

Attribution of Elderly Responsibility in Relation to Income in Qatar

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Abstract

This study investigated the attribution of kinship responsibility by drawing on attribution theory of locus and controllability. The analysis draws on the actor versus observer model using income as an intervening variable. A cluster sampling technique resulted in a sample of 935 respondents. Analysis of covariance using gender as a covariate resulted in non-significant main effects. An interaction effect was statistically significant in the high income group who supported the attribution of responsibility of the government and the low and middle income groups who supported their parents. Social actors were more inclined to provide an attribution of the responsibility for elderly care to the government, whereas high income individuals than those in the middle and low income group.

Keywords: responsibility of elderly, attribution of responsibility, Qatar, income, parental support, parent supporting child

1. Introduction

1.1 Introduce the Problem

Historically, care of elderly has been in the bounds of close family members (Lee, Parish, & Willis, 1994). In modern days, increasing social and economic woes, has changed the typology of elderly care. The increased work hours, demand for flexible and mobile labor force and commuting to work conditions have allowed for greater reliance on public and governmental support for care (Haberkern & Szydlik, 2010). Many social pressures felt around the world and in particular in the Middle East are challenging the intergenerational ethos where now families are out-sourcing family care (see for instance Doumit and Nasser, 2010 in Lebanon). But even with these conditions, intergenerational affinities still predominate in most cultures. Many sociologists point out to the “family-filial” relation there is a crowding effect and normal for the family to provide care for the elderly when the welfare state has the primary role of the financial provider (Daatland & Lowenstein, 2005; Motel-Glingebiel, Tesch-Roemer & Kondratowitz, 2005; Sundstrom, Malmberg & Johansson, 2006). The intergenerational care in most Arab countries is generally very high, not because of a legal obligations but of normative behaviors in which there is a mutual support in the family. In contrast with many Western and individualistic societies care in many Arab countries is generally still a family matter (Naldini, 2000).

From the past time, the rise of the family emerged with humanity in cooperation, regeneration and continuation (Gough, 1971). The family in modern times, especially in the Arab world is structured around subordination and domination. Two to three decades ago the confinement of women in homes and creation of the small nuclear family women had found their role organized around structures and responsibilities, especially for children and elderly care. However, in modern day, prolonged care ceases to be a basis for women subordination with the availability of community, public or private nurseries and care homes and permissibility of shared responsibility with men. Extensively women and men have shared care through supportive social institutions. And the family remains an essential component of modern day social organization. The transformation of the family has allowed for a vast qualitative leap forward in cooperation, purposive knowledge, love, and creativeness. Thus, care between family members may be a “human gift for personal love that will make some form of voluntary, long-term mating and of individual devotion between parents and children to continue indefinitely” (Gough, 1971, p. 770). Even responsibility of dependents is now emerging alongside public responsibility for domestic tasks and specifically for the care of elderly. The family remains an essential organization having support from

the public and welfare government agencies.

1.2 Qatar as a Context

Qatar is a welfare state and one of the wealthiest in the world. It provides financial and economic incentives for its citizens (CIA, 2014). Qataris constitute less than 20% of the population, and the remaining population includes expatriates/laborers mostly coming from the sub-Indian region. The government of Qatar provides financial support to needy Qatari family members especially the elderly, widowed or disabled. However, with the growing work burdens and the strain of modern life, there is some evidence of the withering of the family unit. In many households, both men and women are in the workplace and the care for dependents, especially elderly, is left to hired domestic care (Shah, Badr, & Shah, 2012). There is a great need to address the wellbeing of elderly and dependents in situations where family members are less likely to have the time and energy to care for them. Many family members may forego care of dependents of elderly as they may feel that they have no responsibility to care for the elderly and are less likely to do so because they think others in the family or government have equal responsibility.

