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Development and Validation of Self-Reliance Behaviors Among Elderly in Multicultural Societies: A Study of Measurement Invariance

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Abstract

This research aimed to achieve three objectives: (1) analyze the exploratory factor of self-reliance behavior among elderly individuals in a multicultural society, (2) analyze the second-order confirmatory factor of self-reliant behavior, and (3) examine the invariance of the measurement model of self-reliant behavior based on biosocial characteristics of the elderly. The research was carried out on elderly individuals residing in five southern border provinces of Thailand, namely Songkhla, Satun, Yala, Pattani, and Narathiwat. The sample group was obtained through multistage random sampling, with a quota of 300 elderly individuals for the group that underwent preliminary item quality analysis and exploratory component analysis, and another 300 elderly individuals for the group that underwent confirmatory factor analysis and measurement model invariance study.

According to the results of the Exploratory Factor Analysis (EFA), the self-reliant behavior measure consisted of three factors, explaining 64.80% of the variance. The Confirmatory Factor Analysis (CFA) results indicated that the measurement model of the self-reliance behavior scale was in line with the empirical data. The model's harmony index showed a Chi-Square value of 45.751, df of 32, p-value of 0.0547, CFI of 0.995, TLI of 0.982, RMSEA of 0.038, and SRMR of 0.054.

Keyword

Self-reliant behavior, Elderly, Factor Analysis, Multicultural Society, Measurement Invariance

1. Background/ Objectives and Goals

The demographic makeup of the country shows a trend towards an increasing number of elderly individuals, while the population of children and working-age individuals is declining. Thailand entered an aging society during the 12th Plan and is expected to become a fully aging society by 2025. The government's policy aims to enhance the quality of life for the elderly by focusing on economic and social stability for them. The government encourages the elderly to become self-sufficient by improving their environment and addressing their physical needs in line with their age. Various forms of elderly care systems have been developed to provide health services and social welfare.

The southern border provinces of Thailand, namely Songkhla, Satun, Yala, Pattani, and Narathiwat, are unique areas with distinct social and cultural characteristics that set them apart from other parts of the country. The majority of the local population is Muslim and uses Malay language in their daily life, which contributes to the region's distinctive identity and history. Furthermore, the violent situation in the area since 2004 has greatly impacted the livelihood and way of life of the people, affecting their security, safety, property, economy, and overall quality of life. The elderly in this multicultural society have their own beliefs, traditions, and way of life that differ from those of their counterparts in other areas. Moreover, they have experienced unrest and unsafe situations, which may have a significant impact on their quality of life. Given these unique characteristics, the researcher is interested in studying the problems faced by the elderly, with a focus on psycho-behavioral research and development. The goal is to investigate the causal factors that are critical for promoting and enhancing the quality of life of the elderly in this society.

This study focuses on examining the self-reliant behavior of elderly individuals in a multicultural society. Previous research on this topic in Thailand has primarily been survey-based and lacked systematic quantitative analysis to determine the causes of self-reliance behavior. This has resulted in policies and guidelines that may not effectively address the root causes of the problem, thereby failing to improve the quality of life for elderly individuals in a multicultural society. Therefore, this research is essential to provide guidance for all stakeholders to understand the issue and collaborate in promoting more self-reliant behavior among the elderly.

1.1 Objectives

The objectives of this study are threefold:

1. To conduct an analysis of the exploratory factor of self-reliant behavior among the elderly.
2. To conduct an analysis of the second-order confirmatory factor of self-reliant behavior.

3. To examine the invariance of the measurement model of self-reliant behavior based on biosocial characteristics of the elderly.

1.2 Literature Review

This study is divided into three main topics, namely, the concept of self-reliant behavior, confirmatory factor analysis, and measurement model invariance.

