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CHAPTER III

METHODOLOGY

This chapter deals with methodology of the research study. It presents the details on rationale of the study, aim of the study, specific objectives, research questions, study design, study area, sample, sampling procedure, sources of data collection, tools of data collection, types of data required, process of data collection, duration of the data collection and analysis of data. Study area will be discussed in three sub headings such as setting, universe and study population. The samples are also being discussed into sub headings viz. sample size, inclusion criteria, exclusion criteria and sampling techniques. Types of data required have been discussed into different sub headings such as interview schedule on socio-demographic/ background information for the elderly, Shamshad-Jasbir old-age adjustment inventory (SJOAI) for the elderly, interview schedule for caretakers, interview schedule for NGOs and interview schedule for the Government officials.

3.1 Rationale of the Study:

The present family structure of an Indian society has witnessed considerable changes due to westernization, industrialization and urbanization moving towards more to individualization. There is constant and rising shift from joint family pattern of Indian society to nuclear family system. This extent of individualization has made an impact on the elderly. The problems of old age are not only seen from the medical point of view but also manifested in the domains of financial, social and psychological adjustment. The increase of dependency of the elderly makes caretaker to meet the financial, social, psychological, medical, and recreational needs for welfare of the elderly people. Increased dependency of the elderly makes the family members unable to meet their needs and it creates the necessity to look for other support systems. The

role of caretaker as well as services provided by the Government and NGOs is crucial in creating congenial environment for the elderly.

Growing old has made life difficult for the elderly in giving full contribution to their family members due to diminishing energy, and reducing the economic strength which affects the lives of the elderly people and the care givers. The elderly who have worked hard for many years to rear families and contributed in many ways to the society deserve the right to enjoy comfortable life in their old age. Nowadays the recognition and respect gained by the elderly in the family have gradually vanished. The change in traditional values and customs has developed a generation gap where mutual harmony between the younger generation and old is eroding. In present society, older people are having less value. Thus, there is an urgent need to give attention towards the elderly population. The programs and services given by Government and NGOs are not sufficient enough to cope with multifaceted problems of the elderly. There is a need to reassess the programs and policies formulated by the Government and NGOs for the elderly to improve their social, economic and health status. As there has been little study done in Manipur in relating with psychosocial problems of the elderly, it is pertinent to study the problems, the needs of the elderly of Manipur, problems of caretakers and their welfare programs. It is further needed for formulating the wide range of welfare programs and social security measures by the Government and NGOs for the elderly in Manipur to improve their social, economic and health status and assistance to their family members for taking care of them.

3.2 Aim of the Study:

The main aim of the study is to understand the psycho-social problem which hampers the well being of the elderly in receiving social support from family and society at large in the context of Imphal West District of Manipur. The study will further help in overcoming the problems of elderly to a certain extent.

3.3 Specific Objectives:

- To study the socio-economic conditions and health aspects that affects the psycho-social problems of the elderly.

- To explore the perceptions of the elderly towards family and social support system.

- To examine and analyze the problems of the elderly in availing the services of Government and NGOs.

- To find out the scope of social work interventions for the betterment of the elderly.

3.4 Research Questions:

- What are the factors that affected the psychosocial aspects of the elderly in Manipur?

- What is the Perception of the elderly towards the support system of family and society at large?

- What are the major problems in availing the services of government and NGOs?

- What is the Scope of social work interventions?

3.5 Operational Definition:

3.5 (A) Elderly:

The concept of elderly differs according to place and criteria developed by Government, person who have attained 60 and 90 years are referred to as "elderly".

3.5 (B) Family Support:

The supports provided by the family members and relatives that include emotional factors, psychological factors, economical factors, physically factors, etc. are directly and indirectly helping the elderly people.

3.5 (C) Psycho-social:

Psycho-social means the mind and mental condition of the elderly in relation to deal with family, community, society and its organizations at large.

3.5(D) Socio-economic:

Here socio-economic condition includes, earning, expenditure, facilities for surviving, life-style, living arrangement, and social environment where elderly is living.

3.5(E) Social support:

Supports that are given by family members, society and its organizations, in the form of informal or formal and it was extended by different schemes, social welfare programs, community center for the betterment of the elderly.

3.5 (F) Perceptions of Elderly:

The awareness and views of the elderly on the current ....uitions and nature of problems that they facedthrough their senses and their interpretation of self and surrounding environment.

3.6 Study Design:

The researcher adopted descriptive research design for the study. The study tried to understand the problems of the elderly which trigger their psycho-social problems. This study explores the availability of social support from family members, NGOs and Government agency. Thus, the researcher collected information through interviewing elderly people, their caretakers, NGOs' personnel and Government officials of Social Welfare Department for understanding the whole scenario of the causes of psycho-social problems of elderly and the needs of intervention programs.