Understanding the etiology of the responsibility helps policymakers understand the economic perspective and beliefs about welfare and whether the policies of “excessive welfare” are in line with people’s attributions and perceptions. In Qatar, the welfare state covers the huge costs of needy dependents, even for those elderly who are residing in their family homes. Being a society having a close-knit structure, care coming from outside the family is considered a social aberration. Government support of needy individuals in terms of care is dismissed and ridiculed but where financial help is needed there is a general acceptance of financial support for the care in family homes. While the current perception suggests that a moral and physical care is the responsibility of family. People in Qatar may believe that its wealth bears financial responsibility of the government for the elderly as a privilege deserved. In this study, we were interested to understand how Qataris attribute the responsibility of elderly care in light of the behavioral structure of Qatari society.

1.3 Causal Responsibility of Elderly

There are different beliefs about the responsibility of elderly care; the etiology of such beliefs depends on the situation at hand. People generally demonstrate certain behaviors in reaction to certain events. They attempt to understand what causes the events to reach closure and take responsible actions to research possible outcomes. The attributions of responsibility of care have several implications and are significant to all societies in the world. Those who may see care as the responsibility of family members they see themselves as actors whether in providing financial support as well as bearing the physical and moral responsibility of care. Many may also see this role as a natural outcome when someone seeks to answer to the causes of the event, they may give reasons for the causes which are generally called attributions. The severity of the effects usually entreats an attribution. It is generally central to the consequences of events to identify the causal actors or causes that have brought about the event or behavior (Brewin & Antaki, 1987). Some events may be common and typical, and therefore, fewer people analyze the function of these events. Other events, especially those that impact people negatively, fuel them to seek answers and investigate the causes of such events to find closure for negative and painful experiences. As Pyszczynski and Greenberg (1981), Weiner (1980), and Weiner (1985) suggested that attributions are motivated by simulated feelings of threat, anxiety, anger and/or pity that impel people to understand what may have caused those events. Depending on the explanation of event causality and the nature of the events, people may show positive or negative attitudes toward them (Mohanty & Begum, 2012). By shedding light from this theory on responsibility, we draw closer to understanding people’s beliefs about family responsibility and whether it is aligned with welfare policy in Qatar and the Middle East.

1.4 Attribution Models

Specific models of attribution have been developed since the 1970s. The external-internal attribution suggest that people make two kinds of attributions one internal to the individual and the second external and caused by others or blamed on others. The observer-actor crossed with external–internal attribution forms a complex combination of the different contexts and dispositions of the attributer. The classic actor-observer model by Jones and Nisbett (1971) suggested that actor-observer differences influence how people explain events. Those who perceive negative events in light of their actions, they tend to externalize the attribution related to the outcomes, whereas observers see outcomes (negative) attributed to others’ personal causes. The latter model is currently accepted by social psychologists (Baron, Byrne, & Branscombe, 2006; Kenrick, Neuberg, & Cialdini, 2006), and it is backed by a large number of theoretical and empirical studies in this area. However, the asymmetry or the cultural context of this attribution might change the dominant and theoretical thinking on this matter due to a number of interconnected factors, which include locus of causality, stability and controllability (Weiner, 1985). Locus of

causality explains causality in the context of the event. Stability suggests the constancy of the events over time. Lastly, controllability is the degree of influence a person has over the cause of the event.

The first aspect of this model is control; an external and internal attribution is made according to the degree to which the act is perceived to be due to an inability or lack of effort to control the event. For instance, a man in public performs an anomalous behavior; the behavior is attributed to either a lack of the ability to control oneself or a lack of effort. While ability is perceived to be uncontrollable, effort, on the other hand, is perceived as controllable. Thus, the attribution of a certain behavioral outcome is based on whether the individual is seen as exerting effort or whether they are unable to do so. An elderly person or a child who behaves in a certain way because of a physical or mental disability calls for empathy leading to pity and concern. Thus, the causes are not attributed to the individual, who is the victim and unable to control his/her faculties. In contrast, for the elderly who are able but lack the effort, the attribution of the behaviors is externalized or blamed on the young adult. Based on the controllability of the behavior, the individual will assign an external or an internal attribution. Weiner (1993) explained that controllability is a major component that can define how people react to stigmatized individuals (see also Werner, 2005).

