CHAPTER – III

Method and Procedure of the Study
DESIGN AND PROCEDURE

The methodology followed in conducting a study is a prominent part in determining the dependability and usefulness of the findings. Identifying and defining the nature of population techniques used to select the representative sample, and efficiency of the techniques used in data analysis are the important processes of an investigation. The details of the procedure employed in the present study are described in the order given below:

3.1 The sample
3.2 Tools used
3.2.1 Questionnaire to assess gender bias prepared by the investigator.
3.2.2 Questionnaire to assess violence prepared by the investigator.
3.3.3 Quality of life questionnaire by Becker et.al
3.4 Data collection
3.5 Statistical techniques used to analyse the data.

3.1 Sample of the Study

The Table-1 shows the sample of working women (School Teachers)

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Total Number of Teachers in The School</th>
<th>No. of selected teachers for the study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aligarh public school, senior Secondary + 2 for girls A.M.U Aligarh</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>A.B.K union girls high school</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Abdullah girls high school</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>Total</td>
<td>189</td>
<td>164</td>
</tr>
</tbody>
</table>

The Table-2 shows the sample of Non- working women (in the vicinity of AMU)

<table>
<thead>
<tr>
<th>Name of the Area</th>
<th>Total Number of House</th>
<th>No. of selected non-working women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Quarters</td>
<td>200</td>
<td>20</td>
</tr>
<tr>
<td>Old Sir Syed Nagar</td>
<td>300</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>500</td>
<td>52</td>
</tr>
</tbody>
</table>
The Table-3 shows the Slum women

<table>
<thead>
<tr>
<th>Name of the Area</th>
<th>Total number of huts (Jhopdis &amp; Jhuggis)</th>
<th>No. of selected slum women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeevangarh</td>
<td>250</td>
<td>44</td>
</tr>
<tr>
<td>Jamalpur</td>
<td>200</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>450</td>
<td>84</td>
</tr>
</tbody>
</table>

The above table shows the sampling distribution of the study.

The sample present study comprised of 300 adult and Middle aged women.

All the teachers from Aligarh public school, senior Secondary + 2 for girls A.M.U Aligarh, A.B.K union girls high school were included for the study. In the Abdullah girls high school out of 69 teachers only 44 teachers responded for the study. Further we had to select adult and middle aged women separately from working group.

Approximately 500 houses are there in the vicinity of Aligarh Muslim University. More specifically in medical quarters and old sir syed nagar. We have selected only 52 houses on random basis. The researcher had limitation in selecting non-working women from this area. Because most of the women in vicinity of A.M.U campus are working women. Further we had to select adult and middle aged women separately from non-working group.

Approximately 450 women were living in the outskirts of Jeevangarh and Jamalpur. They live with their families in very poor conditions. They live in “jhopdis and jhuggi”. Out of 450 we have selected 84 slum women on random basis. Further we had to select adult and middle aged women separately from slum areas women group.

3.2 Tools Used

In order to obtain the relevant information’s needed for the study, following tools were used:

3.2 Questionnaire to assess gender bias prepared by the investigator.

3.2.2 Questionnaire to assess violence prepared by the investigator.

3.3.3 Quality of life questionnaire by Becker et.al
3.2.1 Development of questionnaire for gender bias.

Description of the tool.

Gender bias questionnaire was prepared by investigator. It has been developed on likert scale technique. The likert type scale is a 5-point scale i.e. strongly agree (S.A), agree (A), undecided (U.D), disagree (D.A), and strongly disagree (S.D.A). The scale was designed to elicit information from adult and middle aged women towards the degree of gender bias. The development and administration of the questionnaire involved two phases, collection and writing of items, scrutiny and critique.

1st phase: collection and writing of items: The first step in constructing the questionnaire was to collect all the relevant information related to the gender bias among women. The information was collected by study of review of related literatures, books, articles, and journals. Through these sources investigator formed a long list of objects, activities and process related to gender bias. Following dimensions were selected for the development of gender bias scale.

1. Gender bias in family.
2. Gender bias in education.
3. Gender bias in nutrition
4. Gender bias in jobs.
5. Gender bias in school facilities.

