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ELDERLY DECISION MAKING AUTONOMY AT HOUSEHOLD LEVEL: AN EMPIRICAL STUDY IN EASTERN UTTAR PRADESH, INDIA

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ABSTRACT

Background: How socio-demographic and demographic factors influence elderly autonomy in decision making on different household level dimension like, health care for sick person, children education, what item to cook in house, including purchasing goods and visiting family. This study aims to explore the elderly decision making autonomy at household level.

Methods: A community based Empirical study was conducted in rural areas of eastern Uttar Pradesh. Three Districts had been selected for the study the composite index of development was the basis of the selection of districts from rural eastern Uttar Pradesh and the required minimum sample size was 417.

Results: The multivariate regression results for the relationship between Decision making autonomy and different background characteristics and their predictors like family type, health status; composite index is highly significant, thus contributed highly in the autonomy of decision making of individuals. Autonomy in decision making is found to be significant with respect to predictors (Family type, Current working for cash income, health status, marital status, co-residing with 18+ adult children, and education status) but in model 2, when we also add four other predictors, decision making become not significant in respect to currently working for cash income, where as new predictors income index and districts are significantly associated with autonomy in decision making of individuals

Conclusions: A more comprehensive strategy can enable elderly to access community resources, to challenge traditional norms and to access economic resources. This will lead the elderly to be more autonomous in decision making in the due course.

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INTRODUCTION

It is an established fact that the development of a nation depends on maximum utilization of man power. For any country, participation of elderly in the development process is of utmost necessity as they comprise of a one tenth of the population percentage. Therefore, development of the nation in true sense cannot be achieved without proper development and empowerment of the elderly population. In a country like India this becomes doubly essential as India traditionally has been a country which respects its elderly only in homes, but its elderly are completely marginalized in all other sectors (Bhatt and Ela, 1984). However, the contribution made by older people as providers of care is often overlooked nearly a third of the people providing unpaid care are over the age of 60 (Ross *et al*., 2008), and it has been suggested that they will play a major role in providing the additional care that is needed (Pickard, 2004). Older people also provide considerable amounts of support to younger generations, including care for adult children with disabilities and general support to adult children such as with childcare. The power to take decisions is extremely important from the view point of empowerment of elderly because it is often seen that their voice is not properly listened. The decision making power of elderly should not be ignored. The real development of tribal community cannot take place without active participation of elderly. In the present Paper, we examined in order to explore

and better understand the status of elderly tribal people decision making behavior at Household level.

THE DATA AND METHODOLOGY

Selection of Study Area

A community based Empirical study was conducted in rural areas of Eastern Uttar Pradesh, India which include 29 districts in total geographical area of 85,298 sq. km of Uttar Pradesh. Multistage random sampling procedure was used to collect information from the area under study. Three Districts were selected for this study. The composite index of development (based on 13 important indicators of socio-economic development) is the basis for the selection of districts. Randomly one district each from low (Sonbhadra), middle (Chandauli) and high index categories (Deoria) , and from each selected districts one sub districts (Dudhhi from Sonbhadra , Sakaldiha from Chandauli and Deoria sub-district from Deoria district) were selected at random out of which one village was selected randomly and at the end complete enumeration of the elderly tribal population in a particular village was carried out. However, if after complete enumeration the required sample size has not been obtained in a particular village, then we select another village randomly from the sub-district and follow the same process. But if the minimum sample size after complete enumeration is still not obtained, then the same procedure will be followed to complete the minimum sample size.

Sample Size

The minimum sample size which is 417. As per government reports Approximately 2.5 households in a village of eastern Uttar Pradesh get at least one elderly tribal living in the family and according to our methodology we surveyed 25 villages for this study. Thus, a total number of 1043 households are covered under this study.

Tools and Technique

The instrument used to collect information from the respondents is a personal interview; this was used as the main tool of data collection. Alongside with the Interview Schedule, the researcher also set out an observation sheets to record relevant and useful observations with a view to strengthen or back up and cross-check the information gathered using other tools. Present Paper deals with the decision making behavior of elderly at household and community level. To meet out the set objectives of the present investigation, tabular techniques were employed to analyze the data. The tabular technique was employed to work out the chi square, percentages and indices for the data relating to various socio–economic features of the sample households, and women's' involvement in various household and community level decisions. The following indices relating to various variables were computed as under: **Decision Making Index**, In order to get clear view of elderly involvement in decision making, an index was constructed assigning a higher weightage in case of elderly individual independent decision making (Das, 2012). The decision making role of elderly has been studied under two categories: decision making role at house hold level, and decision making role at community level. In the study to identify the decision making role, 7 areas of elderly involvement in decision making is considered in two broad divisions: economically related decisions (household daily expenditures, savings and investments) and socially related decisions (children's education, treatment for the sick, visiting kin and relatives, etc.)

