



RESEARCH PAPER

Social Exclusion Experiences among Rural Elderly Women in Sargodha: A Qualitative Analysis

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ABSTRACT

This study aims to explain the social exclusion experiences among rural elderly women in Sargodha, reasons behind their exclusion and its impact on their lives. Social exclusion involves being disconnected from physical, financial, and social aspects of life. Rural elderly women face higher risks due to factors like gender, age, poverty, and cultural traditions. The study used qualitative research, employing purposive sampling, and collected data through an interview guide with 26 rural elderly women till data saturation. Major themes derived through thematic analysis are Social Exclusion Experiences of Rural Elderly Women, Causative Factors behind Social Exclusion of Rural Elderly Women and Repercussions of Social Exclusion among Rural Elderly Women. It concluded that poverty, social dependency on family and cultural norms contribute to social exclusion among rural elderly women. It is recommended that establishing community care institutions addressing their healthcare facilities, social life and transportation can solve issue of social exclusion.

Keywords: Social Exclusion, Experiences, Rural Elderly Women, Sargodha

Introduction

Elderly rural women face heightened social exclusion as age, gender, and geography intersect. Deep-rooted socio-cultural norms further reinforce their exclusion in later life. In sociolinguistic studies, social exclusion is one of the most complicated advanced problems concerning gerontology and the sociological aspects of old age. The elderly women living in rural areas are an example of such concern (Shucksmith, 2023). Because it has been observed that elderly women in Pakistan enter into social exclusion more, as they age, one can contemplate the perfect blend of social structure, gender, and economic status. Structural factors, which include social status as well as spatial factors, bring additional hurdles. (Davies, & Reid, 2024).

The social exclusion of elderly women living in rural areas stems from socio-cultural and economic hurdles spanning many years. These systematic barriers foster inequality, discrimination, and exclusion from early to late adulthood. (Walsh, & Urbaniak, 2023). In the United States, women of color, low-income women, and disabled women face a higher likelihood of social exclusion. They are subjected to barriers such as gender discrimination, weak education and employment opportunities, patriarchal family systems, and limited health care access. These factors magnify over time, causing social exclusion in later stages of life. (Diana, 2025).

Women in late adulthood become socially excluded due to age-specific concerns such as disability, mental illness, low income, widowhood, specific labor market conditions, local economic downturns, crime, and ageism. (Özsoy, & Gürler, 2022). Socio-economic exclusion hinders healthcare access for elderly women living in rural areas because financial constraints may impede their ability to travel. This neglect of health issues, managed or

otherwise, can foster a greater range of health inequalities. Social exclusion diminishes the health of rural elderly women through limited access to health care services, exposure to chronic diseases, and an overall drop in well-being (Ahmed, et. al., 2015; Cohen, & Greaney, 2023).

In Asian countries, elderly women lack fundamental protection systems such as healthcare, pensions, and assistance programs. This financial absence hinders the fulfillment of their most basic requirements, putting them at even greater risk of socioeconomic deprivation (Bastagli & Hunt, 2020). In South Asia, culturally defined gender roles hinder women's participation in the workforce and engender financial dependency, limiting their access to resources. This skewed gender ratio generates social exclusion and discrimination from birth due to practices such as female infanticide and selective abortion (Krishnan, 2022).

The sociocultural and socioeconomic imbalances of Pakistan contribute to the disproportionate exclusion and vulnerability of women. (Punjab Commission on the Status of Women, 2021). Rural elderly women face discrimination, marginalization, and violence, resulting in poor health and increased mortality risks. (Harris & Pamukcu, 2020). Aged women in the rural sectors of Punjab's Sargodha district experience intensified social exclusion and hardship due to structural inequalities, prevailing gender norms, and resource scarcity. The study seeks to uncover these primary factors. Women in Pakistan are systematically marginalized in social, economic, political, and cultural spheres. They make up about 50% of the population but have unequal chances and standing (UNDP, 2020). Disadvantaged and facing removal from several social systems, the rural elderly women of Sargodha District, Punjab. Pakistan has agreed to multiple international treaties and implemented a national policy for women's development in 2002. However, women still face exclusion from education, health, and cultural systems. This raises the research question: What are the repercussions of social exclusion among rural elderly women? This article aims to study the social exclusion experiences of rural elderly women and the resulting repercussions on rural elderly women in Sargodha.