The second and third aspect is locus and controllability there are two important aspects of Weiner's (1985) model that is significant to the conceptual framework of this study. As this study was a cross-sectional study, measurements were taken at one time, and therefore, stability was excluded from the model. Locus provides an orientation to how people make attributions and generally operate on the proximity of the accepted behavior to the event's cultural context. In certain cultures, attributions are made irrespective of the perceived personal outcomes or whether the event is due to an actor's specific action. Al-Zahrani (1991) provides a cross-cultural perspective that does not fit well with the internal and external attribution model. For instance, behaviors that are seen as alien to certain cultures are stereotypic in their attribution of the behavior. These attributions will generally be very negative when the causes or the nature of the behavior is not understood. Al-Zahrani gave an example of two Arab men kissing upon greeting one another. When this greeting is seen by a heterosexual American observer, the Arab men may be perceived negatively based on this anomalous public act, thus leading to an externalization of attributions linking the actors and inherent behavior of the observed. Likewise, a heterosexual Arab man which may have kissed another man in public in form of greeting, may observe a man and a woman kissing in public, would regard the act as shameful, and the attribution would be externalized to a decadent western behavior and see kissing another man in form of greeting as an internal behavior. Irrespective of whether one is an actor or observer or what the perceived outcomes are, the locus of attribution suggests that the type of attribution made, is based on one's cultural identity and the closeness the individual to cultural practices and traditions experienced when making the attribution (Al-Zahrani, 1991). Thus, when individuals make attributions of responsibility, they make these attributions not based on their own personal and perceived outcomes but instead may be culturally socialized to make one type of attribution that is consistent with cultural norms they ascribe to. For instance, elderly care in the Middle East is still largely collectivist with strong family connectedness. The nuclear family or the extended family is perceived to be responsible for the long-term care of its dependents. Thus, a culture that values social relationships over individual interest might motivate the individual to make different attribution styles than that found in the West. This culture might also call for greater levels of externalization because of the active role in supporting close family members. Thus, integrating social and cultural context in the attribution model suggests that causes and consequences are necessarily aligned with the actor-observer- dichotomy (Hamilton, 1979).

Therefore, when people make responsibility attributions, the individual reflecting the behavior is not judged on the basis of causality (what was done) or an expectations of what should have been done. Rather attribution is strongly related to the locus (Hamilton, 1979). In reviewing the available literature, little is known about family care in Qatar. Generally, hospitals, not homes are considered public care facilities or care that exists outside of kinship in Qatar, for the elderly. Most care of the elderly and young infants take place at home and the responsibility of family members such as a daughter, a son or a domestic "servant."

Today, many Qataris rely on domestic servants, who are unskilled immigrants surviving on meager wages and are completely dependent on their sponsor, i.e., the employer (Shah, Badr & Shah, 2012). Generally, home care tends to be women's responsibility or managed by women. Men are also generally more inclined to provide the link to the public world. Power and hierarchy in providing care are evident in the Qatari family. The divisions of labor in the Qatari home in which men are more prone to engage in public space are entitled to greater freedom and have more leisure activities than women. Women are more likely than men to stay at home as caregivers. However, more recently, women have had a substantial amount of freedom in movement and work, and they are more likely to be in the work place and rely heavily on immigrant sub-Indian domestic help to take care of their

children and elderly. This phenomenon has been fueled by the new national wealth due to the discovery and production of liquid gas; it has brought great comfort, privileges and affluence to Qataris (Asmi, 2013). With this great wealth available to people in Qatar, consequently they could make attributions that are not in line with the general attributions reflecting those societies, where income is close to, or normally distributed.