1. If respondent made the decision by himself then the scoring is done as follows:
    - Decision by respondent - if always - score 1 is assigned
    - Decision by respondent - if most often - score 0.75 is assigned
    - Decision by respondent - if sometimes - score 0.50 is assigned
    - Decision by respondent - if rarely - score 0.25 is assigned
2. If the decision is taken along with husband then score 0.5 is assigned.
3. If the decision is taken by others then score zero is assigned.

A composite index was constructed summing up all values.

Variables Used

Dependent Variable: Decision making Behavior of elderly were used as the dependent Variable in the study.

Independent Variable: Age, Marital status, Education, Type of family, type of house, Income, Social Status , Income Index

Data Analysis

Multiple linear regression analysis of Autonomy in Decision making at household level versus different socio-economic and demographic variables had also done. For finding association of living arrangement and socio-economic variable with decision making autonomy among elderly Independent-Samples T test and One-Way Anova was done to measure the mean difference between groups.

RESULTS

The status of elderly can be measured in terms of degree of equality and freedom enjoyed by them. (Bala, 2004) Equal participation of elderly with young in decision making, free expression of their views and participation in the community life help them to get recognized in the society. The power of expression and ability to solve problems through their views and ideas, make elderly capable of getting attention from everyone. The financial independence along with employment opportunity makes an elderly capable of asserting her voice in community as well as in the family. Unlike non-tribal societies, it is understood that the tribal societies have given special status to their elderly (Mitra, 2007) who is considered to be better than the practices in Hindu societies. In Bhutia community the tribal elderly play a vital role in domestic economy. They have a major share in contributing to the family income. They hardly allow elderly to participate in formal political decision making process, but they are often consulted by their family counter parts (Bhasin, 2007). The relationship between decision making ability of elderly in Eastern Uttar Pradesh with some important background characteristics were examined on a frequency distribution obtained by computing a cross tabulation and the results are given in Table 1.

Table 1. Distribution of Seven Indicators of household decision making by socio-economic and demographic characteristics of elderly among tribal's community

Characteristics	Seven Indicators of household decision making						
	Cooking in household	Health Care for Sick Person	Children Education	Purchasing Major Households Items	Daily Expenditure of the household	Visiting Relatives, Friends , Siblings	Expenditure regarding self Income
Respondent age							
Young Old "60 to 69"	26(43.3)	110(64.0)	95(61.7)	107(60.1)	102(60.7)	107(58.2)	121(61.7)
Old Old "70 to 79"	28(46.7)	53(30.8)	48(31.2)	56(31.5)	54(32.1)	60(32.6)	57(29.1)
Older Old "80 and above"	6(10.0)	9(5.2)	11(7.1)	15(8.4)	12(7.1)	17(9.2)	18(9.2)
X^2 *value*	8.63*	14.06**	5.80*	3.93^+	6.55*	2.64^+	4.18^+
Gender							
Male	32(53.3)	97(56.4)	90(58.4)	99(55.6)	98(58.3)	99(53.8)	110(56.1)
Female	28(46.7)	75(43.6)	64(41.6)	79(44.4)	70(41.7)	85(46.2)	86(43.9)
X^2 *value*	.10+	3.07*	5.05*	2.33+	5.69**	.80+	3.52*
Marital Status							
Married	18(30.0)	35(20.3)	35(22.7)	45(25.3)	39(23.2)	47(25.5)	49(25.0)
Others	42(70.0)	137(79.7)	119(77.3)	133(74.5)	129(76.8)	137(74.5)	147(75.0)
X^2 *value*	.80+	9.57***	17.16***	13.92***	18.38***	14.03***	17.76***
Education Status							
Illiterate	54(90.0)	154(89.5)	139(90.3)	160(89.9)	150(89.3)	168(91.3)	177(90.3)
Others	6(10.0)	18(10.5)	15(9.7)	18(10.1)	18(10.7)	16(8.7)	19(9.7)
X^2 *value*	1.73+	9.52**	5.40*	8.52**	10.24***	3.65*	8.19**
Social Status							
Low	50(83.7)	125(72.7)	118(57.8)	131(73.6)	119(70.8)	135(73.4	136(69.4)
Middle	6(10.0)	32(18.6)	26(16.9)	31(17.4)	35(20.8)	32(17.4)	39(19.9)
High	4(6.7)	15(8.7)	10(6.5)	16(9.0)	14(8.3)	17(9.2)	21(10.7)
X^2 *value*	16.553**	7.093+	13.909**	11.525**	5.458+	12.226**	9.479*
Economic Status							
Low	20(33.3)	64(37.2)	53(34.4)	68(38.2)	58(34.5)	75(40.7)	82(41.8)
Middle	23(38.3)	68(39.5)	59(38.3)	68(38.2)	67(39.9)	66(35.9)	69(35.2)
High	17(28.3)	40(23.3)	42(27.3)	42(23.6)	43(25.6)	43(23.4)	45(23.0)
X^2 *value*	22.848***	25.254***	37.580***	26.319***	36.826***	21.942***	21.168***
Family Type							
Nuclear	33(55.0)	65(37.8)	67(43.5)	68(38.2)	67(39.9)	68(37.0)	65(33.2)
Joint	27(45.0)	107(62.2)	87(56.5)	110(61.8)	101(60.1)	116(63.0)	131(66.8)
X^2 *value*	50.564***	54.654***	80.537***	61.050***	66.067***	56.031***	37.197***
Household Headship							
Male	48(80.0)	149(86.6)	133(86.4)	148(83.1)	141(83.9)	155(84.2)	168(85.7)
Female	12(12.0)	23(13.4)	21(13.6)	30(16.9)	27(16.1)	29(15.8)	28(14.3)
X^2 *value*	.670+	19.734***	15.503***	9.635**	10.633**	13.557***	21.230***
BPL Card							
Yes	40(66.7)	101(58.7)	98(63.6)	114(64.0)	110(65.5)	117(63.6)	122(62.2)
X^2 *value*	.331+	2.903*	.007+	.064+	.566+	.007+	.220+

