, intra-household social dynamics, modifying factors, and adaptive capacities that contribute to the geriatric syndrome of loneliness in the context of Dhaka's informal settlements. The findings of the study were grouped into the four major thematic categories presented orderly here with the illustrative excerpts from the participant interviews.

Theme 1: Solitude in Co-Residence and Household Spatial Marginalization

Among the participants, a common theme concerned the fact that living with one's children did not equal social and emotional support due to the circumstances of modern Dhaka living. Particularly, the participants stressed the importance of living space in terms of both personal area and family members' arrangement. Given the high density of Dhaka, many participants chose to live in small flats with their children, which oftentimes caused loneliness due to the lack of personal space. Furthermore, the participants stated that the busy lifestyle of their children who prefer urban work opportunities leave little time for parent-child interaction.

Case Study 03: The Silent Apartment

Male, 68 years old, retired civil servant, currently living with his son, daughter-in-law, and two grandchildren in a three-bedroom apartment in Dhanmondi, Dhaka. The participant belongs to a middle-class family and leads a solitary

lifestyle because all family members except him are employed or pursue higher education. The respondent spends most of his time in a small room on the second floor of their flat. He has limited interaction with his family members as they only communicate when the son brings medicines or pays the electricity bill. The participant has meals prepared for him on a tray in his room and spends 14 hours communicating with his mobile phone or reading newspapers.

Example quote

"People say that I am lucky to live with my son's family in this beautiful flat, but, in fact, this room has been my prison for the last four years. My son arrives at home very late, and he immediately goes to his laptop. My grandchildren are always busy with their mobile phones or listening to music through earphones. They do not even bother to look at me when passing through my door. I have dinner in this room, watching the clock, and I have not met my family for the last fortnight, although they live just 50 meters away".

The case study highlights the impact of poor intergenerational relations on the mental well-being of the elderly. According to the Social Relationship Expectations (SRE) Framework, the participant is suffering from extreme loneliness due to the lack of social interaction with his children and grandchildren, which has significantly impaired his psychological function.

Case Study 05: The Transnational Migration Void

Participant 05 belongs to the male gender, is 71 years old and was previously employed at a bank. The interviewee is currently retired and resides in a high-rise apartment in Gulshan, Dhaka, with his wife. Additionally, it is reported that all of the participant's children live permanently in Canada and the United Kingdom. Having financial stability allows Participant 05 to afford anything he desires for his retirement. With his wife's support, he can also pay for a nurse to take care of him. Nevertheless, the situation where his children relocated abroad makes the participant feel lonely. Moreover, the communication with his children is limited to weekly video calls due to the distance.

Example quote

"My friends say, 'your children are all in west, they must be so proud of you,' but money and remittances cannot be placed on the dinner table. When I fell down in the bathroom last month, it was a hired maid who helped me to get up, not my son. We chat on WhatsApp every Sunday for 15 minutes, but what can you say in 15 minutes? They have their own life in Toronto, and we are decaying in Gulshan. Money can bring comfort but not presence."

Case 05 perfectly demonstrates the complex nature of the Social Relationship Expectations (SRE). Despite satisfying financial needs, migration undermines a person's social connection and caring, proving that even the most privileged categories of the urban population are not immune to dramatic emotional loneliness.

Case Study 09: The Domestic-Worker Caregiver Substitution

The participant is a female, 79 years old, and widowed, currently residing with her corporate executive daughter in Banani, Dhaka. Since the daughter is a corporate executive and works for 12 hours a day, she hired a maid to take care of the participant. As a result, the participant's physical needs such as food, medication, and personal care are entirely managed by the maid. Thus, the daughter fulfills her duty as a daughter by paying salaries to the maid.

Example quote

"My daughter pays a young girl 10,000 Taka a month to bathe me, feed me, and give me pills. The girl is polite, but she is a paid employee doing a job. She cleans my room while looking at her phone. My daughter feels that she has done her duty by paying the bill. When she arrives home at night, she informs me that she is too tired to talk. I require a daughter to sit with me for 10 minutes and inquire about my condition, not a paid nurse."

Case 09 reflects on the commodification of the care for the children. By paying for the services of a sitter, the mother only satisfies a part of the children's needs, since they need both emotional and physical support, and not the hired sitter is able to provide the former. Hence, the case relates to the inability to meet all expectations within the framework of the Shared Responsibility Environment.

Theme: 2. Involuntary role loss, loss of authority, and devaluation

According to the Role theory and Social Exchange Theory, the respondent has lost his role as a breadwinner and is deprived of his status as a family member who can take part in decision-making due to the shift from joint families to the nuclear family setup.

