



Participation of Aged Women in Family Decision Making: A Study on Two Villages of Khulna District in Bangladesh

Dipika Chandra^{1*}, Md. Sohel Sheikh², Rina Aktar³, Afsana Polly¹ and Babla Golder⁴

¹Sociology Discipline, Khulna University, Khulna 9208, Bangladesh
 ²Sociology Discipline, Khulna University, Khulna 9208, Bangladesh
 ³Ociology Discipline, Khulna University, Khulna 9208, Bangladesh
 ⁴Prodipan, Daulatpur, Khulna 9203, Bangladesh

Abstract: This study mainly focused to analyze the participation of aged women in family decision making (FDM) in rural areas of Batiaghata Thana in Khulna District of Bangladesh. Following survey research design, of the study was explanatory in nature and accomplished by applying the survey method and data were collected from randomly selected 200 aged women ($60 \ge$ years) among the total population of 416 aged women. The study was conducted to know their participation in family decision making (FDM) in two villages of Jalma union (both Raingamari and Sachibunia) under Batiaghata Thana in Khulna. The findings revealed that majority of the respondents of this areas had poor level of education which leads them lower occupational status as well as lower income level. This study focused on various factors which affect the decision making power of aged women such as age, religious status, monthly income, type of the family, head of household, type of residence etc. The study found overall medium participation of aged women in family decision making activities such as- participation in domestic activities (P<.000), money related matters (P<.000), social and political activities (P<.000), freedom of movement (P<.000)and leisure activities (P<.000). The study suggested that ensuring the involvement of these aged women in various family matters and giving proper respect and care, would increase their participation in various decision making activities.

Keywords: Participation; aged women; household; family decision and rural areas.

Introduction: Empowerment of women specifies situation of freedom of women to make decisions on their own regarding matter of life. There are several factors which affect the decision making process of women and those eventually help to plan better support programs, especially for older women [1]. One of the aspects of women empowerment is decision-making in family. Women participate in family decision economically, socially and culturally. The role of women has been changed over time due to egalitarian family structure though [2]. In Bangladesh, one of the world's poorest countries, a significant proportion of its most deprived citizens are elderly women living in rural areas [3]. Women are found to involve less in decision-making where male members of family usually make decisions about family matters. Women are frequently ignored and not even discussed [4].

In Bangladesh, like most developing countries of the Asia and the Pacific Region, care for the elderly is still considered as a family responsibility despite the fact that family structure is steadily changing in some of these countries [5]. Family cohesiveness and filial piety have been found to be the main factors behind this tradition of care from the children to the parents [6]. Women play a vital role in the economic development of the family. Women perform different tasks depending on their socioeconomic structure, number of family members, the nature of professions they are involved in and many other factors [7]. Additionally, Most of the developing nations of the world have accepted age of 60 as the elderly people. But most developed countries have accepted chronological age of 65 years as a definition of older person [8]. The United Nations have accepted 60 years as the age of aged people [9].

The aged people face various problems like social, Physical, economic as well as psychological [10]. In Bangladesh, a large number of older people live in poverty and even, most of them cannot afford to fulfill their daily necessaries [11]. As a result of it, they usually belong to poor health. Because, Poverty and exclusion are the biggest threats to the well-being of aged people especially of the aged women. Additionally, they suffer various problems and disadvantages resulting from gender biased, old age or even widowhood [12]. Women, particularly widows, who are without living sons or who live alone, are considered to be particularly at risk of economic destitution, social isolation, poor health and death [13]. The aged women in our society face more vulnerability during their illness, disability or widowhood. During widowhood, most of the aged women become defenseless. Generally, aged women in rural area face various problems when they became widow [14].

Article history: Received 14 May, 2022 Received in revised form 10 June,2022 Accepted 14 October, 2022 Available online 02 November, 2022 Corresponding author details: D. Chandra E-mail address: dipika09@soc.ku.ac.bd Tel: +8801921291203

