Chapter - 3

Research Methodology

The study is an attempt for a broad understanding of the varied problems selected from the living conditions of the elderly. The aim of study is to provide information to design proper policies and programmers to improve the living conditions of the elderly.

3.1 Locale of the Study

Punjab is known as the land of five rivers and is called the crown of India. Punjab-its land and people hold a unique and very important position on the mosaic of India. It is the Centerport of Indian History and Indian Culture. Its contribution to the rest of the sub-continent is immeasurable both in terms of quality and content”.

The present Punjab came into existence in November 1966 at the culmination of Punjab Suba Morcha. It is now unilingual state. The present Punjab has the smallest ever size in its history. The southern parts of pre-1966 Punjab were formed into a new State called Haryana. North-eastern hill areas were merged into Himachal Pradesh. Thus, the present Punjab is predominantly a plain region state with Sikhs as the major inhabiting group, and Punjab as the main and the official language of the state.

Punjab is located in the north-western part of India. It is the western component of the Great Northern Plains or the Satluj-Ganga Plains of India. It extends from 29 30’ to 32 32’ North latitude and form 73 55’ to 76 50’ East longitude. Its north-south distance is about 335km. and it extends for 300 km. in East-West direction. It shares international border with Pakistan in the west Jammu and Kashmir lies in the north and it is bounded by Himachal Pradesh in the north-east. The state Haryana lies in its south. It shares border with Rajasthan in the south-west.

Punjab constitutes three natural regions namely Majha, Malwa and Doaba. Punjab has 17 districts (three newly formed districts namely Mohali, Tarantaran and Barnala).
Transrivers (between Sutlej and Beas) region i.e. Doaba is one of the most prosperous region, has four districts namely Jalandhar, Hoshiarpur, kapurthala and Nawanshahar. Nawanshahar is an integral part of Punjab in general and of Doaba region in particular.

**Mohali District**

Mohali is a city adjacent to Chandigarh, 18th District in Punjab, India. It is officially named after the eldest son of Guru Gobind Singh, Sahibzada Ajit Singh (SAS Nagar, or "House of Sahibzada Ajit Singh"). It along with Chandigarh and Panchkula forms a part of the Chandigarh Tricity. It was earlier a part of the Rupnagar District, and was carved out into a separate district in recent years. Mohali was conceived after the trifurcation of Punjab and its capital Chandigarh becoming a Union Territory in late 1966. Today, Mohali and Chandigarh are contiguous areas with only the boundary of Punjab and UT of Chandigarh dividing this area. The original plan of Mohali is in fact a mere extension of the road and design system of Chandigarh without any unique planning. The development earlier was only till Phase VII. The development of sectors and phases from Phase 8 onwards started in late 1980s, and the city got its own bus stand in Phase 8 in mid 1990s. In 2006, Mohali's population is near 200,000, approximately 1/5 of Chandigarh's. The region has been targeted by an increasing number of outsourcing IT companies, who look to capitalize on the rich investment opportunities the city offers. Mohali is located to the West of Chandigarh. It is almost a continuation of Chandigarh. To its north is Rupnagar district. To its south are Fatehgarh Sahib and Patiala. Due to fast urban growth, Mohali has almost merged into the Chandigarh city. An official Census 2011 detail of Mohali (Sahibzada Ajit Singh Nagar), a district of Punjab has been released by Directorate of Census Operations in Punjab. Enumeration of key persons was also done by census officials in Mohali District of Punjab. The total population of the district is 6,98,317 (2001). Majority of the population reside in rural area. The rural and urban population as percentage to the total population are 61.15% and 38.85% respectively. The decennial growth rate (1991-2001) of population in the district is 21.95%. The literacy rate is 78.4% and the population density is 635 persons/sq.km.