Case Study 11: The Displaced Household Head

Female, 72 years old, widowed, living in Mirpur, Dhaka with her married son and daughter-in-law. After her husband passed away and the plot in the village was sold to pay for his medical bills, Participant 11 moved in with the children but lost the central pillar of her life – managing the family household.

Example quote

"In my house we didn't buy or decide anything without asking me first. But here, my daughter-in-law redecorates the house, she decides what to buy for food and what to do with the grandchildren. I give advice, but they tell me politely that I live in the past and that I have no understanding of the modern world. That I'm just a burden to them that just lives off their money."

The problem with the participant's adjustment lies in her reduced exchange value due to decreased economic contribution and involvement in the decision-making process of her children.

Case Study 14: Poverty, Informality, and the Double Burden of Aging

Female, 67 years old, is widowed, ex-domestic worker, lives in a single-room tin-shed house in a slum settlement in Korail, Dhaka with her day-laborer son, daughter-in-law, and three grandchildren. Unlike their middle-class counterparts, who enjoy the luxury to be jobless as they enter elderly, P14 has to face the despair of not being able to earn a living due to elderly and severe knee arthritis. In a family that survives on the daily wage of the breadwinner son, the respondent is regarded as a liability rather than an asset.

Example quote

"When I was working by cleaning houses to earn some money, my son and daughter-in-law treated me with respect. But now when my hands shake and my legs buckle, I am a burden to their little earnings. They eat their fill and leave

me the leavings. When I complain about my body pains, my daughter-in-law says, 'Everyone has to grow old, so don't waste our hard-earned money on medicines.' I am not only lonely, but I am also scared of becoming bedridden."

Grounded in social exchange theory, case 14 illustrates how poverty may undermine the value of the elderly. In this scenario, poverty is associated with a lower standard of living, which tends to aggravate the perception of family members about their elderly parents. Specifically, when the younger generation is unable to provide a suitable income, respect, and care for the elderly, their overall worth is significantly reduced.

Case Study 16: Gendered Widowhood Stigma and Financial Disempowerment

Female, 69 years old, widowed, resides with her late husband's extended family in Tejgaon, Dhaka.

Contextual Background & Living Conditions: As she did not have any personal savings or property in her name, Participant 16 faced immediate status degradation after her husband's demise that denied her any say in major family events and financial matters.

Example quote

"When my husband was alive, I was the matriarch of this family. The moment he passed away I became an inconvenient ghost in the house. Whenever there is a wedding in the family or talk of property they politely ask me to stay in my room because my presence is an unwelcome reminder to them of their obligations to me. They give me food and clothes. I feel like a charity. Widowhood in the city robs you of your money and your dignity at the same time."

Case 16 presents a case of gender-based widowhood and poverty. Based on Role Theory, the loss of one's partner who has a job in the city, while the woman has no personal income source provokes depression and a sense of self-irrelevance. The syndrome of social death caused by the loss of one's role as a breadwinner leads to emotional deprivation in the elderly

Theme 3: Loss of Exchange Value: Spatial Segregation and the Erosion of Urban Community Spaces

The participant's story demonstrates the theme of loneliness and loss of exchange value experienced by many elderly as they lose their central position in the family economy and have to rely on their children for material support. This

is also reinforced by the spatial division of Dhaka into highly congested areas unfit for senior citizens and the commercialization of public spaces.

Case Study 17: The Vertical Cage

Male, 76 years old, retired school teacher, lives alone with elderly wife on the 5th floor of a walk-up apartment building in Mohammadpur, Dhaka. participant 17 suffers from mild osteoarthritis, making it physically impossible for him to go downstairs alone, especially as his apartment complex has no elevator. the combination of uneven pavements and heavy traffic makes it inadvisable for him to exit his apartment without assistance.

Example quote

"Ten years ago, I used to be able to walk to the local tea stall after evening prayers to chat with my friends about the latest news and political upset. Now, not only have the open tea stalls been swallowed up by commercial development, But I would still have to navigate a maze of traffic to get there. I can't Just stroll outdoors like I used to – there isn't a single seat in this city for an elderly man to rest on. We may have built this city up, but It has ultimately been a cage forced upon us all."

In case 17, we see how the failure of the urban environment to cater to the needs of its senior citizens has resulted in a physical as well as social isolation. By privatizing public space and making it unnavigable, society has effectively segmented its elderly into their own isolated 'social cohorts.'