3.7 Study Area:
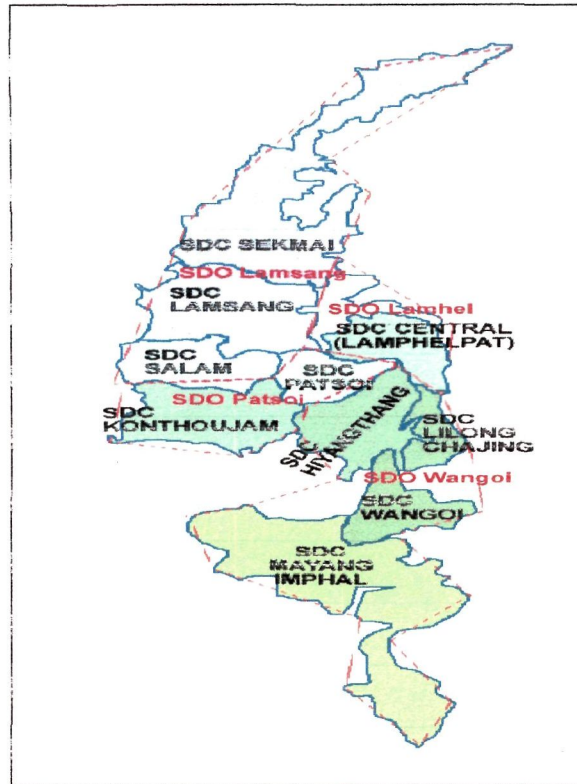
Figure 3.1: Map of Imphal-West District

The present study was conducted on elderly persons living in Imphal West district, Manipur. Imphal West District has a population of 514, 683 persons in an area of about 519 sq. km. It has a total urban population of 318, 592 which is 62.6 percent of the state's total urban population 822, 132, while rural population is 196,091.

The population of elderly persons in Manipur is 444, 382 persons of which 14, 243 are from rural area and 20,099 from urban area. The researcher undertook both urban and rural elderly populations in Imphal West district. There are 34, 342 elderly people in Imphal West District in which 14, 243 elderly were living in rural area and 20, 099 elderly were living in urban area of Imphal West District (Census of India, 2001).

Table 3.1: Population of elderly in Imphal-West in comparison with rural and urban area:

Age-group	Total			Rural			Urban		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
1	2	3	4	5	6	7	8	9	10
All ages	444,382	221,781	222,601	197,699	99,278	98,421	246683	122,503	124,180
60-64	10,748	5,167	5,581	4,562	2,206	2,356	6,186	2,961	3,225
65-69	8,172	4,010	4,162	3,505	1,774	1,731	4,667	2,236	2,431
70-74	7,064	3,374	3,690	2,862	1,402	1,460	4,202	1,972	2,230
75-79	3,936	1,850	2,086	1,596	765	831	2,340	1,085	1,255
80+	4,422	1,939	2,483	1,718	804	914	2,704	1,135	1,569
Age not stated	815	455	360	342	186	156	473	269	204
Total number of elderly population	34,342	16,340	18,002	14,243	6,951	7,292	20,099	9,389	10,710

3.7.1 Setting:

The study was carried out in Imphal West District, Manipur. Imphal West District has four sub-divisions. They are: Patsoi, Lamshang, Wangoi and Lamphelpat. The study was carried out to those elderly who stayed at home with their family members in the jurisdiction of Imphal West District.

3.7.2 Universe:

(a) The elderly who are living in the jurisdiction of Imphal-West district, Manipur.

(b) Caretakers of the elderly and even those who don't have caretakers (those who look after themselves).

(c) NGOs that are working for the welfare of elderly.

(d) Social Welfare Department working in the area of the elderly.

3.7.3 Study Population:

The elderly who are in the age group - 60 years and above are considered for the study. As per official data available, the maximum numbers of the

elderly are living in Imphal West District. The number is 34342 (6.09 percent) (Census of India, 2001).

3.8 Sample:

3.8.1 Sample size:

- 384 elderly people were selected as a sample size from four sub-division of Imphal West District. From each division the elderly were selected from rural and urban areas.

- Data collected through caretakers of the elderly, NGOs personnel and Government officials as key informants for the study.

3.8.2 Inclusion Criteria:

- Subject between the age group of 60 years and 90 years. who are residing at home in Imphal West District.

- Elderly both from rural and urban areas were taken for study.

- Elderly both males and females were taken for study.

- Elderly who were living with spouse and children, spouse alone, or the widowed living with children.

- Unmarried elderly were also included.

- Elderly staying with relatives.

- Care taker of the elderly.

- Those elderly who stay with children or spouse were considered to have caretaker.

- Those elderly who stay alone were regarded as staying alone without caretaker.

- Only one spouse from each family was included in the sample.

3.8.3 Exclusion Criteria:

- Below 60 years of age.

- Elderly who are not residing in Imphal West District.

- Subject to too ill with a diagnosis of psychotic illness or serious health problems.

- Elderly at institutionalized setting.