In 2011, Mohali had population of 986,147 of which male and female were
524,989 and 461,158 respectively. There was change of 32.04 percent in the population compared to population as per 2001. In the previous census of India 2001, Mohali District recorded increase of 38.29 percent to its population compared to 1991. The initial provisional data suggest a density of 830 in 2011 compared to 629 of 2001. Total area under Mohali district is of about 1,188 sq. km. Average literacy rate of Mohali in 2011 were 84.90 compared to 77.90 of 2001. If things are looked out at gender wise, male and female literacy were 89.20 and 80.00 respectively. For 2001 census, same figures stood at 83.40 and 71.50 in Mohali District. Total literate in Mohali District were 744,237 of which male and female were 415,249 and 328,988 respectively. In 2001, Mohali District had 0 in its total region. With regards to Sex Ratio in Mohali, it stood at 878 per 1000 male compared to 2001 census figure of 842. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate.

Mohali District has emerged as a major center of technical education. There are 8 engineering colleges which offer variety of technical course. The Punjab School Education Board is also operating in the district. There are a number of renowned, multi-specialty hospitals in the district which are equipped with the latest technical know-how and the most modern machinery and equipment for diagnosing and treatment. The Fortis Hospital is one of its kinds with multi-specialty facilities. World class Cricket Stadium of international fame is situated at Mohali where International tournaments are held from time to time and the people get an opportunity to watch the international cricket in action. District Mohali is emerging as an I.T. Hub of North India. Some big companies like Quarcks Dell & TCS are already in business and having its establishments whereas others are in the process for opening their offices. Punjabi is the main spoken language in Mohali. Hindi and English are also prevalent.

**Patiala District**

Patiala district was one of the famous princely states of erstwhile Punjab. Patiala district is a predominantly rural district. As per the 2001 census, an overwhelming 65% lived in rural areas and only 35% lived in urban areas. Forming the south-eastern part of the state, it lies between 29°49’ and 30°47’ north latitude, 75°58’ and 76°54’ east
longitude. It is surrounded by the districts of Fatehgarh Sahib & Rupnagar and the Union Territory of Chandigarh in the north, Sangrur district in the west, Ambala and Kurukshetra districts of neighboring state of Haryana in the east and Kaithal district of Haryana in the south. Patiala district with an area of 3175 Sq. kms was the 5th largest district of the Punjab (area wise) after Ferozepur, Amritsar, Sangrur and Ludhiana as per 2011 census but with the formation of new district Mohali, Sub Division Dera Bassi becomes Part of Mohali district. Earlier Dera Bassi tehsil was part of Patiala. An official Census 2011 of Patiala, a district of Punjab has been released by Directorate of Census Operations in Punjab. Enumeration of key persons was also done by census officials in Patiala District of Punjab. In 2011, Patiala had population of 1,892,282 of which male and female were 1,002,112 and 890,170 respectively. Average literacy rate of Patiala in 2011 were 76.30 compared to 69.30 of 2001. If things are looked out at gender wise, male and female literacy were 81.40 and 70.50 respectively.

Patiala district is a predominantly rural district. After the partition of India in 1947, a large number of refugees from west Punjab came and settled in Patiala district. The single largest group of refugees was from Bahawalpur. Apart from this, a sizable number came from Gujjranwala and Sheikhpura. According to the 1951 census, the total number of displaced persons in the district was 1, 19,518. The Sikhs and the Hindus are the predominant communities in the district. The Sikhs forms 55% of the population while the Hindus form 42%, the remaining being the Christians, the Muslim, the Jains and the Buddhists. Geographically, Punjab is divided into four regions, known as Malwa, Majha, Doaba and Puadh. Patiala district falls in the Puadh region and standard dialect spoken in the district is known as Puadhi. Although this dialect is almost the same in grammar as the standard dialect of Punjabi language, the distinguishing characteristic of this dialect is that, to a very large extent, it is influenced by Hindi spoken in the adjoining districts which now form a part of Haryana. Patiala has a Government Medical College, a Dental college and an Ayurvedic College, each of them having hospital attached to it. The Government Medical College is linked to the well-known Rajindra Hospital. Opened in 1954, this hospital is the largest in Punjab, offering specialized services in Surgery, Obstetrics, Plastic Surgery, Ultrasonography and Radiotherapy. The Rajindra Hospital is supported by Mata Kaushalaya Devi Hospital which was originally founded in 1890 as
the Lady Dufferin Hospital. The rest of the district is served by a vast network of civil hospitals, Primary Health Centers and Dispensaries.