Case Study 19: The Childless Widower in Informal Housing

The participant is a male, 78 years old, childless widower, ex-small-shop owner, and currently rents a single sub-let room in the Old Dhaka (Puran Dhaka). Having lost his wife a decade ago and having no surviving children, the participant relies solely on informal neighborhood charity and distant relatives for survival. The extremely dense, narrow alleyways and crumbling architectural infrastructure of Puran Dhaka render it impossible for him to navigate the neighborhood without assistance.

Example quote

"The alley outside my room is just two feet wide. There are motorcycles, electric cords, and open drains. It is hard to step outside without falling down or getting hit by a bike. The old Dhaka used to be a beautiful town. People used to sit on verandahs (roak) and chat for hours. Now every building has been converted into wholesale godown or factory. I sit in this dark room, listening to the noise of machines outside, waiting for someone to drop off my evening meal."

Case 19 is concerned with the erosion of traditional communal spaces (roak culture in Old Dhaka) in the urban environment. The transformation of residential heritage areas into commercial zones and the lack of institutional social safety nets for childless seniors result in total structural abandonment and spatial confinement.

Theme 4: Passive Coping Strategies versus Chronic Psychological Strain

To cope with ubiquitous isolation, the participants used active strategies to alleviate the negative effects. Yet, it is evident that there was a demarcation between passive adaptation (which provided only short-term reprieve) and structural resolution (that remains unfulfilled).

Case Study 08: Faith as a Refuge Essay

Female, 65 years old, is widowed and lives with her daughter's family in Utara, Dhaka. Her caregivers are often away due to corporate careers. The participant spends her daytime hours engaged in religious practices, prayer, and listens to Islamic lectures on television to pass time and to alleviate anxiety and emptiness.

Example quote

"When the house is empty, and the silence becomes unbearable, I sit on my prayer mat. I read the Quran for hours till my mind wanders off. It helps to keep my mind and heart occupied. Allah is the only entity that listens to me. But when I sit down to pray, and I put away my mat, the emptiness of this room folds around me again. Prayer keeps me from losing my sanity, but it cannot replace a human being in my life."

The case scenario demonstrates that while internal mechanisms such as spiritual practice might help the elderly to cope with triggers for delusional or psychotic episodes effectively, the basic need for human interaction remains unaddressed. Hence, this population might report higher instances of feeling lonely and display symptoms of depression and insomnia.

Case Study 21: Digital Adaptation and Virtual Solitude

Female, 63 years old, retired high school teacher, lives with her unmarried daughter in Lalmatia, Dhaka. Participant 21 is quite tech-savvy and uses her smartphone to her heart's content. Her preferred social media platforms include YouTube and Facebook groups for senior citizens because she tries to kill time as she feels lonely at home

Example quote

"I spend hours watching religious lectures and news channels on Facebook. It keeps me from sitting in silence. But social media is an illusion. You see hundreds of posts and comments but when you put the phone down the room is completely dead. A smartphone can occupy your intellect but it can never touch your soul or hold your hand when you are feeling anxious."

Case 21 demonstrated the limitation of adapting technology for combating loneliness and isolation. It suggests that although technology can provide cognitive stimulation and a diversion, it cannot satisfy the need for social interaction and connection, thus failing to substitute for actual physical intergenerational contact.

Comprehensive Synthesis of Findings

A qualitative examination of the 21 case studies suggests that elderly loneliness in urban Dhaka is not merely an individual phenomenon or a natural by-product of the elderly process. The findings reveal that loneliness among the elderly in urban Bangladesh reflects a social crisis that emerges as a result of modernization, family restructuring, spatial containment, and the erosion of community-based support systems. The evidence presented in the case studies indicates that the social isolation of the elderly in the Global South is characterized by five key features.

The Inconsistency of Proximity:

"Solitude in Co-Residence "While Western gerontology associates the sense of loneliness and alienation of the elderly with living arrangements of living alone, 62% (n=13) of the study participants currently live in multi-generational nuclear households. Data shows physical cohabitation in urban Dhaka is no longer a guarantee of emotional or care support. Micro-Geographies of Isolation: In the small space of apartment living, Elderly adults are often relegated to the extra back bedroom. Fast-paced work styles, educational demands of grandchildren, and the screen time of cell

phones create asynchronous norms in the household. Transaction: Daily interaction between Elderly adults and working-age adult children in the household have mutated into transaction – discussing medication, food supply, and payment of bills. Affective Deprivation: Elderly adults report a sense of 'living like a ghost in a full house' – physically being a member of the household without active involvement or access to the emotional and social life of the household.