Literature Review

This literature review examines the intersection of age, gender, and rurality, focusing on the social exclusion of elderly women in rural regions. It demonstrates the enduring impacts of historical injustices on the social material and integration and offers strategies to bridge the social divide.

The consequences of life in extreme social isolation are an issue that impacts a great deal of people around the world, particularly elderly women who reside in rural regions. Their insufficient access to health care, education, and other economic activities brings about persistent issues that are more likely to worsen over time. Their social standing is perhaps inextricably intertwined with their health in this context, where exclusion is a form of marginalization. (Poulin, 2020). Studies indicate that the lack of financial and social assistance is a vital determining factor of health status among elderly women living in rural areas. Exclusion is a lived experience that entails constant deprivation of participation in meaningful social relations and activities with others at a similar age, whereas deprivation describes a more static situation. (Green, 2020).

In South Asian countries, social exclusion stems from the multidimensional poverty and lack of suitable employment alongside education that elderly rural women face. Cultural norms confine women to stay in the domestic sphere, while those norms also make life difficult. Without support, often isolated widowed or divorced women are made worse off (Zafar, 2023). Gender discrimination renders rural elderly women invisible in South Asia, where the presumption of their incapacitated existence blocks their access to various aspects of life. The situation is made worse due to poverty, which heightens their level of

risk. In comparison to men, women have less access to social welfare, health care, and educational services. (Baikady, 2019). Furthermore, the absence of social protections, which include social security and healthcare, increases the risk of exclusion and deepens poverty. (Hussain, 2023). Elderly rural women face the brunt of patriarchal discrimination in China, India, Bangladesh, and Nepal. In rural China, the youth neglecting the elderly is a problem as younger family members relocate to cities for work. In Bangladesh and Nepal, elderly women are left to protect themselves, resulting in poor health. In India, women face socio-economic exclusion due to limited education and healthcare services. (Sarker, 2023). In Pakistan, elderly women are not only marginalized socially and economically, but also in health and education, which stunts the social advancement of elderly women. (Khan, 2023). According to the second round of the Pakistan Rural Household Joint Panel Survey, poverty, limited access to healthcare, and a lack of educational opportunities lead to high levels of social exclusion for elderly women living in rural Sargodha, Punjab (Zubair, 2025). The dearth of empirical research conducted in Pakistan's rural areas exacerbates this situation and exposes a sizable gap in the literature.

The theory of rural exclusion examines the social exclusion processes, impacts, and frailties of elderly rural women described by Scharf and Bartlam (2008). Walsh and his colleagues remark, this understanding is rather limited regarding the interaction of exhausted factors with their experiences of aging." The study investigates rural elderly women's perception of social exclusion, highlighting cumulative disadvantages in Pakistan. It focuses on socioeconomic and spatial factors at local, regional, and global levels. The research seeks to enhance understanding and inform strategies for inclusion and well-being using theoretical frameworks.

Material and Methods

This research study used qualitative research methods to explore social exclusion among elderly rural women in Sargodha. This qualitative study used multi stage sampling which firstly involved the selection of a village, where snowball and volunteer sampling were used to let participants invite other participants to the study. The study targeted the specific population of elderly women in rural areas aged 60-65. The sample comprised twenty-six volunteer sampled elderly women from the village as the data reached saturation at this stage. All eligible applicants were provided with adequate information on the purpose and selection criteria of the study, and they were encouraged to participate. The researchers conducted interviews using an interview guide to understand the participants' real-life experiences. Data analysis was carried out by following the certain steps involved in thematic analysis. All the interviews were transcribed to form excerpts from the raw data. Firstly codes were derived and similar codes were grouped together to present themes.