1.5 Causal Attribution: Wealth and Poverty

Research examining causal attributions for poverty and wealth offers some suggestions about how the wealthy make attributions. “Three primary explanations for poverty are documented in the research literature: individualistic explanations, that emphasize the role of characterological flaws among the poor in causing poverty (for example: alcohol and substance abuse, lack of thrift, laziness); structural attributions, which focus on the causal significance of societal factors (for example: discrimination, inferior schools, low wages), and fatalistic attributions (for example: bad luck, unfortunate circumstances)” (Bullock, 2006, p. 4). The research on sociodemographic and socioeconomic aspects have been researched in the United States specifically in the award winning paper by Hunt (1996), that middle income groups-- European Americans attribute negative events as poverty attribute or externalize the causes to a lack of effort in laziness. Many studies have shown the individualistic nature of high socioeconomic groups in making attributions about wealth (Prins & Schafft, 2009). In a study on Arabic speaking people; Nasser’s (2007) study showed the structuralism in attribution among Middle Eastern Lebanese students across socioeconomic levels. The main contention is that attribution of responsibility which reflect a more structural attribution among (i.e., responsibility of the government) different economic groups in Qatar.

These conceptualizations thus guide our work on attribution. We are expanding this framework of attribution to assess support for other explanations in family responsibilities.

1.5 Caveat

Society in Qatar is close-knit and collectivist and has an in-group interdependence. People in Qatar and the Middle East in general may perceive personal care for adults as the responsibility of the family, but at the same time, whenever they are unable to provide those needs, they may rely on the government for assistance (mainly financial). Qatar society, like others in the Middle East, and worldly societies see care of the elderly as a moral obligation (Horowitz & Schindelman, 1983; Hamon & Blieszner, 1990; Sung, 1999; Iecovich, & Lankri, 2002). However, in the West, when a public institution is available, families may choose not to support dependents, by seeking public or private care and consequently place the elderly in homes or community support homes for care. By situating the study in Qatar, we draw on the socioeconomic and social conditions of a wealthy conservative, collectivist and in-group society. Given this locus, we can speculate that those adults who are either supporting or being supported by their parents may make different attributions than that in a Western nation.

Thus, we attempted to understand how the closest of kin respond to obligations to the elderly. Contextual significance was addressed in this study by studying attribution among adults who are living with their parents.

2. Method

This study was part of a larger national study investigating family values, intergenerational relations and interaction in Qatari households. A cluster sampling approach was used to sample all of Qatar. The sample clusters included the four municipalities with large population pockets, including the capital city Doha, a second major cosmopolitan area Al-Khor, and the South and North of Qatar. The large majority of the sample came from the capital. Each respondent was the head of a household (either male or female).

The first analysis compared the means of the respondents who were close kin members (i.e., a son or a daughter) and were supporting their parents and second, those whose parents were providing support for their children. The second analysis included a 2x3 analysis of covariance that included those respondents who were providing support to family and respondents whose parents were providing support crossed by level of income (three levels: lowest income, middle income and highest income).

2.1 Participants

The sample was composed of 568 male and 251 female respondents. The ages of respondents ranged between 20 and 84 years ($M= 37.64$, $SD=13.73$). Table 1 shows the demographics of the study sample. Those respondents whose parents were deceased were not included in the study.

2.2 Instrument/Questions

Two main questions were developed for this study and administered through a questionnaire. The questions asked respondents to rate whether the government or family was responsible for elderly care. The response

format for responsibility was a 5-point scale, where 1= “Always the government’s responsibility,” 2= “Usually or mostly the government’s responsibility,” 3= “Equally the government’s and family’s responsibility,” 4= “Usually or mostly the family’s responsibility” and 5= “Always the family’s responsibility.” *A mean rating less than 3 indicated a higher attribution of government responsibility; conversely, a mean value greater than 3 indicated a higher attribution of family responsibility.* The second question measured the degree to which the respondent was providing financial support for the family. This item was rated as 1= “very frequently,” 2= “often,” 3= “sometimes,” 4= “seldom” and 5= “not at all.”