***P<0.0001; ** P<0.01; *P<0.05; +P<0.1

Table 2. Multiple linear regression analysis of Autonomy in Decision making at household level versus different socio-economic and demographic variables

Variables	B	S.E	t-Statistic	95.0 % C.I	
				Lower Bound	Upper Bound
Model 1 (Constant)	3.844	1.326	2.899**	1.237	6.451
Sex	.084	.270	0.313	-.446	.615
Family Type	-1.649	.409	- 4.028***	-2.455	-.844
Do you Currently Working for Cash Income	.741	.269	2.758**	.213	1.270
Self Reported Health Status	.464	.145	3.212***	.180	.749
Marital Status	.654	.273	2.395*	.117	1.191
Age	-.012	.015	-0.759	-.042	.018
Co residing with adult Children 18+	-1.705	.412	-4.138***	-2.515	-.895
Education Status	.816	.320	2.551*	.187	1.446
Permanent domicile of Village	.541	.358	1.510	-.164	1.245
Adjusted R^2 – 0.323					
Model 2 (Constant)	2.516	1.479	1.702	-.391	5.424
Sex	.057	.260	0.220	-.455	.569
Family Type	-1.371	.408	-3.360***	-2.174	-.569
Do you Currently Working for Cash Income	.268	.282	0.951	-.286	.822
Self Reported Health Status	.423	.140	3.024**	.148	.698
Marital Status	.782	.278	2.808**	.234	1.329
Age	-.027	.016	-1.731	-.058	.004
Co residing with adult Children 18+	-1.420	.457	-3.110**	-2.318	-.522
Education Status	.841	.317	2.649**	.217	1.465
Permanent domicile of Village	.131	.358	0.366	-.572	.834
Social Index	.116	.099	1.166	-.079	.310
Income Index	.000	.000	2.732**	.000	.001
Tribes	.487	.288	1.691	-.080	1.055
Districts (Composite Index)	.882	.166	5.300***	.555	1.209
Adjusted R^2 - 0.372					

*p<0.05, **p<0.01, ***p<0.001

Seven dimensions of household decision making of elderly were considered in the study and the result shows that decision making ability of elderly in all the seven dimensions decreases as their age in study area and show significant association exist between four of dimension as given by chi-square result in table 1. However, elderly with age and absence of education recorded low percentage participation in household decision making in Eastern Uttar Pradesh (India), elderly male have higher percentage participation in household decision making than women. Furthermore, the impact of education cannot be overlooked in examining elder's household decision making ability. The multivariate descriptive statistics results in table 1 showed that the level of education of elderly were highly significantly related to their participation in household decision making in six dimension out of seven dimension. Wealth status were also found to be highly significantly associated with elderly participation in decision making in areas under study, In Uttar Pradesh, elderly in the rich status tends to participate less in household decision than middle status and lower status . Social status were also found to be significantly associated with 5 dimension of decision making in areas under study, elderly living in the low social status tends to participate more in household decision than middle status and higher status. In study areas, elderly living in joint family were observed to have greater percentage of participation in household decision making as shown in the results in Table 1. In Eastern Uttar Pradesh (India), elderly living in male headed household have higher percentage participation in household decision making.