3.2 Methodology

3.2.1 Objectives

The present studies are conducted in the rural and urban areas of Mohali and Patiala District. It is mainly focused on the current problems of the elderly. The questionnaires were prepared to survey/study the actual existing conditions of the elderly people; it covers demography, socio-economic conditions, health problems, awareness level regarding welfare programmes, familial status, and personal emotions and feelings. Primary data has been collected directly from the respondents while secondary data also has been used to compare and make study worth.

The major objectives of the present study are to understand the problems of the elderly from different socio-economic views towards the varied dimensions of aging and to analyze the varied personal, familial and social causes of aging. The specific objectives of the study are:

1. To study the socio-economic and demographic profile of the respondents.
2. To assess the nature and extent of social, economic and health problems faced by the elderly.
3. To explore the reasons of the problems faced by the elderly.
4. To study various schemes & programmes of the Government as also of the NGO’s for welfare the elderly.
5. To explore the strategies of intervention for solving the problems in elderly.

3.2.2 Sample

Total 400 respondents are selected from the two Districts of Punjab i.e. Patiala and Mohali for the present project. 200 respondents are selected from each district. The group of 200 respondents comprises 100 males and 100 females. And out of these 100, 50 respondents are randomly selected from rural area and the other 50 from the
urban area.

The areas which are highly populated are considered in the study either it is urban or rural. As in Patiala district, Patiala itself is the tehsil highly populated and it is considered in the study. The highly populated tehsil of Patiala, Sanaur and Jalalpur are counted in rural area. On the other hand, in Mohali district, tehsil Kharar highly populated of villages Mattaur and Sohana so these are the centre of focus in the study. The urban areas include Urban Estate Phase I and Shivalik Vihar from Patiala and Urban Estate Phase I and IV from Mohali.

<table>
<thead>
<tr>
<th>District Mohali</th>
<th>Tehsil</th>
<th>Villages</th>
<th>No of Households</th>
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<tbody>
<tr>
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<td>Mattaur</td>
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<tr>
<td></td>
<td></td>
<td>Sohana</td>
<td>50</td>
</tr>
<tr>
<td>Urban</td>
<td>Urban</td>
<td>Urban</td>
<td>No of Households</td>
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<tr>
<td></td>
<td></td>
<td>Phase I</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phase IV</td>
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<table>
<thead>
<tr>
<th>District Patiala</th>
<th>Tehsil</th>
<th>Villages</th>
<th>No of Households</th>
</tr>
</thead>
<tbody>
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<td>Jalalpur</td>
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<td>Urban</td>
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<td></td>
<td></td>
<td>Shivalik Vihar</td>
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### 3.2.3 Tools of Data Collection

The data was collected in the months of July and August 2007, with the help of a pre-designed and structured interview schedule. The interview schedule consisted of questions framed to collect the relevant information according to the pre-determined objectives of the present study. The respondents were interviewed to know their socio-demographic profile quite apart from collecting information regarding government’s welfare programme and the role of NGOs/social activists. Observation was made with regard to personal profile of the respondents and their living standards.
3.2.4 Interview Schedule

Structure interview schedule for the respondents was designed and utilized for collecting the data from the field. Depending upon the objectives of the study, the schedule was divided into five parts.

- The first part of the schedule contains the questions regarding the personal profile of the respondent, like his/her age, marital status, education etc.

- The second part of the interview scheduled relates to the socio-emotional problems

- The third part of the schedule relates to the financial problems of the elderly.

- The fourth part of the scheduled questions is in the context of the health problems of the elderly.

- The fifth part concerns with their awareness of the Government and NGOs
Programmes.