3.8.4 Sample techniques:

The Multistage sampling technique was adopted as a sampling technique for the study.

- First stage: The Imphal West District was stratified according to its sub-division i.e., four in numbers. The number of study subject (elderly) were selected from each stratum (i.e., each sub-division) and determined with the estimated numbers of elderly population by using proportional allocation.

- Second stage: stratified random sampling with proportional allocation was adopted for distributing elderly over Rural and Urban areas.

- Third stage: Again, stratified random sampling with proportional allocation was further applied for Sex-wise distribution of the elderly.

- Fourth stage: Finally through purposive sampling, the individuals were selected for the survey.

3.9 Sampling Procedure:

A multi-stage random sampling method was adopted for drawing a sample of 384 elderly people from the Imphal West District for the study. Imphal West District includes four sub-divisions. They are Lamshang, Patsoi, Lamphelpat and Wangoi. The four sub-divisions constitute both the urban and rural areas for the study. The sample selection was done in four stages. The first stage of sampling was the selection of the elderly from each sub-division with the estimated elderly population by using proportional allocation. The second stage of sampling was done by using proportional allocation distributed of the elderly over rural and urban areas. The third stage of sampling was also done by using proportional allocation of the elderly in sex wise from both rural and urban areas. The fourth stage was the preparation of the final sample through purposive sampling where the individuals were taken for the study. Caretaker of the elderly was taken for interview to elicit more understanding of the elderly. The study also focused on the role of NGOsin providing services for the welfare of elderly. Interview with the officials of Social Welfare department, Manipur was conducted to understand the programs and policies of the elderly. Selection for case study was done by researcher to get in-depth understanding of the problem of elderly. Some of the respondents expressed their desires to share their problems

during pilot study. While, few of them have been encouraged by researcher too to open up and share their problems. Nine elderly people were taken for case study. 384 numbers of elderly people - 190 female and 194 male were conducted for study. It was observed that there is a social stigma and discrimination attached to them which hampered to express their views properly.

The following figure shows the procedure adopted for the sampling.
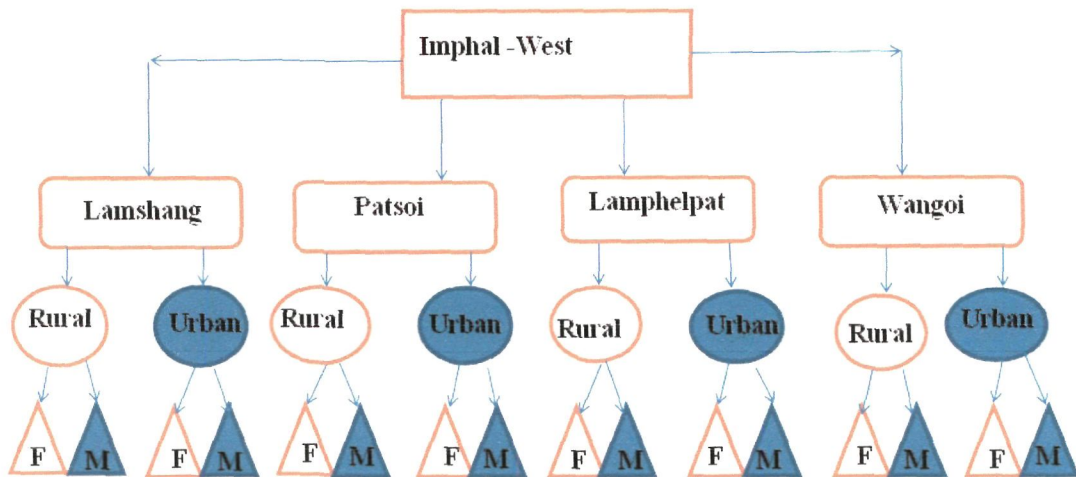
F- Female

M- Male

3.10 Source of Data Collection:

Primary data for the study were collected from the elderly, caretakers, officials and personnel of the Government and NGOs. Secondary data were collected from various books, journals, Government publications, NGOs' booklets, etc.

3.11 Tools of Data Collection:

- Shamshad-Jasbir Old age Adjustment Inventory was used for the elderly along with semi-structure interview schedule.
- Two semi-structure interview schedules were used for NGOs and caretakers respectively.
- Semi-structure schedule was used for Government officials (Social Welfare Department).

3.12 Types of data Required:

In order to fulfill the first, second, third and fourth objectives; the following types of data are required.

3.12 (A) Interview Schedule on Socio-demographic and background study:

- Personal data of 60-90 years of the elderly, which included age, sex, religion, marital status, education, types of family, family income, occupation and primary caretaker.

- Health aspects related information that included daily activities, major health concerns, require caretakers' assistance, types of assistance, types of habits, health related problems and their treatment, types of treatment, frequency of hospital visit and precautionary measures.

