Chapter III

Methods

3.1 Site

The study was confined to elderly people living in the Old age Homes located in and around Kolkata, West Bengal.

3.2 Participants

The study covered 238 male and female elderly people above 60 years of age. Out of 238, 38 did not complete all the study tools. Finally, data of 200 elderly people were considered for final analysis. Most of them studied up to Higher Secondary level and very few studies beyond that level. Most common profession for male members was government service while women were housewives. About 83.5% elderly people were married and rest of them was unmarried. In case of 23% married people, there was no child. Out of 200 elderly people covered in this study 147 belonged to West Bengal and rest of 53 people came from outside of West Bengal i.e., other neighbouring states. On the basis of monthly income majority came from higher middle income group of families (48% people were more than Rs. 20,001 per month as reported).

3.3 Sample and Sampling

The steps, which were followed for selecting the sample, are as follows:

   Step I: A list of the Old age Homes in and around Kolkata was prepared and then from the said list five homes were selected randomly.

   Step II: From each home a group of 50 elderly people was selected randomly consulting the register book of the homes and they were approached for informed consent after explaining them about objectives of the study. Finally, 238 elderly people had given the informed consent and provided data.
3.4 Study Tools

The following study tools were used after local adaptation of the tools:

1. Semi-structured Questionnaire (developed by Rajrupa Paul and Sibnath Deb, 2008)
2. Psychological General Well-Being Schedule (developed by H. Dupuy, 1977)
3. The Satisfaction with Life-scale (developed by Ed. Diener, 1988)
4. Subjective Happiness Scale (developed by Sonja Lynbomirsky, 2005)
5. Maslow’s Security and Insecurity Feeling Inventory – Indian adaptation (developed and standardized by Tasmeen Naqvi, 1989)

(i) The Semi-structured Questionnaire was developed by Rajrupa Paul and Sibnath Deb (2008) for gathering information about socio-economic and demographic background of the old age people who were staying in old age homes. It also covered areas like perceived home environment, interpersonal relationship, and nature of violence experienced by the people, health status, social support and self-confidence of the old age. The questionnaire was reviewed by two experts who gave feedback on the utility of the questions, the face validity and language of the questions. It consists of six sections.

Section I: Background Information: This section included items related to demographic and socio-economic background like gender, age, education, past occupation, place of origin, marital status, if married then no. of children, and monthly income. The BIS had following sub-sections:

Section II: Health Status: Participants provided information about major or minor physical health problems like instability, fall, Arthritis, movement disorder, pain in bones & joints, osteoporosis, Rheumatoid Urinary inconsistency, Constipation, Cataract, Glaucoma, Deafness, Herpes simplex, Olfactory dysfunction, Hypothyroid and dysfunctional
uterine hemorrhage especially in female, Prostate problem in male, malignancy and another various types of physical problems. Information pertaining to mental health problems was also collected. This apart, treatment related data were also collected and source of money for treatment. This section consists of eight items.

Section III: Factors Responsible for Staying in Old Age Home: This section covers 3 items like ‘how long they have been staying in old age home’ and what the reasons for staying at the Old Age Home and issues related to care and support services at the Old Age Home.

Section IV: Nature of Violence Experienced by Elderly People: This section consists of eight items related to various types of violence experienced by the elderly people.

Section V: Social Support: Questions in this section intends to measure perceived social support. Responses were scored on a five point scale except questions 5.4 and 5.6.

Section VI: Perception about the Old age Home: This section focuses on the home environment where participants shared their feelings about the Old Age Home.

The questionnaire helped in collecting both quantitative and qualitative data. Some of the items were closed ended with two mode of response and/or multiple choice responses while some of the questions were open ended where the subject was asked to write his/her opinion.

(ii) Psychological General Well-Being Schedule (developed by H. Dupuy, 1977): The Psychological General Well-being Schedule is an index to measure a person’s subjective well-being like male and female (especially old age people). The person self reports on 22 items which are indicators of 6 affective
states. The affective states assessed like anxiety, depressed mood, and sense of positive well-being, self-control, general health and vitality. From a practical viewpoint, it is important to know how people are different. They live in a variety of situations and they do not feel the same way of life and the world around them. Different persons especially in old age feel with regard to their day-to-day concerns like their health or family. Such knowledge is necessary for improvement in the quality of life of people is to be brought about.

Response Mode: It is a self-administered scale, where the statements were to be ticked against six categories of responses except question no 8 which was eight categories of responses. The respondents were to read each statement carefully and check which applied to them. There was no right and wrong response.

Scoring Method: Here using a 6-points scale and each positive item was scored 6 to 1 and negative item was scored 1 to 6 except Q.8 where using 8 response mode. The highest score in this section was 132, which indicates high psychological general well-being and oppositely the lowest score indicates (22) low level of psychological general well-being.

(iii) The Satisfaction with Life-scale (developed and standardized by Ed. Diener, PhD, 1988): The satisfaction with life-scale is a 5 item self report which is used to assess satisfaction with people's lives as a whole. The scale does not assess satisfaction with specific life domains, such as health or finances, but allows subjects to integrate and weigh these domains in whatever way they choose. It takes only a few minutes to complete.

Response Mode: The subjects were provided with seven alternate responses like strongly agree, agree, slightly agree, neither agree or disagree, disagree and strongly disagree). Negative items are scored one to seven for the same alternate
responses. The subjects are instructed to put a tick (\(\checkmark\)) mark against the answer, which is best suited for them.

**Scoring Method:** Each symptom is rated on a 7-point scale ranging from 1 to 7. The response of “Strongly Disagree” was scored 1 points; “Disagree” was scored 2 point; “Slightly Disagree” was scored 3 points; “Neither Agree or Disagree” was scored 3 points severally “Slightly Agree”, “Agree” and “Strongly Agree” were scored like 5,6 and 7 points.