Copyright © 2022 BAUET, all rights reserved

Older women's health status is affected by their lack of health care, education and nutrition earlier in life. Older women are more likely to be poor because the accumulated impact of lower lifetime earnings, lower pensions, lower social status, and weaker access to property and to inheritance contributes to disproportionate poverty [15]. A Bangladeshi women often enjoys power and authority if she happens to be head of the family. If this association is broken, her access to resources for care and sustenance is reduced, making her vulnerable [16]. This risk increases for women who have no assets for survival, such as education, possessions or social status [17]. Moreover, the condition of elderly women in Bangladesh is more severe than that of elderly man [18]. This is because in Bangladesh which is characterized by male dominated society generally women especially in rural areas, do not have enough access to decision-making and control of financial aspects within their households [19]. As a result, elderly women become completely dependent on their children to fulfill their basic needs. Since elderly women hardly have any access to employment opportunities they become involved in rearing children [20]. Since women's (aged) conditions and their various rights in Bangladesh especially in rural area are at stake and they are neglected in many ways, it's becoming a major concern to our country [21]. This is why this study attempted to analyze the participation of aged women in family decision making in rural areas of Bangladesh. The broad objective of the study was to analyze the participation of rural aged women in family decision making in rural areas of Bangladesh. Additionally, to support the broad objective several specific objectives were identified e.g. to identify the factors affecting the family decision making of rural aged women; and investigate the relationship between associated factors of family decision making and the extent of aged women's participation. Furthermore, the hypothesis of this research was higher the aspects of social, economic, political, cultural and psychological, higher the family decision making of aged women. Finally, the research questions of the study were: whether the socio-demographic aspects affect family decision making of rural aged women or not and whether social, economic, political, cultural and psychological aspects affect family decision making of rural aged women or not.

Materials & Method: The present conditions related to the aged women's participation in family decision making (FDM) and their dignity in family, especially in rural areas was identified through the analysis and presentation of collected information. The study design was explanatory in nature because it tried to present a specific picture of participation in family decision making of rural aged women of the selected study area. Survey method was used to conduct the study. An interview schedule was prepared to explain the study objectives in regarding to all the respective items or variables. Since, this study was mainly concerned about the rural aged women. So, among 158 villages in Batiaghata Thana of Khulna District, only 2 villages (Raingamari and Sachibunia) were chosen purposively as the study areas due to convenience of the researchers. To identify the respondents, some specification had made as per the objectives, in order to collect valid and reliable data from the aged women at rural areas of Khulna. The specific criteria of the respondents were – the respondents belonged to the age group of 60 years or above; were living in the selected study areas at least for ten years with their family members. In this study, a household census was carried out on the above mentioned unit of analysis to prepare an inventory list in both of the study areas to identify the exact population in order to draw a representative sample. In both study areas (*Raingamari* and *Sachibunia*), total 416 aged women were identified as the population of the study (Table 1).

Table-1: Profile of	f Population of the Study.	

Name of Thana	Name of Union	Name of Villages	Population (In numbers)
		Raingamari	157
Batiaghata	Jalma	Sachibunia	259
		Total	population = 416

(Source: Household Census, 2018)

Simple random sampling method were used for this study and among 416 aged women 200 respondents were selected as the sample of the study, considering a confidence interval of 5 at 95% confidence level. In this study, interview technique was to collect the data. Additionally, an interview schedule was developed and finalized to collect primary data through pre-test (on 10 samples) regarding the various issues of participation of aged women in their family decision making process. The field work of this study was completed with primary data during March 15 to April 20, 2018. The researchers collected data from the field through interview schedule. Furthermore, after data collection, all data were checked or processed systematically. Firstly, data were edited carefully in order to adjust or reduce inaccuracy. Then, all data were encoded and classified. After coding and classification processes (Table 2), the data were computerized and tabulated by using software like SPSS, MS Word etc.

Table 2: Coding of the Variables.

Variables		Codi	ing	
Personal Information				
Age	60 - 65	66 - 70	71 ≥	-
Year of Schooling	0	1-5	6-10	-
Monthly Income	0	≤ 5000	5001 - 10000	$10001 \ge$
Monthly Saving	0	≤ 1000	1001 - 2000	$2000 \ge$
Information about Household				
Year of Schooling	0	1-5	6-10	11 – 12
Household Income	≤ 20000	20000 - 40000	40001 ≥	-
Household Expenditure	≤ 10000	10001 - 20000	20001 ≥	-
Household Saving	0	≤ 5000	5001 - 10000	$10001 \ge$
Information about Property				
Monetary Wealth	≤ 100000	100001 - 200000	200001 ≥	-
Non-monetary wealth	<u>≤</u> 3	4-6	$7 \ge$	-

(Source: Field survey, 2018)

In case of measuring aged women's participation in family decision making Likert scale was used (Table 3) and the variables used for calculating the index were participation in domestic activities, participation in money related matters; participation in political and social activities; freedom of movement and participation in leisure activities [22]. Later, decision making index was identified calculating al the mentioned variables in to low, medium and high category.