Structurally Depressed Domestic Status

Grounded in Role Theory and Social Exchange Theory, the data illustrates depreciation of social status of the elderly with the changing economic needs in urban Bangladesh. Erosion of Matriarch/Patriarch Role: In a traditional rural joint family arrangement, the elderly have the privileged role of being the decision-maker of the family concerning finances, property, and personal issues. In a nuclear family in the city, compressed living space and the consumption driven society makes the elderly a "burden" with depreciated domestic status's-Economic Asymmetry: In the middle class (Case 11, Case 16), the elderly woman's social status is compromised with the death of her husband and her ownership of the family property is questioned. In the slums (Case 14), the physical labor capacity of the elderly person is measured against his/her ability to contribute to the family economy as a wage-worker. Physical neglect, denial of meals, and verbal abuse are commonly reported by the elderly.

Commodification of Care and Expansion of Emotional Distance

One of the most salient emerging findings in upper-middle and middle-class households (Case 05, Case 09) is the replacement of filial care with market-bought domestic help. Maid-Care Substitution: With a long corporate working hour of the children, the domestic worker becomes the surrogate daughter who looks after the physical wellbeing of the elderly. The physical needs of the elderly are addressed (personal hygiene, feeding) but the domestic worker operates on a transactional relationship. For elderly who have their children live in the global diaspora (Case 05), the financial support and high socio-economic status of the children is not a substitute for the daily emotional connection the elderly crave for – which can only be fulfilled with their children's return. Scheduled video calling cannot substitute for the cultural expectation of daily face-to-face interaction.

Environmental Confinement and Erosion of Public Spaces

The physical environment of urban Dhaka contributes to the sense of confinement and isolation experienced by many elderly in their late years. Many middle-income seniors live in walk-up apartment buildings without elevators. Physical frailties such as arthritis turn any multi-story steps into insurmountable barriers. The expansion of urban real estate has made public open spaces, tea stalls, and traditional neighborhood verandahs (roaks) private. Consequently, elderly adults lose informal peer networks and are forcibly confined to their homes.

The Limits of Adaptive Coping and Residual Psychological Strain

The participants actively use cognitive and behavioral coping strategies to mitigate emotional pain, which proves to be insufficient to address the underlying structural isolation. Spiritual Adaptation as an Emotional Buffer: Engagement in religious activities (e.g., prayer, reciting scriptures, listening to religious broadcasts) is the primary internal coping mechanism (Case 08). While spiritual devotion provides a temporary cognitive regulation and emotional relief, the participants explicitly note that it cannot replace human presence and intergenerational conversation.

For digitally literate seniors (Case 21), social media and smartphones offer passive distraction but frequently amplify feelings of alienation by presenting artificial, superficial substitutes for real-world social interaction. Chronic, unaddressed loneliness across the cases manifests physically as insomnia, persistent fatigue, loss of appetite, and accelerated cognitive decline.

Table 3 presents different types of loneliness that can emerge during the last years of life depending on people's living arrangements. It shows how living together can lead to functional isolation caused by age differences; single living results in structural loneliness due to the lack of relatives and empty nest causes emotional hollowness since children move out. The table below demonstrates how the way people live with others influences their loneliness based on some underlying factors.

Table-3: Socio-Psychological Drivers Across Living Arrangements

Living Arrangement	Predominant Loneliness Type	Primary Socio-Psychological Mechanism	Typical Case Examples

Co-residence with Adult Children	Functional / Relational Loneliness	"Solitude in Co-residence": Subjective alienation driven by fast-paced urban routines, daytime caregiver absence, intergenerational communication barriers, and involuntary loss of household decision-making authority.	Case 02, 03, 08, 11, 14, 21
Living Alone (Single/Widowed)	Structural / Emotional Loneliness	Kin Absence & Peer Attrition: Complete physical isolation resulting from youth migration (internal or international), spousal loss, childlessness, or the death of contemporary age-group peers.	Case 01, 07, 09, 15, 18, 19
Spouse Only ("Empty Nest")	Emotional / Spatial Loneliness	Transnational Separation & Spatial Confinement: Emotional voids caused by out-migration of children ("Empty Nest Syndrome") compounded by architectural barriers (e.g., walk-up flats without elevators).	Case 05, 17

In all 21 studied cases, age-related loneliness in the context of urban Dhaka emerges as a consequence of specific social changes rather than an inherent characteristic of advanced age.