Extra care was taken while framing the questions so that the respondents should not meet any difficulty in interpreting and understanding the meanings. Discussion proved as a useful tool to collect and verify the information collected through the schedule.

3.2.5 Pre-Testing

Pre-testing of schedule was done to avoid redundancy and to make questions more simple and clear. The questions were in English language but in the course of field visits, these questions were translated into Punjabi. Certain modifications were introduced in few questions. In order to have non-judgmental and unbiased answers, most of the respondents were asked open ended and the responses, later on, were incorporated in available choices to facilitate easy and systematic coding of the schedule for subsequent data analysis.

As pointed out earlier, the interview with the respondents was based on the structured interview schedule. It gave an opportunity to the researcher to have a face-to-face interaction with the respondents. While managing the interview schedule, greatest care was taken that the interaction between the researcher and the respondents should be focused on the relevant issues and to the point. However, at times, it drifted away and resulted into an informal discussion, which, of course, proved very useful in having an in-depth insight into the problem. Data collection was a time consuming process and therefore a few of the respondents were not willing to spare a long time for the interview. However this problem was faced by the researcher by interviewing them with taking their leisure time.

3.2.6 Tools of Data Collection

- Structure interview schedule was designed and utilized for collecting the data
- On the spot observation.
3.2.7 Data Analysis

After the field work was over, all the schedules were checked and some of the information written here and there on the schedules was rewritten against the appropriate choices of a particular question so as to facilitate following analysis of this data. After that the whole data of each respondent was fed into computer for further tabulation and interpretation. Simple statistical methods percentages were used at appropriate places for analyzing the data.

3.2.8 Data-Interpretation

Once data analysis was done, data interpretation was started of each aspect of the section of the table like socio economic, health and awareness and utilization of the NGOs and Government welfare programmes. Special care was taken while interpretation to avoid mistakes. Data was interpreted in three section as District-wise, Gender-wise and Region wise.

3.2.9 Chapterisation

The entire study has been divided into nine chapters:

1. *Chapter one* introduces the topic and it is focused on the need of study in the area. Emerging issues and Problems of the elderly people and welfare programmes of NGOs and Governments are also discussed.

2. *Chapter two* gives the comprehensive review of the literature available about the problems of elderly. Specific dimension was taken in socio-economic and demographic profile, health of the elderly people and welfare programmes of NGOs and Govt.

3. *Chapter three* elaborates the research methodology of the study like the information regarding the sample, the tools of data collection, the schedule, the interview, data analysis, tabulation and its interpretation. The chapter also states the objectives of study.
4. *Chapter four* is keen to the profile of the respondents. It covers demographic profile of their living conditions which vary according to area, socio-economic, cultural and familial conditions.

5. *Chapter five* is focused on the Health problems of the elderly. The views of the elderly regarding their health status and others factors, such as family, society, economy which effect it also have been discussed.

6. *Chapter six* measures awareness and utilization of various schemes and programmes of the NGOs by the elderly. It contains a widespread account of the provisions relating to the awareness of the welfare programme of the elderly. The formal provision of support available for the elderly namely Old Age Pension, Issue of identity cards to senior citizens, homes for older persons, health care services and their important role in the social integration of the elderly. By the varied services of the welfare programmes of the elderly who reached from health services and provision of financial aid and the fulfillment of the elderly with the utilization of these services.

7. *Chapter seven* demonstrates the problems of the elderly as observed in the study, further it discuss the importance of social worker’s interventions.

8. *Chapter eight* summarizes the study; it also gives conclusions and recommendations for betterment of the lives of the elderly.

9. *The last part* includes a comprehensive bibliography along with some appendices.

### 3.2.10 Limitations of the Study

1. The study is confined to District Mohali and Patiala of Punjab.

2. The study is limited to old persons.

3. The study is basically dependent on as how real and complete information has been given by the respondents.

4. Then the information collected from the respondents might not be hundred percent true and real, so the study may reveal such gaps at places. But extra care
has been taken so that the information struggled to obtain should be real.

In spite of these problems, efforts have been made to make the study as realistic as possible.