IInd phase: scrutiny and critique: After completing the first draft of the tool development, the second step was the scrutiny of the items. In the phase initially the questionnaire was checked by researchers, experts and linguistic expert's etc to improve the quality and the face validity of the tool.

This phase of the development of tool includes overall design sequential arrangement of the items, reshaping of the items etc.

Originally fifty (50) questions were prepared by the researcher. The opinion of five judges regarding the appropriateness of the items to evaluate gender bias were taken. On the basis of the opinion of judges, only 27 items were retained in the test for gender bias. After this the test was administered on a small sample of fifty (50) adult and middle aged working and non-working women. In order to have an initial experience of administration of the test.
3.2.1.1 Scoring of gender bias questionnaire:

The scale is rated as likert rating type and judged on five (5) point scale. The points strongly agree, agree, undecided, disagree, strongly disagree are rated as 5, 4, 3, 2, 1 respectively.

3.2.1.2 Reliability: The reliability of the scale was determined by calculating Cronbach’s alpha coefficient on a sample of 300 subjects. Cronbach’s alpha measures how well a set of items or (variables) measure a single unidirectional talent constructs. If the averages inter-item correlation is low, alpha will be low. As the average inter-item correlation increases, Cronbach’s alpha increases as well. Cronbach’s alpha coefficient computed is 0.883 and the Guttman split half coefficient calculated is 0.8929. This shows that the test has a high reliability.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

3.2.1.3 Validity: The first essential quality of any valid test is that it should be highly reliable. The present scale shows fairly high reliability coefficient. The present questionnaire was put forth to five judges to evaluate its face validity. To ascertain the validity of the test, we gathered the opinion; we retained only the valid, relevant and meaningful question, as they could serve to draw out valuable data from the respondent. In this way content validity of the test was ensured. Also we calculated the validity on the basis of cronbach’s Alpha coefficient of reliability (Garett, 1981); the validity of the test was found to be 0.939 which shows the test to be quite valid.

3.2.2. Violence Questionnaire

3.2.2.1 Description of the tool

This tool was developed by investigator on likert method.

The scale was designed to elicit information from adult and middle aged women towards the degree of violence. The development and administration of this questionnaire involved two phases: collection and writing of items, scrutiny and critique.
1st phase: collection and writing of items:

The first step in constructing a likert scale was to collect all the relevant information related to the violence among women. With the help of review of related literature, books, articles, and journals, the investigator collected all the relevant information and, statements, and qualities which were related to the violence among women. In this way, the investigator generated a long list of objects, activities, and processes related to violence. Following dimensions were selected for the development of violence scale.

i. Physical violence

ii. Psychological violence

iii. Sexual violence

2nd phase: scrutiny and critique

After completing the first phase of the tool development, the second phase was the scrutiny of the items; in this phase initially the questionnaire was checked by researchers, experts, and linguistic experts' etc. to improve the quality and the face validity of the tool.

This phase of the development of tool includes overall design, sequential arrangement of the items, reshaping of the items etc.

Originally fifty (50) questions were prepared by the researcher. The opinion of five judges was considered regarding the appropriateness of the items to evaluate violence. On the basis of the opinion of judges, only 37 items were retained in the test for violence. The tests as administered on a small sample of fifty (50) adult and middle aged working and non-working women. In order to have an initial experience of administration of the test.

3.2.2.2 Scoring of Violence questionnaire:

The scale is rated as likert rating type and judged on three (3) point scales. The points, if yes, No. of items, only threatened, Never, 3, 2, 1 respectively

<table>
<thead>
<tr>
<th>If yes, scoring of items</th>
<th>Only threatened</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

3.2.2.3 Reliability: The reliability of the scale was determined by calculating Cronbach’s alpha coefficient on the sample of 300 subjects. Cronbach’s alpha coefficient computed is 0.978.
3.2.2.5 Validity: The first essential quality of any valid test is that it should be highly reliable. The present scale shows fairly high reliability coefficient. The present questionnaire was put forth to five judges to evaluate its face validity. To ascertain the validity of the test, we gathered the opinion; we retained only the valid, relevant and meaningful question, as they could serve to draw out valuable data from the respondent. In this way content validity of the test was ensured. Also we calculated the validity on the basis of cronbach’s Alpha coefficient of reliability (Garrett, 1981), the validity of the test was found to be 0.989 which shows the test to be quite valid.