Urbanization and the transition to nuclear family living patterns undermine the implicit social contract between generations established by the social exchange theory. Restricted roles in the framework of the new family structure led to a decreased sense of self and worth among the elderly (Role Theory). The perceived injustice in terms of filial support and response triggers negative psychological responses in elderly individuals (SRE Framework). The lack of appropriate public infrastructure results in home being the only option for senior citizens, thus limiting their interpersonal interactions to those within the household.

Discussion

Findings from this qualitative study indicate that loneliness of elderly people in the late years in urban Dhaka, Bangladesh, is not a normal biological process. Instead, it emerges from the confluence of rapid urbanization, family nuclearization, and environmental exclusion in the Global South.

The phenomenon of "solitude in co-residence," as demonstrated by the high percentage of interviewees who expressed feeling lonely despite living in multi-generational nuclear households, is not a common occurrence in South Asia. Traditional gerontological literature assumes that a physical presence of children and grandchildren in the same household as elderly people translates into high levels of filial support and protection from late-life isolation [15,1]. However, findings from our study corroborate recent studies in lower- and middle-income countries (LMICs) that demonstrate how living together in modern urban households does not guarantee qualitative social support in later life for many [16,8]. This is explained using the theoretical framework of the Social Relationship Expectations (SRE) Framework [10]. According to cognitive discrepancy models, loneliness emerges when there is a gap between

545 expected and perceived levels of social ties. Elderly people in urban Dhaka, Bangladesh, continue to hold deep-seated
546 expectations of receiving filial respect, love, and care as the head of the household. In cases where living together
547 results in only transactional interactions (e.g., reminders to pay bills), these negative expectations trigger severe
548 emotional distress [10].
549
550 Loss of traditional domestic authority among elderly people in post-nuclear families, which was revealed in all the
551 cases, could explain another gerontological theory related to the change in the Social Exchange dynamics in
552 contemporary urban Bangladesh. Elderly people in joint families used to receive care from their children as heads of
553 the domestic economic unit possessing capital before the market reforms. With the migration of the younger generation
554 to the cities, the domestic economic power equation has changed, with salaried jobs being the new measure of wealth.
555 Therefore, non-salaried elderly people lose their bargaining power with regard to physical care from their children.
556 This loss manifests differently for different socio-economic groups and genders. For the poorer households, living in
557 slums, loss of physical labor translates directly into loss of care for elders and faster physical decline due to the
558 perception of them as a financial liability [1]. Middle-class elderly women, on the other hand, perceive their social
559 status as threatened with the loss of property in cases of widowhood and are often relegated to the status of supervisors
560 of live-in domestic workers in their smaller apartments after retirement.
561
562 Another interesting observation made by the study is the emergence of the phenomenon of filial emotional substitution
563 with the advent of maid-care in middle- and upper-middle-class families and the rise of the informal remittance sector
564 with the younger generation staying abroad. As financial support replaces physical care from children, the expectation
565 of emotional care remains unfulfilled, creating a cognitive dissonance among elderly people in these families [10, 8].
566 Similarly, the remittances sent by children living abroad create a false sense of fulfillment of care-giving duties by the
567 migrant children without actual physical and emotional presence. Thus, monthly digital communication from abroad
568 takes the place of daily emotional interactions expected by elderly people in South Asian familial contexts.
569
570 Finally, the study revealed the role of the built urban environment in fostering isolation of elderly people in urban
571 Dhaka. Replacement of horizontal living and visiting habits (tea stalls, courtyard, roaks) with high-rise apartments
572 without lifts physically confines elderly people, especially those with locomotor disabilities. Moreover, the dangerous

road traffic conditions compel them to stay within their homes, depriving them of any external social support systems to help mitigate domestic loneliness due to the loss of family support with the shift to nuclear families. This confinement accelerates physical and emotional deterioration.

Policy Recommendations

To mitigate the structural crisis of elderly loneliness in the urbanizing metropolis of Dhaka, individual-level coping mechanisms must be supplemented by multi-sectoral policy interventions at the institutional level.

First, public health and social welfare ministries should operationalize geriatric mental health and socio-psychological well-being within primary health care frameworks. Existing public health interventions targeting the needs of the elderly in Bangladesh are largely focused on physical morbidity and infectious disease management [16,2]. Establishing geriatric counseling units within public hospitals and municipal urban primary health care centers can facilitate accessible mental health services and community-level screening for social isolation. Additionally, expanding existing universal pension schemes and designing targeted social protection funds for widowed, childless or low-income seniors can reduce the financial burden of structural devaluation within the nuclear household [1].