- Government and NGO services related information that included retirement age, reasons for retirement, pension schemes, types of pension scheme, amount of pension, satisfaction in related to the amount/ salary, health related services, frequency of the health related services from Government, types of services, frequency of services, awareness of government policies and program, barriers in availing services from NGOs, types of services, frequency of services, awareness of policy and programs by NGOs, availability of services of Old Age Home, social stigma on Old Age Home.

- Social work interventions related information that included knowledge about social work, meeting with professional social worker(s), benefits gained from social worker(s), expectation from professional social worker(s) in dealing with the elderly.

- An Adjustment Inventory was used to achieve first, second and third objectives which included health, home social, marital, emotional, financial areas of life for the elderly. The study includes socio-economic, health, family, social support system which affects psycho-social problems of the elderly thus the use of inventory provide a standardized tool for the study.

3.12 (B) Samshad-Jasbir Old age Adjustment Inventory (SJOAI)

Dr. ShamshadHussain and Dr. JasbirKaur (1991) have developed and standardized an Old-Age Adjustment Inventory. This was published under the caption Shamshad-Jasbir Old-age Adjustment Inventory in the year 1994. The Inventory measures problems of adjustment faced by older people in areas of home, health, social, marital, emotional and financial adjustment besides the overall adjustment. At first 200 items were selected having direct and indirect relation to old-age adjustment problems. The items were administered to 375 elderly; finally 125 items were retained for the inventory. Each item had two alternative responses, 'Yes' or 'No'. The 125 items represented six areas of adjustment: health, home, social, marital, emotional, and financial. Accordingly, the items were grouped into sub-scales A, B, C, D and E respectively. The area wise distributions of items are as follows:

Table 3.2 Areas

Areas	No. of Items
Health	26
Home	25
Social	21
Martial	17
Emotional	21
Financial	15
Total	125

The items of different areas of adjustment were also analysed in terms of inter correlations, to ascertain whether six areas of selected to structure the Inventory were actually unrelated.

Table 3.3 Inter-Correlations among Different Areas of Adjustment

	Health	Home	Social	Marital	Emotional	Financial
Health		0.48	0.49	0.35	0.29	0.41
Home		-	0.73	0.47	0.43	0.61
Social			-	0.49	0.43	0.61
Marital				-	0.42	0.46
Emotional					-	0.37
Financial						-

The study of Table 3.3 indicates the inter-correlation among the six areas of adjustment ranged from 0.29 to 0.73 and the average is 0.469. While observing the inter-correlations between different areas of adjustment one finds that there exists a

moderate correlation between some of them ('r' value around 0.4), in some cases a bit higher ('r' values at and above 0.6) whereas in three cases only it is in between 0.29 to 0.37 (Health-Marital; Health-Emotional and Emotional-Financial). The overall picture emerging out of this observation is that out of 15 inter-correlation values 12 values ranged within 0.41 to 0.73 which suggest that there is overlapping among different areas of adjustment.

High score indicated good adjustment and low score, poor adjustment. The author defined and interpreted the sub-scales in the following manner.

Concept Interpretations:

Health Adjustment (A)

Present health conditions and satisfaction, psychological and physiological condition, confident attitude and lack of complaints of illness.

Home Adjustment (B)

Satisfaction with own home, the presence of love and affection among family members, presence of feelings of integration, belongingness and interdependence, and Absence of disagreements and conflicts.

Social Adjustment (C)

Ability to interact freely without undue inhibitions, participation in social activities, social sensitivity, good relationships with neighbours, sense of belonging to the community, a desire for social interaction, insight into and awareness of social status, respect for fellow being, role playing in key positions and a feeling of being liked by others.

Marital Adjustment (D)

Family life, absence of conflict, positive feelings of self and spouse, regard and confidence, zest for living and a feeling of belongingness.

Emotional Adjustment (E)

Freedom from worry, anxiety, feeling of guilt, absence of abnormal fears, a general feeling of satisfaction, a calm and unperturbed temperament by and large and emotional integration. Positive feelings of self regard and of being useful to family and society, confidence in activities, zest for living and a feeling of belongingness.

Financial Adjustment (F)

Economic conditions, livelihood activity, financial dependency and interdependence of family member.

Reliability:

After the items were analysed, the next step adopted by the investigators was to find out their reliability, in absence of which a psychometric tool carries little meaning. The two modes of reliability co-efficient (odd-even and test-retest) were calculated on a sample of 100 cases. In case of test-retest reliability, the same test was administered to the same group at the interval of three weeks. The correlation co-efficient was calculated between the two sets of scores. The split-half (odd-even) and test-retest reliabilities of the test (area wise and overall adjustment scores) have been presented in Tables 3.4 and 3.5.