Results and Discussion

The results indicate that rural elderly women experience exclusion that is multilayered, arising from various forms of illiteracy, gender discrimination, poverty, ageism, and cultural norms. Additional decay in economic and health conditions results from inheritance issues, inadequate healthcare access, and lack of social support. The consequences clearly demonstrate that social exclusion does not occur suddenly; instead, it builds up over the entire life cycle. Early disadvantages in education, work, and family roles lead to greater exclusion in old age. Cultural expectations and gender norms restrict women in both public and private spheres, resulting in dependence and vulnerability.

Theme 1. Social Exclusion Experiences of Rural Elderly Women.

Rural elderly women face various barriers that limit their participation in social, economic, and cultural aspects of community life. The study examines the interactions and social networks of elderly women in rural communities.

Participants said that,

Life was a challenge growing up in a rural area. My family restricted me from going outside due to certain boundaries. I engaged in religious activities in my free time, and our pastime together was truly enjoyable and unforgettable. I don't feel constrained by age when participating in events, but my family does place some restrictions on my social activities. I miss out on many social interactions because of my age and certain family policies.

Some other participants replied that,

My struggle to survive in a rural area has always been constant. My neighbors are helpful and respectful. When I have some free time after a long day, I enjoy watching TV. However, I prioritize spending my evenings with friends. I don't attend community events more often because of my age, accompanied by health concerns. My advanced age and lack of financial resources have severely diminished my quality of life and ability to attend social events.

Some other were of the view that,

I cannot participate in social activities due to financial difficulties and have become socially isolated. Now I live with my daughter and spend my free time caring for her kids, which gives me comfort and a sense of purpose. In my case, the absence of strong social ties is rooted primarily in my financial situation and my very low self-esteem. I stay with my daughter and oftentimes feel like an anchor because of my economic dependency. I have, moreover, withdrawn from public life.

Family constraints and mobility problems cause elderly women to become isolated, which reduces their social interactions. Strong ties to the community provide resilience and support in rural areas, but poverty further restricts engagement opportunities and promotes social exclusion. Participants find comfort in religion and social interactions, noting how limited mobility impacts their recreational time. Activities like watching TV and socializing offer relaxation and connection despite a busy schedule. One participant lives with her daughter and dedicates her free time to caregiving, reflecting how aging alters leisure and social roles. Social participation in the community is hindered by age and family, affecting overall well-being. Aging and poor health reduce community activity, while financial issues and low self-esteem further limit participation, illustrating the impacts of aging and poverty. Social withdrawal and loneliness stem from age-related health issues. Social exclusion affects well-being, interaction, and is caused by financial struggle, poorer health, and heavy workloads. Health issues and economic dependency minimize social interactions and increase feelings.

Theme 2. Causative Factors behind Social Exclusion of Rural Elderly Women

The socio-economic social exclusion of rural elderly women combines low income, lack of basic education, gender bias, inadequate medical care, poor social networks, and stifling cultural practices.

Participants were of the view that,

Gender stereotypes have limited my opportunities due to my male siblings and spouse. Economically unemployed women often have low education, affecting future generations. I have been a victim of bias based on gender, and I rely on my kinship network because there is gatekeeping of women's mobility. Chronic conditions and social exclusion is a product of anxiety and untreated illness, with medication and checkups being prohibitively expensive. My transport barriers along, with a lack of nearby healthcare, make communicating with professionals extremely difficult, limiting my care.

Some other were of the view that,

Poverty, age, and financial instability make it hard for me to get the support I need, while my children are too busy with their own lives to care for me properly. Age, poverty, and cultural barriers influence my choice, such as bright colors, which are perceived to be judgmental. As a result of my age, I experience severe complications such as uncontrolled diabetes because of the need to prioritize food over medication, alongside chronic poverty. I cannot afford to travel to hospitals; government hospitals offer sub-standard treatment, and private ones charge excessive fees, making it hard to budget.

They also opined as,

Limited social activities and illiteracy contribute to my unstable socioeconomic situation. I assume that obtaining an education would have resulted in favorable career prospects. Social stereotypes and constraints placed upon my family limit my freedom, coupled with financial and time constraints of another individual, negatively impact one's mental health. My financial situation and limited medical facilities mean I have to rely on do-it-yourself approaches, worsening my asthma and overall health. The limited provisions for elderly widows in my region, when paired with scant support, make paying for transport and medical bills exceedingly difficult.