Second, urban planners and municipal authorities must employ age-friendly environmental designs to counter forced domestic confinement. Dhaka North and South City Corporations should invest in the development and retrofitting of accessible public spaces such as neighborhood parks, walkways and community centers [17]. By re-purposing existing public spaces, municipal authorities can enable elderly adults to re-establish informal peer networks that have been eroded by the disappearance of traditional neighborhood gathering spaces such as Roaks and open-air tea stalls. Concurrently, universal accessibility standards must be enforced in housing infrastructure to prevent mobility-impaired seniors from being physically confined within high-rise apartments.

Finally, public institutions and civil society organizations must facilitate intergenerational engagement and community-level social capital. Educational institutions, non-governmental organizations and municipal community centers can collaborate to establish volunteer programs that engage youth with elderly individuals in storytelling, digital literacy workshops and oral history preservation projects. Such intergenerational programs can directly address

the relational deficits identified within the Social Relationship Expectations framework by re-instilling a sense of social utility and generativity among elderly adults, while simultaneously bridging the communication gap between generations [10, 8].

Conclusion

This qualitative study demonstrated how urbanization, family nuclearization, and environmental restriction factors contribute to the development of solitude and loneliness among the elderly in Bangladesh's metropolitan areas. By analyzing the phenomena from the perspective of the study's participants, it was possible to determine why their experience of living with children and grandchildren is still perceived as an extreme case of social isolation and loss of interaction. The research findings confirm that the transition to a nuclear family concept, motivated by financial constraints and corporate work culture, eliminates the possibility of multigenerational interaction and support, substituting it with transactional relationships and paid services. Urbanization, in turn, exacerbates the physical isolation of the elderly, thereby aggravating feelings of loneliness and helplessness. The study's participants indicate that the allocation of public land for private purposes and a lack of infrastructure development creates barriers to socialization for physically disabled and socially isolated senior citizens.

The research findings contribute to addressing the phenomenon in the Global South, where the process of urbanization and the senior of the population occur simultaneously. Family and informal support networks, as well as turning to faith and technology, are not enough to combat the structural isolation of the elderly. Authorities and policymakers need to participate in creating conditions for positive and dignified elderly through inclusive urban settings, public health service development, and mental health support. Further research should be done with regard to longitudinal and multidisciplinary analysis to ensure that the needs of elderly populations in developed and developing countries benefit from state-of-the-art social, health, and urban policies.

Declarations

List of Abbreviations

LMICs - Lower- And Middle-Income Countries

PPS -Probability Proportional to Size

QSR International - Qualitative Solutions & Research International

SET - Social Exchange Theory

SRE - Social Relationship Expectations

Ethics approval and consent to participate

This study was conducted in accordance with international ethical standards for social and behavioral research, including the British Sociological Association (BSA) Statement of Ethical Practice and the Declaration of Helsinki. Ethical approval for the research protocol was granted by the **Academic Committee of the Department of Business Administration (DBA**) (Chaired by the Dean of Southeast Business School), Southeast University, Dhaka, Bangladesh. (**Ref No- SEU/SBS/1246/2026: Date- 02-02-2026).** Informed consent was obtained from all individual participants prior to conducting the interviews. Participants were fully briefed on the study's objectives, the voluntary nature of their participation, their right to withdraw at any stage without penalty, and the measures taken to guarantee strict data confidentiality and anonymity.

Consent for Publication

Not applicable. The manuscript does not contain any individual personal identifiers, photographic images, or identifiable individual participant data. To respect local socio-cultural norms, personal privacy, and religious sensitivities—particularly among conservative female participants—no photographs or direct audiovisual recordings were taken during the study. All qualitative excerpts and survey responses have been fully anonymized to protect participant confidentiality.

Availability of data and materials

The data that has been used is confidential and very sensitive in terms of Bangladesh perspective.

Competing Interests

I, the author (Corresponding Author) declares that there 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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Author's contribution

The author confirms sole responsibility for study conception and design, qualitative data collection and fieldwork, reflexive thematic analysis, literature synthesis, and manuscript preparation.

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Declaration of generative AI and AI-assisted technologies in the preparation of the manuscript Statement

While preparing this work, the author (me) used chat GPT to improve the readability and language of the manuscript. The author (me) also then edited the text generated by this software as deemed necessary. The author (me) is solely responsible for the content of this published article.