Table 3: List of indices.

Level	Score
Participation in domestic activities	
Low	5-12
Medium	13-20
High	21-28
Participation in money related matters	
Low	1-10
Medium	11-20
High	21-30
Participation in political and social activities	
Low	2-10
Medium	11-19
High	20-28
Freedom of movement	
Low	6-14
Medium	15-23
High	24-32
Participation in leisure activities	
Low	5-12
Medium	13-20
High	21-28
Decision making index (DMI)	
Low	75-85
Medium	86-95
High	96-105

(Source: Field survey, $2\overline{018}$)

Processed data were analyzed and interpreted by using descriptive as well as inferential statistical techniques, regarding the objectives of the study, including descriptive, *e.g.* frequency distribution, mean, standard deviation, as well as inferential statistics, *e.g.* Pearson's Chi-Square (χ^2). Different computer software's like SPSS, MS Excel and MS Word were used for analyzing and interpretation of data. Moreover, Fisher's exact analysis was also used to support Pearson's Chi-Square where the count was below five to describe the level of the family decision making of the aged women.

Results and Discussion:

Personal information of the respondents: Data from table 4 enumerates that the average age of the respondents were 64.68 years and most of them (59.0 %) were from Sanatan religion. Besides, majority (49.0 %) were widow and almost 57.5% of all respondents were illiterate as well as a little portion of them were educated (39% at primary level and 3.5% at Secondary level). As they had low educational status, majority (62%) of them had no occupation. Average monthly income of the respondents were 3135 BDT. with majority of them(46.5%) have no income at all. Moreover, average monthly saving of them were 773 BDT. Most of the aged women (46%) live with their children and majority (61%) of them got different types of assistance such as- old allowance (42%), widow allowance (13.5%) etc.

Variables	Frequency	Percentage	Mean & Standard Deviation
Age			-
60-65	133	66.5	
66-70	43	21.5	64.68 & 4.35
71 ≥	24	12.0	
Religion			1
Islam	82	41.0	_
Sanatan	118	59.0	-
Marital status	· · · ·		-
Married	91	45.5	
Widow	98	49.0	-
Divorced/Deserted	11	5.5	
Year of schooling			1
Illiterate	115	57.5	_
Primary	78	39.0	1.65 & 2.24
Secondary	7	3.5	
Occupation			1
Housewife	124	62.0	_
Handicraft	33	16.5	
Tailor	19	9.5	_
Shopkeeper	16	8.0	
Monthly income (In BDT)			
No Income	93	46.5	
≤ 5000	55	27.5	3135 & 3827.54
5001 - 10000	40	20.0	
10001 ≥	12	6.0	
Monthly savings (In BDT)			T
No saving	109	54.5	_
≤ 1000	49	24.5	773 & 1438.83
1001 - 2000	28	14.0	_
2001 ≥	14	7.0	
Living arrangement	21	10.5	
Alone	21	10.5	-
With spouse only With spouse and children	31	<u>15.5</u> 26.5	-
With spouse and children With children	53 92	46.0	
	3	1.5	-
With grand children Getting assistance	3	1.3	
No	78	39.0	
Yes	122	61.0	
Type of Assistance	122	01.0	1
No assistance	79	39.5	
Old allowance	84	42.0	-
Widow allowance	27	13.5	
Freedom fighter allowance	4	2.0	
pension	6	3.0	4
pension 2010	0	5.0	1

(Source: Field Survey, 2018

Information about household (HH): Data in the table 6 demonstrates that majority of the respondents (80.5%) live in their own residence whereas only 19.5 percent live in rented house. Most of the respondent's (49.5%) sons are the head of household. The year of schooling of the respondents were found to be category as, illiterate 2.5 percent, primary education 43.0 percent, secondary level 38.5 percent and higher secondary 16 percent with the average year of schooling 7.07 years whereas majority (43%) have completed primary education. Majority (70%) of the household belonged to nuclear family and the average monthly income of the household are BDT 20370 in which most (73%) of the household income are less than BDT 20000 and 20% of the household income are in between BDT 20001 to BDT 40000. The highest portion (49.5%) of the respondent's household expenditure are in between BDT 10001 to BDT 20000. Majority (65%) of the respondent's household saving are less than BDT 5000 whereas 20 percent of their household have no saving. Moreover, average non-monetary wealth among the respondents was 163668 BDT and majority of the respondents (53.5%0 reported medium level of non-monetary wealth.