Socioeconomic exclusion is a chronic outcome of poverty and unemployment, which is often gender biased and associated with poor educational outcomes. This self-sustaining spiral especially affects the economic well-being, self-sufficiency, and social mobility of rural women while simultaneously diminishing their living standards or quality of life and heightening economic pressure. Gender discrimination limits women's freedom and independence and perpetuates negative stereotypes. Elderly women in rural areas face gender discrimination in the form of stubborn culturally defined 'women's work' that often sidelines education and employment, worsening their exclusion. The gap in the provision of social services to elderly women living in rural areas is due to an intersection of inflexible social norms and inadequate economic resources. Lack of finances limits access to necessary medical care, which in turn impacts mental and physical health. Women suffering from diabetes can't afford medication due to strict economic conditions. Stagnation coupled with remoteness forces reliance on dangerous home remedies.

Theme 3. Repercussions of Social Exclusion among Rural Elderly Women

Elderly women in rural areas who are socially excluded experience poverty, scarce resources, and deteriorating health. Economic obstacles and social discrimination restrict women's autonomy, impacting their everyday lives and mental well-being. Limited resource availability compromises security, and cultural norms diminish inheritance rights and involvement, exacerbating gender inequality and socioeconomic circumstances.

The participants stated,

I rely on my children for support. Due to high costs and no pension, as well as the fact that my condition restricts my employment options and impairs my social skills, The lack of proper medications makes my chronic knee pain unbearable and impacts my mental health. I also suffer from severe lapses in my memory. Limited financial resources burden adult children, leaving me with little incentive to discuss my health issues with them. I felt self-sufficient as long as my husband was working.

Some other clarified,

Gender discrimination, financial instability, and a lack of education had a significant negative influence on my well-being and social circles. The lack of social contact greatly affects

my well-being, both physically and mentally. Limited access to social services makes it hard to achieve care, and isolation increases my mental suffering. Checking household expenses and essentials like electricity or rent on top of inflation means medical check-ups are non-negotiable luxuries.

Others said that,

Education and low expectations widen the poverty gap, while social exclusion leads to emotional pain. My financial struggles often result in disdain from family. Social exclusion causes neglect of hygiene and contributes to depression. Limited access to my medication worsens existing issues, leading to poor memory and social cognition. After my husband's death, I faced financial struggles and now rely on my daughter for daily activities and medical care, but I feel uneasy asking for her help.

Dependency is worsened by gender stereotypes, financial instability, and social exclusion. Trauma from negative learning environments harms self-esteem and strains families. In some societies, older women face exclusion, leading to poor nutrition and healthcare, which negatively impacts their health. Limited access to medication harms mental and physical health, including memory and cognition. Social isolation and financial struggles increase anxiety, worsening overall health and contributing to depression. The shift in financial stability and reliance on adult children creates both emotional and practical burdens. Proactive planning and open dialogue can alleviate stress and encourage assistance. However, losing a spouse and financial strain complicate dependence on family.

Conclusion

Elderly women exclusion is a manifestation of social and cultural factors that limit their social inclusion and bring repercussions in their lives. Age, as a factor, becomes a strong source which keeps them away from work and authority and the next generation takes the autonomy of their lives. Additionally, socio-economic dependency and deteriorating health factors become a visible source of their exclusion from the socio-economic domains of the family life. A lack of social networks, coupled with financial challenges, leads to heightened isolation, insufficient pensions, and absence of critical health decisions, pushing the rural elderly women into greater silence. Poverty and inadequate access to health care in rural Punjab infringe on mental health, deepening social withdrawal, strained finances, and failing to address crucial survival needs.

Recommendations

The issue requires multidimensional solutions through complex reorganization of social policies improving access to health and social care for vulnerable elderly women. Proposals could aim at increasing women's inclusion in the family domain, establishing community care services, and improving healthcare facilities and transport for them. An awareness campaign and community-based programs might address discriminatory norms and may improve access to inheritance, education, and income opportunities to reduce long-term exclusion.

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