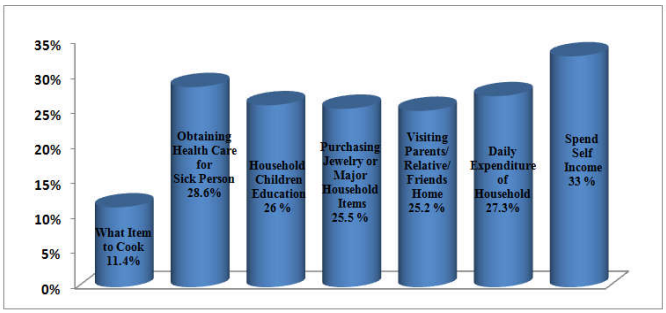

Figure 1. Distribution of elderly Participation in seven Decision making Variables in Eastern Uttar Pradesh

Figure 1 is a graphical representation of elderly participation in seven decision making areas in the household. It can be observed from the graph that Eastern Uttar Pradesh, near about one tenth (11.4%) of elderly participate in making decisions on what item to cook in household and the one fourth of elderly were participate in decision related to obtaining health care for sick person, household children education, Purchasing Jewelry or household items. Near about one third (33%) participate on making decisions related to spend self income. In table 2, multiple regression analysis was conducted to examine the relationship between autonomy in decision making and various potential predictors. Table 2 describes the overall model. So it tells us whether the model is successful in predicting autonomy in decision making. Here, multiple regression analysis was conducted to examine the relationship between autonomy in decision making and various potential predictors. Model 1 refers to some few selected variables used as a predictor and model 2 refers to some improved version by including some more index as predictor's variables. The value of R^2 which we already know is measure of the variability in the outcome of the variability in the outcome accounted by the predictors and adjusted R^2 gives us some idea of how well our model generalizes and ideally, it would like its value to be the same, as very close to the value of $R^{2.}$ For the 1st model its value is 0.323 which means model 1 accounts for 33.5 % of variation in autonomy in decision making. However, when the other four predictors are included as well (Model 2), this value increases to 0.372 or 37.2% of the variance in decision making autonomy. Therefore, we can say that the inclusion of the four new predictors has explained quite a large amount of variance in decision making autonomy. The first part of the table gives us estimates for these b-Values and these values indicate the individual contribution of each predictor to the model as follow:

Decision Making Autonomy = $b_0 + b_1$ Gender $+b_2$ family type $+b_3$ Current working for cash ..……b_n districts.

= 2.516 + 0.057 (Gender) + ……..……0.882(Districts, Composite Index)

The b values tell us about relationship between autonomy and each predictor. If the value is positive we can tell that there is a positive relationship between the predictor and the outcome where as a negative coefficient represents a negative relationship. From the findings, all predictors except family type, age and co-residing with adult children 18+ have positive b values indicating positive relationships. So, except these three all other increase with respect to increase in decision making autonomy. It is easiest to conceptualize the t tests as measure of weather the predictor is making a significant contributor to the model. These predictors like family type, health status; composite index is highly significant, thus contributed highly in the autonomy of decision making of individuals. Autonomy in decision making is found to be significant with respect to predictors (Family type, Current working for cash income, health status, marital status, co-residing with 18+ adult children, and education status) but in model 2, when we also add four other predictors, decision making become not significant in respect to currently working for cash income, where as new predictors income index and districts are significantly associated with autonomy in decision making of individuals.

Conclusion

The study was focused on seven dimension of Decision making autonomy of elderly. The dimensions were used to examine the level of decision making autonomy in the study areas about their socio economic and demographic characteristics. In study area, The multivariate descriptive statistics results showed that the level of education of elderly were highly significantly related to their participation in household decision making in six dimension out of seven dimension. Wealth status were also found to be highly significantly associated with elderly participation in decision making in areas under study, In Uttar Pradesh, elderly in the rich status tends to participate less in household decision than middle status and lower status . Social status were also found to be significantly associated with 5 dimension of decision making in areas under study, elderly living in the low social status tends to participate more in household decision than middle status and higher status .The study revealed that most of the elderly background characteristics have significant relationship with the minimum three selected dimensions in the study areas, some are positively related and some are

negatively related as revealed by the multivariate regression results of B coefficient. However, the Beta coefficients revealed that some of the variables contribute more to the domain, some less, and a few have no any contribution.

Recommendation

A more comprehensive strategy can enable elderly to access community resources, to challenge traditional norms and to access economic resources. This will lead the elderly to be more autonomous in decision making in the due course.

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