Variables	Frequency	Percentage	Mean & Standard Deviation
Residence			•
Own	161	80.5	
Rented	39	19.5	-
Head of household (HH)	I		
Self	42	21.0	
Spouse	59	29.5	-
Son	99	49.5	
Year of schooling			
Illiterate	5	2.5	
Primary	86	43.0	7.07 & 3.79
Secondary	77	38.5	
Higher Secondary	32	16.0	
Family type	I	1	1
Nuclear	140	70.0	
Extended	60	30.0	-
	00	50.0	
Household income (In BDT)		1	
≤20000	146	73.0	20370.0
20001 - 40000	40	20.0	&
40001≥	14	7.0	14393.452
Household expenditure (In BDT)		•	
≤ 10000	64	32.0	15506
10001 - 20000	99	49.5	&
20001≥	37	18.5	8178.662
Total	200	100.0	
Household Saving (In BDT)		T	
No Saving	40	20.0	3290.50
≤ 5000	130	65.0	&
5001 - 10000	25	12.5	3374.492
10001≥	5	2.5	
Total monetary wealth (In BDT)	100	7 0.0	
≤100000	100	50.0	163668
100001 - 200000 200001≥	<u> </u>	17.0 33.0	<u>&</u> 140380.524
Total non-monetary wealth	00	55.0	140300.324
Low	88	44.0	
Medium	107	53.5	-
High	5	2.5	

Table 5: Informat	ion about Hou	sehold (HH) of	the Respondents.
-------------------	---------------	----------------	------------------

(Source: Field Survey, 2018)

Information about participation in family decision making: The below table signifies the participation of the respondents in family decision making. In this table, the participation in every decision making activities are categorized into three categories: Low, Medium and High. The category participation in domestic activities represents that majority (46.5%) of them had medium level of participation, followed by, 30.5 percent of them had low participation. Decision making in money related matters shows that most of them (57%) had medium participation, followed by 30 percent of them had low participation. On the other, participation in the political and social activities indicates that majority (54%) of them had medium participation, followed by 31 percent of them had low participation. In the freedom of movement, it can see that 54.5 percent of them had medium freedom of movement. At last, the participation in leisure activities shows that most of them (63%) had medium participation in leisure activities. Only, 13 percent of the respondents had lower participation in leisure activities. Finally, most of the respondents reported medium level of decision making index overall.

Domestic activities		
Low	61	30.5
Medium	93	46.5
High	46	23.0
Money related matters	· · · ·	
Low	60	30.0
Medium	114	57.0
High	26	13.0
Social & political activities		
Low	62	31.0
Medium	108	54.0
High	30	15.0
Freedom of movement (without permission)		
Low	60	30.0
Medium	109	54.5
High	31	15.5
Leisure Activities		
Low	26	13.0
Medium	126	63.0
High	48	24.0
Decision Making Index (DMI)		
Low	45	22.5
Medium	112	56.0
High	43	21.5

Table 6: Information about Participation in Family Decision Making.

(Source: Field Survey, 2018)

Relationship between rural aged women and family decision making: In order to understand the personal factors related to the participation in decision making chi-square is executed. Among the various factors of the respondent, the study conclusively found statistically significant relationship between age structure and participation in family decision making (p<0.097) at 10% significant level, and found that there was strong association between religious status and participation in family decision making (p<0.097) at 1% significant level, between marital status and participation in family decision making, there was significant relationship(p<0.000) at 1% level of significant between these too. Moreover, between year of schooling and participation in family decision making (p<0.032) at 5% significant level, between monthly income and participation in family decision making. Finally, between type of family and participation in family decision making (p<0.000) at 5% level of significant and between type of residence and participation in family decision making (p<0.000) at 5% level of significant structure as strong association between income and participation I decision making.

