CHAPTER - III

RESEARCH METHODOLODY

3.1: Aim of the study

The main aim of the study is to understand the relationship between Emotional Intelligence and general health among delinquents and normal juveniles in Iran- A comparative study.

3.2: Objectives

The study is undertaken with the following objectives:

1. To assess the relationship between Emotional Intelligence (EI) and general health (GH) status among delinquent juveniles.
2. To evaluate the relationship between Emotional Intelligence and general health status among normal juveniles.
3. To assess the difference between delinquent and normal juveniles in their Emotional Intelligence and general health status
4. To find out the influence of secondary variables such as age and education on Emotional Intelligence and general health among delinquent juveniles.
5. To study the influence of secondary variables such as age and education on Emotional Intelligence and general health among normal juveniles.
3-3 DESIGN OF THE STUDY

The present study is descriptive and comparative in nature. In this study the researcher selected two groups of samples from Iran. The first group was the juvenile delinquents and the second group was the normal juveniles. Samples for the present study were chosen from five provinces in Iran. Further, in this study the researcher aimed to investigate the relationship between Emotional Intelligence and general health among delinquents and normal juveniles.

Figure 3.1: sampling flowchart
3.4 Hypotheses

Following hypotheses are formulated for the present study:

H1: There is a significant relationship between Emotional Intelligence and general health among delinquent juveniles.

H2. There is a significant relationship between Emotional Intelligence and general health among normal juveniles.

H3. There is a significant difference between delinquent and normal juveniles in their Emotional Intelligence and general health status.

H4. Secondary variables (age and education) significantly influence the Emotional Intelligence of delinquents and normal juveniles.

H5. Secondary variables (age and education,) significantly influence the general health of delinquents and normal juveniles.

3.5: Participants

Population and Sample

The population of the study surrounded the juvenile delinquents in Iran during the year 2012-13. The researcher has used the sample in five provinces such as: Mazandaran, Khouzestan, Isfahan, Khorasane razavi and Hormozgan.

The sample was selected in five provinces of Iran with the help of random
sampling and equal number of normal juveniles was included in the sample. The sample approximately consists of 178 juvenile delinquents and 160 of normal juveniles in the provinces spread over in Iran.

Table 3.1: Distribution of sample by groups and provinces

<table>
<thead>
<tr>
<th>Provinces</th>
<th>Groups</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Normal</td>
<td>Delinquent</td>
</tr>
<tr>
<td><strong>Mazandaran</strong></td>
<td>24 (15.0%)</td>
<td>24 (13.5%)</td>
</tr>
<tr>
<td><strong>Khorasan Razavi</strong></td>
<td>30 (18.8%)</td>
<td>39 (21.9%)</td>
</tr>
<tr>
<td><strong>Khozestan</strong></td>
<td>38 (23.8%)</td>
<td>40 (22.5%)</td>
</tr>
<tr>
<td><strong>Isfahan</strong></td>
<td>34 (21.3%)</td>
<td>36 (20.2%)</td>
</tr>
<tr>
<td><strong>Hormozgan</strong></td>
<td>34 (21.3%)</td>
<td>39 (21.9%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>160 (100%)</td>
<td>178 (100%)</td>
</tr>
</tbody>
</table>

3.6 Instruments

3.2: Tools used for data collection the present study are given below:

<table>
<thead>
<tr>
<th>Variable Considered</th>
<th>Tools Used</th>
<th>Developed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health</td>
<td>General Health Questionnaire (GHQ)</td>
<td>Goldberg and Hilber (1979)</td>
</tr>
<tr>
<td>Demography</td>
<td>Socio-demographic data sheet</td>
<td>Researcher</td>
</tr>
</tbody>
</table>
A brief description of the tools are given below:

3.6.1: Shutte’s self report Emotional Intelligence test (SSREIT):

To evaluate Emotional Intelligence Shutte’s self report Emotional Intelligence test (SSREIT) has been used. This exam has been made by Schutte, Malouff, Hall, Haggerty, Cooper, Golden, Dornheim, (1998) on the basis of Salovey and Mayer theory of Emotional Intelligence (1990). In the beginning the exam contained 62 questions which were directed to assess the ability to supervision and differentiation of emotions in order to use it for action and thinking according to fivefold spectrum of likert. In factor analysis the number of questions from 62 has been reduced to 33 questions, along with sub-standards of assessment, expression of emotion, control of emotion and use of emotion. During preliminary study of Shutte and his colleagues (1997) the above mentioned scale could anticipate the final grade of students and made possible to distinguish student groups according to a high grade or a low grade. Regarding re ability of the exam, the results have shown that exam strongly is related to personality formations such as openness to experience, perfectionism and ability to control stimulants. Studies on this scale showed that re ability of the scale was above %90. This scale has been translated into Persian in 2002 by Khosro Javid and Maryam Vafaii. In all the sub-standards, the re ability of the scale according to the report was more than %70 and the internal consistency of the Persian form was above %75.