Table 3.4 Odd-even Co-efficient of Correlation of Old-age Adjustment Inventory (N=100)

Areas of Adjustment	Half-Test Reliability	Full Test Reliability
Health	0.77	0.81
Home	0.63	0.77
Social	0.60	0.75
Marital	0.69	0.82
Emotional	0.45	0.62
Financial	0.46	0.63
Total	0.83	0.91

Table 3.5 Test-retest Co-efficient of Correlation of Old-age Adjustment Inventory (N=100)

Areas of Adjustment	Co-efficient of Correlation	P Value
Health	0.96	<.01
Home	0.93	<.01
Social	0.94	<.01
Marital	0.95	<.01
Emotional	0.92	<.01
Financial	0.91	<.01
Total	0.93	<.01

Froehlech and Hoyt (1959) recommend that a test is reliable if it is reliable if it's reliability-coefficient is around 0.80 or higher. On the basis of the coefficients of correlation reported in Tables 3.4 and 3.5, it can be said that the present instrument is reliable.

Validity:

After reliability was found out, the step was taken up to assess the validity of the test which refers to whether the test measures that aspect of the measurement for which it has been constructed. The present test was validated on a sample of hundred cases by using the construct validation procedure (convergent and discriminant validation techniques pointed out by Campbell, 1960). The adjustment inventory was validated against the scores on correlation. This step was taken under the presumptions that the higher the adjustment, the better the self-concept, the higher the ego-strength and the lesser the anxiety.

Two of these assumptions have been supported in the present findings. For measuring the three -variables the tests used were: Mohsin's Self-concept Scale, Hasan's Ego-Strength Scale and Sinha Anxiety Scale. The overall adjustment score were taken for the purpose of validation. The findings have been presented in Table 3.6.

Table 3.6 Correlation between the Scores on Adjustment and Those on Self-Concept, Ego strength and Anxiety (N=100) df = 98

Areas of Adjustment	Self-concept	Ego-Strength	Anxiety Scores	P Value
Health	0.64	0.32	0.51	<.01
Home	0.70	0.64	0.69	<.01
Social	0.70	0.61	0.74	<.01
Marital	0.65	0.67	0.68	<.01
Emotional	0.54	0.51	0.58	<.01
Financial	0.62	0.58	0.63	<.01
Total	85	0.72	0.84	<.01

The findings of Table 3.6 are supportive of the fact that on the whole scores on adjustment are positively correlated with the scores on Self-concept, Ego-strength and Anxiety. The 'r' values are significant at 0.01 level of confidence in all the cases.

The adjustment inventory was also validated against self-concept, ego-strength and anxiety by comparing the mean scores of the high and the low adjusted groups (dichotomized on the basis of median) on three variables. The findings are presented in Table 3.6.

Table 3.7 Comparison between Mean Values of High and Low Adjustment Groups

Variables	Adjustment Groups	Mean Value	't' Value
Self-concept	High	38.333	9.336
	Low	28.531	P<.01
Ego-strength	High	24.824	7.365
	Low	20.367	P<.01
Anxiety	High	82.039	9.497
	Low	41.714	P<.01

The study of the findings of Table 3.7 indicates that the greater the adjustment the better the Self-concept, the higher the ego-strength. The findings have thus supported the presumptions of construct validity in general. However, something contrary is observed in the case of adjustment and anxiety. The high adjusted group has greater anxiety as compared to its low counterpart which is contrary to the assumption. The correlational findings also support this trend. The probable reason is that the normal old age individuals having anxiety may try to defend the threat by exposing themselves to be better adjusted. Such people do not want to exhibit their anxiety as it would generate anxiety still further. However, this discriminant technique of validation is to be further investigated. The studies of Khan (1989) and all (1975) support the present findings in respect of the relationship of adjustment and Ego-strength. On the whole, it is gathered that the newly developed adjustment inventory has high validity.

Scoring:

The responses given by the tests are to be scored with the help of scoring key. However, the scoring Stencils of each of the six arrears are available for convenient scoring on the answer sheets. The keyed response is to be assigned one score. The keyed response is somewhere in terms of 'Yes' and somewhere in the form of 'No'. Response to the undecided category is not to be given any score. One score is to be given to the response in the direction of adjustment and 0 (Zero) to the response in the

direction of maladjustment. Hence, the higher score indicates better adjustment. The responses are scored area wise. The sum of scores in different areas provides measure of overall adjustment.

Norms:

After the test was validated, the percentile norms were developed because of their practicability and ease. Percentile scores represent the percentage of persons on the standardization sample, which fall below on a given raw score and provide a direct statement of individual's relative position in the standardization sample. The normative sample consisted of 150 male subjects who were in service and business and 140 male subjects who were retired from active service. 75 female subjects being in service and 100 female subjects being retired from service and also the housewives were selected as samples for developing norms. In short, the norms were developed separately for male and female subjects of the age group of 50 to 65 years of different categories. The norms are given in Tables 3.8 to 3.11. The percentile norms have been given in the steps of 10 and the score points have been converted into integral score (Guilford, 1956).