	Decision Making Index			2	Fisher's Exact	
Covariates -	Low	Medium	High	$-X^{2}_{(\mathrm{df})}$	Test	P- Value
Age (In years)						
60-65	25 (18.8%)	81 (60.9%)	27 (20.3%)			
66-70	10 (23.3%)	23 (53.5%)	10(23.3%)	$7.85_{(6)}$	7.72	$.097^{*}$
71≥	10 (41.7%)	8 (33.3%)	6 (25.0%)			
Religion						
Islam	33 (40.2%)	39 (47.6%)	10 (12.2%)			
Sanatan	12 (10.2%)	73 (61.9%)	33 (28.0%)	26.812(2)	26.59	.000****
Marital Status		, /	· /			
Married	8 (8.8%)	62 (68.1%)	21 (23.1%)			
Unmarried	35 (35.7%)	44 (44.9%	19 (19.4%)	$20.33_{(4)}$	21.130	$.000^{***}$
Divorced/Deserted	2 (22.5%)	6 (54.5%)	3 (23%)	(1)		
Year of Schooling						
Illiterate	33 (28.7%)	59 (51.3%)	23 (20%)			
Primary	12 (15.4%)	46 (59.0%)	20 (25.6%)	$10.54_{(4)}$	9.194	.032**
Secondary	0 (0.0%)	7 (100%)	0 (0.0%)			
Monthly Income (In BDT)						
No Income	37 (39.8%)	47 (50.5%)	9 (9.7%)			
≤5000	6 (10.9%)	47 (85.5%)	2 (3.6%)	94.37(6)	83.20	.000****
5001-10000	2 (5.0%)	16 (24.0%)	22 (55.0%)			
10001≥	0 (0.0%)	2 (16.7%)	10 (83.3%)			
Type of Family						
Nuclear	16 (11.4%)	93 (66.4%)	31 (22.1%)			
Extended	29 (48.3%)	19 (31.7%)	12 (20.0%)	34.58 (2)	32.541	.000****
Head of Household						
Self	1 (2.4%)	23 (54.8%)	18 (42.9%)			
Spouse	7 (11.9%)	45 (76.3%)	7 (11.9%)	38.923(4)	38.85	.000****
Son	37 (37.4%)	44 (44.4%)	18 (18.2%)			
Type of Residence	,		,,			
Own	43 (26.7%)	84 (52.2%)	34 (21.1%)			
Rented	2 (5.1%)	28 (71.8%)	9 (23.1%)	8.712 (2)	9.94	.013**

Table 7: Relationship between Rural Aged Women and Family Decision Making.

(Source: Field Survey, 2018)

*** Significant level- 1%

** Significant level- 5%

* significant level- 10%

Relationship between decision making aspects and decision making index: Table 8 represents that the decision making aspects of the respondents and decision making indices, are associated with their decision making in domestic activities through the differences is statistically significant (P<.000). Furthermore, the decision making aspects of the respondents and decision making indices are associated with their total decision making in money related matters, social and political activities, freedom of movement (without Permission) and leisure activities through the differences is statistically highly significant (P<.000).

Table 8: Relationship between Decision Making Aspects and Decision Making Indices.

<i>a</i>	I	Decision making Index			Fisher's	
Covariates	Low	Medium	High	$X^{2}_{(\mathrm{df})}$	Exact Test	P- Value
Decision Making in Dome	stic Activities					
Low	44 (72.1%)	17 (27.9%)	0			
Medium	1 (1.1%)	91 (97.8%)	1 (1.1%)	287.60(4)	261.22	$.000^{***}$
High	0 (0.0%)	4 (8.7%)	42 (91.3%)			
Decision Making in Mone	y Related Matters					
Low	41 (68.3%)	19 (31.7%)	0 (0.0%)			
Medium	4 (3.5%)	91 (79.8%)	19 (16.7%)	183.65 ₍₄₎	161.792	$.000^{***}$
High	0 (0.0%)	2 (7.7%)	24 (92.3%)			
Decision Making in Social	and Political Activities	5				
Low	43 (69.4%)	19 (30.6%)	0 (0.0%)			
Medium	2 (1.9%)	93 (86.1%)	13 (12%)	232.93 ₍₄₎	207.77	$.000^{***}$
High	0 (0.0%)	0 (0.0%)	30 (100%)			
Decision Making in Freed	om of Movement (witho	out permission)				
Low	43 (71.7%)	17 (28.3%)	0 (0.0%)			
Medium	2 (1.8%)	91 (83.5%)	16 (14.7%)	202.62(4)	180.590	$.000^{***}$
High	0 (0.0%)	4 (12.9%)	27 (87.1%)			

Low	10 (38.5%)	16 (61.5%)	0 (0.0%)			
Medium	35 (27.8%)	87 (69%)	4 (3.2%)	49.199 ₍₆₎	19.023	$.000^{***}$
High	0 (0.0%)	9 (18.8%)	39 (81.2%)			