2.3 Independent Measure

To measure whether the parent or the adult was providing support, two main questions were used. The first question asked the respondent whether the parent was providing support, and they were asked to rate their level of support on a scale from 1= “very frequently,” 2= “often,” 3= “sometimes,” 4= “seldom” and 5= “not at all.” A second question asked whether the respondent was providing support for their elderly parent and to rate their level of support from 1= “very frequently,” 2= “often,” 3= “sometimes,” 4= “seldom” and 5= “not at all” to obtain a valid and single measure of support. Those who responded to “providing support to elderly parent” as 1= “very frequently” or 2= “often” and responded to the second question: “parent providing support” with responses: 4= “seldom” and 5= “not at all” were classified as adults who were providing support to the parent. In this way we validated the first question by a second and aggregated both to get a measure of support. The respondent in this case would be classified as an actor. On the other hand, if the respondent answered “parent providing support” as 1= “very frequently” or 2= “often” and responded to the second question “providing support to elderly parent” as 4= “seldom” or 5= “providing support,” this would indicate that the parent was providing support and that the respondent (i.e., next of kin or adult child) would be classified as an observer who was receiving support from parents.

We asked each respondent a number of socio-demographic questions such as age, employment, occupation, income, sibling and parent information (age, whether alive or deceased). Based on this information we removed those respondents whose parents were deceased.

2.4 Dependent Measure

Two dependent measures were included. The first dependent measure was the responsibility for medical costs. The second dependent measure was the responsibility for elderly livelihood (financial support for domestic labor to support the elderly, food, shelter, clothing, etc.). The dependent measures were the average of the rating from 1= “Government Responsibility” to 5= “Family Responsibility.” The higher the score, the higher was the family responsibility. Sex was used as a covariate, as men in the Arab world are generally the bread winners and women have a limited role in supporting the family. By controlling for the sex of the respondent, we would be removing the surrogate factors of income and financial support.

3. Results

The sample of respondents was predominantly male (N=568, 69.4%). The highest percentage (N=367, 44.8%) of respondents were between the ages of 20 and 29 years. The income distribution was based on the equal 1/3 sample distribution in each level of low, middle and high income of the sample, and thus, the lowest income was of those respondents who had an income of less than \$50,000. Middle incomes were those between \$51,000 and \$90,000, and the highest incomes were those above \$90,000.

Table 1. Sample demographics

Variable		N	%
	All respondents	819	100
Sex	Male	568	69.4%
	Female	251	30.6%
Age	20-29	367	44.8%
	30-39	154	18.8%
	40-49	150	18.3%
	50-59	123	15.0%
	60-69	25	2.1%
Income	Lowest Income (<20,000 to \$50,000)	343	34.1%
	Middle Income (\$51,000 to \$90,000)	291	29.0%
	Highest Income (\$91,000 to >151,000)	332	33.0%

The main analysis crossed the support (two-levels); closest kin supporting family and a parent supporting adult. The first analysis used the family support variable bifurcated into adult providing support and second, guardian providing support, crossed with the three income levels (low, middle and high income) on the rating of responsibility for elderly medical treatment. As mentioned in the methodology section, the rating for the dependent variable was a 5-point scale, with "1" for government responsibility to "5" for family responsibility. A 2x3 analysis of covariance (ANCOVA) was run using the gender of the respondent as the covariate. The marginal means are reported in Table 2. The higher means for the dependent variable, suggest the higher the attribution to family responsibility (see Table 3 for main effects). In addition, no significant differences were found for the income. The results of the first ANCOVA on the dependent variable of responsibility for elderly medical treatment as the dependent attribution variable indicated no main or interaction effects.

Table 2. Means and Standard Deviation of the responsibility attribution by Income on whether providing elderly livelihood and responsibility of medical treatment

	Income	Elder's livelihood			Responsibility elder's medical		
		Mean	Std. Dev.	N	Mean	Std. Dev.	N
Adult Providing Support to Elderly Parents	Lowest Income	2.69	1.20	73	3.24	1.03	45
	Middle Income	2.52	1.11	58	3.38	1.13	32
	Highest Income	2.61	1.16	131	2.75	1.34	6
	Total	2.56	1.30	55	3.07	1.2	133
Parent Providing Support to Adult	Lowest Income	2.45	1.25	69	2.68	1.16	37
	Middle Income	2.50	1.27	124	2.62	1.24	50
	Highest Income	2.55	1.01	77	3.12	1.034	34
	Total	2.20	1.03	54	2.78	1.17	121
Total	Lowest Income	2.41	1.03	131	2.99	1.12	82
	Middle Income	2.60	1.16	205	2.91	1.25	82
	Highest Income	2.40	1.15	181	2.89	1.24	90
	Total	2.50	1.16	386	2.93	1.20	254