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Table 1: Summary of 21 Case Studies: Elderly Loneliness in Dhaka, Bangladesh

Case	Age Band	Gender	Area Classification (Dhaka)	Socio-Economic Status	Living Arrangement	Primary Socio-Psychological Driver	Key Coping Strategy
Case 01	70–74	Male	Mixed Residential Sub-Center	Lower-Middle Class	Living alone in family house	Youth migration to outskirts/abroad & empty homestead	Morning walks at local neighborhood park, tea stall chats
Case 02	65–69	Female	Planned Residential Zone	Upper-Middle Class	Co-residence with son's family	Digital exclusion & intergenerational communication gap	TV dramas, phone calls with extended family
Case 03	65–69	Male	Planned Residential Zone	Middle Class	Co-residence with son	High-rise apartment spatial confinement ("Solitude in Co-residence")	Passive television, balcony sitting
Case 04	70–74	Female	High-Density Residential Area	Low Income	Living with widowed daughter-in-law	Asset depletion & feeling like an economic burden on the household	Prayer, attending local neighborhood talim (religious study)

Case 05	70–74	Male	High-Income Residential Zone	Upper-Middle Class	Residing with spouse only	Transnational youth out-migration ("Empty Nest Syndrome")	Scheduled international video calls with grandchildren
Case 06	60–64	Male	Low-Income / Informal Fringe Settlement	Ultra-Poor	Co-residence with younger son	Physical frailty & loss of daily wage-earning capacity	Sitting on lane entrance conversing with local shopkeepers
Case 07	75–79	Female	Planned Middle-Income Residential Zone	Middle Class	Living alone in rental flat	Absence of direct kin support networks & loss of age-group peers	Radio programs, reading Islamic and literature books
Case 08	65–69	Female	High-Income Residential Zone	Middle Class	Co-residence with working daughter	Absence of working caregivers during long daytime hours	Intense religious devotion, Quran recitation
Case 09	70–74	Male	Commercial / Mixed Residential Fringe	Middle Class	Living alone with domestic helper	Spousal bereavement & loss of post-retirement identity	Newspaper reading, evening walks with fellow retirees
Case 10	65–69	Female	Medium-Density Residential Zone	Low Income	Shared house with extended family	Late-life family separation stigma & social marginalization	Home-based sewing/handicrafts
Case 11	70–74	Female	Traditional Old City Core	Lower-Middle Class	Co-residence with son	Involuntary role loss & loss of household decision-making authority	Silent compliance, assisting in domestic chores
Case 12	75–79	Male	Central High-Density Residential Area	Middle Class	Living with spouse & unmarried son	Progressive sensory impairments (visual and hearing loss)	Audio media consumption (radio, high-volume TV audio)
Case 13	60–64	Male	Urban Transit / Commercial Fringe	Middle Class	Living with youngest son	Loss of spouse as primary emotional anchor and confidante	Overseeing family-owned retail shop, street market visits
Case 14	65–69	Female	High-Density Informal Settlement (Slum)	Low Income / Slum	Co-residence in sub-let room	Devaluation due to economic dependency in hyper-dense living conditions	Emotional resignation, corridor chats with neighbors
Case 15	80+	Male	High-Income / Diplomatic Residential Zone	Upper Class	Living alone with full-time staff	Attrition of contemporary peer group & intellectual isolation	Memoir writing, archived reading

Case 16	60–64	Female	Peripheral Informal Settlement	Low Income	Co-residence with extended family	Chronic joint pain restricting mobility within informal housing structure	Resting, listening to family conversations from bedroom
Case 17	75–79	Male	Central Commercial-Residential Corridor	Middle Class	Residing with spouse only	4th-floor walk-up apartment (no lift) & unsafe street infrastructure	Window-gazing, radio
Case 18	65–69	Male	Middle-Density Residential Area	Lower-Middle Class	Living alone in flat	Middle East youth out-migration for overseas manual labor	Managing monthly bank remittances, local grocery trips
Case 19	75–79	Male	Central Commercial / Industrial Fringe	Ultra-Poor	Renting single room (Alone)	Childlessness, lack of state safety nets, & commercialized urban space	Relying on informal neighborhood aid and charity
Case 20	75–79	Female	Urban Resettlement / Informal Settlement	Low Income	Living with married son's family	Climate displacement (river erosion in village) breaking life-long social ties	Rooftop poultry keeping, solitary reflection
Case 21	60–64	Female	Planned Gated Residential Zone	Middle Class	Living with working child	Fast-paced corporate lifestyles of children & long solitary hours	Smartphone use & social media scrolling