The assessment and expression of EI: It is the sub scale of Emotional Intelligence which is measured by the questions 4, 5, 9, 11, 15, 16, 18, 19, 22, 24, 25, 32, and 33.
Assessment of management and adjustment of EI: It is a sub scale of Emotional Intelligence that is measured by the questions of 3, 7, 10, 12, 13, 14, 21, 23, 26, and 28.

Assessment of utilization of EI: It is a sub scale of Emotional Intelligence which is measured by the questions of 1, 2, 6, 8, 17, 20, 27, 29, 30 and 31.

3.6.2: General Health Questionnaire:

In this research the General Health Questionnaire form of Goldberg has been used which contained 28 questions. This questionnaire was prepared by Goldberg in 1979 which has been translated into 36 languages. The form has four secondary standards; each standard contains 7 a question which similar to the model of likert embodies a quadruplet selection spectrum consisted of:

A. physical symptom
B. insomnia and anxiety symptom
C. social dysfunction
D. depression symptom

The performed survey on admissibility of this questionnaire in non-English speaking area has shown that cohesion indexes, related to its admissibility, are comparable with its English version. Yaghoobi and his Colleagues in their research in 1996 reported the sensitivity of the exam 86/5, specificity 84, durability of the reexamination and Alfa cronbach. 88, which are all found to be highly significant.

(A) Physical symptom: The sub scales which are obtained through the total score of 1 to 7 of general health question.
(B) **Anxiety and insomnia:** The sub scales which are obtained to the total score of 8 to 14 through a general health question.

(C) **Social dysfunction:** The sub scales obtained of the total score of 15 to 21 through a general health question.

(D) **Depression:** The sub scale which is obtained of the total score of 22 to 28 through a general health questionnaire.

3.6.3: **Socio-demographic data sheet:**

This semi-structured questionnaire is developed by the researcher himself. This consisted of personal details like age, sex, educational level, income, and so on.

3.7: **Procedure**

The present study was carried out in the following procedures:

Step 1: Selection of five provinces by a simple random sampling technique.

Step 2: Selection of delinquent juveniles from penitentiary centers- randomly.

Step 3: Selection of normal sample from high school students by a random stratified sampling technique.

Step 4: Distributing the questionnaires among the selected samples at the same time.

Step 5: Collecting the data and data analysis.

3.8 **Statistical methods employed**

Following statistical methods were employed in the present investigation.
1) Descriptive statistics
2) Pearson’s product moment correlation
3) Analysis of variance-One way
4) Analysis of variance-Two way

3.9 DEFINITIONS OF THE KEY TERMS

General Health:

**Theoretical definition:** Based on the definition of the World Health Organization, it is a series of living, mental and social functions which contains no disease (Hosseinshahi Baravati).

**Operational Definition:** In the present study general Health is the score which is obtained through General Health Questionnaire (GHQ) which includes four sub-scales of (a) physical symptoms (b) anxiety and insomnia (c) social dysfunction and (d) depression that contain 28 multiple questions.

Emotional Intelligence:

**Theoretical definition:** Emotional Intelligence is the ability to understand the affections and emotions in order to reach cause the emotions to help in both better thinking and gaining a better knowledge about affections and emotions. Moreover, it provides the required homogeneity between emotions and feelings for the emotional and intelligence promotion (Saloovy and Meyer 1997).

**Operational Definition:** in the present study Emotional Intelligence is a kind of psychological structure that is measured through Shutte (1998) Emotional
Intelligence test. This test has three sub scales: assessment and expression of emotion, management and adjustment of Emotional Intelligence and utilization of Emotional Intelligence.

**Juvenile Delinquency**: refers to antisocial or illegal behavior by minors which are subject to legal action (Agnes, 1996).