The rationale of the score is that, the highest score is 35 and lowest score is 5 and highest score also indicates high life-satisfaction.

**(iv) Subjective Happiness Scale** (developed and standardized by Sonja Lynbomirsky, PhD, 2005): The subjective happiness scale is a 4 item scale of global subjective happiness. Two items ask respondents to characterize themselves using both absolute ratings and ratings relative to peers, whereas the other two items offer brief descriptions of happy and unhappy individuals and ask respondents the extent to which each characterization describes them.

**Response Mode:** Here using a 7 – point response scale like happy, unhappy. There a score form one to seven may be obtained for each item, positive items are scored seven to one and negative items are scored one to seven for the same response alternatives. The highest score is 28 which indicate more happiness in life.

**Scoring Method:** The scale was scored 7,6,5,4,3,2,1 for positive items and severally 1, 2, 3,4,5,6 and 7 was scored for negative items .The rationale was that the higher the score of an individual, the higher is his happiness in life. The lower the score of the individual the lower is his happiness.
Indian Adaptation of Maslow’s Security–Insecurity Feelings Inventory:

The feeling of security-insecurity has significant value in the shaping and reshaping of personality. It affects the mental health of the person. The term has both positive and negative value. The term ‘security’ can be defined as the conditions of being in safety or free from threat of danger to life. On the other hand, the term insecurity can be defined as emotional instability, feeling of rejection, inferiority, anxiety, isolation, tendency to accept the worst and general pessimism.

Maslow’s security and insecurity inventory has been constructed as a by-product of clinical theoretical security. The purpose of the inventory was to detect and measure the feeling of security and insecurity syndrome.

Adaptation of the Inventory: The original inventory was developed by Maslow. The Indian adaptation of the same was made by Dr. (Smt.) Tasneem Naqvi (1986). For the purpose of standardization in Indian conditions it was translated into Hindi. The Hindi version of the inventory was given to five experts for its translation into English. Then, the both versions of the inventory was given to ten experts who know both Hindi and English well, and were asked for rating the items on five-point scales on – (i) accuracy for translation, (ii) understanding, and (iii) semantic equivalence. On the basis of experts’ rating, the stanine tables were prepared for scores of each item.

Mode of Response: The present inventory consists of 45 items; each item has two alternative responses of YES or NO. The subject will give his answer by making a tick (✓) mark in the YES column if agreed with the item or making a tick mark (✗) in the NO column if he disagrees with the item. The subject will have to answer all the items.
Scoring: The scoring of the inventory is very simple. It can be scored simply by counting the number of correct answers marked in each area of the adjustment. There is no time limit in the completion of the inventory, but it usually takes 30-35 minutes.

Reliability: Reliability of the present inventory was calculated both by split-half method (odd-even method) and test-retest method (N=150), with an interval of one month between two administrations. For this purpose equal number of boys and girls were tested and the reliability coefficients were 0.84 and 0.74 respectively.

Validity: The validity of the present inventory was checked through the administration of original Maslow's Security-Insecurity Inventory and the adopted English version was administered to a sample of 100 pupils with an interval of one week. The coefficient of correlation was 0.8, which characterizes the present inventory as a valid measure of security-insecurity feelings inventory in Indian conditions.

Local Adaptation of the Study Tools

English version of the study tools was translated in simple Bengali and the Bengali version of the inventory was translated again into English to ensure proper and meaningful translation of the test items. The translation was checked by three experts on the subject. The meaning of the different items of the inventory of the two versions remained the same. This process was followed to ascertain the face validity of the inventory.

The scales used were translated in vernacular languages to aid in understanding and reporting of information. The consent form was also translated in vernacular language and clarifications were given in the same language.
Internal Consistency of the Psychological Study Tools

Internal consistency of the four psychological study tools was ascertained by Cronbach’s alpha, which indicates high internal consistency of most of the tests ranging from .75 to .90. Therefore, it might be stated that all the tests are highly reliable in the Indian sample.

3.5 Procedure

First, written permission was obtained from the authorities of five randomly selected Old Age Home authorities located in and around Kolkata. The Old Age Homes covered in the study included Navanir at Tollygunj, ‘Navanir’ at Chetla, ‘Naren Gupta Prabinalaya’ at Behala, ‘Missionary of Charity’ at Sealdah and ‘Bairag’ at Salt lake IF Block.

A total of 250 elderly people, 50 each from five Old Age Homes were approached for data collection and they were briefed about objectives of the study and confidentiality of information was ensured. Finally, 238 had given consent for participation in the study. Written consent was obtained from all the respondents. Data were collected from the respondents following face-to-face interview method. It took about 20 to 30 minutes time to collect data from the respondents.

3.2 Ethical Issues Considered

The following steps were followed:

- Informed consent from all the study subjects was obtained.
- According to a predetermined schedule of mutually convenient time the sampling units were interviewed one at a time.
- Subjects were ensured about confidentiality of information.
- It was also ensured that all the items of these questionnaires were properly gone through.
• Subjects were asked that they could withdraw from the study even after giving the informed consent during the study if they wished so without any obligation.
• The average time taking process for administering the questionnaires, was around 45 minutes approximately.

3. Data Analysis

Data collected from the 238 elderly people were subjected to in house editing. Thirty eight data sheets were found to be incomplete and rejected. Final analysis was carried out with 200 complete data sheets. For analysis of quantitative data SPSS package was used.

3. Problems Encountered

Some of the study subjects became very emotional during interview especially when the issue of violence was discussed. About 50 study subjects withdrew from the study after giving half of the interview.

Some of the study subjects had given time for an interview. But when the researcher reached the Old Age Home as per appointment, study subjects were found to be either sleeping or did not agree to talk to the researcher.