Concept of self-reliant behavior

The concept of self-reliant behavior, as delineated by Pongphit (2004), transcends conventional notions of independence by encompassing a nuanced understanding of individual agency and its broader societal implications. Rooted in the ability to autonomously address one's needs while minimizing dependency on external resources, self-reliant behavior embodies a multifaceted approach to personal empowerment and community resilience (Pongphit, 2004). Building upon the insights of Galtung (1981, cited in Pan Kimpee, 1997), self-reliant behavior underscores the importance of individuals cultivating confidence in their capabilities and exercising autonomy in decision-making processes. This self-assurance enables individuals to navigate life's complexities with resilience and adaptability, thereby fostering a sense of personal efficacy and fulfillment (Pan Kimpee, 1997). Moreover, the concept of self-reliant behavior extends beyond individual dimensions to encompass broader socio-economic dynamics. By fostering self-sufficiency in areas such as health management, social interactions, and economic endeavors, individuals contribute to the collective well-being and sustainability of communities. This holistic perspective underscores the interconnectedness of personal empowerment and societal resilience (Pongphit, 2004). Furthermore, Pongphit's (2004) research identifies distinct variables within the construct of self-reliant behavior, highlighting its multifaceted nature. Health self-reliance behavior entails proactive measures to promote physical and mental well-being, thereby reducing reliance on external healthcare systems. Social self-reliance behavior involves cultivating meaningful relationships and support networks, while respecting the autonomy of others. Economic self-reliance behavior encompasses individuals' ability to generate livelihoods and manage resources autonomously, thereby fostering economic stability and empowerment.

In summary, the concept of self-reliant behavior encapsulates a comprehensive framework for personal empowerment and community resilience. Grounded in principles of autonomy, agency, and interconnectedness, it underscores the importance of individuals taking proactive steps to address their needs while also contributing to the well-being of broader societal systems.

Factor Analysis

Factor Analysis is a statistical technique widely employed in various fields to uncover the underlying dimensions or structure within a dataset (Hair et al., 2018). This

method serves as a powerful tool for data reduction and dimensionality reduction, aiding researchers in simplifying complex datasets by identifying the latent variables that contribute most significantly to observed variance. There are two primary types of Factor Analysis: Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA), each serving distinct purposes in the research process. Exploratory Factor Analysis (EFA) is utilized when the underlying structure of the data is not well-defined or understood (Costello & Osborne, 2005). EFA aims to identify the underlying factors or components within a set of observed variables, thereby reducing the number of variables and revealing patterns or relationships that may not be immediately apparent. By extracting the common variance among variables, EFA facilitates the creation of more reliable and interpretable measures, aligning them with theoretical constructs (Fabrigar et al., 1999). On the other hand, Confirmatory Factor Analysis (CFA) is employed to test pre-specified hypotheses or theoretical models regarding the structure of the data (Brown, 2015). Unlike EFA, which explores the data for underlying patterns, CFA evaluates the fit of a proposed factor structure to the observed data. This method allows researchers to assess the validity of theoretical constructs by examining whether the observed variables accurately reflect the underlying dimensions as theorized (Anderson & Gerbing, 1988). Furthermore, researchers often utilize second-order Confirmatory Factor Analysis to investigate hierarchical relationships among factors (Brown, 2015). This approach enables researchers to determine the relative importance of sub-elements within broader constructs and assess whether these sub-elements can be combined into higher-order factors (Reise et al., 2000).

In conclusion, Factor Analysis serves as a valuable analytical tool for uncovering the underlying structure of complex datasets, aiding researchers in data reduction, construct validation, and theory testing. Whether through Exploratory or Confirmatory Factor Analysis, researchers can gain valuable insights into the latent dimensions shaping their data, thereby enhancing the rigor and validity of their research findings.

Measurement Invariance

Measurement invariance, as outlined by Vandenberg and Lance (2000) and Angsuchot et al. (2011), is a crucial aspect of psychometric evaluation that ensures the validity and comparability of measurement instruments across different groups or time points. This concept refers to the extent to which the underlying structure and parameters of a measurement model remain consistent across diverse populations or conditions. The process of testing measurement invariance typically involves several sequential steps, each addressing specific aspects of the measurement model (Vandenberg & Lance, 2000). These steps are crucial for establishing the equivalence of the measurement instrument across groups or conditions and are essential for making