(Source: Field Survey, 2018)

***significant level- 1%

**significant level- 5% *significant level- 10%

Discussion: Bangladesh, being a male dominated society, it is very common especially in rural areas that male member of household will be the household head or main earning member and women will be confined in the four walls of the house and performs household chores [23]. However, now-a-days women play a crucial role in the socio-economic welfare of the family in the remote corner [24]. To analyze the participation of aged women in family decision making in rural areas of Bangladesh, the study was conducted on 200 aged women in the rural areas named Raingamari and Sachibunia villages under the Batiaghata thana in Khulna district. The reason of selecting this two villages as study area because in both of these villages, aged women were available. This study focused on various factors which affect the decision making power of aged women such as age, religious status, type of the family, head of household, monthly income, type of residence etc. On the other hand, women perform different tasks depending on their socio-economic structure, number of members in the family, the nature of professions they are involved in and many other factors [25]. It was found from our study that there were lack of education among the aged women along with highest part of them were illiterate. As they had low educational status, majority of them had no occupation as well as most of them had no income. Otherwise, the occupation of 80.58 percent of the women was related to agriculture or physical labor, whereas only 19.42 percent had white-collar jobs along with most of the participants (65.26%) lived in rural areas [26]. Using the decision making index (DMI), the study also found that majority (56%) of the aged women had medium participation in family decision making. Moreover, the participation of every decision making activities such as- domestic activities, moneyrelated matters, social and political activities, freedom of movement and leisure activities were medium. On the contrary, majority (42.8%) of the rural women played medium decision making role, while the rest was almost equally shared by low (28.6 %) and high (28.6%) decision making role players [27]. The findings of another research indicate that 60.17% of these women are empowered to give their opinion in the final decision-making for household purchases [28]. The ability of women to make decisions that affect the personal circumstances of their own lives is an essential aspect of empowerment and serves as an important contributor to women's overall welfare [29]. Moreover, the study also found positive relationship between the personal characteristics of aged women such as-age, marital status, occupation, monthly income, living arrangement etc. and their participation in family decision making. Findings of the study revealed that the type of family is related with the decision making power of aged women and majority of their family (70.0%) were nuclear and family decision making power of aged women is expected to be higher in small family as compared to larger family. In nuclear families, men and women jointly take decision but in joint family decision are taken mostly taken by male head of household. These findings are similar to the study of Pandey et al. [30], who also found an inverse relationship between family size and decision making. On the other hand, found that there is positive correlation between the family size and decision making of women [31]. It is also hypothesized that the monthly income of the aged women also effected on their participation in family decision making. Findings showed that aged women with higher income, have higher participation in decision making. These findings are in contrast with the findings of Wasnik [32], who found that there is positive relationship between family income and the decision making of farm women. On the other hand, the study also found relationship between religious statuses of aged women and their participation in family decision making. In this study, majority (59.0%) were Sanatan constituted and 41.0% were Muslims. Findings showed that Muslim aged women face more restrictions and their participation in decision making is relatively lower than those of Sanatan religion. Wolfers [33] in his study described that religion has great impact on the participation of women in family decision making and found that there is positive relationship between religious status and the decision making participation.

Usually, the family decision making is taken by the male member of the household given the patriarchal social setting. But the situation is changing slowly. Women decision making in family can be triggered by some factors. The factors include educational achievements, income generating activities, family members etc. [34]. In this study age had been found as a significant factor of family decision making among rural elderly women. The lower the age category had more control over family decision making. The findings contradicts with Senarath and Gunawardena [35] as they found that the elderly women had more autonomy of family decision with increasing age in Bangladesh and Nepal. Acharya, *et al.* [36] found that this autonomy get influenced by the number of children alive. Adult children of elderly women get them access to have opinion on household matters.

Interestingly, elderly women tend to have higher level of family decision making in nuclear family. The findings of the study aligned with the findings of Maral, *et al.* [37]. In nuclear family, the women get highly involved in familial decisions and personal expenses. Likewise, education was another important fact that affect the decision making of family. The findings of the study revealed that the higher the education of the women, the higher the level of involvement in family decision making. The findings aligned with that of Chanana [38]. Educational achievements matters in family decisions may be because education provides self confidence that brings about changes in behavior. Furthermore, in this study, there is strong association between income and family decision making of elderly women. Income of the family implies empowerment and empowerment imparts

women's autonomy in decision making. The findings aligned with Becker *et. al.* [39] where they found that women who had income were more involved in final decision making of familial matters.