Table 3.8 The Percentile Norms for Male Subjects who are in Service or Business (N=150), Area wise and in Terms of Overall Adjustment

Percentile	Health		Home		Social		Marital		Emotional		Financial		Overall Adjustment	
	Sp	Is	Sp	Is	Sp	Is	Sp	Is	Sp	Is	Sp	Is	Sp	Is
P 90	22.8	23	17.6	18	16.6	17	16.4	16	15.6	16	15.4	15	99.1	100
P 80	21.4	22	16.6	17	16.6	17	15.8	16	14.5	15	14.3	14	95.20	96
P 70	20.2	21	16.1	16	15.9	15	15.1	15	13.9	14	13.8	14	92.92	93
P 60	19.1	20	15.1	15	14.9	15	14.5	14	13.2	14	13.2	13	90.65	91
P 50	19.1	19	15.0	15	14.2	14	13.8	14	12.6	13	12.6	13	87.32	88
P 40	17.1	18	14.3	14	13.3	13	13.0	13	13.0	13	11.7	12	82.32	83
P 30	16.2	17	12.9	13	12.4	12	12.1	12	10.6	11	11.0	11	75.92	76
P 20	16.2	16	11.6	12	10.8	11	10.6	11	9.4	9	9.8	10	89.5	69
P 10	12.9	13	10.5	11	9.8	10	8.9	9	7.9	8	7.9	8	61.61	62

Sp = Score Point   Is = Integral Score

Table 3.9 Percentile Norms for the Male

The Percentile Norms for the Male Subjects who are leading a Retired Life in Six Areas (Health, Home, Social, Marital, Emotional, and Financial) separately and for the Inventory as a whole. The Percentile Norms have been given in 9 Steps (N= 140).

Percentile	Health		Home		Social		Marital		Emotional		Financial		Overall Adjustment	
	Sp	Is	Sp	Is	Sp	Is	Sp	Is	Sp	Is	Sp	Is	Sp	Is
P90	25.0	25	19.3	19	19.2	19	17.9	18	14.7	15	16.7	17	101.61	102
P80	23.0	23	17.8	18	17.7	18	16.4	16	13.8	14	15.5	16	97.77	98
P70	21.1	21	16.6	17	16.3	16	15.4	15	12.9	13	14.4	14	93.5	94
P60	18.7	19	15.4	15	15.2	16	14.5	14	12.2	12	13.4	13	86.5	87
P50	16.9	17	14.4	15	14.5	15	13.6	14	11.5	12	12.5	13	80.5	81
P40	15.2	16	12.5	14	12.7	14	12.6	13	10.8	11	11.5	12	76.6	77
P30	14.0	14	12.4	13	12.7	13	11.6	12	8.7	10	10.6	11	72.85	73
P20	12.8	13	11.3	11	11.5	11	10.6	11	8.6	9	9.8	9	68.19	69
P10	10.7	11	9.6	10	10.3	11	9.8	9	7.5	8	9.0	9	60.5	61

Sp = Score Point   Is = Integral Score

Table 3.10 Percentile Norms for the Female

The Percentile Norms for the Female Subjects who are Exclusively House-wives and some Retired from Service, in respect of Six Areas of Adjustment (Health, Home, Social, Marital, Emotional, and Financial) separately, and for the Overall Adjustment, The percentile Norms have been in 9 Steps (N= 100).

Percentile	Health		Home		Social		Marital		Emotional		Financial		Overall Adjustment	
	Sp	is	Sp	Is	Sp	Is	Sp	Is	Sp	Is	Sp	Is	Sp	Is
P 90	21.8	22	16.8	17	16.2	16	15.2	15	15.4	15	14.4	14	95.50	96
P 80	18.5	19	15.4	15	15.3	15	14.0	14	14.4	14	13.3	13	87.15	88
P 70	16.4	16	14.2	14	14.5	15	13.0	13	12.6	13	12.3	12	81.86	82
P 60	15.7	16	13.2	13	13.4	13	11.9	12	11.9	12	11.6	12	77.58	78
P 50	14.9	15	12.4	12	12.4	12	10.5	11	11.2	11	10.8	11	73.00	73
P 40	13.9	14	11.6	12	11.6	12	9.7	10	10.6	11	10.1	10	66.93	67
P 30	12.4	12	10.7	11	10.7	11	8.8	9	9.8	10	9.4	10	63.15	64
P 20	11.3	11	9.7	10	9.7	10	7.5	8	8.9	9	8.7	9	59.94	60
P 10	9.64	10	8.5	9	8.5	9	4.5	5	8.5	9	7.2	7	50.50	51

Sp = Score Point   Is = Integral Score

Table 3.11 Percentile Norms for the Female in Service

The Percentile Norms for the Female Subjects who are in Service in respect of Six Areas of Adjustment (Separately and for the Inventory as a whole. The Percentile Norms have been given in 9 Steps (N= 75).