valid comparisons. The first and most fundamental test is Pattern same or factor form invariance, commonly known as "Configural Equivalence" (Vandenberg & Lance, 2000). This test examines whether the basic structure of the measurement model is consistent across different groups or conditions. Failure to establish configural equivalence suggests that the measurement model may vary between groups, potentially due to differences in the number or arrangement of measurement items. Assuming configural equivalence is achieved, subsequent tests focus on more specific aspects of measurement invariance. The second test examines the invariance of factor weights, also known as Factor Loading invariance (Vandenberg & Lance, 2000). This test assesses whether the relationships between the latent variables (factors) and observed variables (indicators) are consistent across groups. If factor loading invariance is established, the next step involves testing the invariance of observed variables, particularly the Item Error Variance (Vandenberg & Lance, 2000). This test evaluates whether the measurement errors associated with individual items are equivalent across groups, ensuring that observed score differences are attributable to true differences in the underlying constructs rather than measurement artifacts. Finally, if the invariance of observed variables is confirmed, the last test examines the invariance of latent variances (Vandenberg & Lance, 2000). This test assesses whether the variability in the latent variables is consistent across groups, ensuring that any observed group differences are not due to differences in the variability of the underlying constructs.

In summary, measurement invariance tests play a critical role in ensuring the validity and comparability of measurement instruments across diverse populations or conditions. By systematically evaluating the equivalence of measurement models across different groups, researchers can confidently make meaningful comparisons and draw valid conclusions from their data.

2. Methods

2.1 Methodology

Sample: A sample group of elderly individuals from a multicultural society was obtained using a multistage random sampling method with a predetermined quota. The study was conducted in five provinces, namely Songkhla, Satun, Yala, Pattani, and Narathiwat. The first sample group, consisting of 300 elderly individuals, was used for preliminary quality analysis and exploratory factor analysis. The second sample group, also consisting of 300 elderly individuals, was used for confirmatory factor analysis and to study the invariance of the measurement model.

Instruments: The Self-Reliance Behavior Scale, created by the researchers based on theoretical concepts of self-reliance, was used as the instrument for exploratory factor analysis. The initial measurement consisted of 30 questions

categorized into three components: health self-reliance behavior, social self-reliance behavior, and economic self-reliance behavior. For the confirmatory factor analysis, the instrument comprised 15 items divided into three components: health self-reliance behavior (5 items), social self-reliance behavior (5 items), and economic self-reliance behavior (5 items). All items were measured on a six-level scale ranging from "most true" to "not true at all".

Statistics: The exploratory factor analysis requires three criteria to be met, as defined by Hair, Black, and Anderson (2010). Firstly, the Kaiser-Meyer-Olkin Measure of Sample Adequacy should be 0.5 or higher, and the Bartlett's Test of Sphericity and Chi-square values should be statistically significant. Secondly, the results of the data analysis must meet the following criteria: (1) the Eigenvalue of the factor that meets the criteria must be at least 1.00, (2) factor loading value should be from 0.35 when the sample size is greater than or equal to 250 people, and (3) all factors combined should account for at least 50% of the variance of the variable. For confirmatory factor analysis, several criteria must be met. The Chi-square statistics and p-value should be insignificant, and Chi-square and Degree of Freedom (df) must not exceed 2, as per Joreskog and Sorbom (1989). Additionally, the Root Mean Square Error of Approximation (RMSEA) should be less than 0.05, the Normed Fit Index (NFI) value should be from 0.90 up, the Comparative Fit Index (CFI) value must be at least 0.90, the Goodness of Fit Index (GFI) must be at least 0.90, and the Adjusted Goodness of Fit Index (AGFI) must be 0.90 or higher, as per Browne and Cudeck (1993), Bentler and Bonett (1980), and Joreskog and Sorbom (1989).

3. Results

After performing an exploratory factor analysis using Principal Component Analysis (PCA) and a Varimax Orthogonal Rotation packaged program, the results showed that the Self-Reliance Behavior Test consisted of three components with Eigenvalues greater than 1 and a total of 15 items. These components were able to explain 64.80% of the variance in self-reliance behavior. The KMO and Bartlett's test results (Table 1) indicated that the value was 0.85, exceeding the threshold of 0.60. The Chi-square value was 2590.33, the degree of freedom (df) was 105, and the significance was 0.00, indicating that the data were sufficiently correlated for further analysis.

Table 1 shows the KMO and Bartlett's test of the Self-Reliance Behavior Scale.