Conclusions: It appeared that most of the aged women in the study area enjoyed medium level of participation in various decision making within the family. Although they had medium participation in decision making but the findings found that majority of them lack of basic education, not in any form of paid employment, widowed, having no income and economically dependent on others. Analysis of the living arrangements of the respondents, showed that a large proportion lived with their son. Furthermore, it had also been found that some variables had a significant relationship with their participation in decision making including marital status, respondent's monthly income, religious status, and economic conditions of aged women. However, the study findings of the participation of aged women was still far from the expectation. It is necessary to improve their condition as well as to involved them in taking part in decision-making is needed because they are most wisdom person in the society and also increasing more study separately on aged women. The study also suggested that ensuring the involvement of these aged women in various family matters and giving proper respect and care, would increase their participation in various decision making activities.

References:

[1] Dunham, C.C., Flores-Yeffal, N.Y. Household Decision-Making Between Older Adult Women and Men in the Western Cape of South Africa. Gend. 2019. Issues 36, 253–268. https://doi.org/10.1007/s12147-018-9220-6.

[2] Kiani, M. How Much Are Women Involved in Decision Making in Family in Iran. Sociology Study, 2012. 2(6): 417-427.

[3] Hamiduzzaman, M., de Bellis, A., Abigail, W., & Kalaitzidis, E. Elderly Women in Rural Bangladesh. South Asia Research, 2018. 38(2), 113–129. doi:10.1177/0262728018767018.

[4] Rashid MU, Islam MM. Women's participation in family decision making in Dumki Upazila of Patuakhali district. Agriculturists. 2011; 9:137-42.

[5] M. A. Hossain, H. Kabir, N. Khan, Situation of Elderly in Gaokhali Thana, Social Science Journal. 2010. 3(2): 11-15,.

[6] S.M.S. Kabir, S. J. Shathi, Household decision making process of rural women in Bangladesh, Journal of Humanities and Social Science. 2013. 10(6): 69-78.

[7] M. M. Islam, M. Rashid, Women's participation in decision making in Dumki Upazilla of Patuakhali District, The Agriculturists (A Scientific Journal of Krishi Foundation). 2011. 9 (1&2): 137-142.

[8] Bangladesh Bureau of Statistics, Population Cencus 2011: Preliminary Report.: Ministry of Planning, Dhaka, Bangladesh, 2012.

[9] United Nations, Declaration of the Elimination of Violence Against Women. Proceedings of the 85th Plenary Meeting, Geneva, 2015.

[10] A. Barikdar, T. Ahmed, S. P. Laskar, The Situation of Elderly in Bangladesh, Bangladesh Journal of Bioethics. 2016. 7(1): 27-36.

[11] A. B. Siddique, Views of the elderly regarding the behavior by his family members, Medicine Today. 2014. 26(1): 104-110,.

[12] R. Kabir, H. T. A. Khan, M. Kabir, M. T. Rahman, Population ageing in Bangladesh and its implication on health care, European Journal of Scientific Research. 2013. 9(33): 34-47,.

[13] M. Kabir, M. Haque, H. Chaklader. Mainstreaming ageing in health: will it be possible. In: International Conference on Mainstreaming Ageing in Health System and Rural Development. Dhaka. November, 2005.

[14] U. Senarath, N. S. Gunawardena, Women's Autonomy in Decision Making for Health Care in South Asia, Asia-Pacific Journal of Public Health. 2009. 21(2): 137-143.

[15] M. A. Sattar, S. M. Milton, H. B. Shahina, A Socio-economic and Health Status of the Elderly, Bangladesh Association of Gerontology. , 2003. 6(1): 330-345.

[16] M. R. Islam, Population aging in Bangladesh: problem and prospects. Bangladesh, Journal of Geriatrics. , 2012.47(1): 46-56

[17] S. S. Kabir, A. S. Jahan. Household decision making process of rural women in Bangladesh, Journal of Humanities and Social Science. 2013. 10(6): 69-78.

[18] M. T. Uddin, M. N. Islam, M. J. Alam, G. U. Basher, Socio-economic status of elderly of Bangladesh: a statistical analysis, Journal of Applied Sciences. 2010. 10(13): 3060-3067.

[19] S. Sharma, Socio-demographic variables as predictors of women social freedom, Research Journal of Recent Sciences. 2015. 4(1): 118-123.