The second main analysis used the same independent factors and showed higher means (attribution of responsibility to the family provider) for adults providing support for their adult parents compared to those whose parents were providing support crossed with three-level income on the dependent variable of responsibility for elderly livelihood. Although no main and no covariate effects were found, however, there were interaction effects. Figure 1 presents these interactions in the study. The interactions showed that the high income group was more likely to attribute the responsibility of elderly livelihood to the government, whereas those in the middle income and lowest income groups attributed the responsibility of elderly livelihood internally to themselves. Furthermore, it is clear that in the high income groups, the parent or elder who was supporting the adult respondent attributed elderly livelihood responsibility to family members. On the other hand, the middle and lowest income groups whose parents were providing support tended to attribute the responsibility to government.

Table 3. ANCOVA results using income and support on medical treatment and elder's livelihood

	Responsibility elder's medical treatment and nursing care			Elder's livelihood		
	df	F	Partial Eta Squared	df	F	Partial Eta Squared
Gender (covariate)	1	1.713	.004	1	.613	.002
Income	2	1.154	.006	1	.353	.002
Support	1	3.226	.008	2	3.69	.009
Income*Support	2	0.432	.650	1	3.02*	.015

*Significant at the 0.05 level

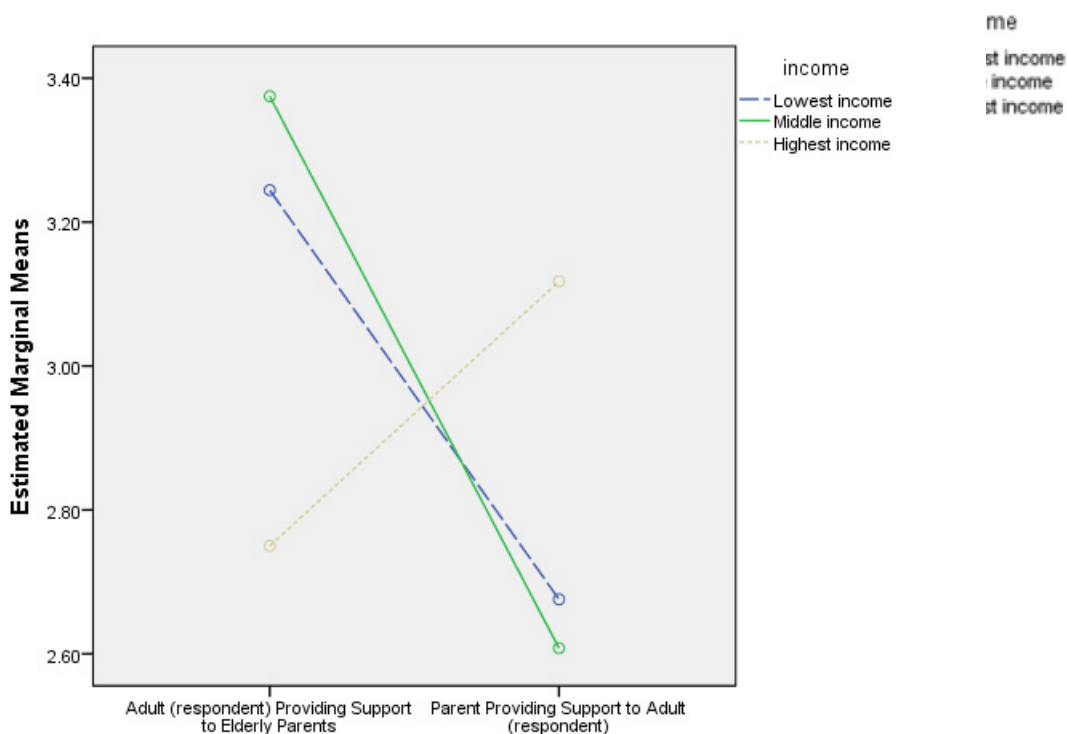


Figure 1. Interaction effects of income by support

4. Discussion

In this study, we bifurcated close of kin: Those who were supported by their parents and defined as “observers”, while the second group called “actors,” were those supporting their parents. Against this backdrop, we wanted to investigate respondents’ beliefs about responsibility for the elderly. We wanted to understand the locus of attribution in a welfare state such as Qatar. We controlled for controllability in that, we selected elderly who are unable to support themselves and compared those who could. The main purpose of this study was to understand the level of responsibility for the elderly even though factors such as locus increased welfare and increased wealth could have an adverse impact on the attribution of responsibility.

There was interaction effects found in this study, the interactions suggest that when parents were providing support to the adult, the observer, of the lowest and middle income levels; responsibility was attributed on oneself or one’s family for elderly care. On the other hand, those of the high income group were more likely to attribute responsibility to external factors as the government. McArthur and Post (1977) suggested that among high income groups, the responsibility was attributed to dispositions when attention was focused upon salient situational factors. Our findings are quite interesting and may be in line with what Sidanius and Prato (1999) considered as “legitimizing myths” in which the lower classes tended to legitimize or believe in an ideological structure of society and accepts their status quo, the lower income groups are more likely to justify the existing social system. In accepting the obligation of financing and supporting their parents, they make the moral and just belief that they