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		**.855**
Bartlett's Test of Sphericity	**Approx. Chi-Square**	**2590.332**
	df	**105**
	Sig.	**.000**

Table 2 presents the Cumulative Percentage and Factor Loading of the Self-Reliant Behavior Test, which includes three components consisting of 15 items.

Factor 1, named Health Self-Reliance Behavior by the researcher, includes items H1, H3, H4, H7, and H8, with an Eigenvalue of 6.09 and a cumulative percentage of 32.21%. All items in Factor 1 are positive statements.

Factor 2, named Social Self-Reliance Behavior, contains items S1, S2, S6, S7, and S9, with an Eigenvalue of 2.48 and a cumulative percentage of 53.61%. All items in Factor 2 are also positive statements.

Finally, Factor 3, named Economic Self-Reliant Behavior, includes items E1, E2, E5, E7, and E10, with an Eigenvalue of 1.14 and a cumulative percentage of 64.80%. All items in Factor 3 are positive statements as well.

Table 2 shows Cumulative Percentage and Factor Loading of the Self-Reliance Behavior Scale.

Item/ Variable name		Text	Anti-image	Factor loading		
				Factor 1	Factor 2	Factor 3
1	H1	I am interested in asking for information about my health care from doctors and nurses whenever I have a chance.	.386	.770		
2	H3	I try to see how much of the five food groups I eat each day.	.335	.808		
3	H4	If no one is forcing me to see a doctor or have a check-up, I won't go.	.380	.787		
4	H7	I don't really like exercising because I don't have anyone to accompany me.	.447	.772		
5	H8	I regularly go for health check-ups at a public health center or hospital.	.490	.796		
6	S1	When the club organizes field trips, I usually refuse to go.	.373		.762	
7	S2	I tend to stray into scary, lonely places.	.220		.843	
8	S6	I like to be alone	.251		.824	
9	S7	I often get bored of participating in activities with other people.	.225		.834	
10	S9	I'd rather sit at home watching TV alone than attend a crowded event.	.381		.742	
11	E1	I can earn more based on my abilities.	.581			.672

12	E2	Each spending I will think carefully before spending every time.	.678			.633
13	E5	I have savings in the form of savings, health insurance, accident insurance.	.516			.492
14	E7	Although I depend on others for a while, I have a savings plan.	.603			.897
15	E10	I can still live without relying too much on others.	.628			.564
Eigenvalue				**6.095**	**2.483**	**1.144**
% Of variance				**32.212**	**21.406**	**11.191**
Cumulative %				**32.212**	**53.618**	**64.809**
Cronbach's alpha				**0.665**		

After analyzing the results, a second-order factor analysis was conducted on the self-reliance behavior scale using 15 items derived from the exploratory factor analysis (EFA). The M-plus package was used to analyze the data. The results showed that there was good agreement between the combined measurement model group and the empirical data. The model's harmoniousness index was determined to be Chi-Square = 45.751, df = 32, p-value = 0.0547, CFI = 0.995, TLI = 0.982, RMSEA = 0.038, and SRMR = 0.054, as presented in Table 3.

Table 3 Model harmonization index of the Self-Reliance Behavior Scale

Statistics	**Criteria**	**Statistics in the model**		
		Chi-square	***p*-value**	**df**
Chi-square	No statistical significance	45.751	0.0547	32
RMSEA	Less than 0.060		0.038	
CFI	More than 0.950		0.995	
TLI	More than 0.950		0.982	
SRMR	Less than 0.060		0.054	

Note: Criteria for determining statistical values (Hu & Bentler, 1999; Hair, Black, Babin, & Anderson, 2010).