3.3.3 Quality of life questionnaire

3.3.3.1 Description of the tool

Quality of life questionnaire, constructed by Marion A. Becker, in this questionnaire items were selected using the following criteria.

1. General Satisfaction Level
2. Activities and Occupations
3. Psychological Well-being
4. Symptoms/Outlook
5. Physical Healths
6. Social Relations/Support
7. Money
8. Activities of Daily Living

Preface

Quality of life is a subjective construct which varies with the population studied. It is generally conceptualized as a multi-dimensional construct made up of a number of independent domains including physical health, psychological well-being, social relationships, functional roles and subjective sense of life satisfaction.

Historical Context

It is inexpensive, easy-to-use, self-report and self-administered instrument that would reflect consumer values and goals for improvement with treatment. An advisory
board was convened to guide the scale development and ensure that consumer needs were incorporated.

The Wisconsin Quality of Life Index (W-QLI) Client Questionnaire is a comprehensive multidimensional measurement tool that reflects the personal priorities and goals of individual mental health clients. On the basis of previous research, clinical experience, and recommendations from an advisory board convened to develop the index, they defined QoL as made up of the following nine domains: 1) general life satisfaction, 2) activities and occupations, 3) psychological well-being, 4) physical health, 5) social relations/support, 6) economics, 7) activities of daily living, 8) symptoms, and 9) goal attainment. Each domain can be individually weighted depending on its relative importance to the patient. While this instrument can be used by itself, it is meant to be used in conjunction with two other instruments that measure patient QoL from the provider and caregiver perspectives. The Wisconsin Quality of Life Index Client Questionnaire was designed to be self-administered though clients can be assisted if necessary.

Quality of life includes eight domains which are as follows

1. General Satisfaction Level

   This domain measures the client's overall life satisfaction about a broad array of issues such as satisfaction with their living environment, housing, food, clothing, and mental health services. Each indicator is also rated for importance, and the score for each item is determined by multiplying each patient's satisfaction response with the importance response.

2. Activities and Occupations

   These questions focus on the client's day-to-day activities related to work, school or day programming. Other items in this domain relate to client's capacity to work in his/her usual manner and how satisfied they are with the way they spend their time.

3. Psychological Well-being

   Among other things, this domain uses the well-validated Bradburn Affect balance scale (ABS) to measure the client's sense of emotional well-being. The ABS is a widely used and well-validated scale that has been used by other researchers
attempting to operationalize and study psychological well-being. The ABS includes separate assessment of negative and positive affect. This domain also includes a global question asking the client to rate their overall mental health during the past four weeks.

4. Symptoms/Outlook

Questions in this domain focus on client’s mental health and subjective assessment of how his/her mental health symptoms affect their quality of life and functional abilities. This domain also contains questions that assess client’s propensity toward harming themselves or others.

5. Physical Health

This Domain measures the client’s perceptions about his/her physical health.

6. Social Relations/Support

These questions measure the client’s social relations and social skills. The domain includes the International pilot study of Schizophrenia outcomes scale related to frequency and type of social contact.

7. Money

This section focuses on the economic aspects of the client’s of the QoL.

8 Activities of Daily Living

This domain measure the client’s functional status in accomplishing independent living task such as preparing meals, doing laundry, running errands, or practicing adequate personal hygiene.

3.3.3.2. Scoring of quality of life questionnaire

This scale consists of 66 statements with 5 responses i.e. , Not at all important, Slightly important, Moderately important , Very important, Extremely important and 7 i.e., Very dissatisfied , Moderately dissatisfied , A Little dissatisfied , Neither satisfied or dissatisfied , A Little satisfied, Moderately satisfied, Very satisfied , and Yes/ No. The statements in this scale were related to 9 domains of quality of life , namely, General satisfaction level, Activities and occupations, Psychological well being , Symptoms / outlook , Physical health, Social relation / support, Money, Activities of daily living , and Goal attainment. This scale consists of positive and negative statements. The scores for the responses of positive statements were from 5 to 1
(Extremely important =5 , Very important =4, Moderately important= 3, slightly important=2, Not at all important =1) and 7 to 1 ( Very satisfied=7, Moderately satisfied=6, A Little satisfied=5, Neither satisfied or dissatisfied=4, A little dissatisfied=3, Moderately dissatisfied=2, Very dissatisfied=1) and last Yes or No ( Yes=1, No=0) and for the negative statements the scores were reversed