[20] A. M. Sultana, Socio-cultural dimension of women discrimination in rural communities, Ozean Journal of Social Sciences. 2010. 3(1), 31-38.

[21] M. A. Nesa, M. E. Haque, D. Siddique, Social status of elderly people in health perspective: A comparison of rural and urban area, Journal Of Humanities and Social Science. 2013. 18(6): 83-94.

[22] P. K. Roy, S. Haque, Jannat, A. M. Ali, M. S. Khan, Contribution of women to household income and decision making in some selected areas of Mymensingh in Bangladesh, Progressive Agriculture. 2017. 28 (2): 120-129.

[23] J. Akhter, C. Kun, O. Chukwunonso, L. Weisen, Perspectives of microcredit: a catalyst for women's empowerment in rural Bangladesh, International Journal of Economics & Management Sciences. 2018. 7(4): 2-8.

[24] A. Bayes, Emerging focus on the middle class. 2018. Retrieved from The Financial Express:

https://thefinancialexpress.com.bd/views/emerging-focus-on-the-middle-class 1515767827.

[25] G. N. Reddy, Women and Child Development, fourteenth ed., Chugh Publishing House, Allahabad, 2017.

[26] M. R. Islam, S. M. Rahman, C. Tarafder, M. M. Rahman, A. Rahman, E. C. Ekstrom, Exploring Rural Adolescents' Dietary Diversity and Its Socioeconomic Correlates: A Cross-Sectional Study from Matlab, Bangladesh, Nutrients. 2020. 12(8): 2230.

[27] S. Parveen, I. Leonhäuser, Empowerment of Rural Women in Bangladesh: A Household Level Analysis, Abstracts of German Tropentag. Humbold-University, Berlin, 2021 5.-7.

[28] M. U. Rashid, M. M. Islam, Women's Participation in Family Decision Making in Dumki Upazila of Patuakhali District, The Agriculturists. 2011. 9(1-2): 137–142.

[29] M. C. Sumy, M. M. Islam, F. A. Huda, Women's Participation in Small Ruminant Rearing and Household Decision Making Process at Banshkhali Upazila in Chattogram District, Journal of Bangladesh Agricultural University. 2021. 19(1): 128-133.

[30] P. Pandey, A. K. Choubey, G. Rai, The Involvement of Women as the Domestic Decision Maker: A Study of Patna Metropolitan City, Bihar, India, Sociedade & Natureza. scielo. 2021. 33.

[31] P. Bhattacharyya, H. G. Sastry, V. Marriboyina, R. Sharma, R. (Eds.). (2018). Smart and Innovative Trends in Next Generation Computing Technologies: Third International Conference, NGCT 2017, Dehradun, India, October 30-31, 2017, Revised Selected Papers, Part I (Vol. 827), 1st ed.

[32] K. P. Wasnik, Women in Agriculture–Strategy for Socio-Economic Empowerment, first ed., Kalpag Publications, New Delhi, 2006.

[33] A. Wolfers, The Making of an Avatar: Reading Sri Aurobindo Ghose (1872–1950), Religions of South Asia., 2017. 11(2-3): 274-341.

[34] Senarath U, Gunawardena NS: Women's autonomy in decision making for health care in south Asia. Asia-Pacific Journal of Public Health 2009.

[35] Alam, M. Factors Effect on Women Autonomy and Decision-Making Power within the Household in Rural Communities. Journal of Applied Sciences Research. 2011. 7. 18-22. 21:137-143

[36] Acharya, D.R., Bell, J.S., Simkhada, P. et al. Women's autonomy in household decision-making: a demographic study in Nepal. Reprod Health 7, 15 (2010). <u>https://doi.org/10.1186/1742-4755-7-15</u>

[37] Maral, Priyaranjan & Kumar, Vipul. Family structure and decision making power among working and non-working women. , 2017. 5. 574-580.

[38] Chanana K. Education attainment, status production and women's autonomy: a study of two generations of Punjabi women in New Delhi. Girls' Schooling, Women's Autonomy and Fertility Change in South Asia. Edited by: Jeffery R, Basu AM. 1996, New Delhi, Sage Publications, 107-132.

[39] Becker S, Fonseca-Becker F, Schenck-Yglesias C: Husbands' and wives' reports of women's decision-making power in Western Guatemala and their effects on preventive health behaviours. Social Science & Medicine. 2006, 62 (9): 2313-2326. 10.1016/j.socscimed.2005.10.006.