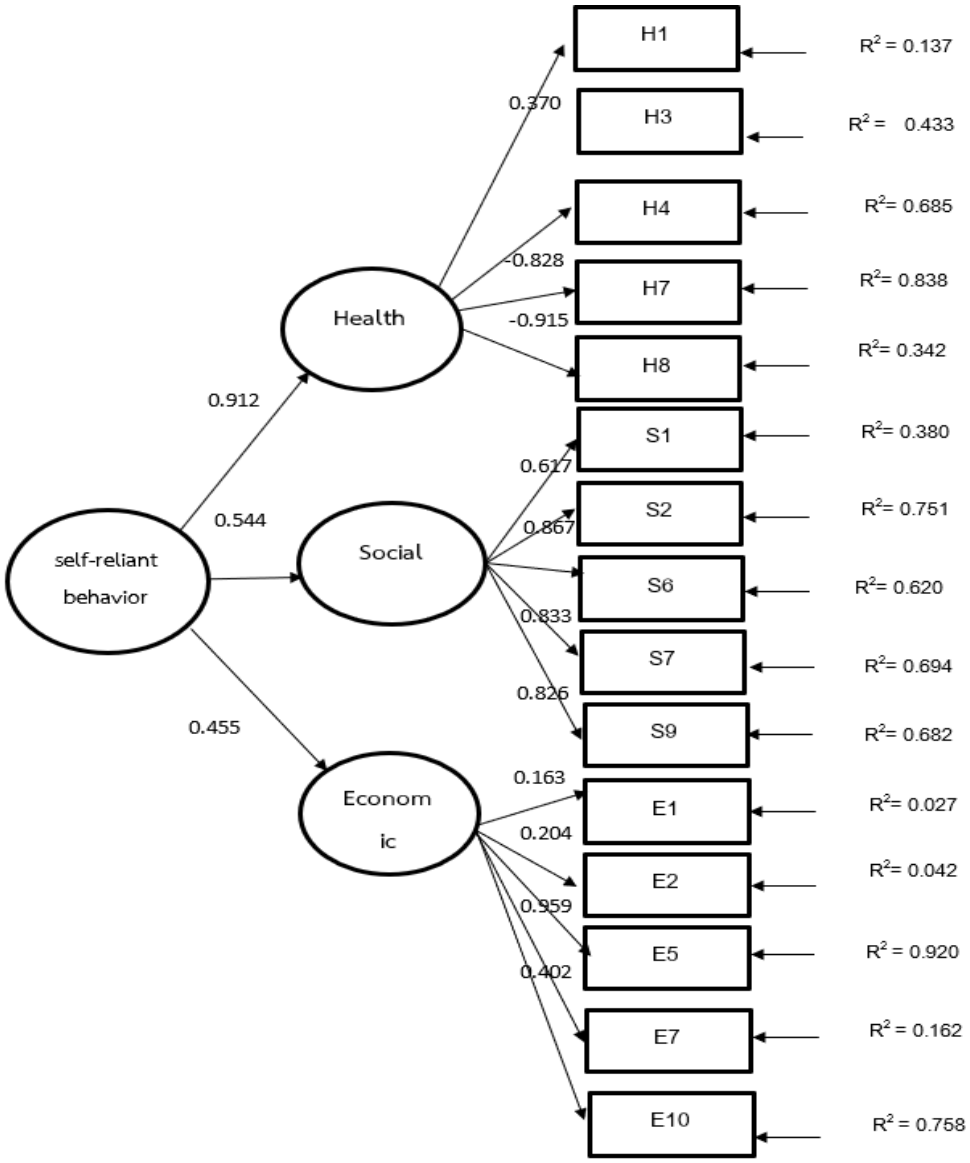


Figure 1 Results of the Confirmatory Factor Analysis (CFA) of the Self-Reliance Behavior Scale.

An analysis of measurement invariance of the Self-Reliance Behavior Scale among samples from different bio-social backgrounds.

Table 4 shows the results of the analysis of preliminary data divided by religion of the samples of the self-reliance behavior scale.

Characteristics of the sample	Buddhist sample group	Islamic sample group
Area	Narathiwat = 19 (11.7%) Pattani = 14 (8.6%) Yala = 0 (0%) Songkhla = 120 (73.6%) Satun = 10 (6.1%)	Narathiwat = 7 (5.1%) Pattani = 36 (26.3%) Yala = 9 (6.6%) Songkhla = 59 (43.1%) Satun = 26 (19.0%)

Gender	Male = 39 (23.9%) Female = 124 (76.1%)	Male = 31 (22.6%) Female = 106 (77.4%)
Occupation	No occupation = 44 (27.0%) Employed = 30 (18.4%) Merchants = 36 (22.1%) Government pensioner = 10 (6.1%) Agriculture = 34 (20.9%) Other = 9 (5.5%)	No occupation = 19 (13.9%) Employed = 50 (36.5%) Merchants = 34 (24.8%) Government pensioner = 8 (5.8%) Agriculture = 19 (13.9%) Other = 7 (5.1%)
Total	**163 (54.3%)**	**137 (45.7%)**

Table 5 presents the analysis of measurement invariance of the self-reliance behavior scale.