think society expects of them. While on the other hand, those in the upper income group may have a sense of individualism because of retracted collectivism. More importantly, the findings also negate the locus and cultural perspective of attribution which might be evident in economic laissez-faire economic conditions where extreme capitalism might produce a wealth differential and inequities; it is probable that those with lower incomes and those who are disadvantaged are more likely to justify existing social systems in justifying the existing social structure. Feagin (1972) described North Americans as overly meritocratic societies and worryingly individualistic. Since Feagin’s original study on the attribution of poverty in American society, a

number of other studies in non-western societies suggested heavy structuralism in the attribution of negative events as poverty (Cozzarelli, Tagler, & Wilkinson 2001; Lepianka, Oorschot, & Gelissen, 2009). The latter review suggests an international continuum from structuralism to individualism extending from Eastern to Western cultures, respectively. The perception of the low and middle income groups leads to their attribution of responsibility to their own ability. However, among the high income groups, this relationship is reversed. When these individuals are supporting their family, they believe that the government should take responsibility. The possible externalization of responsibility among the high income group suggests that individualists are immersed in a “culture of wealth” insulated from the public life and intentionally blinded from the culture of poverty, which draws them much closer to individualistic behaviors. They may see the economic predicament in the externalization of the attribution rather than seeing its moral or social components.

5. Conclusion

In the Middle East, there are no filial responsibility laws dictating who should support and provide care for the elderly. Generally, the family and the extended family or adult children accept responsibility for caring for the elderly. This study thus attempted to understand how adults in Qatar attribute the responsibility of elderly livelihood. It is widely accepted in the Middle East that financial support of an elderly from the closest of kin is a given. In general, whenever the elderly are unable to fulfill financial and medical needs independently, intergenerational filial affinities intervene to provide financial, physical, psychological and moral support. The caring and love for close family members remains a genealogical human trait existing well before the creation of the nuclear family—kinship and care for parents out of a sense of obligation and love (Horowitz & Schindelman, 1983; Sung, 1994; Iecovich, & Lankri, 2002). Research studies have come to the conclusion that family has a natural filial responsibility to close loved ones when support is needed (Hamon & Blieszner, 1990). We saw however, that there are certain beliefs that pupil about family responsibility which they hold that is differentiated among different economic groups. In line with the research on the poor, we would consider that future approaches to this kind of work could take a qualitative approach to unearth people’s beliefs about responsibility in Qatar and the Middle East.

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