The present study was undertaken to assess and compare the levels of quality of life, optimism and depression amongst widowed and married elderly persons. Hypotheses formulated in the previous chapter were tested by adopting the following design and methodology.

**Design**

A $2 \times 2$ factorial design was adopted for the present study. The independent variables were marital status and gender. The marital status was varied at two levels i.e. elderly widowed and elderly married. Gender includes male and female elderly persons. The dependent variables were quality of life, optimism and depression.

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Widowed Elderly</th>
<th>Married Elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>

**Sample**

A sample for the present study constituted 200 elderly persons in the age range of 65 to 80 years. These 200 elderly participants divided into four groups:
widower, widow, married male and married female (50 in each group) were purposively selected for the present study belonging to both urban and rural background.

Tools used: The selected elderly persons were administered the following measures/tests:

World Health Organization Quality Of Life (WHOQOL)-BREF

The questionnaire has been developed by World Health Organization group in 1996 in order to provide a short form quality of life assessment that looks at domain level profiles. It is an abbreviated 26 items assessment and contains 2 items from the overall QOL and general health and one item from each of 24 facets included in WHOQOL-100 for providing broad and comprehensive assessment. Each item is rated on a five point scale. The questionnaire assesses quality of life in four domains, namely, physical health, psychological health, social relationships and environment. For the scoring of WHOQOL-BREF, two items i.e. question-1 relate to an individual overall perception of quality of life and question-2 which asked about individual’s overall perception of his/her health, were examined separately. Moreover, four domain scores were scaled in positive direction i.e., higher scores denoted higher quality of life. The scoring was reversed in case of negatively phrased items. Mean scores of items with in each domain was used to calculate the domain score. Mean scores was then multiplied by 4 in order to make domain scores comparable with the scores used in WHOQOL-100 and subsequently transformed to a 0-10 scale, using the following formula:

\[
\text{Transformed score} = (\text{score} - 4) \times \frac{100}{16}
\]

Cronbach alpha values for each of the four domain scores ranged from .66 to. 84 and has good discriminant validity (Appendix-A).

Life Orientation Test

This test was developed by Scheier and Carver (1985) to measure individual difference in pessimism and optimism. It consists of 12 items which
respond to the questions by answering true or false. In the life orientation test there are drop filler items 2, 6, 7 and 10. Items 1, 4, 5 and 11 are worded in the optimism direction. Give 1 point for each “true” answer; subtract 1 point for each “false” answer. Items 3, 8, 9 and 12 are worded in the pessimistic direction. Give 1 point for each “false” answer; subtract 1 point for each “true” answer. It has adequate reliability and fair convergent and discriminant validity (Appendix-B).

**Geriatric Depression Scale-Hindi Version**

This was developed by Ganguli *et al.* (1999) to measure the level of depression in elderly people. It consists of 30 statements with ‘yes’ or ‘no’ response. Scoring has been written besides ‘yes’ or ‘no’ categories as zero or one and one or zero. Higher scores indicate high level of depression. The split half reliability was found to be .82 and the validity with Hamilton Depression Scale was .90 and with Zung’s Depression Scale it was .87 (Appendix-C).

**Procedure**

The present investigation was designed to assess and compare the levels of QOL, optimism and depression amongst widowed elderly and married elderly people. To fulfill this purpose WHOQOL-BREF, Life Orientation Test and Geriatric Depression Scale were administered to 200 elderly people divided into four groups viz: widower, widow, married male and married female in the age range of 65-80yrs.

Each scale was administered to the participants individually and the investigator approached them personally. After rapport establishment, the academic purpose and applicability of the study were told to the participants individually. For filling the scales, the appropriate and relevant instructions were given separately for the scales to the participants.

After giving the general instructions regarding the testing, the scales were administered one by one and it was ensured that each participant has understood the method of responding. It was also ensured that all the participants have
responded to each of items of all the scales. The investigator tackled the problems coming on the way and was able to collect the data with sincerity and honesty. After collecting the data, the scoring was done as per norms of the respective manuals.

Statistical Analysis

The obtained data was subjected to a number of statistical analyses pertinent to research objectives. The data was analyzed by appropriate statistical methods i.e. two-way analysis of variance (ANOVA) and t-test.