Model based on assumptions	**Harmony index**							**Difference**			
	χ^2	**df**	**P-value**	**RMSEA**	**CFI**	**TLI**	**SRMR**	**Δ χ^2**	**Δ df**	**Critical χ^2**	**MI**
1. Configural invariance	896.499	124	0.000	0.211	0.750	0.577	0.130	-	-	-	-
2. Weak measurement invariance	956.852	136	0.000	0.201	0.724	0.574	0.168	60.353	12	21.026	x
3. Strong measurement invariance	1069.665	151	0.000	0.201	0.691	0.570	0.179	112.813	15	24.996	x
4. Strict Measurement Invariance	1187.01	166	0.000	0.215	0.653	0.561	0.205	117.345	15	24.996	x

Note: MI=no measurement variation at statistical significance level 0.05

Results from Table 5

1) The results of testing the configural invariance of the items in the Buddhist and Islamic samples indicated that the measurement model was consistent with the empirical data (χ^2 = 896.499, df = 124, χ^2/df = 7.229, CFI = 0.750, TLI = 0.577, RMSEA = 0.211, SRMR = 0.130), with a statistically significant p-value of 0.000. These findings suggest that the three factors of the self-reliance behavioral scale, which include a total of 15 items, exhibit variations in the model when the sample groups have different religious beliefs.

2) When the Weak Measurement Invariance test was added, the item factor loading of the Buddhist and Islamic samples showed the measurement model was consistent with the empirical data (χ^2 = 956.852, df = 136, χ^2/df = 2.302, CFI = 0.724

TLI = 0.574 RMSEA = 0.201 SRMR = 0.168) difference of χ^2 = 60.353 = 60.353, difference of df = 12, the critical value of χ^2 when df = 12 is 21.026, so χ^2 is statistically significant. Therefore, it was found that the parameters of the component weights in the self-reliance behavioral scale varied when the subjects had different religious beliefs.

3) When testing for Strong Measurement Invariance, the indicator/item intercepts for both the high-income and low-income samples were found to be consistent with the empirical data (χ^2 = 1069.665, df = 151, χ^2/df = 2.629, CFI = 0.691, TLI = 0.570, RMSEA = 0.201, SRMR = 0.179). However, a significant difference of χ^2 = 112.813 was observed, with a difference of df = 15. The critical value of χ^2 when df = 15 is 24.996, indicating that χ^2 is statistically significant. Therefore, we can conclude that the variance-covariance parameter of the observed variable measurement error of the self-reliance behavioral scale varied between groups when subjects had different religious beliefs.

4) After performing the Strict Measurement Invariance test, it was discovered that the Item Error Variance of both the high-income and low-income samples aligned with the empirical data (χ^2 = 1187.01, df = 166, χ^2 /df = 5.116, CFI = 0.653 TLI = 0.561 RMSEA = 0.215 SRMR = 0.205). Additionally, the difference in χ^2 was calculated to be 117.345, with a difference in df of 15. Since the critical value of χ^2 when df = 15 is 24.996, the result was not statistically significant. These findings suggest that there were no significant differences in the observed variables of the self-reliance behavioral scale between groups, even when their religious beliefs differed.

3.1 Discussion

The self-reliance behavior scale was subjected to exploratory factor analysis, which identified three factors consisting of a total of 15 items. These factors were health self-reliance behavior, social self-reliance behavior, and economic self-reliance behavior, with each factor comprising five questions. This finding is consistent with previous and current research on self-reliant behavior, such as the work of Woranuch Sipiyarak (2009) that identified the same three components of self-reliant behavior among elderly individuals. Similarly, Jiraporn Senhom and colleagues (2019) investigated the causal factors of self-reliance among non-formal education students in Bangkok and found two aspects: situational factors and psychopathic factors. These factors were related to the students' self-reliance behavior. Additionally, Nattakarn Ruangudom (2011) studied the relationship between self-reliance and social capital in the Khlong Lat Mayom Floating Market Community of Bang Ramat Subdistrict, Taling Chan District, Bangkok. In that study, four factors of self-reliance were identified, which were psychological self-reliance, economic self-reliance, technology self-reliance, and natural resource self-reliance, along with social and cultural aspects.