Percentile	Health		Home		Social		Marital		Emotional		Financial		Overall Adjustment	
	Sp	Is	Sp	Is	Sp	Is	Sp	Is	Sp	Is	Sp	Is	Sp	Is
P 90	19.8	20	16.6	17	15.8	16	14.6	15	13.7	14	13.7	14	90.0	90
P 80	18.9	19	15.9	16	15.1	15	13.9	14	12.9	13	12.9	13	87.5	88
P 70	18.2	18	15.2	15	14.4	14	13.4	13	12.2	12	12.2	12	85.0	86
P 60	17.5	18	14.6	15	14.0	14	12.8	13	11.9	12	11.8	12	82.8	83
P 50	16.9	17	14.1	14	13.5	14	12.2	12	11.4	11	11.4	11	80.6	81
P 40	16.3	16	13.5	14	13.0	13	11.6	12	10.9	11	10.9	11	78.3	78
P 30	15.0	15	13.4	13	12.5	13	10.9	11	10.5	12	10.5	11	75.9	76
P 20	15.0	15	12.5	13	11.5	12	10.6	11	9.6	10	9.6	10	72.1	72
P 10	13.9	14	10.8	11	10.3	10	8.0	8	8.6	9	8.6	9	62.3	62

Sp = Score Point   Is = Integral Score

3.12 (C) Interview Schedule for the caretaker:

The caretakers of the elderly included age, sex, marital, type of family, religion, education, level of education, source of income, employment, monthly income, financial difficulty, type of care, major health problems, leisure time activities of the elderly, adjustment problem, generation gap, suggestion in bridging the gap, problems faced while giving care of the elderly, requirement of day care center or Old Age Home option, bother for social stigma attached to the society, contribution of the elderly for development of society, awareness of programs and policies for the elderly, types of services from government, about pension scheme(s), amount get out of the scheme(s), satisfaction regarding government welfare programs, role of government in providing welfare programs, services from NGO's for the elderly, satisfaction in regard to services from NGOs, roles of NGOs in providing welfare of elderly, comments and suggestion.

3.12 (E) Interview schedules for the NGOs:

Interview schedules for NGOs included head of the NGO, name of the NGO, office address, distance of NGO from town, establishment of organization, registration year of the organization, philosophy, mission and vision of the organization, objectives of the organization, area of operation, area covered, target group, organizational set-up, the main programs in organization, programs implementation, current programs related to old age, facilities provided for elderly by NGO, support from the funding organization, extent of

support from the funding organization, the main problems in getting funds, the major problems of the elderly that has been dealt by the organization, awareness program for the care and support for elderly in the community level, frequency of the programs conducted, participation level from community people, utilization of the community resources in implementing the programs and policies of the elderly, ways of utilization of the community resources, network with other agencies, availability of day care center in the organization, the daily activities taken up by day care center, community based care for elderly, types of cooperation from family members while dealing with the elderly in organization, the major problems or barriers organization faced in implementing the programs of the elderly and the future plans of NGO's specifically in implementing the programs of the elderly.

3.12 (F) From the Government (Social Welfare Department):

Semi-structure interview schedulewas used for gathering data from the Government officials handling Old Age Pension. National Old Age Pension scheme and about the Social welfare established and work related to the elderly. The schedules included head of the department, name of the department, office address, distance of Social Welfare Department from town/city, establishment of Social Welfare Department, objectives of the Social Welfare Department, area of operation by the Social Welfare Department, area covered by Social Welfare Department, target group of Social Welfare Department, organizational set-up of Social Welfare Department, programs of Social Welfare Department, current programs related to old age and facilities provided for the elderly by Social Welfare Department.

3.13 Process of Data Collection:

3.13 (A) Procedure:

- The respondents were explained for the purpose and procedure of the study.
- Caretakers of the respondents were explained for the purpose and procedure of the study.

- An interview schedule was maintained for the elderly, caretaker and NGOs

- A semi structure Interview schedule was maintained for the Government (Social Welfare Department) in providing services for the elderly

3.13 (B) First Phase of the Study:

In the first phase, the researcher went to the Census department for collection of data of the elderly. The researcher reviewed the literature on the chosen topic and updated the bibliography with new reference materials from secondary sources available in Assam University, Silchar. The Researcher visited book fair and collected few books related to the research topic like: 1) Ageing in North East India-A Manipur Perspective, 2) Ageism-Problem and Prospects and 3) Dimensions of Ageing. She has also participated a week- long Workshop on 'Research Methods' (from Research Planning to Project Writing) Assam University, Silchar from February 18-24, 2011. The researcher has participated in the Workshop conducted by ICSSR-NERC on 'Capacity Building on Social Science Research - Practical Training Course on SPSS' held during March 01 to 10, 2011 at N.E.H.U Campus, Shillong. She also visited ICSSR library and collected information on topic related journals during Workshop.