3.3.3.3. Reliability

<table>
<thead>
<tr>
<th>Internal consistency for Domains in client Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domains</td>
</tr>
<tr>
<td>Satisfaction level</td>
</tr>
<tr>
<td>Activities and occupations</td>
</tr>
<tr>
<td>Psychological well being</td>
</tr>
<tr>
<td>Symptoms</td>
</tr>
<tr>
<td>Physical health</td>
</tr>
<tr>
<td>Social relation</td>
</tr>
<tr>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>Money</td>
</tr>
</tbody>
</table>

3.3.3.4. Validity

The authors of the test ensured content and face validity of the W-QLI. To the extent possible, existing valid scales were chosen to capture some aspects of the various domains and dimensions of Quality of life (QoL).

3.4. Data Collection

The investigator got permission letter from the chairperson department of education, Aligarh Muslim University, Aligarh, to collect data. The investigator then contacted the Principal, Teacher—in-charge of the concerned schools, houses, and slum areas and got permission to collect data. First of all investigator introduced her and her research work and requested them (teachers, house wives etc) to give their valuable time. The researcher personally gave them the set of questionnaire i.e. first one for Gender bias, second for violence, and third and the last for the quality of life. The investigator requested to the teachers and house wives to read the instruction of each
questionnaire carefully and give the response truthfully few teachers and housewives hardly take half an hour to complete the questionnaire and gave back to the researcher.

3.5 Data Analysis Procedure

The raw scores are obtained after scoring the questionnaires but these raw scores do not provide any direction and solid conclusion and interpretation unless these scores are organized. In order to make conclusion more valid and meaningful interpretation and draw conclusion, scores were reorganized, by using appropriate statistical technique. This was achieved by using the SPSS 12.0 computer software.

3.6. Statistical Techniques Used

For the sake of analysis of data, the researcher utilized the following statistical techniques:

Researcher used t-test to test the significance of difference between two Means. It is a statistical technique that tells us whether the difference between the Means is a real difference rather than a chance difference. The value of ‘t’ — ratio is calculated by the following formula:

\[
\begin{align*}
\text{t} &= \frac{M_1 - M_2}{\sigma_D} \\
\sigma_D &= \sqrt{\frac{N_1 \sigma_1^2 + N_2 \sigma_2^2}{N_1 + N_2 - 2} \left(\frac{N_1 + N_2}{N_1 N_2}\right)^2} \\
\end{align*}
\]

Where, 
\[t\] ............... t-ratio

\[M_1 - M_2\] ............... Difference between two means

\[\sigma_D\] ............... Standard error of difference between two means \(N_1,\)

\[N_2\] ............... Number of Scores

\(\sigma\) Standard deviation of score

\(N_1 + N_2 - 2\) ........ Degree of Freedom
Analysis of variance:

A composite procedure for testing simultaneously the difference between several samples Means is known as analysis of variance. It helps to know whether any of the difference between the Means of the given samples is significant. The technique of analysis is a single composite test of significance, for the difference between several group Means and demands the derivation of two independent –estimates of the population variance, one based on variance of group means (between –groups variance) and the other on the average variance with in the groups (within groups –variance ). Ultimately, the comparison of the size of between –groups’ variance and with in-groups variance is called F-ratio.

The procedures for the analysis of variance included the following steps.

1) The variance of the scores for all groups was combined into one composite, known as the total groups’ variance (v_t).

2) The Mean value of the variances of each of the groups, computed separately, was known as the within- groups variance (v_w).

3) The difference between the total groups variance and the within groups variance was known as the between –groups variance (v_t-v_w=v_b).

4) The F- ratio was computed as follows.

\[ F = \frac{V_b}{V_w} = \frac{\text{between–groups variance}}{\text{within–groups variance}} \]