After conducting confirmatory factor analysis, a self-reliant behavior measure was developed consisting of 15 items, divided into three factors: health self-reliant behavior, social self-reliant behavior, and economic self-reliant behavior. Among these factors, health self-reliance behavior was found to be the most important, with a Gamma value of 0.91 and comprising of 5 items. Among these 5 items, item H7 had the highest factor loading value of 0.91, while the remaining items had factor loading values ranging from 0.37 to 0.82. The second most important factor was social self-reliance behavior, with a Gamma value of 0.54 and consisting of 5 items. Among these items, item S2 had the highest factor loading value of 0.86, while the remaining items had factor loading values between 0.61 and 0.83. The third factor was economic self-reliant behavior, with a Gamma value of 0.45 and consisting of 5 items. Among these items, item E5 had the highest factor loading value of 0.95, while the remaining items had factor loading values between 0.16 and 0.40. In summary, the confirmatory factor analysis identified three factors of self-reliant behavior, with health self-reliance behavior being the most important, followed by social self-reliance behavior and economic self-reliant behavior.

After examining the invariance of the measurement model, it was discovered that the model did not demonstrate invariance with respect to religion. In other words, the measurement model was able to measure self-reliant behavior scores of both Buddhist and Islamic elderly individuals without any bias towards a specific group. As a result, the interpretation of the scores of the elderly in a multicultural society can be considered reasonable. The tools used in this study were straightforward and unbiased, consistent with the suggestions of Supamas Angsuchot, Somthawin Wichitwanna, and Ratchaneekul Pinyopanuwat (2011) regarding the use of multigroup analysis to ensure that any differences in findings are due to classification variables and not to research tool defects. Similarly, Nonglak Wiratchai (2011) suggested that researchers should test the invariance of measurements between different groups and populations before analyzing them to answer research questions. This is because the differences observed when comparing means between populations may not be due to the operating variable but rather to differences in the variability of the measurement model between populations.

3.2 Suggestion

1. Within the scope of this study, health self-reliance behavior emerged as the primary concern among the elderly participants. Consequently, it is imperative for family structures and community organizations to prioritize initiatives aimed at enhancing health education through organized training sessions.

2. Future research endeavors within the realm of behavioral science can leverage the measurement tool employed in this study to delve into the causal determinants underlying self-reliant behaviors across diverse populations.

3. The robustness of the self-reliance behavior scale utilized in this study was validated with a high degree of confidence. As such, it stands as a reliable instrument for measuring this trait and warrants consideration for utilization in subsequent research endeavors.

3.3 Acknowledgments

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List of Abbreviations/Acronyms

df	-	Degrees of Freedom
p-value	-	Probability Value
CFI	-	Comparative Fit Index
TLI	-	Tucker Lewis Index
RMSEA	-	Root Mean Squared Error of Approximation
SRMR	-	Root Mean Squared Residual
NFI	-	Normed Fit Index
GFI	-	Goodness of Fit Index
AGFI	-	Adjust Goodness of Fit Index
Sig.	-	Significance
SRMR	-	Root Mean Squared Residual
R^2	-	R-Square
$\chi 2$	-	Chi-Square
H1	-	Health Self-Reliance Behavior 1
H3	-	Health Self-Reliance Behavior 3
H4	-	Health Self-Reliance Behavior 4

H7	-	Health Self-Reliance Behavior 7
H8	-	Health Self-Reliance Behavior 8
S1	-	Social Self-Reliance Behavior 1
S2	-	Social Self-Reliance Behavior 2
S6	-	Social Self-Reliance Behavior 6
S7	-	Social Self-Reliance Behavior 7
S9	-	Social Self-Reliance Behavior 9
E1	-	Economic Self-Reliant Behavior 1
E2	-	Economic Self-Reliant Behavior 2
E5	-	Economic Self-Reliant Behavior 5
E7	-	Economic Self-Reliant Behavior 7
E10	-	Economic Self-Reliant Behavior 10

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