3.13 (C) Second Phase of the Study:

The researcher developed tools for pilot study. Firstly, she prepared the interview schedule for the elderly. This Interview Schedule has been designed with different components such as Personal details, Socio-Economic aspects, Health aspects, Psycho-Social Problems, Perception of the elderly, Government and NGO's services. Secondly, she prepared the Interview Schedule for Caretaker of the elderly. Then, the researcher prepared interview schedule and Information Performa separately for the Chief functionaries of the NGOs and Government officials who were co-coordinating the programs of the elderly. The said interview schedule and performa was divided into three segments namely Identity, Basic information and Program related information.

3.13 (D) Third Phase of the Study:

The researcher visited Social Welfare Department in Manipur to collect some first-hand information about the NGOs' working in the field of the elderly. The main purpose of the visit was to collect the list of NGOs engaged in the elderly care in Manipur and to collect information related to programs and policies for the elderly carry out in Manipur as per the rules and regulations laid down by Government of India. From the concerned officials of Social Welfare Department (S.W.D), researcher requested them to provide the list of NGOs supported by them in Manipur. They agreed to provide all necessary cooperation in this regard.

The researcher visited few organizations namely: Manipur Schedule (...) Welfare Association (MASCWA), and Rural Service Agency (RUSA). The researcher discussed in detail about his proposed study with the staff and key officials of the above mentioned organizations and also incorporated their valuable suggestions for the study. The visit also helped the scholar in establishing a rapport with the said agencies and in collecting valuable references. The researcher also collected the list of NGOs from (MASCWA).

During this phase, the scholar visited co-guide and had a discussion on research methodology and its tools at Psychiatry Department, RIMS, Lamphelpat and incorporated his valuable suggestions in developing the tools. As per the advice of co-guide researcher visited to Psychology Department RIMS, Lamphelpat to collect a "Psychological Questionnaire Booklet – "Catalogue of Psychological Books & Tests Instruments and Experimental Materials 2002-2003. To fulfill the advice of the Co-guide, later she also met the Head of Department, the Bio-statistic Unit of RIMS, Lamphelpat for clarifying the research methodology. In this context, the researcher also consulted the library of the RIMS which helped her lot to develop an understanding about the chosen field of the study. The researcher also visited to the Chief Electoral Office to get information of voter list of Imphal West District.

3.13 (E) Fourth phase of the study:

The researcher in this phase made a visit for literature review to Tata Institute of Social science library, Mumbai and National Institute of Mental

Health and Neurosciences library, Bangalore. The researcher also collected the Shamshid and Jasbir Old Age Adjustment Inventory from Bangalore. A final revision of Interview schedule for the elderly was made. The researcher went to the field and contacted with ASHA worker as they are well known in their respective community and they help in interviewing with the elderly who are 60 years and above. The researcher started data collection from Patsoi sub-division of Imphal West District. After collecting data from Wangoi subdivision of Imphal West district, the researcher, later, collected data from Lamphalpat sub-division of Imphal West District and finally from the Lamshang subdivision of Imphal West District. Then she started coding and entering of data in SPSS version 21.0.

3.13 (F) Fifth phase of the study:

The researcher in this phase had done second draft of introduction, literature review and research methodology. The analysis and interpretation of data had been started with preparation through graph and chart. The discussion on second draft was done with the guide. Later she discussed with the co-guide for preparation of the final draft.

3.14 Duration of the data collection:

Five (5) months were required to complete the data collection from community.

3.15 Analysis of Data:

After scrutinize and cleaning the data, statistical analysis was performed through Statistical Package for Social Sciences (SPSS) 21.0 version. Numerical/continuous variables are reported as Mean ± SD (standard deviation) and for qualitative/categorical variables are again described as number of cases and percentages. The two group's means is compared by independent T-test and more than two means is compared by F-test (commonly known as ANOVA). All comparisons are two-sided and the P-values of < 0.05 and < 0.01 are treated as the cut off values for significance and highly significance respectively.

In order to demonstrate the risk factors of psycho-social problems of the elderly, Discriminant Function Analysis is adopted since firstly, the inventory used in the present study (as the main tool) already identified 6 domains with varying facets to each domain and secondly, entire answers of the inventory are expressed in terms of scores (in interval scale). For the Discriminant Function Analysis the following formulae are used: Wilks' Lambda, Box's M test, Eigenvalues, Canonical correlation, etc. Pie and Multiple bar diagram are used to highlight more clarity of the findings of the individual's as well as care taker's profiles.

This chapter clearly explains about the research methodology adopted for the study. The next chapter will deal with detail analysis and discussion of the findings from the data. The data will be analysing under three headings. part I. II. III wise. First discussion will be on socio-economic conditions and health conditions affecting the psycho-social aspects of the elderly. This will be discussed thoroughly along with profile of the elderly and under different sub headings of each domain of health. financial. social. emotional. home and marital. The second part deals with analysis and discussion of the second objective that is perception of the elderly and importance of family and social support system. Details discussion will be discussed on perceptions of the elderly and importance of family and social support system. The third part will be on roles of government and non-government organization in providing services for elderly. This part is mainly divided into two portions (i) Government programs for the elderly in Manipur and (ii) NGO services for the elderly.

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