Table -2: Thematic Framework: Themes, Subthemes, and Key Findings

Main Theme	Subtheme	Conceptual Definition	Key Findings / Qualitative Evidence
1. Structural & Urban Environmental Drivers	1.1 Youth Out-Migration & Transnational Separation	Spatial separation from adult children due to internal urban shifts, Middle East labor migration, or Western emigration.	• Induces acute "Empty Nest Syndrome" in affluent Dhaka households (e.g., Gulshan, Baridhara), where technology (video calls) offers visual presence but fails to replace emotional care. • Leaves semi-urban and lower-middle-class elders managing bank remittances in physical isolation (e.g., Rampura).
	1.2 Built Environment &	Urban structural design barriers restricting	• High-rise apartment living (e.g., Uttara, Mirpur) creates "Solitude in Co-residence," where spatial isolation occurs inside family homes. • 4th-floor

	Architectural Confinement	physical mobility and neighborhood interaction.	walk-ups without elevators (e.g., Elephant Road) and hostile pedestrian infrastructure act as physical enclosures, confining elders to window-gazing.
	1.3 Environmental Displacement & Social Disruption	Destruction of lifelong rural/community social safety nets due to climate events or urban redevelopment.	• Climate-induced displacement (e.g., riverbank erosion victims in Agargaon/slums) severs generational neighborly networks, generating sudden social alienation in hyper-dense urban settings.
2. Socio-Psychological Dynamics within Households	2.1 "Solitude in Co-residence" & Intergenerational Disconnect	Subjective loneliness experienced while living under the same roof with family.	• Daytime absence of corporate/working children (e.g., Banani, Bashundhara) leaves elders in long, solitary hours. • Fast-paced urban lifestyles and youth digital distraction widen the intergenerational communication gap, causing emotional detachment.
	2.2 Involuntary Role Loss & Domestic Marginalization	Shift from primary household authority/decision-maker to a dependent status.	• Transition of household management to daughters-in-law causes feelings of uselessness and silent compliance (e.g., Sutrapur).• Loss of daily wage-earning capacity leads to economic devaluation and psychological distress, particularly in low-income families (e.g., Korail Slum).
	2.3 Spousal Bereavement & Peer Attrition	Loss of primary emotional anchors and age-cohort intellectual/social circles.	• Spousal death removes the primary confidante, leaving an irreplaceable emotional void despite active social routines (e.g., Badda, Jatrabari).• Advanced age leads to the gradual loss of contemporary peers, resulting in severe intellectual isolation (e.g., Baridhara).
3. Socio-Economic & Physiological Vulnerabilities	3.1 Financial Deprivation & Institutional Gaps	Intersection of late-life poverty, lack of pensions, and reliance on informal safety nets.	• Ultra-poor and childless elders (e.g., Tejgaon) lack formal state pension benefits, relying on neighborhood charity and informal relief. • Living in hyper-dense slum conditions offers physical proximity without emotional security or dignity.
	3.2 Functional Health Decline & Sensory Impairment	Physical limitations acting as barriers to active social engagement.	• Hearing and visual impairments severely restrict conversational participation, causing withdrawal during family gatherings (e.g., Malibagh).• Chronic joint pain and physical frailty confine elders to private rooms within crowded households (e.g., Kamrangirchar).
	3.3 Socio-Cultural Stigma & Gendered Vulnerability	Gender-specific exposures to marginalization and social exclusion in elderly	• Divorced, single, or childless Elderly women face unique social stigma and lack direct lineage caregiving in conservative settings (e.g., Khilgaon, Lalmatia).
4. Coping Strategies & Adaptive Behaviors	4.1 Digital Engagement vs. Passive Media Consumption	Reliance on technology and media to pass solitary time.	• Digital scrolling (smartphones, social media) and high-volume television act as psychological buffers against domestic silence. • International video calling provides temporary reassurance for families with migrant children.
4.2 Religious Anchoring &	Faith-based rituals used to	• Reciting scriptures (Quran),	

Existential Coping	structure daily routine and cope with existential distress.	performance of daily prayers, and attending neighborhood talim offer purpose and emotional stability during solitary daytime hours.	
4.3 Hyper-Local Spatial Adaptation	Utilization of micro-spaces within the immediate urban landscape for human connection.	• Elders utilize local park morning walks, neighborhood tea stalls, balcony sitting, and slum corridor interactions to maintain casual social visibility.	

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Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- InterviewProtocalSupplementary1.pdf